

ETHICS & MEDICS

A Commentary of The National Catholic Bioethics Center on Health Care and the Life Sciences

THINKING ABOUT DONATING YOUR EGGS?

Thinking about donating your eggs?

OK, maybe you are not thinking about donating your eggs. But chances are you are just one degree of separation away from someone who is. Do you attend college or know any college-age women? Are you a mother, father, grandmother, or grandfather? Do you have a sister or a girlfriend? If so, then this issue affects you. You may know someone who has considered donating her eggs or has already done this. Do you know a couple who has used in vitro fertilization (IVF) technologies to have their family? Chances are they may have used an egg donor to assist them. Are you involved in any activities related to the embryonic stem cell or human cloning debates? Then you may be aware of the arguments for using "surplus" embryos for research, many of which have been created from donated eggs. Perhaps you have read how the cloning researchers now want to be able to pay women for their eggs. So while you may not be considering this question for yourself, you are almost surely very closely connected to the potentially life-threatening enterprise called egg donation. And women around the world are being put into harm's way as they are heavily recruited to donate their eggs.

Why Women Donate Their Eggs

Without reservation, Catholic teaching does not permit egg donation, since it goes against Church teachings on sex, marriage, and procreation. In a recent statement, the United States Conference of Catholic Bishops urges us to reject embryonic stem cell research and egg donation because they treat fellow human beings as mere objects of research. The bishops add that "the only moral stance that affirms the human dignity of all of us is to reject the first step down this path."¹ Furthermore, egg donation violates the conjugal act of the marital relationship because it separates procreation from sex, which is also meant to unify spouses and further strengthen the family.

This does not mean Catholic women have not donated their eggs or considered doing so, however. The ads are everywhere, some promising up to \$100,000 and calling upon women to "be an angel" or to "help make dreams come true." But in practice, egg donation has less to do with an altruistic act than with the exploitation of women—particularly poor women who may be facing large debts or just

trying to make ends meet. And the process of egg donation can be very dangerous, if not life threatening.

At a time when people are more health conscience than ever and when many strive to live in more natural and organic ways, it is odd that women are being encouraged and enticed with large sums of money to do something to their bodies that is totally unnatural and potentially life threatening. Egg donation is something that many assume to be safe only because its practice has been going on for over twenty-five years. Yet egg donation has never been studied in any meaningful way to demonstrate its safety. And what is the value of one's fecundity? Is any amount of money adequate to compensate for the grave risks egg donors take? And is it really accurate to characterize this transaction as egg "donation"? It may be inconvenient to acknowledge, but money is changing hands, and these are really business transactions, not donations.

Currently, the primary demand for egg donors is coming from the IVF industry. Since 1983, with the creation of the first baby through egg donation, the demand for human eggs has exploded as the IVF industry seeks to address infertility by pursuing technological solutions. The commercialization of the human egg has grown as the demand for it has increased. And the value has increased along with the demand.

Women seeking pregnancy may decide to enlist the help of an egg donor for a number of reasons. Often they have delayed childbirth to the point where their eggs are old and not useful in achieving pregnancy. Josephine Quintavalle, director of Comment on Reproductive Ethics, notes that by the age of 35, a woman's "chances of conceiving in any given cycle are reduced by 50 percent, and by 45 are down to 1 percent."²

As the cloning research agenda moves forward, we are witnessing increased competition for human eggs between cloning researchers and IVF doctors. Sadly, no one seems concerned about the risks or harms done to the women who provide the eggs, who are generally treated as commodities providing raw resources.

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The Egg Donation Process

Many would be shocked to know that in the United States, egg donors undergo a surgical procedure that is not monitored or tracked to determine the short- or long-term risks! Nor is oversight provided for preparation of women's bodies for the surgical procedure, which requires extensive pharmacological intervention.

