

EGG DONATION: The Reasons and the Risks by Kristi Lew
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Selling human organs is illegal in the United States, but enticing college-age women to donate their ova (eggs) for cash has become big business over the past two decades. Nevertheless, it comes as a shock to see a book written for nine- to twelve-year-old girls emphasizing the financial benefits of egg donation. It is difficult to conceive of what would motivate an author to focus the attention of adolescent and pre-adolescent girls on this invasive and risky practice just as they are beginning to cope with changing bodies and menstruation, but this is what children's author and former high school science teacher, Kristy Lew, has done in her book, *Egg Donation: The Reasons and the Risks*, just released by Rosen Publishing.

Chapter One of this 52-page large print hard-cover (child friendly) book with twenty-four color photographs opens with a discussion of the difficulties of financing a college education. It introduces a UC Berkeley graduate who, having donated her eggs once, is looking forward to earning \$8,000 for a second donation, and another \$10,000 for her third—a dazzling prospect, no doubt, for an eleven-year-old reader who has only her allowance as a financial frame of reference. After pointing out that some experts are concerned that young women may be overly influenced by the payments offered to egg donors Lew moves quickly to describe the role of egg and sperm cells in transmitting genes from one generation to the next and a description of the life cycle of the egg.

Chapter Two's focus on in vitro fertilization, like her discussion of other issues, is both clear and technically accurate. She explains the medical aspects of the process including why some women seek eggs other than their own. Chapter Three, "Getting the Eggs Out," presents an idealized version of the process from thorough applicant screening to the extraction of small numbers of eggs. In a more reality-based section Lew details the use of self-administered injections of multiple synthetic hormones over as many as 6-8 weeks, first to stop ovulation, then to stimulate the growth of multiple follicles, and finally to trigger ovulation. A description of egg removal under anesthesia is followed by a brief description of cryopreservation and a few words on how women who seek eggs find donors.

Chapter Four on "The Physical Effects of Egg Donation," describes the natural process of ovulation and how this is altered with the use of fertility drugs. Lew provides more detail on the dangers of anesthesia than on other aspects of the egg retrieval process before starting a section on long-term risks, which is divided into "Cancer" and "ovarian hyperstimulation syndrome" (actually a short-term risk). Her discussion of cancer risks is brief and reassures the reader that "For now, most doctors believe that the hormones given to increase egg production during the donation process—or during fertility treatments—do not significantly increase a woman's risk of developing breast cancer." The last section of this chapter covers some of the practical considerations potential donor should be aware of and ends by noting that because of potential health risks to the donor, the American Society of Reproductive Medicine recommends "that clinics limit the number of donation cycles to a maximum of six rounds per donor."

In the final chapter on “The Psychological and Ethical Consequences of Egg Donation,” Lew acknowledges the existence of some unethical donor agencies and the fact that clinics do not necessarily follow the American Society of Reproductive Medicine’s guidelines. She does not directly discuss the growing demand for human eggs for research, but raises the issue of “designer babies,” a connection to egg harvesting that is not likely to be understood by most readers without more information than Lew provides. She also includes comments from a young woman who happily donated eggs (“just a bunch of cells”) to her aunt and uncle at 19, but by 29 had dramatically changed feelings about the resulting child and the meaning of what she had done. The author concludes with a brief discussion of the rights of children conceived with gamete donation and notes concerns about the quality of life of children of post-menopausal mothers.

This book would not be surprising if it had been produced primarily to promote the IVF industry, but it will be unsettling to those whose interest is in public health or in preventing the exploitation of young women. Lew’s idealized image of the process of egg donation is exemplified by her claim that egg donors are made to produce only “between five and twelve mature eggs.” Based on my interviews with former egg donors, this strikes me as probably the most inaccurate of Lew’s otherwise factual, but sanitized, account. And this is an important inaccuracy given the increasing risks that accompany use of the heavier doses of drugs usually correlated with production of greater numbers of eggs. Lew mentions the use of Lupron (leuprolide acetate) without discussing the fact that this FDA Category X drug (meaning it is not to be used in pregnancy or by anyone who might become

pregnant during treatment) has never been approved for use in egg harvesting. She is apparently unaware of any of the controversies surrounding its safety.

