

EGG DONATION:
WHERE SHOULD MARKET STAND?

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2010

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Thesis submitted to the
Graduate Institute of Social Sciences
in partial fulfillment of the requirements for the degree of

Master of Arts

In

Philosophy

by

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Boğaziçi University

2010

Thesis Abstract

Banu Berna Sürmen, “Egg Donation: Where Should Market Stand?”

Over the last twenty years, the demands of market have captured the reproductive medicine. As levels of infertility among women have been rising immensely, there is also an increased demand for eggs. This demand has led to commercial egg donation. Commercial egg donation is defined as the monetary transaction between an affluent infertile couple and a fertile donor woman. The rapid growth of this practice has created concerns regarding the proper scope of the market. This thesis is interested in exploring what is morally at stake in the extension of market and market-oriented thinking in egg donation.

In the discussion of commodification of human eggs, three archetypes in commodification issue are considered. One, full commodification, holds that human eggs are suitable for market transfer; other, non-commodification, holds that eggs should never be subjected to market transfer; and the last one, incomplete commodification, holds eggs should be allowed to be bought and sold with some restrictions. After carefully considering the matter through the lens of morality, choice, and inequality under both non-ideal and ideal circumstances, it is suggested that the best way to avoid serious ethical concerns is to treat human eggs as incomplete commodities. This thesis concludes with the suggestions for the social-democratic model that would compensate women for their time and effort, and at the same time enforce strong regulation on egg donation.

Tez Özeti

Banu Berna Sürmen, “Yumurta Donasyonu: Piyasanın Rolü”

Geride bıraktığımız yirmi yıl içerisinde üreme tıbbi piyasadaki talep doğrultusunda şekillenmeye başladı. Kadınlar arasındaki kısırlık oranının hızla artışı, sağlıklı yumurtalara olan talebide beraberinde getirdi. Bu talep yeni bir piyasanın doğmasına yol açtı: ticari yumurta bağıışı. Ticari yumurta bağıışı maddi durumu iyi kısır çift ile doğurgan kadın donör arasındaki parasal alışveriş olarak tanımlanmaktadır. Bu alandaki hızlı artış piyasanın dinamiklerinin kapsamını hakkında endişelerin oluşmasına sebep olmuştur. Bu tez yumurta bağıışı konusunda piyasanın ve piyasa odaklı düşüncenin ahlaki olarak ne anlama geldiğini değerlendirmeyi amaçlamaktadır.

İnsan yumurtasının metalaştırılması tartışmasında, metalaştırma konusunun üç ana örneği baz alınmaktadır. Bunlardan ilki olan tam metalaştırma piyasa alışverişinin insan yumurtası için uygun olduğunu; ikincisi anti-metalaştırma, insan yumurtası için piyasa alışverişinin söz konusu olamayacağını; sonuncusu olan kısıtlı metalaştırma ise yumurtaların piyasa alışverişinin belirli kısıtlara tabi olmak koşuluyla mümkün olabileceğini savunmaktadır. Konu, hem ideal hem de ideal olmayan durumlarda ahlak, seçim hakkı ve eşitsizlik bakış açılarından değerlendirildiğinde, ciddi etik endişelerin oluşmasını engellemek için başvurulacak en doğru yol insan yumurtasına kısıtlı meta olarak davranılmasıdır. Bu tez, kadınlara harcadıkları zaman ve çabaya karşılık ödeme yapılması ile birlikte yumurta bağıışında katı düzenlemeleri savunan sosyo-demokratik modelinin doğru olduğu sonucuna varmaktadır.

ACKNOWLEDGMENTS

I would like to express my gratitude to my supervisor, Dr. Karanfil Soyhun, whose expertise, understanding, and patience, added considerably to my graduate experience. I would like to thank the other members of my committee, Prof. Gürol Irzik, and Dr. Murat Baç for the assistance they provided at all levels of the research project.

I would like to thank my professors at University of North Carolina at Chapel Hill. A very special thanks goes out to Dr. Ryan Preston-Roedder, who supported the idea for this thesis in its embryonic stage and played a huge role in helping me developing the backbone of my thesis. I would like to thank Dr. Jan Boxill for providing me with valuable insight. I thank to Prof. Douglas McLean for taking time out from his busy schedule to serve as my external reader. I doubt that I will ever be able to convey my appreciation fully, but I owe him my eternal gratitude.

I would also like to thank my friends, particularly Yasemin Sarı, Mine Okan, Barış Can and Tuna Çakar for their support and venting of frustration during my graduate program. Appreciation goes out to my teaching assistant, Anthony Tiberio, for our philosophical debates, and exchanges of knowledge, which helped enrich the experience. I must also acknowledge my friend Brian Fobi for his suggestions, his expertise in editing my work and his assistance throughout my writing period.

I would also like to thank my family for the support they provided me through my entire life and in particular, I must acknowledge my boyfriend and best friend, Ozan, without whose love, encouragement and editing assistance, I would not have finished this thesis.

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CHAPTER I

INTRODUCTION

Aim of the Thesis

Over the last few decades, the realms of life that we once held dear and deemed impossible to value in pecuniary terms have been rapidly transformed into objects of material exchange. Social and political tendencies of our times, namely the unregulated free market and its categories of thought, materialized every value such that they are conceived and treated as commodities, and hence easily traded between market agents. Today we talk about the commodification of human body parts, sexual services, certain elements of education and culture. The expansion of the dominance of market forces to include what we once viewed to be personal implies the intensified and institutionalized nature of the commodification practice and forces us to reconsider our understanding of the world and our place within it. What, if anything, is morally at stake in the extension of market and market-oriented thinking to almost every aspect of life? In answering this question, this thesis will focus mainly on the appropriate relationship of egg donation to the market.

Outline of the Thesis

In order to determine the appropriate relationship of the things to the market, we should develop a satisfactory analysis of the permissible scope of the free market. I will try to do that by discussing what kinds of things are suitable for trade in the free market. Then, I

will deliberate on how to treat other things that are unsuitable for trade. To develop such a theory, I shall first make conceptual clarification regarding the terms ‘commodity’ and ‘commodification.’ In Chapter II, I articulate the various descriptions of commodity and introduce the idea of commodification. I present three forms of commodification: full commodification, incomplete commodification and non-commodification. I make a claim that full commodification is appropriate only for those things that can be properly regarded as commodities. All the other things that do not fit this description should either be incompletely commodified, meaning that they are allowed to be bought and sold with some restrictions, or non-commodified, meaning that they are not allowed to be bought and sold in any circumstance. There is no algorithm or abstract formula to tell us which items should be incompletely modified and which should be non-commodified. A moral judgment is required in each case. In consideration of this, I contemplate what would be the right attitude towards the commodification of egg donation.

In Chapter III, I introduce my case study: egg donation. I show that the term ‘donation’ is misnomer for the current model of egg transfers. I argue that the current version of egg transaction is rather an example of full commodification with norms of the free market, such as supply and demand pricing, advertising, and valuation in terms of the opportunity cost of production, regulating the production, transfer and enjoyment of human eggs. In the next two chapters I put forward two sets of objections to the full commodification of human eggs.

In Chapter IV, I evaluate the corruption argument that claims certain moral and civic goods would be diminished or corrupted when bought and sold for money. In the case of human body parts, simply because they are parts of human beings with a special

value, some human bits and pieces carry a derivative special worth. For this reason, the commodification of these pieces and bits is considered to be intrinsically wrong as it is viewed as a fundamentally degrading and improper way of treating human beings. Nevertheless, under this objection, not every human body part is weighed the same in relation to the being. For instance, while selling some parts (i.e., kidneys) seen mostly as unacceptable, some (i.e., hair) are permissible and some (i.e., blood) fall into the grey area. I will show that on this spectrum eggs are presumed to be more akin to organs. Thus, any form of commodification of human eggs is unacceptable. After giving detailed assessment of corruption objection to human eggs, I state that the proponents of corruption objection appeal to the “shared” intuitions in advancing their arguments. I conclude that if one shares similar intuitions, the commodification argument becomes a knockdown argument against selling eggs. But when these arguments are presented to those who do not share the similar intuitions, these people will not be convinced. I argue that there are still other problems arising from conceiving human eggs in universal market rhetoric and market methodology, In the next chapter, I discuss on what other grounds egg donation can be objectionable.

In Chapter V, I introduce two main arguments that favor the current model of egg donation. The first argument states that if some people wish to sell something that is identifiably personal and others wish to buy it, they should be free to do so as long as others are not harmed as a consequence. The second argument claims that free market egg donation benefits every agent involved in the process. The infertile women win because this procedure enables them to have a partially genetically related (related to the father) baby; the donors win because they earn a substantial amount of extra income; the

private health clinics, insurance companies, psychologists and legal counselors win because the commodification of eggs provides them with new opportunities to increase their profits. I find both arguments favoring free market egg donation limited in that perspective. As for the first argument, I offer reasons other than harming others that would necessitate and justify intervention. In opposition to the defenders of this idea, I advocate that depending on the circumstance, the intervention might be characterized as freedom-enhancing rather than freedom-limiting. For the second argument, I discuss how free market egg donation is a win-win miracle only on the surface. From an economic perspective, the model seems beneficial; nevertheless, economics is only one aspect of the equation. There are also the political, social and ethical aspects of the problem. In light of the above, I tackle these arguments in relation to autonomy, agency, and inequality. Finally, in Chapter VI, I try to determine whether human reproductive materials should be treated as complete commodities, incomplete commodities, or not as commodities at all. I consider three approaches: liberal-economic, illiberal, and social-democratic. After careful analysis of these, I conclude that the best way to avoid serious ethical concerns is to adopt the social-democratic model.

CHAPTER II

CONCEPTUAL CLARIFICATION: COMMODITY AND COMMODIFICATION

Introduction

Before going into our discussion of egg donation, it is important to make conceptual clarifications of the terms ‘commodity’ and ‘commodification.’ Some thinkers argue that there are things that can be exchanged as gifts in the realm of social intercourse; nevertheless, it is improper to treat them as commodities. This then raises two questions. What things can be properly regarded as commodities and why is it wrong to treat anything as a commodity?

Definition of a ‘Proper Commodity’

In this thesis, I call those things that can be properly regarded as commodities ‘proper commodities’. Philosophers have different opinions on the definition of proper commodity. For example, Elizabeth Anderson argues that to say that something is properly regarded as a commodity is, “to claim that the norms of the market are appropriate for regulating its production, exchange, and enjoyment” (72). Anderson claims that to produce, exchange and enjoy a thing in accordance with the market norm is to value a thing as a mere use-object. By ‘mere use object,’ she means these things can be treatable solely in accordance with non-ethical preferences. However, this kind of valuation is not proper for everything. To clarify her point, Anderson calls our attention

to the different modes of valuation; she says use value is only appropriate for commodities, but there are things that deserve to be valued more highly than as a mere use-object, for the fact that they carry special intrinsic worth. She gives the example of a person who truly appreciates art. Anderson states:

An art lover does not conceive of art merely as a thing which she can use as she pleases, but as something which commands appreciation. It would be contemptible to willfully destroy the aesthetic qualities of a work of art simply to satisfy some of one's non-ethical preferences, and it is a mark of a cultivated and hence admirable person that she has preferences for appreciating art. (73)

Her argument rests on the fact that the goods in question are worthy of appreciation, not merely of use. So her main point is that, to the extent that a thing can be valued in some higher value than use value, we can say that the good is not a (proper) commodity. To find out which things should be valued more highly than a mere use-object, Anderson suggests that we look at the conception of human flourishing. (73). Though Elizabeth Anderson does not give her ideal of human flourishing or the details of what kind of intrinsic value things carry¹, at the moment, we are only interested in defining proper commodities, so her emphasis on different kinds of valuation is helpful in understanding this concept. Before going deeper into the discussion about commodities, I would like to introduce a different kind valuation for proper commodities offered by Margaret Radin.

Margaret Radin defines the value of a commodity as its exchange value, often referred to as 'market value,' when a thing is traded in a laissez-faire market or hypothetically traded in a hypothetical laissez-faire market. Radin says that all proper (in

¹ Like Elizabeth Anderson, Margareth Radin discusses the intrinsic value of things and she, too, criticizes commodification for not being compatible with the ideal of human flourishing. However, both philosophers take it for granted that everybody is on the same page about the intrinsic values of things and share the similar intuitions about the ideals of human flourishing. This will be one of my criticisms towards commodification issue. I will discuss this matter in detail in the egg donation case part.

her terms, 'full' commodities) commodities are fungible; in other words, they are, "capable of being reduced to money without changing in value, and completely interchangeable with each and every other commodity in terms of exchange value" (1860). According to this definition, shirts, computers, and pens are good examples of proper commodities.

