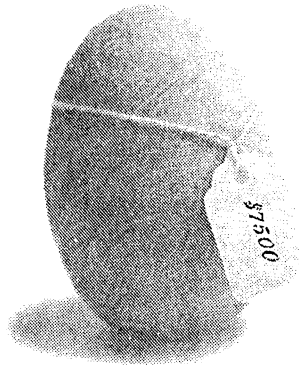


# Fertility For Sale

**A**s reproductive technology has advanced, the law of supply and demand has inevitably clicked in. Some clinics have had trouble finding women to donate their eggs for implantation in infertile women. That has led to a medical and ethical debate over whether donors should charge for their eggs and, if so, how much. The St. Barnabas Medical Center in Livingston, N.J., recently accelerated that debate by offering \$5,000 for donors, double the rate of many clinics. A variety of experts were asked whether women should be permitted to sell their eggs on the open market:

**Robert Wright** is the author of "The Moral Animal: Evolutionary Psychology and Everyday Life."

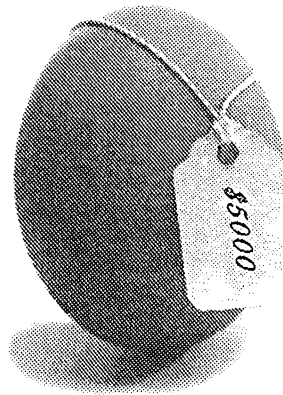
Is a woman who gets several thousand dollars for a few eggs being exploited? The claim is not on its face ridiculous; a donor undergoes an unpleasant and risky procedure that is



invasive both physically and in a less tangible sense. What is ridiculous is the idea that the woman is more exploited if she gets \$5,000 than if she gets \$2,000. Yet that is the implicit logic of some who argue for limiting fees lest we degrade women by turning their eggs into commodities.

Critics of high fees say it's all right to compensate donors, just not to entice them. But that distinction faded years ago, when infertile women began paying more than a few hundred dollars for eggs. They found that if they didn't pay real money, they'd get no eggs. This is the market at work: a willing buyer, a willing seller. Is there any reason to get between them?

Sometimes society plausibly says yes, as with drug sales and prostitution. Personally, I don't see a compa-



rably strong argument in this case. If there is one, maybe we should take eggs off the market. But what's the point of pretending they aren't already there?

**Cynthia Gorney** is the author of "Articles of Faith: A Frontline History of the Abortion Wars."

A precedent for limiting compensation for egg donation was set 15 years ago, when the most heated argument in infertility circles was about surrogate mothers — women who volunteered to undergo artificial insemination and carry a baby to term for infertile couples. The ethical consensus then was that if a woman offers to lend out her own reproductive system because she wants to help someone else, we suppose we can't stop her, but she shouldn't be tempted to do it because she wants or needs money: a surrogate should be paid for medical expenses and lost time at work, and perhaps offered some modest extra cash to offset the physical discomfort of pregnancy. But the money should not be generous enough to make surrogacy an attractive line of work.

And as a rule, surrogate mothers still don't collect much money, nor should they. To be sure, this is partly because they deliver up fully developed human beings, which by law and venerable tradition may not be bought and sold. But it is also because surrogate mothers deliver up their own bodily organs — their eggs and the use of their wombs — and we have equally venerable tradition forbidding people to sell their body parts for profit.

Galloping technology and the escalating hopes of infertile couples are working together to push us much too far, too fast. There has got to be a point at which society declares to the infertile couple: We are sorry for your situation, but you cannot buy everything you want. We will not let you offer that young woman \$10,000 for some of her eggs, just as we will not let you offer her brother \$10,000 for

one of his kidneys. The potential cost to both of them — and to all the rest of us — is too high.

**Lee M. Silver**, a biology professor at Princeton, is the author of "Re-making Eden: Cloning and Beyond in a Brave New World."

Why are physicians and bioethicists — who are mostly male — trying to limit monetary compensation to women who donate their eggs? In no other part of the economy do we limit the amount of money that can be paid to people who participate in risky or demeaning activities. Indeed, college students have long been enticed by high fees into participating in risky medical experiments.

But society expects women to be altruistic, not venal. And it insists that women be protected from themselves, on the assumption that they are unable to make rational decisions about their own bodies. And perhaps men feel threatened by the idea that women now also have a way to spread their seed upon the earth.

**Robert Coles**, a physician, is a professor of social ethics at Harvard and the author, most recently, of "The Youngest Parents: Teen-Age Pregnancy as It Shapes Lives."

We really don't know the long-term medical consequences for women who donate their eggs. There have been a



few reports of serious side effects, like renal failure. But have researchers studied carefully enough what exposure to these fertility drugs does to women? If poor women become re-

peat donors because the process keeps getting more lucrative, will they increase their risk down the line for ovarian cancer? These are un-

answered questions.

Most important, the widening divide between the rich and the poor poses an ethical dilemma: can we condone the "harvesting" of eggs from poor women, who may be putting their health at risk, for the benefit of the affluent?



**Elizabeth Bartholet**, a professor at Harvard Law School, is the author of *“Family Bonds: Adoption and the Politics of Parenting.”*

The selling of human eggs puts at risk the donors’ health and sacrifices their human dignity. It also encourages women to bear children who are not genetically related to them, so that their mates can have genetic offspring. This practice produces children who have lost one genetic parent — in a world that already has an abundance of orphans who need homes.

We need to call a halt to further commercialization of reproduction to give policy makers a chance to consider the ethical issues involved in reproductive technology like egg selling, cloning and sex selection. We should follow the lead of other countries and establish a national commission to resolve these issues rather than leave them to the market.

**Lori Arnold** is a doctor at the Fertility and I.V.F. Center of Miami.

Most women who donate their eggs at our clinic do so because they want to help provide the gift of life.

Many have children of their own; they want to help others experience the joys of motherhood.

The motive is altruistic, but that should not blind anyone to the practical difficulties. Donors are required to undergo treatment with fertility drugs, counseling, screening, ultrasound monitoring, blood work and numerous office visits. It takes weeks. And retrieving the eggs from their ovaries is a surgical procedure.

Also worth factoring in is that the donors are giving a couple the chance to have a family, with a child who has the father’s genetic make-up. The donor also gives the recipient a chance to experience pregnancy, delivery and breast-feeding, thereby facilitating mother-baby bonding.

Thus compensation given to an egg donor is well deserved. Of course, there comes a point when a fee becomes self-defeating, since the cost is paid by the recipient — few couples can afford to pay an unlimited amount. But donors deserve something more than a token. Ours receive \$1,500 to \$2,000; no one should begrudge them that.