To prepare for the surgical procedure, the woman takes daily injections of a synthetic hormone to bring about ovarian suppression, so the ovaries temporarily stop functioning, as in menopause. A drug called Lupron (leuprolide) is commonly used off label for this, which means Lupron has never been tested or approved by the FDA for this use. (Lupron is normally used to treat prostate cancer in men and endometriosis.) Lupron is also classified as a category X drug, which means a woman should not take it at all if she may be or become pregnant. Yet fertility centers like that at the University of California–San Francisco Medical Center include Lupron as part of their standard egg retrieval protocol and claim outright that “no long-term side effects occur after treatment” with it, leading many to believe that it is safe.³

Some egg donors would challenge that belief. A particularly tragic story is that of Calla Papademas, a young Stanford student who answered an ad for egg donors in the hopes of paying off a student loan debt. Papademas's experience with egg donation is fraught with irresponsibility on the part of the infertility agency that arranged for the procedure. In particular, although she complained repeatedly of side effects from the Lupron injections—side effects that included debilitating migraine headaches, impaired vision, and nausea—Papademas was told the symptoms were not unusual and was urged to continue with the Lupron injections. Catastrophic effects ensued. As one journalist describes it, “A benign, undetected tumor on her pituitary gland—which Calla's doctors believe was stimulated by the Lupron—grew at a furious rate and ultimately ruptured, causing a massive stroke. Calla suffered brain damage and lasting weakness on her left side. Her academic and career plans were derailed, and she and her family incurred \$100,000 in uninsured medical bills.” The experience also cost Papademas her ability to conceive children naturally.⁴

After about two weeks on Lupron, the drug regimen is switched to daily injections of another powerful synthetic hormone to cause ovarian hyperstimulation. Commonly, a drug called Pergonal (menotropins) is used, which stimulates the ovaries to produce an abnormally large number of eggs. A woman's body normally produces one or two eggs each month in her natural cycle. With ovarian hyperstimulation, however, the ovaries may produce ten eggs or more; twenty to thirty eggs are not uncommon.

A common side effect of ovarian hyperstimulation is ovarian hyperstimulation syndrome. Although reports vary, an estimated 3 to 8 percent of patients develop OHSS and show moderate to severe reactions.⁵ Severe cases can cause thrombosis leading to stroke, renal and liver dysfunction, and acute respiratory distress leading to death.

Jacqueline Rushton, 32, died in 2003 of severe OHSS associated with acute respiratory distress.⁶

Finally, an injection of another hormone, human chorionic gonadotropin, is given to mature the eggs so that they are ready for retrieval. The egg retrieval procedure that follows requires anesthesia and surgery. Nina Thanki, 37, died in 2007 of complications following the surgery during IVF treatment.⁷

Because of the dearth of scientific studies, many reports of risks associated with egg donation are anecdotal. But combined with the findings of studies that have been done, these reports suggest that egg donation is associated at each step with grave risks.

Members within the professional community have come forward to criticize the practice of using women to provide eggs. Dr. Suzanne Parisian, former chief medical officer of the FDA, writes this:

Although it is common practice in IVF facilities to extract eggs as part of infertility treatment, many of the drugs used during these procedures have not been adequately studied for long-term safety, nor do some of these drugs have FDA approval for these specific indications. This is not widely understood and has led to significant misunderstanding about the risks involved for women who donate eggs, whether for reproductive purposes or for SCNT [somatic cell nuclear transfer] research.

Pharmaceutical companies have not been required by the government or by physicians to collect safety data for IVF drugs with regard to risks for cancer and other serious conditions, despite the fact that the drugs have been available in the United States for several decades. Lack of FDA review and approval of these drugs as used in egg extraction procedures should be a major concern of anyone considering donation for reproductive or research purposes.

The long-term health risks for a woman receiving IVF drugs for egg retrieval are unknown.⁸

Outside the United States, some fertility experts have begun to recognize short- and long-term risks of these dangerous and powerful drugs and are using less invasive approaches to IVF.⁹ In the United States, ethical treatments for infertility pioneered by Thomas Hilgers, M.D., avoid IVF altogether and have enabled many previously infertile couples to have children. But the questions about egg donation remain. As we raise awareness of the facts about egg donation, it is hoped that more women will be spared its dreadful consequences.

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¹U. S. Conference of Catholic Bishops, “On Embryonic Stem Cell Research,” June 13, 2008, <http://www.usccb.org/prolife/issues/bioethic/bishopsESCRstmt.pdf>.