A proper commodity may have both use and exchange values, yet it should be noted that Anderson's 'use' and Radin's 'exchange' valuations are two different kinds of valuation forms. As Adam Smith discusses in his classic *Wealth of Nations*, "the things, which have the greatest value in use have frequently little or no value in exchange; and on the contrary, those which have the greatest value in exchange have frequently little or no value in use. Nothing is more useful than water: but it will purchase scarce any thing; scarce any thing can be had in exchange for it. A diamond, on the contrary, has scarce any value in use; but a very great quantity of other goods may frequently be had in exchange for it. (30)

In light of the above, a proper commodity can be defined as a thing for which use or exchange valuation is appropriate. A commodity has little or no personal significance for its holder. For this reason, the commodity holder is indifferent to hold that particular commodity, or some other commodity of equivalent use or exchange value to her, or the sum of money itself. When a commodity is bartered or exchanged for a sum of money, its holder feels no sense of loss or degradation.

Clarification on the Commodification Issue

The term ‘commodification’ is used in several different ways in the literature. The narrow definition of commodification, as Radin construes, is actual buying or selling of something (1859). While the commodification of things that fit the definition of proper commodity is considered to be acceptable, the commodification of other things that fit the definition poorly or not at all may be potentially undesirable. As Radin puts it in her “Market Inalienability” article, there is a continuum reflecting a degree in commodification such that, while it is appropriate to fully commodify (full commodification) proper commodities, some things need to be incompletely commodified, and some should be protected from commodification (non-commodification) altogether (1855). By full commodification, she refers not only to actually selling and buying things in the market, but also to the idea of conceiving them in market rhetoric and market methodology.² Consider the example of designer shoes; designer shoes fit either definition of proper commodities we have discussed. For, they are produced to be bought and sold in the market and the use or exchange valuation is appropriate for their treatment. For this reason, the regulation of production, exchange and enjoyment of designer shoes according to market principles is totally acceptable. It is admissible for the free market to determine the amount and the price of the designer shoes according to supply and demand in the society.

On the other hand, in addition to use or exchange value, some things have social

² Radin’s way of defining the universal market rhetoric is the practice of thinking about interactions as if they were sale transactions, and universal market methodology is usage of monetary cost-benefit analysis to judge these interactions. “Market methodology includes a cost-benefit analysis, evaluating human actions and social outcomes in terms of actual or hypothetical gains from trade measured in money” (Radin, 1987, p.1859).

or personal values attached to them. We still allow some of things from this category to be bought and sold in the market to the extent that their social or personal values remain recognized. Hence, we object to the idea of conceiving them in market rhetoric and methodology and insist on some sort of regulation to protect them from market forces and wrongful treatment as proper commodities. This kind of treatment is called incomplete commodification. Let us take the example of the condominiums. Condominiums are things that have market values, but there is also a nonmonetizable, personal aspect to many people's relationships with their homes. In order to recognize this personal aspect of the homes and prevent them from being conceived in market rhetoric, various restrictions pertaining to redecorating, pets, subleasing, and pricing are imposed during sales or lease. This way, houses are not protected from being treated as proper commodities, like things that are completely monetizable and fungible objects of exchange that are separated from persons.

The third category is non-commodification. Some philosophers argue that the market should be abolished altogether for some non-proper commodities. These philosophers argue that the existence of any sort of market in such things would deny their higher values. They tend to assume incomplete commodification is insufficient in protecting these more highly values. They posit that once we allow these things to be bought and sold in the market, no matter how much we try we cannot prevent market norms from taking over and characterizing every interaction in terms of market value. Sooner or later, these things will be perceived solely in terms of supply and demand pricing, and valued in terms of the opportunity and cost of production.

The question I am interested in with respect to this thesis is what should be our

approach towards human eggs. By definition, human eggs fail to be proper commodities; hence full commodification of such things is undesirable. For this reason, one can either argue for their incomplete commodification or object to any form of commodification. Nevertheless, as I will assert, human eggs have already been fully commodified. Under the current system, human eggs are increasingly becoming just another object of commerce, and the phenomenon takes place all around the world. Money is offered explicitly for the quality and the quantity of the eggs based on the supply and demand in the market. Before going in to the normative issues, in the next part, I will explain this transformation of how eggs once being exchanged as gifts in the realm of social intercourse has turned into just another object of commerce in the free market.

CHAPTER III

THE ROAD TO COMMODIFICATION OF EGG DONATION

Introduction

The first successful birth resulting from egg donation occurred in 1984 in the USA. In less than 20 years, the practice of egg donation became a prevailing reproductive method for women with poor quality of eggs or no eggs at all. As levels of infertility among women have sharply risen, there has been an accompanying increase in demand for eggs. This increase in demand, together with the inadequate number of altruistic egg donors, has changed the nature and scope of the egg donation practice. In the domain of egg donation, the language of money began to speak powerfully. It became a burgeoning transnational enterprise, with companies, donors, consumers and body tissues traveling across borders.

Clarification on Gift Relationship, Compensation and Commodification

Today infertile women are willing to pay whatever it takes for fertile women's healthy eggs. Nevertheless, it should be noted that money changing hands between a fertile and infertile woman is not always equivalent to selling, hence cannot be an example of commodification in each circumstance. In his article, "Commodification Arguments for the Legal Prohibition of Organ Sale," Stephen Wilkinson discusses the question of whether there might be cases where a person's parts are commodified but not derivatively

the person. Wilkinson argues that:

I might buy an organ from a friend for a ‘generous’ fee (because she needs the money and I need the organ), fully commodify her organ, but nevertheless not commodify her: i.e. I could continue throughout to regard her (qua person)... Indeed, one could imagine such a mutually beneficial transaction, taking place within the context of a loving personal relationship, which was in no way commodificatory (as far as attitudes of one person to the other person are concerned). (196–197)

Wilkinson’s main question, the relationship between commodification of a person and person’s organ, will be discussed later. At the moment, I would like to draw attention to his usage of the term commodification. In Wilkinson’s example, the donor decides to gift her eggs to her friend. Her friend wants to reciprocate this generous gift. Knowing the donor’s tight financial situation, she probably reasons rather than buying her friend a gift to show her gratitude, it would be more valuable to offer her friend some money.

Wilkinson notes both parties involved in this scenario act in a ‘context of a loving personal relationship’. In other words, the recipient had no intention of commodifying either the donor’s egg or the donor herself; there is no commodification argument here. To put it briefly, equating commodification to any form monetary transaction would be a very superficial way of defining it. There are other prevalent instances of money transactions that would also not fit into the category of commodification. For example, in some countries, “special monetary benefits are given to family members left behind by soldiers killed in battle” (DeCastro 143). In these situations, by affording financial reliefs to victims’ families, the state is not trying to suggest that their son or daughter’s worth would have equaled to that many dollars. The state is trying to show that it sympathizes with the victim’s family; it accepts partial responsibility for its failure to protect the soldier and tries to compensate the family for the damages that might have caused by

their child's loss.

In the discussion of human body parts, many thinkers not only accept but also encourage donation of human body parts in the form of gift. To a certain degree most of these thinkers even argue in favor of the compensation of the donor for his or her troubles. As we will observe, had the monetary transactions been done in the form of compensation or in the framework of personal relationship, egg donation would have not generate ethical objections. Under the current system, egg donation has already been taken out of personal and social context and placed in the market. Market norms regulate the production, exchange, and enjoyment of eggs. The exchange between the recipient and the donor is conceived as if it was a sales transaction and monetary cost-benefit analysis is used to judge this interaction.

Unregulated Free Market in Egg Donation

The current egg donation practice is not an example of monetary exchanges where the recipient offers money to the donor in the form of gifts to show her appreciation, or for the purposes of compensation for time lost or for expenses incurred. The present egg donation practice is rather a free market business, but unlike any other business it lacks business-practice standards. Anyone who wants to can open a business, recruit egg donors, and create marketing materials to entice patients and fertility clinics to use their donors' services. In this section, I present what forces have contributed to the creation of an unregulated free market economy in egg donation. I start by discussing how market tools such as advertising and marketing are used widespread in the practice. I show that

the advertising and marketing agencies employ such strategies that the commercial character of the practice is totally disguised. Second, I argue that in opposition to what the fertility clinics and egg brokerage firms claim, the donor is not compensated for her discomfort, time and effort. Rather, she is offered money for the quantity and quality of her eggs, as well as her personal traits. Third, I assert that, the confidential nature of the practice, which is implemented to protect the donor, recipient and baby from ethical and practical complications of altruistic egg donation, leads to commercial egg donation and creates new set of complications. It takes the donor women out of the picture and makes it easy to conceive of this practice as being like any other business transaction. Lastly, I show how the lack of a global attitude about the practice, in which different countries implement different laws, works in favor of the free-market egg-donation system.

Advertising in Commercial Egg Donation

Every day U.S. media outlets, ranging from college newspapers to national newspapers, Facebook to Craigslist, present multiple advertisements for egg donation with some ads promising up to \$100,000³ for viable eggs. Craigslist.com publishes 150 such ads on a typical day. A web search for "egg donor" at Google produces dozens of links to advertisers. Advertisements seeking egg donors in the U.S. put a strong emphasis on the altruistic impetus for egg donation:

³ A California based egg donor matching program, Elite Donors.com, represents financially well off clients. The website, elitedonors.com, states that "Most clients offer potential donors payment ranging from \$50,000 to \$100,000". The compensation for a donor with qualities, 5'6" or taller, Caucasian, very attractive (modeling experience is listed as a plus), 18-30 years old, demonstrates proven intelligence, athletic ability (preferably at a college or professional level, no genetic medical issues, is listed as \$100,000.

Calling all Angels. . .
\$5000 Compensation
[picture of stork carrying baby]
THE EGG DONOR PROGRAM
Help a couple achieve their dream and
you'll receive the highest compensation and most
personalized attention from the oldest donor program in
L.A.
Shelley Smith M.A., M.F.C.C. 323-933-0414 The Egg
Donor Program/The Surrogacy Program
E-mail SSmithMFCC@aol.com Established in 1990
(Hobbs 32)

For example, ads like the above one uses object metaphors like angels, hidden object metaphors like storks carrying a baby and “metaphorical expressions for love that are associated with marriage, ‘coupledom’ and ‘starting a family’ in order to situate assisted reproduction within existing cultural models of marriage, childbearing and parenthood” (Hobbs 32). The commercial character of these ads is disguised through the usage of these cultural metaphors. Despite the fact that the images produced by the metaphors in these ads portray the situation as a miracle of modern science enabling childless couples to fulfill their dreams of love, the present form of egg donation is a commercial businesses where the tools of the market, universal market rhetoric and market methodology, are used aggressively.

Compensation Illusion in Commercial Egg Donation

In the U.S. the oversight of the egg donation process primarily occurs through the issuance of professional guidelines by the American Society of Reproductive Medicine (ASRM). The ASRM (2007) voluntary guidelines mandates egg donors to be

compensated for the direct and indirect expenses associated with their participation, their inconvenience and time, and to some degree, for the risk and discomfort undertaken. The ASRM guidelines published in 2000, and restated in 2007, find egg donor compensation exceeding \$10,000 inappropriate (305). Nevertheless, these guidelines serve only as recommendations; they are not legally binding for egg donation agencies. As a result, we observe that often the amount offered to volunteers goes way above the suggested amount. It starts with a minimum of \$4,000 and goes up to \$100,000 in some cases, given that the donor is an Ivy League student; between 5-foot-7 and 5-foot-10 tall; of German, Irish, English or Asian descent; with proven intelligence (i.e. 1350+ on the SAT), and with a history of participating in athletics or dance. This suggests how naïve it is to accept the proponents of the current system's claim about compensation. If the payment was really only for the egg donor's time, effort and discomfort but not for the eggs themselves, the amount paid would have not varied depending on donor's race, physical attributes, intelligence and talent. Unless there is evidence to show that hormone stimulation drugs and egg extraction causes more discomfort and risks to those who receive more money, the argument for compensation fails in these situations.

The ASRM Ethics Committee report further states that compensation should never be dependent upon a certain number of eggs being retrieved or upon the quality of eggs (305). This suggests that as long as the donor has completed the cycle and fulfilled all the agreed-upon responsibilities, she should receive the full amount promised. Nevertheless, as I have stated above, not all egg donation agencies abide by the ASRM code of ethics. The website for Egg Donation, Inc. states that "in an event that the donor produces fewer than four good-sized follicles, the donor receives a \$500.00 thank you

gift in appreciation of trying to assist [the recipients]”.⁴ This is obviously in contradiction with the claim of compensation: the payment to egg donors for their time, effort and discomfort; it is not payment for the eggs themselves and should not depend on the outcome.

The drastic disparity in the amount of ‘compensation’ and the payment for the quality of eggs insinuates the extension of market valuation to human eggs. In *Das Kapital*, Karl Marx develops a theory of the fetishism of commodities. Through his well-known example of paperweights, he explains how abstract market forces govern people’s relationships and in the long run replace social values with market values. He notes:

Unless there is a demand for paperweights, they will have no market value, and I can’t produce them for sale... I do not decide what price to sell them for, ‘the market’ does... My price and profit are set by ‘the market’; my price depends on how many of us are supplying paperweights in relation to how many people want to buy them and what they are willing to pay for them (Marx 71-83).

