As 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 un-
pleasant 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 ex-
plited 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 turn-
ing their eggs into commodities.

Critics of high fees say it’s all right
to compensate donors, just not to en-
tice them. But that distinction faded
years ago, when infertile women be-
gan 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 prostitu-
tion. 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 al-
ready there?

Cynthia Gorney is the author of
"Articles of Faith: A Frontline His-
tory of the Abortion Wars."

A precedent for limiting compensa-
tion for egg donation was set 15 years
ago, when the most heated argument
in infertility circles was about surro-
gate mothers — women who volun-
teered to undergo artificial insemina-
tion and carry a baby to term for
infertile couples. The ethical consen-
sus then was that if a woman offers to
lend 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 sur-
rrogacy 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 tradi-
tion may not be bought
and sold. But it is also because surro-
gate 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 esca-
lating 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 every-
thing you want. We will not let you
offer that young woman $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 wom-
men 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 un-
able to make rational decisions about
their own bodies. And perhaps men
feel threatened by the idea that wom-
en 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 expos-
ure to these fertility drugs does to
women? If poor women become re-
peat donors because
the process keeps
generating more lucra-
tive, will they in-
crease their risk
down the line for
ovarian cancer?

These are un-
answered questions.

Most important, the widening di-
vide between the rich and the poor
poses an ethical dilemma: can we
condone the "harvesting" of eggs
from poor women, who may be put-
ting 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 makeup. 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.