- ²Jennifer Lahl and Josephine Quintavalle, "Unscrambling the Human Egg Donation Debate," Center for Bioethics and Culture (CBC) Network, February 20, 2007, http://www.thecbc.org/research_display.php?id=318.
- ³"Fertility Drugs Used to Induce Ovulation," UCSF Center for Reproductive Health, http://www.ucsfhealth.org/adult/medical_services/womens_health/fertility/fertilityDrugs.html.
- ⁴Joan O'C. Hamilton, "What are the costs?" *Stanford Journal*, November 2000, <http://www.stanfordalumni.org/news/magazine/2000/novdec/articles/eggdonor.html>; Calla Papademas, "The Calla Papademas Story" (June 2008), CBC Network video, <http://www.vimeo.com/1123456>.
- ⁵Samuel Marcus, "Risks and Complications of IVF Treatment," IVF-Infertility Web site, July 2, 2008, http://www.ivf-infertility.com/ivf/standard/complications/ovarian_stimulation/ohss.php. See also Annick Delvigne and Serge Rozenberg, "Epidemiology and Prevention of Ovarian Hyperstimulation Syndrome (OHSS): A Review," *Human Reproduction Update* 8.6 (2002): 559–577, and Antonio Girolami et al., "Arterial Thrombosis in Young Women after Ovarian Stimulation: Case Report and Review of the Literature," *Journal of Thrombosis and Thrombolysis* 24.2 (October 2007): 169–174.
- ⁶Louise Hogan, "IVF death was preventable, according to HSE report," *Irish Independent*, July 26, 2007, <http://www.independent.ie/national-news/ivf-death-was-preventable-according-to-hse-report-1044132.html>.
- ⁷"IVF patient's death 'accidental,'" *BBC News*, November 15, 2007, <http://news.bbc.co.uk/1/hi/england/leicestershire/7097238.stm>.
- ⁸Suzanne Parisian, "Open Letter," *Center for Genetics and Society*, February 2005, <http://www.geneticsandsociety.org/article.php?id=181>.
- ⁹M. J. Pelinck et al., "Efficacy of Natural Cycle IVF: A Review of the Literature," *European Society for Human Reproduction and Embryology* 8.2 (2002): 129–139; abstract at <http://humupd.oxfordjournals.org/cgi/content/abstract/8/2/129>.

THE MORAL MORASS AROUND IN VITRO FERTILIZATION

The live birth thirty years ago of Louise Brown, the world's first in vitro fertilization (IVF) baby, was a watershed moment in the dawning era of artificial reproductive technologies (ART). Over these years, a Pandora's box of increasingly unrestrained assays at creative baby-making techniques has made the notion of *child-as-commodity* ubiquitous in Western culture. Designer babies, wombs for rent, the manufacturing of children in vitro from multiple "parents," lawsuits over the ownership of frozen embryos: the unregulated and ethically unrestrained pursuit of ART continues today to create a moral morass with devastating consequences for the moral fabric of Western culture.

According to the latest available statistics, there were over 367,000 ART treatment cycles in Europe in 2004, resulting in more than 45,300 infant births in the countries reporting.¹ In the United States, the latest figures (from 2005) report 134,000 ART cycles, resulting in more than 52,000 infant births, accounting for slightly more than

1 percent of all U.S. births. The number of ART cycles more than doubled between 1996 and 2005 in the United States, and in 2005 more than 90 percent of all embryo transfers involved two, three, four, or more embryos.² Even in developing countries, efforts are currently under way to make ART available for as little as \$200 per cycle.³

While ART entails any number of techniques (including intrauterine injection and intracytoplasmic sperm injection as well as egg and embryo donation), my focus here deals specifically with the question of IVF.

Why Is IVF Morally Illicit Without Exception?

The Catholic Church teaches that IVF is morally illicit, not only in its most unrestrained forms, but even in the simpler case of a married couple pursuing IVF with their own gametes and without superovulation or the creation of multiple embryos for implantation. Many Catholics find it difficult to understand and accept why this latter case would be morally wrong. Catholics and non-Catholics alike wonder how the Church can consider a medical procedure to be intrinsically evil when it brings about new human lives for loving couples who are unable to conceive children on their own.

The 1987 instruction *Donum vitae* contains the Church's most complete articulation to date of the reasons why IVF is morally illicit. In *Catholic Bioethics and the Gift of Human Life*, Dr. William E. May succinctly summarized those reasons.⁴

The first is the inseparability principle, the core teaching of Paul VI's encyclical *Humanae vitae*. That principle articulates the absolute moral norm which prohibits severing the "unbreakable connection" between the unitive and procreative meanings or dimensions of the conjugal act. *Donum vitae* explains that it is morally wrong for married couples, or anyone else, to attempt to generate human life outside of, or apart from, the marital act, because to do so is to sever its unitive and procreative meanings. IVF is morally illicit on these grounds precisely because the generation of human life ("procreation") takes place in a Petri dish, apart from the conjugal act, thereby severing the procreative and unitive dimensions of that act.