The philosophers that argue against commodification of body parts suggest that once the sales of body parts are allowed, similar market rhetoric will emerge in those transactions. From the market point of view, a human will no longer be an unique individual being, but a person with 2 eyes each worth of X dollars, a healthy kidney worth of Y dollars, capacity to produce sperms worthy of Z dollars. I suggest that the current system in egg donation transactions has already subjected the women to supply and demand equilibrium. A material value is set on the donors based on their ethnicities, their looks, the competitive schools they have attended, or what kind of students they are. If a woman is an Asian donor, a tall donor, a donor who can play the piano or who got a high

⁴ <http://eggdonor.com/?section=recipient&page=rfaq>

score on her SATs, or whose last harvest yielded an above-average number of eggs, the demand for her eggs is going to be very high, so is her price in the market. Some opponents of commodification of human eggs argue that the system no longer sees the donor woman as individuals but as baby-maker machines for the affluent.

Confidentiality in Commercial Egg Donation

Even though some couples prefer to use of a known donor, due to legal complications involving inheritance or psycho-social problems that can occur in the future, most IVF clinics do not recommended this procedure. In the U.S. and in many of the European countries egg and sperm donation is anonymous and confidential. I will argue that, this confidential nature of egg donation takes the practice from the context of a loving personal relationship, and places donor women into the free market. In a process akin to that of college admissions, agencies require all prospective donors to mail copies of their SAT scores and college transcripts with their applications. One of the biggest clinics, Genetics & IVF Institute near Washington, D.C., offers an online catalog of 100 donors in a database searchable by race, height, eye color, blood type and education. Profiles feature snapshots of donors taken when they were children to better visualize babies their eggs might produce. There are also audio versions: downloadable recordings of donors interviewed about personal preferences. The names of donors are not mentioned, instead they are categorized in numbers like Donor No. 583. Sites adorned with photos and vital statistics create a sense of ordering furniture from an IKEA catalog. This practice changes our conception of the prospective donor. The prospective donor is no longer a person

with feelings, motivations and aspirations, but a numbered fungible object. By portraying donors in this manner, it takes out the possibility of forming any sense of human connection between the recipient, the donor and the baby.

Commercial Egg Donation: A Worldwide Spread Practice

Commercial egg donation, although it does not subsist in the same aggressive fashion as it does in the U.S, is still a persistent form of egg donation in other parts of the world. For example, in Italy there is no state regulation of what can be tried as long as it is paid for. Spain displays a similar kind of free market in human eggs. In countries like Japan, England and Australia, on the other hand, cash payments are viewed as unethical. The prospective donor may claim 'reasonable expenses' for travel and loss of earnings in the U.K. The amount she can claim depends on the time her donation takes. For instance, Great Britain's Human Fertilization & Embryology Authority states that a donor can claim up to £55.19 for each full day and up to a maximum of £250 per cycle of egg donation.⁵ However, given that this is not a globally employed attitude, all it does at the end is to work in favor of the free-market egg-donation system. For example, in the case of Japan, since egg donation is banned altogether, many infertile Japanese women end up traveling to the U.S. in order to use egg donors there, thus driving up the price of Asian-American donors. In England and Australia cases, egg donation is allowed, but the payment of donors is prohibited, and the result is that the waiting list of infertile women who want to use an egg donor is enormous. The reason is that once donors do not get

⁵ <http://www.hfea.gov.uk/1962.html>

paid, they do not ‘donate’ at all or choose to donate in other countries where they get compensated for their ‘altruistic’ act. At the end, like donors many of the women who want to have children choose to travel to the U.S. or other European countries and pay any price they could possibly afford.⁶ In order to get a share from this profiting business, for example, IVF clinic Kinderwunschzentrum based in Vienna, where egg donation is prohibited, sends its clients for egg donation to Bratislava, where its branch was opened last year — only 60 km away from Vienna. IVF and egg donation are unregulated at the present in Slovakia. A different example is Jinemed Hospital Istanbul which openly states on its website:

Egg and sperm donation is not legal in Turkey. Therefore we cannot do these programs in Istanbul, however we have associated clinics in northern Cyprus and Greece. We can prepare the patients for this procedure. Under our guidance and supervision, we will send you to these clinics. Average medical cost is 6000 euro for egg donation.⁷

Concluding Remarks

Commercial egg donation is rapidly evolving into a global phenomenon. Human eggs are increasingly just another object of commerce, and that phenomenon occurs around the world. It is a procedure that commodifies the human eggs fully and openly. Money is offered explicitly for the quality and the quantity of the eggs based on the supply and demand in the market. Even though, personal attributes of the donor play a cardinal role

⁶ Or, in some cases, their younger female friends and relatives are pressured into donating their eggs for free.

⁷ This was before the Turkey’s ban on the use of donor gametes, as well as surrogacy in 2010. <http://www.telegraph.co.uk/news/worldnews/europe/turkey/7450571/Turkey-bans-trips-abroad-for-artificial-insemination.html>

Under a new regulation, an estimated 2-3,000 women a year who travels to the clinics in nearby Cyprus now face up to three years in prison when they return home. Turkish clinics face suspension and possible closure for "encouraging couples to have sperm or egg donations performed abroad, or even informing them about the possibility."

in the demand, no consideration is given to the personhood of the donor. Both the donor and her genetic endowments are conceived of in market rhetoric and evaluated in market methodology.

So far, we observed that ‘compensation’ and ‘donation’ are misnomers for the current model of egg transfers: now the question is what does the extension of market oriented thinking to human eggs imply?

CHAPTER IV

CORRUPTION OBJECTION

Introduction

Despite the fact that, the global media presents the on going egg transaction as altruistic donation and the fertility agencies and egg brokers call money exchange compensation, we are sufficiently wary of the fact that human eggs are being bought and sold in the free market. What are the concerns of those who object ethically to the sale of human eggs to generate babies? There are two sets of objections against free market in human eggs. The first set of arguments hold that commodifying human eggs per se is wrong. The second kind of arguments opposes to commodification for the ethical problems that emerge as a consequence of it. Most of the time, in the discussion of the ethical problems surrounding commodification of human body parts, the philosophers use two sets of arguments interchangeably and try to justify one by benefiting the premises of the other. It should be noted that these objections are fundamentally different from each other and critical analysis of the issue at hand requires us to comprehend the differences between them.

The corruption argument is based on the assumption that selling human parts is intrinsically degrading regardless of the conditions under which the transaction takes place. In order to clarify this point, it is helpful to look at Michael Sandel's discussion of two famous objections to prostitution. In his article "What Money Can't Buy", using prostitution as an example, Sandel tries to clarify the distinction between the two

entangled objections to the expansion of market valuation and exchange: namely, the coercion and corruption objections. The coercion objection to prostitution questions the nature of the consent. The defenders of this view believe those who sell their bodies for sex are coerced, whether by poverty, drug addiction, or other unfortunate life circumstances. The corruption argument, on the other hand, objects to prostitution for commodifying the woman's body. The proponents believe, this is intrinsically degrading, a corruption of the moral worth of human sexuality. The latter objection does not depend on the nature of the person's consent. Sandel says, "[this argument] would condemn prostitution even in a society without poverty and despair, even in cases of wealthy prostitutes who like the work and freely choose it" (95). In the same fashion, in the discussion of egg donation, the corruption objection maintains that the market valuation of human eggs is morally degrading in itself. In these cases, the intrinsically degrading statement is not only independent of the consent of the parties but also other background circumstances. For instance, the corruption argument disapproves selling of human eggs regardless of the donor's motivation in this decision. It does not distinguish between the cases of which the donor sells her eggs to save the life of her dying child or to buy a pair of designer shoes. This argument also does not take into consideration of health effects of egg donation. Even if it were scientifically proven that there are no negative long-term or short-term health effects of hormone stimulation drugs on donors, this argument would continue to condemn egg sales. The religious conceptualization of human egg donation, and the possibility of coercion or exploitation of the donors are also outside the scope of this argument. In short, the corruption argument argues that subjecting human eggs to market valuation is wrong per se.

The Relationship Between Human Dignity and Human Body Parts

The philosophers like E. Kant, C. Cohen and M. Radin, object commodification of specific human body parts and products, on the grounds that this practice by setting a price to what is inalienable from the human body part bearer dehumanizes the person, hence violates her dignity and worth. What do proponents of the corruption argument mean by “dignity and worth” and why should human dignity and worth apply to the human body and its parts? For Kant, dignity is an unconditioned worth that all persons have simply by virtue of being human (94). For philosophers like Kant, dignity applies to the human body and its parts because “the body is part of the self; in its togetherness with the self it constitutes the person” (*Lectures on Ethics* 166). They object to the body-person dualism⁸ and emphasize the integrity of the two. They reason that valuing internal human body part in dollars is to corrupt the very meaning of human dignity.

One criticism against the Kantian theory is that it lacks the precision of where exactly the human dignity extends: to any constituents of person or only to the substantial ones. For example, it is not clear if this formulation objects only to sales of human kidneys, corneas, livers while permitting sales of fingernails or urine (if there happens any demand for these), or put all of them under the same category in regards to human dignity. Philosophers differ in their readings of Kant’s formulation of extension of dignity to human body parts. For example, Munzer maintains that Kant regards body parts distinctly in relation to the human sanctity, and does it so according to that part’s

⁸ By ‘body-person dualism,’ I do not mean the metaphysical thesis that the person is not identical to its physical instantiation. Rather, I mean to refer to the view that the *concept* of a person is not reducible to solely to one’s physical body or amalgam of parts.

function. He says, “the body part that is necessary for the functioning of the whole person, Kant asserts, is endowed with the dignity of that person” (Munzer 345). According to Munzer’s interpretation, kidneys and testicles become such essential body parts for Kant; hair does not. From Kant’s “Lectures on Ethics”, Radin on the other hand, infers that “Kant purported to deduce not only that sexual services cannot be marketed, but also that a person is not entitled to sell one of her teeth” (1893). In other words, Kantian model fails to put forward which “specific bits and pieces of body are part of the self; in their togetherness with the self they constitute the person” (Radin 1893) in a comprehensible manner.

Radin criticizes Kantian formulation on another ground. She believes Kant adopts a separatist strategy, meaning his theory makes a separation between things that are *internal* and *external* to the self and limits the application of dignity only to those naturally internal. Thereby, Radin notes, “Kantian model creates a false idea that it is apt to categorize things internal to the person as inalienable and things external as freely alienable; thus, generates a new subject/object dichotomy” (1904). The critics of Kantian model believe that to understand the commodification problem properly, it is necessary to construct an improved version of personhood, one that does not conceive self as pure subjectivity entirely separated from her social context. In forming this model, the critics expand the scope of the ‘internal theory’ to include things like one’s politics, work, religion, family, love, sexuality, friendships, altruism, experiences, wisdom, moral commitments, character, and personal attributes. They conclude that these things are integral to personhood and something integral to personhood is an essential component of what gives humans dignity.

The 'integral theory' is a very broad model of personhood. The model gives us a general idea of what things might be considered as integral to the personhood, yet does not provide us the necessary tools to find out what each integral thing refers to. When we say love or sexuality is integral to the personhood, what exactly do we mean? How and from whose perspective are we defining the specifics of each integral thing? The theory also assumes that everybody shares the same view on what is integral to a personhood, but it does not necessarily be so. For example, a person may identify her personhood with holding absolute power but not value companionship in the same manner, would it make friendship less integral to this individual's personhood or personhood in general? Given these considerations, the construction of a general theory of what could be justifiably an integral part of a personhood seems very challenging.

One of the supporters of this view, Radin, recognizes this problem and suggests "what makes identifying oneself with something justifiable, in turn, is an appropriate connection to our conception of human flourishing" (1904). Elizabeth Anderson also proposes the human flourishing principle as a solution to problem at hand. She notes, "the ideals which specify how one should value certain things are supported by a conception of human flourishing" (Anderson 73). Anderson does not get into the details of her conception of human flourishing. Her article, "Is Women's Labor a Commodity" on surrogacy, suggests that she assumes we all share the similar intuitions towards the ideal of human flourishing. Radin, on the other hand, builds up a concept of human flourishing. Her conception of human flourishing includes three aspects of personhood, namely, freedom, identity and contextually. She notes that, in constructing the idea of human flourishing, we appeal to "our most considered judgment and deepest sensitivity" that we

all implicitly share (Radin 1904).

There are two things to keep in mind. First, even if we agree with Radin and Anderson that the appropriate connection between the person and her essential components is through achieving the ideal of human flourishing, yet, it is not clear why we would share the same intuitions in regards to the aspects of the personhood we would include in attaining this ideal. Second, not every proponent of integral theory shares the ideal of human flourishing. Integral theory provides us with a broader conception of personhood, one that is not limited to the person and her bodily make up. It emphasizes the importance and value of ‘external’ things in forming the self. Nonetheless, this model suffers of objective valuation. It offers no formula to explain which items are justifiable personal, hence, suitable to be put under the umbrella of human dignity.