This book contains only an all-too-brief description of the most well understood short-term side effect egg donation, ovarian hyperstimulation syndrome. There is minimal discussion of the syndrome's wide-ranging and dangerous manifestations—merely a citation of the industry's most conservative frequency estimates rather than the much higher one reported by former donors.¹ Similarly, there is no mention of the reported cases of ruptured ovaries or infertility, or the rare, but nonetheless real risks of death that are known to have occurred in women undergoing ovarian hyperstimulation.

In her much too brief section on cancer risk, Lew mentions only concerns about breast cancer and omits discussion of risks of other cancers (ovarian, uterine) about which there is serious concern. For instance, a 2008 study² that found that women who used drugs to induce ovulation had increased risks of cancer “at any site.” Lew also fails to highlight how opinions that the procedure is safe are not grounded in scientific evidence, but rather are based on the absence of adequate long-term follow-up, a situation acknowledged to be worrisome by many IVF specialists, but considered to be highly irresponsible by many women's health advocates. In this context, it is disappointing but not surprising that she never discusses the lack of

¹ Kramer, W. et al. 2009. “US Oocyte donors: a retrospective study of medical and psychosocial issues.” *Human Reproduction*.

² Calderon-Margalit, R. et al. 2008. “Cancer Risk After Exposure to Treatments for Ovulation Induction.” *American Journal of Epidemiology Advance Access published November 26, 2008*).

oversight or regulation of the burgeoning IVF industry in the US, nor mentions the published calls for registries to provide more meaningful informed consent, such as the one published by the physician mother of a donor who died of colon cancer shortly after her third donation at age 32.³

Unfortunately—and especially so given her intended audience—Lew has not presented her material as much more than a reflection of the self-serving perspectives of those with a commercial incentive to use uncertainty about long-term risks to their own advantage. Such a book directed to college-age women might be appropriate because more mature readers are likely to have broader context in which to evaluate this information. However, informing impressionable younger girls—just as they are pondering the challenges of budding breasts and menarche and struggling with what these changes mean—that their bodies are increasingly being viewed as a source of valuable commodities, is deeply disturbing. The author’s motivation is unclear, but the overall result is not; it downplays the health risks of egg harvesting and normalizes egg “donation” as a creative and generous way to make money.

Could a skillful science writer be unaware that there is a movement among European IVF specialists away from the dangerous and highly invasive egg harvesting practices she describes, toward minimal stimulation and natural cycle IVF? Has she asked herself why efforts are being made to help infertile women

³ Schneider, Jennifer. 2008. “Fatal colon cancer in a young egg donor: A physician mother’s call for follow-up and research on the long-term risks of ovarian stimulation.” *Fertility and Sterility*.

become pregnant without exposing them and their donors to the very real, if poorly documented, dangers of ovarian hyperstimulation?

It is difficult to judge the author too harshly for her uncritical presentation of this issue when accurate information about the many problems with egg donation is scarce. Nevertheless, scientists, ethicists and women's health advocates have raised enough concerns about the human egg trade to make such a glib presentation of the topic to 9-12 year old girls disturbing at best. These concerns range from the invasiveness of egg harvesting, the seriousness of both the short- and long-term side-effects, coercive economic incentives, the lack of regulation and oversight, to the impossibility of meaningful informed consent in the absence of a national registry or adequate long-term follow-up. In light of all these controversies surrounding the trade in human eggs, and its implicit commodification of the female body, much more sensitivity to its exploitive potential is warranted than the author displays.

To her credit the author does include the Center for Genetics and Society in an appendix entitled "For More Information." This is an outstanding source that provides a more critical perspective on this and related topics. Unfortunately, Lew fails to draw in any significant way on this resource, or on the wealth of information available from women's health advocacy organizations such as Our Bodies Ourselves or the National Women's Health Network to balance her discussion.

This book should serve as a warning to parents, teachers, feminists and women's health advocates. We all must be more proactive in helping our daughters and

granddaughters understand that their bodies are fragile eco-systems that they must protect not only from all the traditional forms of abuse and exploitation, but from new forms of biomedical exploitation as well. We need to educate young women about the history of hormonal abuse of women's bodies from the DES disaster through the more recent struggle of women's health advocates to get adequate research conducted on the risks of hormone replacement therapy. They need to know that in both cases, only after decades and tens of thousands of casualties, reflected in cancer rates and premature deaths, were women able to get the damage documented and these practices curtailed. This history, rather than new ways of allowing their bodies to be used as a source of financial gain, is what we need to make young girls aware of as they approach womanhood.