



Reproductive Medicine and Genetic Engineering Women Between Self-Determination and Societal Standardisation
Proceedings of the Conference held in Berlin from 15 to 17 November 2001



ReproKult

WOMEN'S FORUM FOR REPRODUCTIVE MEDICINE

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Forum 3

Stem cells, therapeutic cloning, embryo research – Women as raw material suppliers for science and industry

Ingrid Schneider | Claudia Schumann



The use of the term “therapeutic” in this context is, however, misleading. So far, it is solely a question of cloning for research purposes. No human being has yet been treated, let alone cured.

___ Egg cell donation has so far been banned in Germany under the Embryo Protection Act. For this reason, “motherhood after menopause”, such as caused a great sensation in Italy and the USA and even helped women give birth at the age of 63, is impossible in Germany. However, reproductive medicine has for some time been calling for the approval of egg cell donation, making reference to “female self-determination”. But the real reason is mainly the new developments in stem cell research, specifically the technique of “therapeutic cloning”, which would lead to a great demand for egg cells.

“Therapeutic” cloning

___ “Therapeutic” cloning means that the cloning technique first practised successfully in “Dolly” the sheep is to be combined with embryonic stem cell research. In this context, the nucleus of any body cell from an adult is inserted into an enucleated egg cell. After four to six days of development in a test

tube, the idea is then to extract embryonic stem cells from the totipotent embryo cloned in this way. These stem cells are then to be differentiated into one specific cell type and transplanted, in order to create an “individual” stock of spare cells.

___ The use of the term “therapeutic” in this context is, however, misleading. So far, it is solely a question of cloning for research purposes. No human being has yet been treated, let alone cured. “Therapeutic” cloning was legalised in Great Britain in early 2001.

Egg cell donation – Legal situation in Germany

___ The ban on egg cell donation in Germany results from Art. 1 of the Embryo Protection Act, according to which “Anyone will be liable to up to three years’ imprisonment or a fine who 1. transfers a foreign, unfertilised egg cell to a woman, 2. undertakes to fertilise an egg cell artificially for any purpose other than inducing pregnancy in the woman from whom the egg cell originates. Consequently,

the medical activities explicitly carry a penalty, and egg cell donation itself is in principle assessed as a “participatory offence eligible for punishment”.

___ Whether egg cell donation for cloning for research purposes is forbidden has since become the subject of legal controversy. In this case, there is no intention to transfer the egg cell to another woman, nor is the transfer of a cell nucleus to an egg cell “fertilisation” in the classical sense of the word. There is also argument on the question of whether a clone embryo is to be viewed as an embryo as defined by the Embryo Protection Act.¹ Up to now, only few politicians (mainly from the liberal FDP party) and scientists (e.g. genetic researcher Detlev Ganten from Berlin) have advocated legalising “therapeutic” cloning.

Calls for the legalisation of egg cell donation in Germany

___ Nucleus transfer would create an embryo specifically and solely for the purpose of being used. It remains debatable whether this is ethically justifiable. “Therapeutic” cloning is dependent on women providing egg cells for karyogamy with body cell nuclei. Based on animal experiments, Alan Colman from PPL Therapeutics and Alexander Kind – one of the scientific “fathers” of Dolly, the cloned sheep – calculated that the production of every cloned stem cell line for treating a single patient would require at least 280 egg cells.² Other researchers likewise assume that dozens, or even hundreds, of egg cells would be needed for each patient. The question is: How is this industrial-scale demand for female egg cells supposed to be covered?

___ The suspicion arises that the legalisation of egg cell donation is currently being propagated against this backdrop. For example, a joint position paper³ drawn up by

the professional gynaecological societies and the centres for reproductive medicine advocates egg cell donation. This paper notes that the “instrumentalisation and commercialisation of the female body as a biological resource” should be ruled out. It does not, however, say how this should be done. A need is acknowledged for “intensive discussions as to which women (volunteers, IVF patients undergoing therapy) would be willing or able to donate egg cells, and whether this donation should be purely altruistic or remunerated (e.g. in the sense of a basic reimbursement for lost working time, travel expenses, etc.)” (Point 6). Egg cell donation should “only be permitted on condition of an intensive counselling and examination procedure”. The same document also states that “options relating to therapeutic cloning for embryonic stem cell research/therapy should be kept open” (Point 15).