Given that human body parts are both internal and integral to the person, both theories consider them as constituents of human dignity. Despite their difference in reasoning on why human dignity applies to the human body and its parts, both camps of thinkers agree that the removal of *some* parts would degrade the person. They both are opposed to the exchange of certain human body parts on the grounds that such a transaction, by considering (implicitly or explicitly) the donor’s body parts as fungible objects with no individuating character and attributing a use and/or exchange value to said parts, fails to respect the value of human dignity.

The corruption argument rests on the idea that we all share similar intuitions towards the relation of human body parts and dignity. It discusses as if we all agree that whatever is integral or internal to us is an essential attribute of what gives humans dignity. It is not necessarily so. For instance, Mark Cherry has an argument on which

body parts of human body parts cannot be bought or sold on the market. His argument focuses solely on organs' functions to keep the person alive. He does not think that any of the organs is ethically significant to person. He starts with the premise that the self is different from organs that are both separable and distinguishable from the self. He argues the self could sell some organs given that these organs do not destroy the necessary conditions for the possibility of existence. For Cherry, one only requires a sufficient set of body parts sustaining the biological life that in turn sustains personal life (199). This entails selling of the organs like brain, heart, or lungs would be wrong while kidney sales would be permissible, provided that only one of them is sold, since one kidney is enough to sustain life.⁹ In other words, the idea of extended value of human dignity to human organs is not an entirely shared one. In the conclusion part, I go back to the intuition objection again, but for the purposes of this part, let us assume that we agree that human body parts carry a special worth and dignity. Following from this, I will contemplate on where on the spectrum human eggs stand in relation to the sanctity of human beings.

Egg Donation as an Instance of Organ Selling

While the ethics of selling organs and commercial surrogacy discussed widely in philosophy, there are not that many resources available specifically on the ethics of gamete donation. For this reason, in discussing the ethics of egg selling, I will proceed by looking into the philosophers' arguments on commodification of other human parts, and

⁹ When it's caught up in the life of a person, the removal and sale of a redundant kidney will neither undermine individual existence or embodiment as person nor necessarily adverse impact the conditions for adequate biological function

then argue by analogy.

The defenders of corruption argument think that our special value as individual human beings do not extend to all parts of our bodies. For instance, some find selling human hair totally permissible, but strongly oppose living persons selling their organs. Because the argument of corruption appeals to the nature of the particular goods at stake, the attitudes towards whether the free-market corrupt or degrade certain body parts usually depends on the relationship between the body part and character of the good associated with it. Some philosophers connect the good at stake to the function of that part, others to the existing social meanings attributed to that part.

Introduction to Cythia Cohen's Arguments on the Ethics of Selling Human Eggs

In the article, "Selling Bits and Pieces of Humans to Make Babies: The Gift of the Magi Revisited", Cynthia Cohen discusses the ethics of selling human body parts. In the discussion of putting a price on which body parts denies the special value of human beings, she finds Kantian formulation instructive. From Kant's writings about how human beings are priceless: each with value that is beyond the contingencies of supply and demand or of any other relative estimation, Cohen concludes that Kant opposes selling an integral human body part because doing so is to corrupt the very meaning of human dignity (292). She notes that "it violates human dignity to sell whole persons, so; too, it violates that dignity to sell body parts integral to whole persons" (Cohen 294). Consequently, she determines the ethical significance of human body parts according to their role in functioning of the whole person. For her, the only body parts that bear special dignity and worth are the ones that are integral to human functioning. For

example, the reason human kidneys are qualitatively different from human hair is because “hair serves mainly as personal adornment while the kidneys sustain life” (Cohen 291). She maintains that, since the preservation of life is of greater value than that of exterior beauty, kidneys are more ethically significant to us than hair.

Like Mark Cherry has suggested, one may assume that only a sufficient set of body parts is required for sustaining life. However, Cohen starts with an assumption that some body parts are not separable and distinguishable from the self just because they are integral to the functioning of a human being. She says when turned into a commodity, these parts’ “special worth and dignity as an integral aspect of our very selves” is denied (Cohen 29).

In a physical sense, human eggs seem quite similar to kidneys; they are both internal parts of humans and the extraction of both requires medical intervention. On the other hand, eggs are also similar to hair, in the sense that even though women are born with a certain egg reserve and eggs are not renewable, the woman has a much larger, usually life long, egg reserve. Given these considerations, the question becomes, how should human eggs be treated in the commodification discussion?

When the condition for carrying human dignity is formulated in functioning fashion, we observe that the human eggs do not contribute to integral bodily functioning in the same way as other human organs do. Cohen observes that unless a woman decides to have a baby, her eggs are not used for any special purpose; every month they are degenerated and reabsorbed into the body. At any rate, she believes human gametes still carry a special worth and dignity. She gives five interrelated reasons, this time not limited to the functioning of the body part, to explain why and how commodification of human

eggs would mean denying the special worth of human beings.

I will argue that her attitude towards human eggs is not consistent with her overall approach to human body parts. At the beginning of this section, I stated that whether the free-market corrupt or degrade certain body parts usually depends on the relationship between the body part and character of the good associated with it. In relation to human body parts, Cohen's connected the good at stake to the function of these parts, but in the human eggs debate she connects the good at stake both to the function of the eggs and the existing social meanings that herself attributed to human eggs. Furthermore, we will observe that if we agree with Cohen's five reasons, we need not only to oppose selling of human eggs but donating them as well. Her five decisive factors do not exactly capture what is ethically problematic with turning human eggs into commodities.

A Critic on Cynthia Cohen's Arguments against Selling Human Eggs

Cohen first points out that human eggs have derivative dignity for being obtained from creatures with a special dignity and worth. This claim seems way too general. It suggests that anything derived from beings with special dignity and worth carry the same dignity and worth for solely being a part of that being once. In the line of this way of thinking, one should argue that human fingernails and hair should carry the same dignity as human organs or egg do, given that they were once parts of human beings. It brings the mind the question of why Cohen argues the quite opposite when it comes to human fingernails and hair.

Second, she draws attention to eggs' significance in human functioning. She

observes that human eggs are not life-sustaining body parts integral to the functioning of human beings. Nevertheless, she says, “they are life-giving bodily bits and pieces integral to a function of special import to human beings, reproduction” (Cohen 296). They carry a derivative worth, this time, for bringing valuable human beings into the world.

I have two criticisms against her second point. First, even if one agrees with Cohen that human eggs carry a derivative worth for their special function, it is not clear why egg donation would deny this special worth. In our discussion of egg donation for reproduction purposes, the donated eggs continue to serve their special purpose: bringing valuable human beings into the world. Neither commercial egg donation nor the altruistic egg donation undermines this purpose. Especially given that unlike human organs, these bits and pieces replenish themselves and do not serve any special function unless they unite with a male gamete to form a zygote, one can even argue that egg donation recognizes this special function of gametes and paves the way for human eggs to fulfill their biological function. Cohen’s objection to egg donation, rising from the special function of the egg, would have been apposite if it were directed to egg donation cases for biomedical research purposes where they are used for purposes other than reproduction.

Second, I do not find the functioning criterion persuasive in general. One can argue that all human body parts and products are significant in human functioning in some sense. For example, the digestive juices in the body. Similar to human eggs, they are not the parts but the products of human body, yet like human organs they are necessary for sustaining life. They serve a special role in digestive system. Perhaps it is because of the fact that there is no demand for digestive juices of the body, there also is

no discussion of their significance to human beings. However, I will argue that playing a role in sustaining life of a human being cannot be the sole reason for arguing against commodification of that part. One needs to give an accurate analysis of what the loss of that part would mean for the seller's overall well being.

One can raise a similar argument for human blood and even for human hair. Even though, human blood falls in to the gray area in the commodification argument, meaning philosophers' opinions vary on its significance, most thinkers find no problem with hair selling. For example, Cohen says "hair serves mainly as personal adornment", by doing so she renders the function of human hair to beauty making. In fact, her argument about hair reveals one of the controversial features of the corruption argument. The function and equally the worth of any 'human bits and pieces' depend on the individual's or society interpretation of that parts significance. In terms of human functioning, Cohen establishes her standards in human functioning in physical sense. Nonetheless, the history, psychology, and sociology behind human hair denote the special function, and psychological and social significance of hair in human beings' life. For example, for most female cancer patients who go through chemotherapy fear of losing their hair is overwhelming. Hair color and texture can be a sign of racial ancestry. For instance, African Americans consider Afro style as a representation of racial pride. Hairstyle and length can also be an indicator of religious affiliation, status or group membership. Sikhs and Orthodox Jews males follow certain rules regarding hair as part of their faith, e.g., never cut their hair, or shave some or all of it. Having bobbed hair was popular among the flappers in the 1920s as a sign of rebellion against traditional roles for women. Hippies of the 1960s grew their hair long in order to illustrate their distance from

mainstream society. Head shaving used as punishment in concentration camps especially for women with long hair. All these examples indicate that both in our personal relationships and in relationships with other people hair sends a signal that gives information about our gender, social class, age, religious, political and ethnic affiliations. However, I am not suggesting that, just because human hair can have psychological and social significance for some people, it carries the same value for all individuals. Like Cohen suggests some might associate hair's function solely to personal adornment and feel no loss or degradation in cutting, gifting or selling it. Going back to our case, some women and societies may consider human eggs integral to humans because of their life-giving function. Other women, on the other hand, especially if they are not planning to have baby themselves, might consider them as just "bits and pieces" that are never going to be used and feel no loss or degradation in donating or selling them. Even those who attribute special worth to human eggs might feel no loss or degradation in donating or selling their eggs, thinking that their eggs are used for something good: creating valuable babies.

In her third and fourth points, Cohen emphasizes the uniqueness of human eggs for carrying distinctive 'physical attributes, personal characteristics and traits'. This unique quality contributes to eggs' derivative dignity and worth for two reasons: first, for conveying the distinctiveness of each woman and second, for contributing to the creation of distinctive individual beings. It is true that genomes are unlike other body parts and tissues (somatic cells). Genomes are not simply pieces of tissue, but are blueprints for making and regulating organisms. The question becomes does it matter that in selling eggs women are selling their genotypes? Do buyers not only buy eggs, but also the

genetic blueprints of women?

In rural areas of Turkey where women usually have more than couple of children, giving away some of them to infertile family members is a very common practice. These children usually grow up knowing that their aunts are not their biological mothers; yet feel strong love and compassion towards their love-givers and even call them ‘mom’. In the cases of known egg donation, donors are not selling their genetic blueprints but they give them away for free. These practices may have other social consequences, yet it would be unwarranted to say these practices deny the distinctiveness or value of the giver or the babies. It is this current commercial nature of the egg donation that makes things problematic. It is possible that some women may feel repulsion towards giving away their eggs, either for free or paid, feeling that they are giving away something very unique from themselves. Nonetheless, our examples above suggest that not every woman feels this kind of distaste towards the idea of sharing their uniqueness with others. What would cause the donor woman to feel kind of humiliation is, as I argued in the third chapter of my thesis, the full commodification of her egg.¹⁰ It is subjecting her genetic blueprint to supply and demand and being valued in different amounts in comparison to other women that would make her feel degraded. The anonymous nature of the process makes things equally problematic, and this problem holds for both anonymous egg donations and anonymous commercial egg donation scenarios. Those women, who deem their unique

¹⁰ Some may argue and even point out real life examples of women who go through commercial egg donation process yet feel no humiliation or sense of loss, and suggest that commercial nature of the process has nothing to do with degradation of women. Against this point, I would suggest, it is because the media, the brokerage firms, fertility clinics doing a great job at disguising the commercial nature of the process by putting the situation in such that donor women are doing a very noble act by gifting their eggs, they are being compensated for their time/effort, their genetic materials are valued in different amounts not because they are less worthy but the recipient parents look for the ‘perfect’ match, and the process is done in a confidential manner to protect the agents involved from future problems. The donor women feel like they contribute to something righteous, without realizing they are being subject to market valuation.

genetic blueprints valuable, share something important of themselves, yet, anonymous nature of these practices do not allow this women to learn the outcome of the procedure and any child(ren) that may have resulted from the process, and give them the option of reaching out to those kids if they would need any medical help, for example, blood transfusion, or organ transplantation. This kind of treatment of donor implies that the donor woman is taken out of the picture once ‘appropriate’ amount of money is paid for her genetic blueprint.

Finally, Cohen says, gametes introduce these new human beings and those who have brought them into being into a special biological, ethical, and social relation. She notes, “Part of what gives meaning and cohesiveness to our lives and helps us to feel recognized as individuals is our biological connectedness to others. The biological tie relates children not only to parents, but to a larger family that is linked by a set of enduring relationships” (Cohen 297).