A second argument is based on considerations of the dignity of the child conceived by artificial means. *Donum vitae* argues that bringing a child into existence as the product of a technique, and even the desire to do so, is to make the child an *object*.

In this line of reasoning, children brought into the world through IVF are arguably not generated but *manufactured*. While the man and the woman provide the materials (ovum and sperm) for the creation of the child, it is a laboratory technician who brings about a new human life in a laboratory dish.

A third line of reasoning is inspired by John Paul II's "theology of the body," specifically his notion of the "language of the body." According to this line of reasoning, IVF not only fails to acknowledge but also violates the full



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significance of the marital act as an instance of the personal gift of husband and wife to each other.⁵

The Linkage of IVF and ES Cell Research

In several countries, including the United States and Great Britain, leftover IVF embryos are frequently "donated" for stem cell research. Moreover, the ability to create dozens of embryos at one time through IVF has occasioned the recent practice of "egg sharing," in which research institutes contract with couples pursuing ART to cover the cost of their fertility treatment in exchange for "unneeded" eggs. These can then be used for the creation of embryos by IVF (or by cloning, once this becomes feasible) for the derivation of new lines of embryonic stem cells.⁶

President George Bush has twice vetoed proposed legislation in the United States that would ease federal restrictions on the use of "surplus" IVF embryos for research purposes. Attempts to ease such restrictions are arguably only a prelude to a more aggressive push from within the scientific community for a broader use of human embryos, and the gestation of early-stage fetuses for the retrieval of useful cells and tissues. The exploitation of women in developing countries as surrogates to gestate IVF babies for parents in developed countries, which is already occurring,⁷ is only a step away from the use of these women to gestate embryos to the early fetal stage for their premature induction and subsequent use as research material.

Egg retrieval entails the artificial stimulation of a woman's ovaries to obtain multiple eggs. Superovulation and egg extraction are painful processes that expose women to serious risks, including infection and the potentially deadly condition known as ovarian hyperstimulation syndrome (OHSS). The long-term risks of multiple egg-retrieval procedures are unknown. Despite this, the unregulated U.S. ART industry regularly pursues young, healthy, athletic, and educated women, considered to be "ideal" candidates for egg donation, who will agree to

undergo superovulation, offering some as much as tens of thousands of dollars for their eggs. One has to ask if this is not the very definition of exploitation.

If advocating for the dignity and personhood of the human embryo has today become a more pitched battle than ever before, we can credit this in large part to the entire ART enterprise, which ceaselessly prolongs and reinforces the sense that embryos are objects, property, status symbols, and living laboratories for biomedical research.

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¹A. Nyboe Andersen et al., for the European Society for Human Reproduction and Embryology, "Assisted Reproductive Technology in Europe: Results Generated from European Registers by ESHRE," *Human Reproduction* 23.4 (April 2008): 756-771.

²Centers for Disease Control and Prevention, American Society for Reproductive Medicine, Society for Assisted Reproductive Technology, "2005 Assisted Reproductive Technology Success Rates: National Summary and Fertility Clinic Reports," *National Summary and Fertility Clinic Reports* (October 2007), <http://www.cdc.gov/ART/ART2005/nation.htm>.

³Michael Hopkin, "Developing Countries 'to get \$200 IVF,'" *Nature-News*, published online March 12, 2008, <http://www.nature.com/news/2008/080312/full/news.2008.668.html>.

⁴William E. May, *Catholic Bioethics and the Gift of Human Life* (Huntington, IN: Our Sunday Visitor, 2000), 39-41. See also pp. 37-38 of the second edition (2008).

⁵These principles are also articulated in Pontifical Academy for Life, "Final Communiqué on 'The Dignity of Human Procreation and Reproductive Technologies: Anthropological and Ethical Aspects'" (February 21, 2004).

⁶See Boon Chin Heng, "Egg-Sharing in Return for Subsidized Fertility Treatment: A Possible Solution for Therapeutic Cloning?" *Human Reproduction* 20:11 (November 2005): 3258.

⁷Amelia Gentleman, "India Nurtures Business of Surrogate Motherhood," *New York Times*, March 10, 2008, <http://www.nytimes.com/2008/03/10/world/asia/10surrogate.html>.