Footnotes

___¹ The Embryo Protection Act states that: “For the purposes of this Act, an embryo is defined as a fertilised, viable, human egg cell from the moment of karyogamy onwards, as well as every totipotent cell taken from an embryo that, given the other necessary prerequisites, is capable of dividing and developing into an individual”.

___² Colman, A., Kind, A., 2000. Therapeutic Cloning. Concepts and Practicalities. In: Tib-tech, Vol. 18, May 2000, 192-196.

___³ Deutsche Gesellschaft für Gynäkologie, Endokrinologie und Fortpflanzungsmedizin, Deutsche Gesellschaft für Gynäkologie und Geburtshilfe, Deutsche Gesellschaft für Reproduktionsmedizin, Bundesverband Reproduktionsmedizinischer Zentren Deutschlands, 2001. Positionspapier zu den Vorbereitungen für ein Fortpflanzungsmedizin-Gesetz (FMG) als Ergebnis einer Konsensusstagung am 6.10.2000 in Freiburg i. Br., 10.4.2001.

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Medical and financial aspects

Claudia Schumann

Physical strain on the woman

___ The collection of egg cells is an invasive procedure that puts a strain on health and entails risks.¹ A prerequisite for egg cell donation is hormonal stimulation. For this purpose, the woman's menstrual cycle is first deactivated ("down-regulation") and the maturation of the egg cells then accelerated beyond the natural measure. This requires frequent injections, daily at times. Repeated blood sampling, gynaecological and ultrasound examinations are necessary to monitor success. When sufficient egg follicles ready for ovulation are detected in the ovaries, the egg cells are collected by means of ultrasonically monitored puncturing of the vagina (known as "egg harvesting"). The removal of the egg cells entails the risk of injury, bleeding and inflammation.

___ The side effects of this stimulation include physical symptoms, such as tension in the breasts, nausea or a bloated abdomen with a feeling of heaviness. Hyperstimulation syndrome of varying intensity develops in between one and four percent of the women treated: the egg follicles develop into large cysts that massively enlarge the ovary; water may be retained in the abdominal region and chest, causing pain and shortage of breath, accompanied by dangerous thickening of the blood and circulatory disorders. Treatment in an intensive-care unit may be necessary and there have been reports of deaths.

___ It is not yet clear whether there is a threat of long-term side effects in addition to the acute dangers. More and longer follow-up observations are necessary to establish whether stimulation really does increase the risk of

ovarian cancer, as claimed in a number of studies. On the other hand, however, since long-term inhibition of the ovaries (by taking contraceptive pills) is known to reduce the risk of ovarian cancer, there is some reason for assuming that stimulation, at least if repeated and strong, could increase the risk of cancer.

When can a woman "need" egg cells?

___ Indications for egg cell donation for reproductive purposes include the following:

- Premature menopause with cessation of the function of the ovaries (cause unclear, probably of genetic origin);
- X-chromosome-related hereditary disease that is not to be passed on;
- Following chemotherapy involving destruction of the ovaries, or surgical removal of the ovaries (e.g. endometriosis);
- In IVF, if the woman's own egg cells no longer exist or are no longer readily fertilisable due to her age.

___ Since the dawn of the IVF era, egg cells have been in great demand as a resource for research. Stem cell research and "therapeutic" cloning would result in a massive increase in the demand for egg cells.

Financial burden on the health system

___ Reproductive medicine is expensive: because of the high laboratory and drug costs, one stimulation cycle costs roughly 4,000 to 5,000 euros. Every woman is entitled to a maximum of four stimulation attempts at the expense of the health insurance fund – not

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including treatments that are discontinued prematurely (e.g. due to insufficient reaction or over-reaction of the ovaries).

___ This means that the roughly 9,000 IVF children per year (1999 figure) “consume” 10% of the gynaecology budget – i.e. the total amount of money available for outpatient gynaecological treatment – which is then no longer available for other types of gynaecological treatment, such as psycho-oncological care following cancer. The figures will continue to shift in favour of reproductive medicine, since ICSI has recently been added to the list of benefits paid by the health insurance funds. The number of treatments is expected to double as a result.²

Who profits?

___ In the USA, egg cell donors are recruited in advertisements and on the Internet, with between 1,500 and 5,000 dollars being offered per stimulation cycle as “reimbursement” for the woman.