In her final condition, Cohen evokes a certain conception of the proper end of conception and childbearing. This argument reveals the other controversial feature of the corruption argument against commodification. I find Michael Sandel’s argument on conventionalism and essentialism instructive in explaining this controversy. Sandel raises a similar objection to Elizabeth Anderson’s argument on surrogacy where she says:

...the principle of respecting genetic ties ... places children in a far wider network of associations and obligations than the consent-intent rule sanctions. (80). Surrogacy contracts “convert women’s labor into a form of alienated labor.” The surrogate’s labor is alienated “because she must divert it from the end which the social practices of pregnancy rightly promote—an emotional bond with her child” (81- 83)

Sandel suggest that arguments of this kind risk two objections: namely conventionalism

and essentialism. Conventionalism suggests that the fitting or proper way of regarding goods should depend on the prevailing values in a given society at a given time. On the other hand, essentialism proposes that the fitting or proper way of regarding goods should depend on the essential nature of the practices in questions, suggesting that the purposes and ends of social practices are fixed by nature (Sandel 106). Competing moral and religious convictions of societies and the changes in these convictions over the time arise a difficulty in establishment of the moral worth of particular human goods or practices. Biological connectedness between gamete providers and children born of their gametes carries importance, but this does not have to be the only proper way of conception, childbearing or child rearing. Claiming so would be imposing one's values on others. This objection is not only against commercial egg donation but also adoption and egg donation. I will argue that as long as child is born into and raised in a loving family, she or he will have no problem in setting of enduring relationships with his/her larger family. I think adoption and welcoming brides and grooms to the family show being a family does not only mean having biological connection to other family members.

Concluding Remarks

The main statement of corruption argument was commodification of human eggs sets a price to what is inalienable from the human body part bearer, and this practice is intrinsically degrading treatment of human beings. One problem with this argument is that from whose perspective its degrading? Is it the case that the donor women feel themselves demeaned, or that other people see them as demeaned, or that they are in fact

demeaned. For example, if we were to force a strict Muslim to take off her burkha and display her hair, she might feel demeaned. But, some women do not feel demeaned when they sunbathe topless at the beach. A strict Muslim man might see both women as demeaned, but someone else would see neither of them as demeaned.

I have tried to show that it is controversial and sometimes over bearing to pass judgments on what certain ways are proper and fitting in regarding and treating certain things. As we observed in the case of human hair, its function can go beyond personal adornment for some people. I agree with those who argue that commodification of some goods is to treat them wrongly as fungible objects that can pass in and out of a person's possession without effect on that person or others. Nevertheless, it should be kept in mind that different people evaluate and value goods differently and have different moral intuitions towards different practices. Hence, it is hard to pass judgment on which goods that fell in the gray area have intrinsic worth.

We have observed that all the proponents of corruption objection appeal to the "shared" intuitions in advancing their arguments, however they themselves had differed precisely on what phenomenon to which these intuitions are pointing. All of these proponents assume that persons, simply by virtue of being human, are creatures with special dignity and worth, but each extends this dignity and worth to their body parts (e.g. eggs) in different ways. However it is done, this move is not supported by clear arguments that are independent of those intuitions. If one shares similar intuitions, the commodification argument becomes a knockdown argument against selling eggs. But when the arguments of Cohen or Radin, for example, are presented to those who do not share the same intuitions with them, these people will not be convinced.

I am not trying to commit to relativism or say that commodification of human eggs constitutes no ethical problems, but trying to show that it is hard to object to commodification of human eggs solely by making an argument based on shared intuitions. Even if we assume that everybody shares the same intuitions regarding the extended worth of human eggs, there might be other reasons why commodification of them would override this ethical concern. I still think that there are problems arising from conceiving human eggs in universal market rhetoric and market methodology but suggest that in order to understand the ethical problems arising from commodification of human eggs, we need to take a broader approach. With this in mind, I will argue in the fourth part of the paper that regardless of our intuitions, there are other considerations that make egg selling ethically problematic.

CHAPTER V

TWO ARGUMENTS IN FAVOR OF COMMERCIAL EGG DONATION

Introduction

Commercial egg donation has been defended on different grounds. First, the liberal view argues that any limitation on egg selling is an infringement upon personal liberty. Fully informed adults should have the right to make whatever arrangements they wish for the use of their bodies, as long as others are not harmed. Second, egg selling should be promoted because it is likely to be a win-win situation for the parties involved in the process. The payments to donors elicit greater supply of eggs; thereby provide means for some people to raise a family, while it provides an income for the donor and a way to make profit for the clinics and brokerage firms. In this chapter, I assess these arguments through the lens of personal choice and inequality.

Part I

The Liberal View

The liberal argument in favor of having a free market argues that a fully informed adult should be free to make decisions regarding personal matters as long as others are not harmed as the direct result of her action. In the cases of free market egg donation, the proponents of liberal view argue, if an informed woman wishes to sell her eggs and others wish to buy them, any kind of limitation that hinders it would be an infringement

upon her personal liberty.

It is often argued that it is impossible to reach the state of being fully informed. For example, a patient taken under a serious surgery is usually told that the surgery involves some risks but he is not given the details of every associated risk. It might even be the case that not all kinds of risk are known prior to the surgery for the patient. Nevertheless, there are certain minimum standards for patient to make informed decision. In this section, I will, first, argue that under the current egg donation system, the minimum standards, and very valuable information, needed for making informed decisions are not in place. I will try to show that the commercial nature of the egg donation practice prevents this information to be gathered and also causes the fertility clinics to disregard or misinterpret some already known information. Second, I will argue that in the cases where key information is missing, it is likely that people make decisions detrimental to their well-being. These might be the cases where no one other than the individual herself is harmed, nevertheless, would still necessitate the individual's liberty to be 'restricted' in certain ways.

Potential Risks of Egg Donation

For a donor woman, egg donation is a highly involved process. It requires her to spend around 56 hours in a medical clinic for interviews, counseling, and procedures related to hormone stimulation and egg retrieval. First, she undergoes a thorough medical examination, including a pelvic exam, blood draw to check hormone levels and to test for infectious diseases, and an ultrasound to examine her ovaries, uterus and other pelvic

organs. During the same period, she is referred to a psychologist who evaluates if she is mentally prepared to undertake and complete the donation process. After the completion of the screening, the donor begins the donation cycle. The donation cycle usually takes up three to six weeks. During the first weeks, birth control pills are administered to synchronize the donor's cycle with the recipient's. It is followed by a series of injections, which halt the normal functioning of the donor's ovaries. Later on, follicle-stimulating hormones (FSH) are administered to the donor to stimulate egg production and increase the number of mature eggs produced by the ovaries. Once her follicles are mature enough, she goes under the egg retrieval procedure, a minimally invasive surgical procedure carried under general anesthetic¹¹. This process carries some short- and long-term risks for the donor's well-being. We can group the risks associated into three categories. The first two are related to the ovarian stimulation and the egg retrieval phases, and the last one is psychological in nature.

The first category of potential risks arises from the hormone regimen that women are given to stimulate egg production. The risks associated with hormonal drugs include ovarian hyperstimulation syndrome; breast, ovarian, and endometrial cancers; and problems with long-term fertility. The second category is associated with the surgical procedure. Egg retrieval is a surgical procedure done under anesthesia, meaning it involves the same risks any surgery does. The third set of potential risks is psychological in nature. It includes immediate reactions like anxiety, mood swings, and post-donation adjustment. In addition, the long lasting psychological risks incorporate the possibility that the donor develops concern for and/or attachment to her eggs and/or potential or

¹¹ "Thinking of Becoming an Egg Donor? Get the Facts Before You Decide". The New York State Task Force on Life and Law. <http://www.nyhealth.gov/publications/1127.pdf>

resultant offspring, concern that the donor or resultant child might want a relationship with them in the future, and unease or curiosity about the possible existence of genetic children related to them out there in the world.

A Lack of Scientific Evidence on the Risks of Egg Donation

Perhaps the most glaring risk is related to long-term effects of hormone stimulation drugs. Proponents of a free-market egg-donation system claim that today doctors have had two decades of experience with the use of hormone treatments to maximize the number of eggs that can be harvested from a woman, and they have become quite proficient in the production of oocytes. During that time the researchers have also worked to improve the safety of the procedure and decrease the potential risks. To the contrary, the former Chief Medical Officer of the Food and Drug Administration (FDA), Suzanne Parisian writes:

Although it is common practice in IVF facilities to extract eggs as part of infertility treatment, many of the drugs used during these procedures have not been adequately studied for long term safety, nor do some of these drugs have FDA approval for these specific indications. This is not widely understood and has led to significant misunderstanding about the risks involved for women who donate eggs. The FDA has approved some of the stimulation drugs specifically for IVF stimulation. IVF stimulation approval was based on bioavailability studies in small numbers of healthy female volunteers and studies of single cycle exposure in small populations of infertile women. There was no requirement for long-term follow up. In conclusion, there is an unfortunate and false assumption of the public, legislators, press and physicians that all current IVF stimulation drugs have been scientifically recognized as "safe" by the FDA and suitable for use in healthy women for multiple egg extraction. That simply and sadly is not correct. Pharmaceutical firms have not been required by either the government or physicians to collect safety data for IVF drugs regarding risk of cancer or other serious health conditions despite the drugs having been available in the United States for several decades (Open Letter from Suzanne Parisian).

For example, the drug Lupron although approved for several specific uses, is not approved for use in procedures for multiple egg extraction. In USA, it is legal to use a drug for a non-approved use, as long as it is on the market for at least one approved use, and Lupron is just one of many drugs used “off- label” in this fashion. But proper studies justifying this use for egg extraction have never been formally submitted to the FDA.

(Norsigian, 1)

In truth, the egg donation is a relatively new procedure; first successful birth took place in the U.S in 1984.¹² Since then, there has been practically no standard regulation. The donor women are not registered under national register or kept track of in any other sense. There is no mechanism in place for short- or long-term follow-up regarding the health of women egg donors. For instance, there is no way to realize and take action against the donors who attempt to do back-to-back cycles in different clinics, fully jeopardizing their future health. The Center for Disease Control in the U.S. is only required to ask fertility clinics how many successful births resulted from donor eggs. They do not ask the important questions pertaining to the amount of times a donor has previously donated, the side effects, or the resulting long-term medical issues. Thus, there is no conclusive evidence or long-term study to confirm that the associated risks with egg donation are probable.

The lack of scientific evidence proving the possible adverse effects is enough for the defenders of free market to assume that the procedure is totally risk-free. The first thing to notice in fertility clinics web sites is that they explicitly state the ovarian stimulation does not cause a woman to lose any more eggs in a given month than she normally would, as all of the extra eggs made available by the hormone treatment are

¹² Some sources indicate that the first baby conceived through egg donation in Israel in 1986

eggs that were slated for atresia anyway. For example, a fertility clinic in California finds no problem stating on its web page, “Egg donation is not harmful to your own fertility. Neither do any of the drugs have a lasting side effect nor do they do any damage to your ovaries. In fact nothing that we do will compromise your fertility” (Scrcivf.com). As I pointed out, there is considerable evidence that links hormone stimulation drugs to infertility. It is possible that the hormone treatment might somehow affect the rate at which the primordial follicles develop and so increase their rate of attrition throughout a woman’s life, causing her to exhaust her egg supply sooner than she otherwise would.

The infertility industry is an entirely self-funded and self regulated six billion dollar worth industry. The reason why we do not have definitive evidence available that egg donation carries potential risks is first that there is no attempt to gather this data. No studies have systematically analyzed whether there is a causal link between ovarian stimulation fro egg donation and long-term physical sequelae. Secondly, the phenomenon of egg selling is still comparatively recent, and the sellers are mostly in their twenties, so it will take at least fifteen years for the risks like cancer and premature menopause to be known.

Conclusion

It is clear that there is not any conclusive information about long term effects of hormone stimulation drugs on donor’s health. And since there is no longitudinal study that followed women who had ovarian stimulation all the way to menopause to find out what their reproductive future holds, or whether women who have donated their eggs

experience higher rates of infertility and, and if so, are there characteristics among these women at the time of their donation that are predictive of the later infertility, or that whether certain forms of infertility more common among women who have donated than among the general population, and the ultimate milestone: whether women who have donated their eggs undergo menopause at an earlier age, speaking of the safety of egg donation is anyone's guess. Critics fret about ethical pitfalls in a self-policed industry that does not gather enough data to expose emerging problems.

In light of the aforementioned facts, since there are no conclusive studies on long-term implication of egg donation process, it seems like it is not possible to make a fully informed consent in the real sense. It can plausibly be argued that if the health risks of egg donation are not presented to the donor, the egg transaction should not occur *whether or not it is an altruistic donation or a free market exchange*. However, it should be noted that this situation (of having an uninformed potential donor) is much more prevalent under the free market system. It is often the case that the donors are purposefully misled about the involved health risks by the for-profit clinics. Nancy Kenney and Michelle McGowan's survey on motivations, expectations, and experiences of U.S. egg donors after their first circle donation. The survey was administered in a questionnaire format comprising open-ended and multiple-choice items, on the Internet or by mail. 80 women who first donated eggs between 1989 and 2002 (at least 2 years before survey completion) in 20 states responded to it. According to this study, "a significant minority of surveyed donors reported serious physical conditions, including their own impaired fertility, ovarian cysts, fibroids, and chronic pelvic pain, which they attributed to having donated eggs" (Kenney and McGowan 463). During a woman's life

time, there are numerous things that might increase a woman's likelihood to become cancer or effect her fertility, as long as the direct casual link between egg donation and the long-term medical problems are drawn clearly, there is no way to hold profit minded clinics or doctors legally liable. Accordingly, for profit clinics often knowingly choose to interpret inconclusive evidence as no evidence. The doctors, who are in the key position to advise the donor about the medical issues surrounding the extraction, are often not objective in presenting this information. For doctors are paid by the infertile women seeking the eggs, they have a financial interest in transaction taking place and their paramount interest is not to look out for the well-being of the donor woman. As a result of this 'conflict of interest' the American Society for Reproductive Medicine (ASRM) has received several complaints from donors about the lack of information on possible side effects of the methods being used.

