



Isha L'Isha – Haifa Feminist Center

June 20, 2007

### **Proposed Legislation on Ova Donation<sup>1</sup>: Isha L'Isha—Haifa Feminist Center's position**

The legislation proposal on ova donation passed its first reading in the Knesset on May 8, 2007. The law, which was proposed several times in various versions since 2001, creates a significant change regarding ova donation, in that it allows for the extraction of ova for donation for purposes of fertility treatments as well as research, from women who are not undergoing fertility treatment themselves, and who are undergoing this process solely for donation.

Supposedly, the purpose of the legislation is to alleviate the distress of women who are trying to conceive and are in need of ova donation(s). In fact, the wording of the law reflects the success of the medical-scientific lobby, which was seeking to allow ova donation from non-IVF donors in order to supply ova for therapeutic stem-cell cloning research. Despite great hopes that scientists had for stem-cell research, it has not yielded significant results to date. Furthermore, this type of research requires a tremendous number of ova, as only a small percentage of the ova are successfully cloned. In addition, related research aimed at generating genetically personalized cloned stem-cells but does not require human ova, has shown promising results. Thus, the "research necessity" to perform experiments on women's ova is not at all obvious.

### **The Dangers of Ova Extraction**

The extraction of ova is a dangerous process. The hormonal treatment women undergo prior to extraction involves the risk of ovarian hyper-stimulation, which may result in serious morbidity which may require hospitalization, and in extreme cases may be fatal. The extraction process itself involves risks such as hemorrhage and infection. Moreover, it is assumed that donation might have long-term effects on donors' fertility and increases the risk of ovarian and breast cancer. Extraction is carried out under full anesthesia. The occurrence of these risks is not negligible: approximately 4% of women undergoing ova extraction suffer from ovarian hyper-stimulation<sup>2</sup>.

All of the above suggests that lack of proper protection for ova donors, as well as the conflict of interests of physicians that might arise following the implementation of the proposed law, are particularly severe.

### **Concern about Trade in Human Organs**

The proposed legislation suggests that the receipt of ova donations will require payment of a fee. In addition, ova donors will be financially compensated for their time, effort and suffering. There exists, therefore, a considerable danger that women in financial distress will be driven to "donate" ova solely for the purpose of receiving payment. Considering the global trend of trade in human organs, the mechanisms suggested by the proposed legislation practically allow for trade in human ova in Israel.

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<sup>1</sup> Proposed Knesset laws, 19 March 2007

<sup>2</sup> Orly Lotan, for the Knesset Center for Information and Research, 30 July 2006



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### **Isha L'Isha's proposals on the Proposed Legislation:**

In order to guarantee proper protection for ova donors, and in order to ensure that women's health is not compromised by the conflict of interests of physicians, Isha L'Isha demands the following:

- 1. Ova donations will be regarded as organ donations from living persons. This means that donation will not be anonymous, but rather a donation out of humane considerations (kinship, compassion) for another woman. Ova donation will be subjected to the same regime as organ donations from living persons, e.g. kidney donation. Donation for research purposes will not be permitted.**
2. It will be clearly stated that one of the purposes of the proposed legislation is to protect ova donors from exploitation and from medical risks. Severe punishment for doctors who endanger donors will be specified. Such endangerment will be considered an aggravated assault, as defined in Section 382 of the penal law.
3. The law will prevent the existing conflict of interests, resulting from the fact that the same doctor is obliged to two conflicting interests: on one hand, to give appropriate treatment to women ova donors, and on the other, to the needs of patients who require ova donation or to research demanding ova supply. This can be achieved, for example, by establishing a central bank for donated ova.
4. Potential donors will be offered a week-long preparation seminar to inform them about the procedure that they agreed to undergo. The seminar will provide information on known as well as assumed health risks.
5. The law will permit the extraction of a maximum of 10 ova from each donor, as is the custom internationally.
6. The law will provide for insurance for women donors against medical risks involved in ova donation. Such insurance should cover short-term as well as long-term risks.
7. Clear boundaries will be imposed on the level of hormonal stimulation given to donors. The maximum dosage allowed for use with donors should be significantly lower than that for women with fertility problems, and designated to produce a limited number of ova.
8. A medical database will be established that will list the precise hormonal treatment given to donors, and the number of ova extracted from each donor, allowing for tracking and supervision of the process, and enabling women donors to choose a credible medical institution where they want to donate.
9. Isha L'Isha demands that the state initiates comprehensive research to study the long-term effects of the hormonal treatments given during In Vitro Fertilization on women's health.
10. Since the extraction of ova involves physical suffering, and since in the case of donation it is not carried out for donor needs, the women donors are not receiving the required psychological and emotional support during this procedure. Isha L'Isha demands that the legislature ensures that donors receive proper support to allow them to preserve their mental health and well-being during the donation process.

This paper was written by Yali Hashash, the coordinator of women and medical technologies on behalf of Isha L'Isha–Haifa Feminist Center. This position paper was written with the help of the ISEF Foundation.