___ It is hard to calculate what the medical industry currently earns. However, a major portion of the costs is attributable to drugs, laboratory services and equipment (ultrasound devices, aspiration sets, etc.). Exact figures were not to be found on this subject – nor on how much research funding goes into this sector compared to other research fields in the health sector. The legalisation of egg cell donation would be lucrative for the pharmaceutical industry (hormone preparations, technical equipment), the attending doctors (new clientele) and researchers (research funds, reputation). While the autonomy and well-being of the woman is always emphasised officially, economic interests, the interests of scientific policy and struggles for funds can be suspected to be active behind the scenes.

Footnotes

___¹ Cf. Berg, G., 2001. Eizellspende – eine notwendige Alternative? In: Bundesministerium für Gesundheit (ed.), Fortpflanzungsmedizin in Deutschland. Baden-Baden, Nomos, 143-152.

___² However, critical argumentation based primarily on the costs can also be dangerous. For instance, experts in reproductive medicine are demanding that PGD be legalised to ensure that only “good”, quality-tested egg cells are transferred. They argue that this could increase the baby take-home rate from approximately 15% at present to 50%, thereby reducing the number of treatments and effectively cutting the costs.

While the autonomy and well-being of the woman is always emphasised officially, economic interests, the interests of scientific policy and struggles for funds can be suspected to be active behind the scenes.

Ethical and sociopolitical aspects

Ingrid Schneider

Egg cell removal – Breaking with the medical mandate to heal

___ In contrast to the situation where IVF is used as treatment in women who wish to have children, the risks of the medical intervention in the case of egg cell donation cannot be weighed up against any therapeutic benefit for the woman herself. The procedure exclusively serves a potential benefit for third parties, namely other women/couples, researchers and potential future patient groups. The intrapersonal risk-benefit assessment is transformed into an interpersonal assessment between donor and recipient. However, being an intervention for the benefit of third parties, it breaks, in terms of medical ethics, with the precept of medical actions not causing harm. Consequently, from the point of view of professional ethics, it is irreconcilable with the medical mandate to heal. In our opinion, this intervention would legally be interpreted as inflicting bodily injury, even if the woman in question had given her consent.¹

Where are the egg cells for stem cell research and cloning to come from?

___ The question remains open as to how egg cell “donors” are to be recruited. The professional literature mainly assumes “voluntary donation following informed consent”. In our opinion, it is not sufficient to reduce the question of the permissibility of egg cell donation to whether the women are fully informed about the research objective and the risks arising for themselves, and whether they voluntarily gave their consent to removal. The solution based on individual informed consent

would have to be preceded by a debate as to whether the research objectives and the means used for the purpose are ethically justified. Generally speaking, society must establish the framework conditions for deciding whether egg cell donation is acceptable at all.

___ There are three conceivable ways of obtaining egg cells. First, from IVF treatment; second, from commercialised donation and, third, from donation within the family.

___ The practice of IVF would be lastingly changed if egg cell donations were to be “diverted” from the treatment of unintentionally childless couples – thereby possibly even reckoning with “surplus” production from the outset. This would give rise to a conflict of interests with the use of the egg cells for fulfilling the wish of couples to have a child.

Egg cells for money

___ An example of the progress already made in the commercialisation of egg cell procurement can be seen in the USA. The egg donors are usually women between the ages of 20 and 30, who use the income to finance part of their studies or the cost of living. Do these women actually realise that, after making several donations, they are running the risk of having scarred ovaries, possibly being infertile if they later want to have children of their own and then being dependent on the services of an egg cell donor? It has not yet been determined whether a donating woman exposes herself to an elevated risk of cancer in the long term. There are few studies on this subject, although it is a question that urgently needs to be answered.

The removal of egg cells for the benefit of third parties cannot be justified by the medical mandate to heal and would legally be interpreted as inflicting bodily injury, even if the woman in question had given her consent.

___ In the USA, the question is hardly ever raised as to *whether* people should “give” egg cells (or sperm) in return for money at all. Donated egg cells have also already been used there for stem cell research. In Europe, there has so far been a widespread consensus that stem cell lines should only be produced from “surplus” egg cells that were produced for the purpose of inducing pregnancy, but were not used for this purpose due to the woman becoming ill or the couple being divorced, for example.