Proponents of a free-market egg-donation system claim that cases of abuse are rare, but the simple reality is that no one knows the true scale of abuse. With practically no government regulation and increasingly astronomical compensation prices, the blossoming egg donation system is rife for potential abuses. Under the current egg donation system, very important information pertaining the donors' future health is lacking, and known information is not delivered clearly. It is unreasonable to expect patients to make informed decision about their eggs. It's true that the situation harms no body other than the donor herself, yet in this particular situation the so called paternalistic approach that would register women undergoing egg donation and require them to attend long-term follow-ups, would not undermine an individual's rule over her body; rather it would provide her with tools to access valuable information she would need to exercise

her sovereignty.

Part II

A Win-Win Miracle

The second argument in favor of free market in egg donation claims that the free market egg donation is a win-win for every agent involved in the process. The infertile women win because this procedure enables them to have a partially genetically related, related to the father, baby; the donors win because they earn a substantial amount of income; the private health clinics, egg brokers, insurance companies, the psychologists, legal counselors win because the commodification of eggs provides them with new opportunities to make money and increase their profits. In consideration of these, the supporters promote expansion of commercial egg donation to global markets. As Donna Dickenson notes in *Body Shopping*, the promoters argue “if egg donation occurs on a global scale, so much the better: more backward countries can be brought into the realm of the market and their people will also benefit.” (9).

The advocates of this view argue that the opponents appear to be hypocritical when they distinguish between the market in eggs and market in any other goods and services. They suggest that if egg buyers agree to pay such amounts and egg sellers voluntarily accept the prices they are offered, there is no ground to object to such transactions. After all, that is the essence of a free market. If the parties to the transaction are happy with it, who is to say anything wrong with the situation?

In this section, I argue that if one focuses solely on the material benefits, a free

market in egg donation becomes a win-win for everyone. However, the material benefits are only a part of the equation. There are also medical, psychological, and moral aspects of the subject matter. To say that free market benefits every agent, one needs to take a broader approach and take the relevant costs into consideration. Once the benefits and the costs are juxtaposed, it is observed that a free market in egg donation is barely a win for the donors, the recipients and to-be-born babies.

In light of these, I first look at the situation from the donor women's perspective. In doing this, I present the cases of donors from Europe and America. The general donor profile of Europe is economically disadvantaged or dependent women from Eastern European countries, American donors, on the other hand, are young college student with 'preferable' traits. For the former set of donors, the supporters of free market in egg donation suggest that the transaction is politically and economically liberating for poor donors, since it allows the donor woman to sell her bodily materials and earn a living. In response to this, I argue that, poor women make such agreements out of economical desperateness. When this leading motivator is established, it becomes apparent that liberation is an illusion in such scenarios. In *Capitalism and Freedom*, Milton Friedman argues that economic freedom is necessary for political freedom, but as he notes economic freedom is one in which the market ensures mutual benefit as long as "the transaction are bi-laterally voluntary and informed" (13). As I discussed in the previous section, since important information regarding the long-term health risks are missing, and donor women are purposefully misled about these risks, it is difficult to conclude that donors engage in egg transaction in an informed manner. In this section, I assert that given the economic desperateness, the extent of which poor egg donor's action is truly

voluntary is also highly questionable. Under such conditions, it is superficial to conclude that free market in egg donation is a win for destitute women.

The similar kinds of arguments are put forward for the latter set of donors. It is argued that free market in egg donation provides young donors with such an income that they would not earn otherwise. It is true that free market in egg donation paves the way for young college women to earn significant amounts of money in a short period of time, but in doing so, it induces women to jeopardize their well being. Offering such huge prices for a single set of donation and putting no regulation on how many times a single donor can go under the procedure of egg donation is quite problematic. Drown in school and car loans, credit card bills, and apartment rents, young women are motivated to engage in these agreements for wrong reasons. Such amounts of cash prevent women from properly considering the ethical and biological significance of their eggs, the implication of unknown risks of egg donation, and associated medical and psychological complication of the procedure. At the time being, earning a substantial amount of money may seem like a win to young women, but as I put forward in this part, in the long run it has considerable costs.

The proponents of free market in egg donation praise free market in egg donation for it gives a raise to the number of donors by motivating them through financial means. As the number of donors increases, the chance for the recipients to pick the 'perfect' egg among many options increases. As noted above, the proponents are critical of opponents for distinguishing between the market in eggs and market in any other goods and services. Nevertheless, it should be kept in mind that the nature of the purchased item is different than apples and oranges; purchased items potential babies. Given that there is no

regulation over the practice, the transaction brings about substantial long-term medical and psychological complication to both to the recipient and the baby. All things considered, I suggest the transaction is a true win only for the third parties, such as egg brokers and egg clinics. Free market in egg donation provides an opportunity for the third parties to make huge profits, but it does not enforce any regulations that would held them legally liable if any complications occur.

Commercial Egg Donation is not a Win Situation for the Poor Donor:

The Case of Europe

Neo-liberal supporters of free market egg donation put a strong emphasis on implementing social, political and economical policies that use the language of markets, efficiency, customer choice, transactional thinking and individual liberty. They argue that such policies would be beneficial to poor donors, as they emphasize individuals' freedom to make decisions about their bodies and create new doors for donor women to support themselves and their families financially. While they agree that coercive exchange is morally wrong, they define coercion such that lack of resources does not of itself lead to coercive exchange in the market. In this part, I, first, provide a critique of their definition of coercive exchanges. Then, I present an argument for why the donor's choice to make an agreement out of economical desperation is coercive, and that such coerced transactions are exploitive.

Conceptual Clarification: Coercion

Neo-liberals define coercion as, “the physical prevention of someone doing what he would otherwise do” (Plant 207). According to their description, for anything to be considered a coercive threat or an offer, it needs to be physical, intentional and irresistible. In cases in which a robber puts a gun to a clerk's head and asks him to open the safe and the clerk follows the wish of the robber, the behavior of the robber is considered to be an example of coercion. The act is carried out under the objective, irresistible threat: death. The threat has limited the clerk's choice set and overwhelmed his free will; it induced him to act in a manner he otherwise would have not.

The neo-liberal coercion argument represents an objective and non-normative account of coercion, meaning the argument is not linked to a person's interests, desires and values. To explain the subject matter Raymond Plant gives an example of a threat that is not considered to be coercive in neo-liberal terms, he notes:

If I say to an ardent religious believer, ‘unless you stop doing X I will destroy this religious object which is sacred to you’, then, set against that believer's framework of values, this is undoubtedly a threat. If I am an ardent atheist, the promise to break and destroy the religious object unless I comply and stop doing X will not be a threat (196).

According to neo-liberals, this is not an example of coercion, because it makes coercion entirely subjective and complex by making it depended on what a person values.

According to Hiller Steiner, these kinds of interventions change the individual's desires to do certain actions but neither threats nor offers of this sort constitutes a lessening of personal liberty (qtd. in Plant 207). Accordingly, in our case, when a destitute woman is offered \$20.000 for her eggs, the offer is not considered coercive since the so-called coercion was not intentional and it is always possible for the individual to decline the

offer. They argue that it is a “free choice” on the donor woman’s part. This view allows one to deny that poor people are not constrained. I argue that this is a very narrow way of defining coercion.

There is a factual similarity between physical violence and economic constraints in that they both reduce real freedom. In “The Tale of the Slave” Robert Nozick gives an example of a slave who is cruelly beaten by his brutal master each and every day. One day, he offers not to beat him on that precise day provided that slave carries out a painful task (450-51). On the one hand, accomplishing a painful task instead of being beaten seems like an offer, but from the moral perspective, the alternative between the two carries the character of a threat. From the slave’s reference point, the situation may seem like an alleviation of his condition, however if one takes a morally normal situation as a reference point, the slave is confronted with a threat or coercive offer. In a similar fashion, when rich corporations offer poor people menial jobs at meager wages and in unsafe conditions, to the poor it appears like a generous offer considering that their pre-existing alternative is starvation or scavenging from garbage dumps; however, from the more normal perspective of a just society, such an offer is below the minimal moral baseline.

In an ideal just society, people are in a position to freely choose and pursue the values and ends that are of deep significance to them. Nevertheless, in real societies, people’s financial situations prevent them from pursuing these values and ends, and compel them to take routes they would have not taken if the circumstances had been different. When poor people accept degrading jobs, these decisions are not truly voluntary or any kind of “free choice” on their part. They are in a way coerced to accept

these offers. Hypothetically, they have the freedom to turn down degrading offers, yet, in real life, because the range and quality of their options are severely limited by the conditions of severe inequality or dire economic necessity, it is nearly impossible to decline these unjust offers. In other words, poverty acts as preventive punishment, giving the modern threats the appearance of a generous offer.

The decisions resulting from such situations in unequal societies have deleterious impacts on the agents' well being. Far from beneficial and liberating, the institutions, states or individuals that take advantage of poor people's vulnerable position are abusive and exploitive. It is important to note that when the offers are below the minimum moral baseline, people are still exploited even if they assent to the sale of their labor at the price they are offered. Anyone but the most rabid free-marketer would accept the fact that there is a rightful role for regulation to protect the vulnerable. That's why almost all modern Western governments have minimum wage legislation, or health and safety at work standards. In other words, "free choice" is not a knockdown argument for such situations.

Exploitation: Poor Egg Donors

When a poor woman with little or no income faces a situation like providing for her starving children or sick family members and as a result agrees to get into a risky, invasive and degrading but financially promising transaction, her agreements are not truly discretionary in nature. In the case of commercial egg donation, the free market system that benefits from this destitute woman's vulnerable economic position treats her as a mere means to an end with little or no consideration to their well-being is exploitive.

As I have discussed in Part IV, there is not enough or reliable data on the short- or long-term health effects of hormone stimulation and egg retrieval procedures. Additionally, the commercial nature of the process makes it highly unlikely that the data is going to be available in the near future. Yet, there is considerable evidence to be skeptical of the safety of the process. Furthermore, the free market system is such that once the fertility clinics and agencies pay “adequate” amounts to the donors, they are excluded from carrying responsibility towards them. The clinics are not obligated to provide long-term follow-up care. Statistically, economically disadvantaged or dependent women in both poor and wealthy countries are less likely to have medical coverage. What seems like an economic windfall to these women at that moment might have dreadful consequences in the long run.

In Europe, mostly economically disadvantaged or dependent women from Eastern European countries are being targeted for egg donation. Now that the Iron Curtain has been drawn aside, Eastern European women are ‘free’ to sell their eggs anywhere in Europe. So they do particularly in Cyprus and Spain. The EC Tissue Directive Report (2003) documented that clinics and agencies prey on the poorer ex-Soviet Bloc countries such as Russia, Ukraine, Georgia, Bulgaria, Romania and nations outside the European Union (Dickenson 5). Both the US and Western European clinics set up their branches in Eastern Europe in order to procure human eggs for their clients in the West. In comparison to the prices offered to donors in USA, compensation offered by European clinics, \$200-\$300, may seem like mere pittance. Trivial to Western eyes, so many Eastern European women are drawn by the sum offered because the amount is often enough to live on for six months in Eastern Europe.

Donna Dickenson also notes that intense hormone stimulation, to which women from Poland, Lithuania, Latvia, Estonia and other newly capitalist states of Eastern Europe are subjected, can in some cases be fatal. Whereas IVF clinics in Western Europe and the United States are moving towards policies of minimal hormone stimulation, the Eastern European and Mediterranean egg-selling clinics routinely extract three or four times the quantity of eggs that would be taken in a well-run clinic. Women are given a productivity bonus if they produce high numbers of ova. In one Kiev clinic, for example, women are offered a basic fee of only \$300, but given a bonus of \$200 if they produce as many as forty eggs. Doses of follicle-stimulating hormone at more than twice the recommended maximum are routinely used to produce that number of eggs. As a result, in Eastern Europe, there have already been a number of scandals in which women have died or been hospitalized after hormone treatment, in the process of donating eggs to Western European “fertility tourists” (no2eggsploitation.com).

The egg donation industry is run by profit-minded fertility clinics whose responsibility is towards their shareholders. They take advantage of the economically disadvantaged or dependent women’s vulnerable situation. The proponents of free market egg donation may still argue that in everyday life we allow people to engage in all types of risky conduct without much concern. Hinkley’s argument for organ donation, which can also be applied to egg donation, simply states that “organ vending might appear as simply among the wide range of more or less risk-affirming activities in which individuals are morally free to choose to participate, for example, risky behaviors like hang gliding, rock climbing, motorcycle riding, eating rare meat, working on an oil rig, joining the police force, or pursuing a military career” (20). He suggests that selling a

kidney cannot be worse than allowing professional fighters to destroy each other's brains and kidneys, or allowing American football players to destroy each other's knees (Hinkley 111). He is not suggesting a ban on all activities that risk serious harm to the participants, but thinks that the consistent application of values, to ensure respect for persons but without unduly intruding upon person's autonomy is challenging. In opposition to this argument, I would suggest that it is wrong to regard all risk-associated behavior exemplified above in the same manner. Activities like hang gliding, rock climbing, motorcycle riding, or eating rare meat are different from working on an oil rig, joining the police force, or pursuing a military career. While it is possible that engaging in the latter activities are personal preferences, just like the former ones, it is highly probable that they are the consequences of economic necessity or a combination of both. In a similar fashion, for egg donation, 'loving' and 'helping' are not the entirety of the motivational equation. While it is true that the women are motivated by these factors, given their economic necessities, it is hard to conclude that these motivations are the only reasons for women agreeing to take these risks.

A defender of egg markets may then suggest that the appropriate way to avoid exploitation of a poor person is simply to make sure she is better informed about the likely consequences of her transaction. Yet again, given the horrific poverty that she faces, and perhaps her lack of education, it is unclear to what extent a poor donor will refrain from undertaking in the transaction despite her reservations (Satz 282).

Presumably, in most cases the conditions of severe inequality or dire economic necessity coerce poor people to partake in egg donation transactions. The question is what our approach towards these kinds of situations should be. Radin raises the question

of whether in order to preserve the respect for the persons this argument would warrant prohibiting selling things people deem personal. The answer is that prohibition would only punish the person at the gunpoint for being at the gunpoint. I am not trying to argue that people are justified in doing whatever they do under coercion. If a woman steals to provide for her children, she should be held responsible for any kind of harm she causes to third parties. However, if she sells her eggs to provide for her children, it is no different than selling something personal (e.g. her heirloom). This action for sure would cause feeling of loss; nevertheless, when two kinds of losses are compared -loss of one's child versus loss of one's eggs- clearly the loss of one's child would be more devastating. When things an individual deems personally significant are put on a scale, one observes that some carry more significance than others. Many would agree to relinquish their possessions (e.g. house, heirloom), abnegate their power positions or work in degrading jobs in order to provide a better life for their loved ones, buy food, shelter and health care despite the former set of things carrying special non-monetary values for them as well. In the same fashion, a needy donor woman is probably ready to sacrifice personal things with which she has a secondary kind of relationship compared to her primary relationship with her child. Surely, I am not suggesting that to overcome this problem the answer is to let poor women to sell whatever they are ready to sacrifice when they are in desperate economical need. The commodification of human eggs, which eventually causes exploitation of impecunious women, is morally objectionable and yet all things considered, "prohibition may carry moral and practical costs that outweigh the good of preventing the practice" (Sandel 95-96). For example, banning egg donation can encourage poor women to resort to the black market where eggs would be bought and

sold without the benefit of adequate safety nets, thereby making donors more vulnerable to abuse. The dilemma is that neither permitting nor banning sales is the desirable attitude. The solution to the problem lies at the root of the problem; we need to change the circumstances creating the dilemma. Preventing threats like exploitation and abuse from occurring in the first place requires redistribution of wealth and power. We need to work towards a global justice by trying to find ways to prevent poverty and close the gap between the poor and rich. In the meantime, we need to focus on ways to discourage people from buying and selling human eggs by, for example, informing and encouraging them about alternatives. I talk about these ways in detail in the last section.

Commercial Egg Donation is Not a Win Situation for the Donor College Students: The Case of America

Unlike Europe and other parts of the world, egg donors in the U.S are mostly college students. Certainly, among these donors, some are very poor and obliged to look after a family; however it would be unwarranted to postulate that most college students are in dire economic need. In comparison to the indigent donors discussed above, the college students' level of education is higher and their financial situation is not as tight, or at least they have the prospects of ameliorating their finances once they graduate. This change in the level of education and financial situation makes it difficult for us to conclude that the ominous economic necessities coerce young college students to engage in such transactions or that college students are exploited by the free market system. However, coercion and exploitation are not the sole ethical concerns surrounding the donors. In the

U.S, young college women with preferable traits receive thousands of dollars for undergoing the procedure just one time. Such amounts are powerful incentives to cash-strapped college students. They motivate young women to respond positively to donating their eggs for the wrong reasons. In this section, I highlight sets of ethical problems resulting from such unregulated free market in egg donation.

College Students' Motivation for Egg Selling

Young college students have limited income; they usually sustain their college life by the support of their parents, taking part-time jobs or both. Studying in college in the U.S is expensive and for this reason many of these young students take loans during their studies and graduate with significant amounts of educational debt. However, the students' debts are not limited to educational expenses. *The Boston Globe* reporter Carlene Hempel mentions of a 2004 study by Braintree-based student loan company Nellie Mae.

According to the study, 56 percent of college seniors carry four or more cards—credit, debit and store cards—and owe an average of \$2,864. Most of these cards' balances are too high to reveal to their parents. Working in a regular job during college, usually a college student earns \$8 to \$10 an hour. It would take her seemingly endless hours of work to pay back her loans and credit cards, thereby cutting into her precious study time (an action that can result in lower grades and potential expulsion). Fortunately, the unregulated free market in egg donation offers an easy way out for female students: lots of money and no tax on it.

In order to reach the targeted audience, clinics and egg brokers use aggressive

advertising techniques. College campuses are inundated with advertising as campuses provide easy access to a large pool of highly educated young women with specific ‘desired characteristics,’ such as high SAT scores; athletic, mathematic, or musical ability; and specific ethnicities. The advertisements published in college papers, local newspapers, social network websites and photocopied fliers posted on trees and announcement boards promising large sums of money are attractive and enticing. Many women faced with educational and/or personal debts find these difficult to avoid.

The American Society for Reproductive Medicine (ASRM) advises brokers and clinics to pay no donor more than \$10,000 per donation cycle. Nevertheless, ASRM is a professional organization, not a government agency, so its guidelines are not enforceable. Demand for young women’s eggs is so high that in some cases compensation reaches \$50,000, sometimes amounts much more than that. Drowning in credit-card debt, monthly bills and student loans, young women are tempted to sell their eggs for such big payoffs. Nancy Kenney and Michelle McGowan’s (2010) survey on the motivations, expectations, and experiences of U.S. egg donors after their first circle donation shows this assumption is well placed. Data from the study suggested that “students at the time of the donation were more likely to cite financial reasons for becoming egg donors than those who were not students at the time, with 94.4% of students indicating that financial compensation was a significant factor in their decision to donate eggs, as opposed to 56.8% of nonstudent donors” (464). This implies that most of the time, money is the main motivation of most young college women for donation. When young women are attracted by such huge amounts, they do not think thoroughly on the subject matter. Highly motivated by the ‘compensation’ offered, they fail to make the right medical and moral

decisions.

Additionally, egg donation becomes addictive for college students. The system in egg donation is such that, it not only offers thousands of dollars for a single donation, but it also does not require women to be registered under a national registry. In a lightly regulated industry where the statistics are not kept, how many times a single donor has donated eggs remains unknown. Rent, loans or credit card bills are recurring expenses that students will often have difficulty paying over and over. Once college women find such a quick way to make significant amounts of money from donation, they choose to do back-to-back cycles in different clinics. The lack of any enforceable standards or regulations makes women having to undergo egg donation multiple times possible. Considering the fact that the risks to the procedure are not known, how back-to-back donation jeopardizes young women's physical and psychological health is anyone's guess. In an interview, the author of *Confessions of a Serial Egg Donor*, Julia Derek, tells about how she went through the process of donating eggs 12 times. At the time, she was a college student from Sweden living in the US. Considering her limited options to hold a legal job as a foreign student, egg donation seemed like the best solution to cover her expenses. She says, "When you're in your 20s, you kind of feel that you're invincible or nothing can hurt you. And since it was so easy, so much money, so why not do it?" (Norris 2005) She admits that toward the end, she experienced health complications and severe depression.

It is true that, college students are not trapped in permanent poverty like their poverty stricken counterparts. After graduation, these well-educated women have the prospect of earning good amounts of money, thus, paying their debts and ameliorating

their financial situations. Nevertheless, confronted with huge financial problems and a dearth of alternatives at the time of donation, young women are positively responsive to financial promises. Egg donation appeals to them both for rational and emotional reasons. It appeals to reason because egg donation not only promises an easy way to make considerable amount of money, but it also is legal. It is emotionally promising as it allows donors to provide infertile women with babies. Nonetheless, while it provides financial and emotional satisfaction to young donors, a free market in egg donation that targets young females who lack financial means and possess coveted physical attributes is abusive. Paying huge incentives to these young women who have educational and other kinds of debts is abusive in the sense that it strongly hampers their decision making process. Such astronomical amounts discourage young women from properly assessing the personal, ethical, and biological significance of their eggs, as well as the meticulous and risky process of taking hormones and harvesting. Furthermore, as there is no conclusive evidence or long-term study to confirm that there are short or long term risks to egg donation and known information is not delivered clearly to donors, there are concerns about the safety of the procedure. A free market system that does not take measures to prevent women from donating their eggs multiple times disregards donor women's well being all-together.

Commercial Egg Donation is Not a Win Situation for the Recipients

The proponents of free market egg donation argue that the current model is a win for the recipient women because, by increasing the number of donors through financial

incentives, this procedure also increases the likelihood that the recipient will have partially genetically related children. It is true that the number of donors rises and the free market enables the recipient women to choose the 'perfect' egg among many choices, yet the lack of regulation has downsides for the recipient women and the to-be-born babies.

Donna Dickenson in her book notes that coming from Poland, Lithuania, Latvia, Estonia and other newly capitalist states of Eastern Europe, women sell more than just their eggs. They travel to Spain, Italy, and Cyprus where they work in cabarets, sleep with men, sell their eggs and then go back to their country. One problem of this is that it highly increases the risk of AIDS. It's true that donors get full medical examination including HIV screening, but as we know AIDS can take up to six months to be caught in an test. One way to overcome this problem would be to freeze the eggs and use them six months later. But Women's Health Activist Magazine (July/August 2008) states that egg freezing is considerably more difficult and has a lower rate of success. For every 100 eggs that are extracted and frozen, only 2 survive the process. For this reason, this method is not preferred meaning that both the recipient and the unborn baby is vulnerable to be infected by HIV.

Furthermore, the commercial egg donation practice that does not provide long-term follow up for donor women works unfavorably for the recipient. The informed consent form requires donors to be honest about their family and personal health histories and their behaviors so that genetic and health factors that could affect the health or well-being of offspring are known in advance. Surely, infectious disease and genetic screening should also occur, so that the main burden of protecting the health of recipients and offspring is placed on programs. The important point here is, though, after donation,

donors do not have ongoing responsibilities to keep programs or recipients informed of their health status or new findings that might be of interest to parents to protect the health of offspring.

Lastly, the confidential nature of the practice that is implemented to protect the donor, recipient and baby from ethical and practical complications of egg donation, create socio-psychological problems for the recipient and the baby. Egg donation is anonymous and confidential in the sense that the recipients are able to read about a donor's health history, physical traits, education level and possibly the donor's profession and other general information. However, they do not learn the donors name, address or any other information that will allow them to identify the donors. Some recipients prefer not to inform their children about how they were conceived even after the children reach the age of maturity. Making egg donation anonymous and confidential gives these recipients the security and peace of mind that the children will not be able learn their genetic mothers and the egg donors are not going to get involved in the recipient family's life latter on. However, some recipients believe the right thing is to explain the matter to their children when they are mature enough to understand. Nevertheless, the anonymous nature of the practice prevents children from accessing their biological mother. Some countries, such as the United Kingdom, Sweden, and states in Australia, mandate that donors' anonymity be lifted when the child reaches the age of maturity. Because children born through donated gametes were not party to the decision-making, in these mandates, the needs of the children to learn of their origins supersede those of the adults who voluntarily participate in the process. Nevertheless, the problem in these countries is that the number of donors has decreased significantly after this act and many couples have to travel to

other countries to find matching donors.

In other words, a free market in egg donation has some benefits for the recipient, but given the medical and psychological complications to both to the recipients and to their babies, it is difficult to say that it is a win situation for the recipients.

Conclusion

In this section, I evaluated the argument in favor of a free market in egg donation that argues the free market egg donation is a win-win for every agent involved. After demonstrating the benefits and the harms of the unregulated market, for donors and recipients, I asserted that free market egg donation is a win-win miracle only on the surface.