___ In a research project at the Jones Institute in Virginia, embryonic stem cell lines were prepared from embryos produced specifically for this purpose, for which the egg cell “donors” received payment of roughly 2,000 dollars. Following hormone treatment, 162 mature egg cells were obtained from 12 women and fertilised with the sperm of two sperm donors. Three stem cell lines were developed from the 40 successfully produced embryos.² Some of the egg cell donors were women who were not included in the regular egg cell donation programme because of an “undesirable family history”, probably meaning a ‘hereditary affliction’. The other women had been accepted as “suitable”, but were not chosen by a corresponding “receiving couple”. This almost sounds as though these women were “second-class” egg cell donors.

___ The medical article points out that, for later transplantation therapies, both the egg cell donors and the sperm donors would have to undergo “extensive clinical tests” in order to prevent the transmission of known illnesses. In addition, the attention of the donors would have to be drawn to the fact that the medical staff “could have personal interests that are not connected with the health of the patient and could result in a scientific or economic benefit” (p. 136). This refers to any patent rights to stem cell lines

produced in this way, which not only yield royalties, but can as well be sold to pharmaceutical companies for hard cash.³

___ A second project in the USA falls back on previously purchased egg cells. Advanced Cell Technology of Worcester, Massachusetts, has conducted research projects on producing cloned embryos with egg cells from women in order to obtain stem cell lines from them.

___ The money paid for egg cell removal can restrict the voluntary nature of donation. Economically underprivileged women could feel forced to sell their egg cells, although it is never referred to as the “sale” of egg cells, the money instead being declared as “reimbursement” for the “service”.

Egg cell donation “out of female altruism”

___ The third way of obtaining egg cells would be “altruistic donation” within the family. This model has already been tried and tested in the “live donation” of organs (kidney, part of the liver), where the majority of the “donors” are women. It seems fatal in this context that the classical expectations of the role of women – the provision of unpaid care services for children, the aged and the sick – are not only perpetuated, but also radically expanded to include the unreasonable physical sacrifice of germ cells. Young women within a family network could come under substantial social pressure to donate egg cells for sick relatives. The voluntary nature of egg cell donation must be doubted when emotional dependences exist. However, sympathy and solidarity with the sick should not entail any obligation on the body. Rather, the state would have to protect people from new situations of social obligation of this kind.

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Social obligations of women

___ The legalisation of cloning for research purposes would mean that women would have to become contract egg cell producers. Thus, clone research involves an imminent, but unspoken tendency towards a social obligation of the female body.⁴ There are signs on the horizon of a new contract between the sexes and the generations, where young, fertile women are expected to provide the material resources for the treatment of the old and sick. Speaking normatively, it could, in contrast, be postulated that women's egg cells should not be available for third parties and for purposes other than reproduction, meaning that they may be neither sold nor donated for free. So far, egg cells have been integrated in the context of female physicality, in connections between sexuality and reproduction. The decision to also enable egg cell "donations" for research purposes beyond the reproductive sector oversteps existing cultural and psychosocial borders. After all, egg cells – and also sperm – have so far been linked to sexual intimacy and potentially to generative processes,

meaning offspring and subsequent generations. It is questionable whether it would be desirable to break with this cultural and social tradition.

Footnotes

___¹ Cf. Pichlhofer, G., Gross, J., Henke, C., 2000. Medizinische, rechtliche und kulturelle Aspekte der Eizellspende. Expert report commissioned by the Federal Ministry of Health, Bonn, p. 43.

___² Lanzendorf, S.E., et al., 2001. Use of human gametes obtained from anonymous donors for the production of human embryonic stem cell lines. In: *Fertility and Sterility*, Vol. 76, No. 1, 132-137.

___³ Cf. Schneider, I., 2002a. Beschleunigung – Merkantilisierung – Entdemokratisierung? Zur Rolle von Patenten in der embryonalen Stammzellforschung. In: Oduncu/Schroth/Vossenkuhl (eds.): *Stammzellforschung und therapeutisches Klonen*. Göttingen, Vandenhoeck & Ruprecht.

___⁴ Cf. Schneider, I., 2002b. Überzählig sein und überzählig machen von Embryonen: die Stammzellforschung als Transformation einer Kinderwünscherfüllungs-Technologie. In: Brähler, Elmar; Stöbel-Richter, Yve; Hauffe, Ulrike (eds.): *Reproduktionsmedizin, Pränataldiagnostik und menschlicher Rohstoff*. Psychosozial-Verlag.