First, I presented the case of donor women. I approached this argument from two perspectives: the perspectives of poor donors and college student donors, respectively. After discussing the relationship between economics, coercion and exploitation, I advocated that in the case of commercial egg donation with poor donors, the system that benefits from a poor woman's vulnerable economic situation and coerces her into selling her eggs is exploitive. Later on, I noted it would be wrong to assume that just like their poor counterparts, the college students are being exploited by the free market egg donation system. Nevertheless, I suggested that paying high incentives to these young women who have educational and other kinds of debts is abusive. My first point was that offering significant and varying amounts of money to college students from a single set of egg donation discourages young women from properly assessing the consequences of

their action. My second point showed how allowing donors to go through a medical process, whose safety is not scientifically proven, several times disregards their physical well being.

In the second part, I presented the case from the recipients' perspective. Through the analysis I offered, I pointed out the potential psychological and medical complications of the free market for the recipients and babies.

PART V
TOWARD A BETTER PUBLIC POLICY IN EGG DONATION

Introduction

At the beginning of my thesis, I have given a detailed definition of commodity and commodification. I noted that for objects that fit the definition of proper commodity, things for which use or exchange valuation is appropriate, full commodification, actual selling and buying of a thing as well as treating it in market methodology and rhetoric, is acceptable. All other things that fail to fit in proper commodity definition should either be incompletely commodified or not commodified. My aim was to determine whether human reproductive materials should be treated as complete commodities, incomplete commodities, or not as commodities at all. I stated that, according to the description, human eggs fail to be proper commodities; hence full commodification of such things is undesirable. In light of this, I could have either argued for their incomplete commodification or object to any form of commodification. Nevertheless, as I put forward human eggs have already been fully commodified. Under the current system, human eggs have increasingly become just another object of commerce, and the phenomenon takes place all around the world. Money is offered explicitly for the quality and the quantity of the eggs based on the supply and demand in the market.

In the light of this, I can advise to take one of the three approaches: I can argue that we continue with the liberal-economic model and treat eggs as full commodities, or we accept the illiberal model and ban egg donation all together, or we implement the

social-democratic model and make a transition towards a more regulated market. In this section, I explain why the best way to avoid serious ethical and practical concerns is to adopt the social-democratic model.

Summary of the Ethical Issues in Commercial Egg Donation

Commercial egg donation, once uncommon, became routine in the 1990s when entrepreneurs launched brokerages, including many online. It has turned the egg donation business into a global bazaar, with little or no regulatory oversight. In the last ten years, egg donation became a free market business, but unlike other businesses, it lacks universal business-practice standards. Even within Europe where the EC Tissue Directive provides some regulation, trafficking in human eggs tends to prey on ex-Soviet countries outside the European Union. The Eastern European egg-selling clinics administer intense hormonal stimulation drugs and extract three or four times the quantity of eggs that would be taken in a well-run clinic. They do this for the sole purpose of selling the eggs to the EU countries.

The current egg donation model emphasizes individual freedom of choice but it lacks the necessary resources for individuals to practice this liberty. It leaves donor woman at the mercy of the profit driven baby-making business market. Young women, often with low incomes, find the financial incentive tempting at times. They agree to take part in this practice at the expense of their well-being.

It can be argued that one way to overcome the moral problems raised by egg donation is to structure the egg market in such a way that would ban sales from extremely

poor donors. Or else, if we accept the corruption objection, we should argue that the practice should be banned all together. While this might relieve the moral problems to some extent, it would create new set of moral problems. The applicability of such technologies makes it impossible to bring such transaction into an end. Once egg donation becomes illegal, needy women will begin to resort to the black market where eggs would be bought and sold without the benefit of adequate safety nets, thereby making donors more vulnerable to abuse.

The Transition Period

The proper way to solve this problem is to address social injustices by trying to close the gap between poor and rich. The poor would not be forced to participate in egg donation out of economic desperation. However, such a solution is far from likely in the near future. In the meanwhile, women, scientists, policy makers, and physicians should work together to prevent the free market from abusing the donors. This goal can be achieved through two means: promoting alternative ways to egg donation and enforcing a strong regulation on egg donation.

Alternatives to Commercial Egg Donation: Adoption and Egg Sharing

There are two alternatives to assisted reproduction via third parties: adoption and egg sharing. By promoting these alternatives, we can sidestep the problems that would arise from banning the commercial egg donation and at the same time decrease the demand for

egg donors in the long run.

Both adoption and egg sharing have downsides on the individual level, yet all things considered, they are ethically superior to egg donation. The first alternative, adoption is a superior social alternative to egg donation because it provides needy children with home, and avoids all the ethical and practical problems related to gamete donation and surrogacy, for it does no harm to the third parties. It is usually argued that qualifying as adoptive parents is highly difficult and the procedure is very time consuming. It should be noted that, these are problems about the efficiency of the policy; hence, should not entail dismissing adoption as an alternative. The right attitude would be focusing on ways to make the adaption procedure easier and more efficient.

Some argue that adaption comes with downsides on the individual level. First, many couples seek to adopt newborns and infants, however, not that many babies are available for adoption. Second, the couples find egg donation preferable to adoption because egg donation gives parents the opportunity to have genetically related child to the father and possibility for mother to experience the pregnancy. Then, I would say, adaption is not the only alternative. For people with such concerns, egg sharing can be a better option. Egg sharing is when the surplus eggs produced by a woman undergoing IVF treatment to become pregnant are donated for use by other women, or for research. This practice eliminates the ethical concerns associated with egg donation because the women that provide eggs are goes through IVF treatment to conceive a child. This person has already accepted to undertake the unknown long-term health risks to her body. She agrees to the procedure because there is a potential benefit to for her own purposes, hence, she is not being induced to take those risks for the financial incentives.

It is argued that egg sharing would be a reasonable and acceptable alternative for Europeans, but not much plausible option for the wealthy U.S. couples. In Europe, the laws forbid the couples to select the donor. The medical team chooses the donor according to the blood group and phenotypical characteristics that more closely match those of the couple. Accordingly, as long as egg sharing is efficient, the European couples would not react negatively to such alternative. On the other hand, in the U.S., the recipient couples are allowed to shop for donor eggs that are not only a match to their blood type and phenotypical characteristics but also carry the preferential traits. Those who can afford shopping for preferential traits would see moving towards egg sharing as restrictive. Restrictive in the sense that they would no longer be able to choose donors that go to Ivy League schools, have high SAT scores, play sports in college teams.

There are already concerns about the U.S way of egg donation, which permits selecting the donors based on the donors' 'superior' traits. Many thinkers believe that it will lead to the operation of the free market eugenics. There is no study or report on the number of women who conceive through selecting the donors with 'superior' traits and which economical class they belong to, nevertheless given the expensive nature of this practice together with the risk of it being unsuccessful¹³, those that benefit from this option should be limited number of infertile women that belong to the upper economical class. This assumption would not totally dismiss the fear of creating designer babies; yet, it should encourage us to question the probability of eugenics happening before accepting the argument readily. Yet again, no matter what we believe about the possibility of eugenics, I still think the system that allows the selecting the donors based on their looks,

¹³A donor egg from a younger woman increases the chances of conception to 50% as compared to 15% to 18% with the infertile woman's own eggs, however there still is a possibility of disappointment. http://www.womens-health.co.uk/donor_eggs.html -Benefits of Egg donation

education levels, personal traits and offers the donors different amounts according to such criteria denies the uniqueness and the specialness of each individual and creates the sense that some women are more valuable than the others. It also gives those who can afford such treatments an unfair advantage over the general population of infertile women.

One other problem with egg sharing is that the waiting periods for the recipient is not going to decrease, it may even increase. However, we should not dismiss egg sharing for such reasons. If egg sharing can be regulated properly, it would be a better alternative to egg donation. Especially for the fact that, the third parties that involve in these programs do so at their discretion, and this prevents the ethical problems like coercion, exploitation, and degrading other women by offering money for their eggs.

Regulation on Egg Donation

In addition to informing the infertile women alternatives to egg donation, the governments should increase regulation to remedy the lack of available knowledge and limit the influence of a market system on egg donation. In this part, I recall the ethical and medical problems this thesis has mentioned and talk about how scientists, physicians, legislators, press, public health advocates, and individuals can work together with governments to prevent the harms of free market in egg donation from happening.

In “Open Letter”, the former Chief Medical Officer of the Food and Drug Administration, Suzanne Parisian draws attention to the ethical and medical problems related to egg donation and urges the U.S government to adopt regulative measures. She notes that not all current in vitro fertilization (IVF) stimulation drugs have been

scientifically recognized as safe by the FDA, and suitable for use in healthy women for multiple egg extraction. Accordingly, the governments should require pharmaceutical firms to disclose the actual FDA approved indications for drugs as well as all available safety data before multiple egg extraction from healthy female donors is pursued (Open Letter from Suzanne Parisian).

I stated that not everything is known on the safety of the egg donation, and there are several potentially important questions that have not yet been answered. I argued that the doctors, who are in the key position to advise the donor about the medical issues surrounding the extraction, are often not objective in presenting this inconclusive medical evidence. Doctors have a financial interest in transaction taking place since the infertile women seeking the eggs pay them. In consideration of this, I suggest that there should be a regulation requiring women willing to provide eggs for research to consult her own physician - someone not involved in any way with the research or the research institution and whose only job is to look out for the well-being of the woman.

I presented that there is no mechanism in place for long-term follow-up of donor women. I find a mandatory follow-up under the aegis of the independent monitoring body necessary for finding out what the donor women's reproductive future holds: whether women who have donated their eggs experience higher rates of infertility and, and if so, are there characteristics among these women at the time of their donation that are predictive of the later infertility, or that whether certain forms of infertility more common among women who have donated than among the general population, and whether women who have donated their eggs undergo menopause at an earlier age.

Additionally, in coordination with unbiased medical experts, the federal

governments should create a national register of egg donors and authorized fertility clinics. A national registry would help highlight ineffectual treatments and health risks. At the moment, the lack of any regulations enables women to undergo back-to-back donation several times. Such regulation would make how many times a specific donor has given eggs before known, thus, prevent young women from jeopardizing physical and mental health.

Governments should enforce a maximum limit on egg-donor compensation. A limit for compensation would serve to reimburse women for the time, stress and physical risks they take while discouraging high payouts that could negatively influence poor and desperate donors. The governments should require clinics and egg brokers to offer somewhat same amounts to each donor. In other words, compensation amounts should not change based on donor's race, physical attributes, intelligence and talent. Furthermore, compensation should not depend upon a certain number of eggs being retrieved or upon the quality of eggs. As long as the donor completes the cycle and fulfills all the agreed-upon responsibilities, she should receive the full amount promised. Additionally, governments should work together to offer compensation amounts that are close to each other. At the moment, different countries hold different attitudes towards the compensation levels. For instance, egg donation is banned in Japan. Many infertile Japanese women travel to the U.S. in order to use egg donors there, thus driving up the price of Asian-American donors. In countries where donors do not get paid enough, they do not 'donate' at all, or choose to donate in other countries where they get compensated for their act. The waiting list for infertile women who want to use an egg donor in these countries become enormous.

Last but not least, governments should mandate donors' anonymity be lifted when the child reaches the age of maturity. I agree with the United Kingdom, Sweden, and Australian way of thinking that the children born through donated gametes were not party to the decision-making, and, the needs of the children to learn of their origins supersede those of the adults who voluntarily participate in the process.

These are some recommendations that would lessen the ethical concerns arising from the current model of egg donation. The formulation of an effective global system will take time, but necessary these steps should be taken to protect participants of egg donation from the dangers of free market in egg donation.

Concluding Remarks

Many women are suffering from infertility worldwide and there is enormous promise that genetic and reproductive technologies will provide solutions to their problems. Research, the economy and the segments of the medical profession are urging women to benefit from these new technologies. One of these technologies, egg donation, has become a prevailing reproductive method for women with poor quality of eggs or no eggs at all. In 2003, the latest year for which statistics are available, ASRM (2007) reported that nearly 12 percent – or about 13,000 assisted reproduction cycles – involved oocytes provided by egg donors.

The social debate on genetic engineering and reproductive medicine primarily revolves around the question of what is technically feasible in human reproduction. The impacts of these technologies still receive inadequate attention in the general public as

well as in the policy-making process. The main purpose of this thesis was to draw attention to ethical issues resulting from having a six billion dollar industry entirely self-funded and self regulated industry in egg donation. Some of these ethical issues involved monetary payment and commodification; informed consent and putting third parties health into danger (due to the unproven safety of the technology); coercion and exploitation of donor women; the right of children to learn the identity of their biological mother; and eugenics.

I pointed out that despite these ethical problems, there has been a pronounced absence of extensive policy discussions around donation for reproductive purposes. I argued for the rightful role of the state in regulating egg donation and talked about the means of achieving this goal.

The societal good of egg donation and bringing new children into loving families, is undeniable. My aim was to develop policies that allow egg donation but guard against the many ethical quagmires that can result from it.

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