Assessment

___ To open the discussion, we first watched the film "Egg cell exchange" produced by BBC TV. It observes Californian agencies dealing in egg cells for reproductive purposes. There are statements by egg cell donors and recipients, and a meeting with a child produced in this way was filmed. The attractive egg cell donors emphasise what a good thing it is and convey the impression of it being a natural thing to do. The brokers (exclusively women in the film) hold talks with clients. The website and the catalogue of donors (including photos

of their pets) are shown, as are recruitment interviews. Also demonstrated are the painful hormone injections and the removal of egg cells with ultrasonic monitoring.

___ The film has no off commentary whatsoever. Although the egg cell donors were enthusiastic about their "job" and in no way matched the stereotype of the "poor, exploited woman", we were still overcome by a very uncomfortable feeling. We tried to identify more exactly what we felt was not quite right and what our criticisms of egg cell donation were.

The attractive egg cell donors emphasise what a good thing it is and convey the impression of it being a natural thing to do.

The broker agencies:

— Their business is the placement of egg cell donors. To this end, they compile catalogues of the women “on offer”, including photos and personal details, which are in some cases accessible on the Internet. In the discussion, this gave rise to spontaneous comparisons with marriage agencies or prostitution (pimps). In this new service sector, however, there is no talk of money – at least according to the film – although this is probably the reason for the “donation”. The commercial nature is concealed by a mask of kitsch and sentimentality: the egg cell donors are referred to as “angels”, who earn their “ticket to heaven” in this way; a scene is presented that is reminiscent of Christmas. However, the creation of happiness seems to be superficial; the women gave the impression of being “contented hens”. Although the donors stress that it is a question of “love” and of “making” a baby, there is usually no personal relationship between the donor and the social parents – anonymity prevails. At the same time, the chances of placement and, to some extent, probably also the prices are regulated by the market mechanisms of supply and demand. What stuck in our minds were the words of a “broker”, who used to work as an estate agent and said the process was a similar kind of “matching” of the two parties involved. The egg cells – and the child potentially resulting from them – serve as a placeable commodity.

The egg cell sellers:

— It was noticeable that the donors were heroised. The women stylised themselves as being the ones who bravely bear any pains without complaint because it is a question of “higher purposes”: making it possible to have a child. Some of them gave the impression of

being naïve, and the suspicion of “caretaker syndrome” was also expressed. Some of the participants in the forum rated the sale of egg cells “out of (human) kindness” as “abuse of the needs of women”. The relationship between the egg cell donors was striking: on the one hand, it was characterised by solidarity, by being “in the know” following the initiation – the first hormone treatment and puncture – which was described as being very painful and an emotional roller-coaster ride. At the same time, there was obviously competition between the women. They boasted about the number of egg cells collected during a single puncture. The question of how often a woman had already donated and whether this had resulted in a child also appeared to play a role in the social hierarchy of the donors. We were also interested by the picture the women presented of their own bodies: they were proud to use their ovaries as production equipment. To us, this female fertility in abundance appeared to correlate with a male model, namely the fantasy of a man’s own semen being “spread all over the world” (“femalism”, “women showing-off their potency”). However, sperm and egg cell donation were presented differently: while the relationship to sperm emphasised potency, but was considered as being “as cold as possible”, egg cell donation was associated with suffering, but also with “warmth” and care for others, which can well correspond with being tough on one’s self (daily hormone injections).

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___ The relationship of the egg cell donors to their bodies is characterised by fragmentation and appeared mainly to refer in a performance-based and functional manner to the objective of producing as many healthy, fertilisable egg cells as possible. Any suggestion of sexuality and motherhood was avoided. Consequently, upholding female altruism follows the traditional image of women, while the otherwise customary ties between female fertility and motherhood are severed. The potential damage that egg cell donation can cause was repressed, as were the social complications that a donation of this kind can entail, either in reality or in the ways of coping psychologically with egg cell donation.

The egg cell buyers:

___ There is a three-cornered relationship between the egg cell donor (genetic mother) and the mother who bears and raises the child (the physical and social mother). The meeting of the two women and the child is marked by subtle, subliminal tensions. This is a highly emotional situation characterised by enormous gratitude, but also by competition and a sense of having deficits compared to the other woman (not having any egg cells, not being a mother). Beyond all assurances regarding the far greater importance of social parenthood (as opposed to genetic parenthood), fears become noticeable and are vaguely expressed: the latent fear that the egg cell donor could turn up and claim to be the “real mother”. Under extreme circumstances, this could end up in a “Caucasian Chalk Circle”.

___ The man plays only a minor role. He is assigned the job of sperm supplier in a small room with porn magazines.

The doctors:

___ The matter-of-fact, functional attitude towards a woman donating egg cells is intermingled with sexism, such as in the remark before egg cell aspiration: “Do you want to be a good hen, then?” The fact that the woman herself has no indication for the intervention is not a topic at all. Benefit-oriented, numerical ethics prevail.

___ However, the informed consent falls down towards the end of the film, when the couple is in the situation of having to decide “on the spur of the moment” how many of the embryos produced are to be transferred and what is to be done with the “surplus” ones. There is the fear of a multiple birth, but also the fear of the unreasonable demand to accept “selective reduction” – intrauterine foeticide. No detailed information on the subject is provided, nor are a time and place arranged for a discussion, where the doctor faces the process of reaching an understanding on the matter.

Women’s autonomy?

___ There was a controversial discussion about whether there can be a “right” to self-instrumentalisation and self-injury. Advocates of the ban on egg cell donation often have to put up with being accused of paternalism or “maternalism”. However, it is in no way patronising if the political aim is to prevent the emergence of social conditions in which new expectations are imposed on women to make themselves available as egg cell producers. It makes sense to establish social boundaries, also in relation to individual

needs, such as the entitlement to fulfil the wish to have a child in cases of organic impossibility. The question must be raised as to the price others in society have to pay for fulfilling the wishes and interests of individuals. The problem is that reproduction is becoming a market activity.

___ As it stands, we cannot support the conventional division in the ethical assessment, according to which the donation of egg cells is to be advocated, while the sale of the egg cells is rejected as commercialisation. Similarly, the “altruistic donation” of egg cells, even if it is an “act of friendship” for someone who is personally close to the donor, will never be free of social pressure and can entail social complications. In contrast, the anonymous donation of egg cells would have to be questioned as regards its motives – the potential damage that can be caused by egg cell removal would be against it. The sale of egg cells turns the donation of egg cells into a contractual relationship with the purchaser. Given that all concerned (agencies, doctors) are remunerated for their services in the process of egg cell donation, it would be hypocritical to exclude the egg cell producer as the donor of a body part. However, one problem is that economic constraints could take effect when deciding on the sale of egg cells. The conception of the body as property must also be rejected.¹

Arguments against egg cell donation:

- Potential damage to health, immediately after the intervention or in the long term, both in the women and in the resultant children
- Potential psychological problems arising from divided motherhood, both for the women and for the children (harder to find their identity)
- Danger of women in economic distress being exploited

- Contradictory to the medical mandate to heal and to traditional medical ethics
- The manic rush to immediately do whatever is feasible
- Dangers arising from a marketable technique becoming independent
- Due to the fact that a child can develop from it, embryonic material is of special personal, social and symbolic significance and should thus not be treated like a sellable commodity
- The legalisation of egg cell donation would mean a certain kind of availability in the image of women, in the construct of womanhood, for *all* women. It presupposes an instrumental attitude towards one’s own body and that of others. Ultimately, it means the purchasability of egg cells for the woman herself and for others. Could this have a “domino effect” on the purchasability of the person or the purchasability of reproductive relationships?
- If egg cell donation is legalised, women could find themselves in the position of having to justify their actions, and implicit social responsibility for donating egg cells could arise. However, the legitimacy of claims on the bodies of the others must be questioned.

___ Other points raised included the following:

- The imbalance in the financing of high-tech medicine and other fields, such as psychosocial care, physiotherapy
- A different kind of research promotion policy is necessary
- Alternatives, especially adult stem cell research, should be demanded *instead* of embryonic stem cell research and “therapeutic” cloning, not as a “complement” to them

Footnote

¹ Cf. Schneider, I., 2002c. Körper und Eigentum. In: Kuhlmann, Ellen; Kollek, Regine (eds.), 2002: Konfiguration des Menschen. Biowissenschaften als Arena der Geschlechterpolitik. Leske und Budrich.

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