European Journal of Women's Studies

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European Journal of Women's Studies 2008; 15; 377

DOI: 10.1177/1350506808095295

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Gender in the Regulatory Debates on Embryonic Research in the Netherlands

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ABSTRACT In contrast to many countries, the political debates in the Netherlands on reproductive technologies and embryo research have paid particular attention to the issue of health risks to women. This article focuses on the question to what extent the discourse of gender has contributed to shaping the space for embryonic (stem cell) research in this country. The author argues that in the policy arena flexible conceptualizations of risks and burdens to women and of the identities of embryos have been crucial in drawing and maintaining a discursive boundary between the domains of medically assisted reproduction and embryo research. The author shows that feminist intervention challenging this discursive strategy has had an impact on the present regulation of research. However, the main weakness of this temporary and partial feminist success is the virtual absence of a public debate on the meaning and desirability of embryo research.

KEY WORDS egg donation ◆ embryo research ◆ feminism ◆ gender ◆ health risks ◆ public debates ◆ regulation

The isolation of the first human embryonic stem cells by Thompson et al. (1998) had a profound impact on the agenda of embryo research. Up to that date, embryo research, where permitted, had been confined to the problems related to infertility and its treatment and to congenital diseases. The possible expansion of research beyond the domain of reproductive medicine was not to be taken for granted; it required new moral and political justifications. In most countries where embryonic stem cell research has eventually been authoritatively endorsed, the preceding

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(Los Angeles, London, New Delhi, Singapore and Washington DC), 1350-5068
Vol. 15(4): 377–391; http://ejw.sagepub.com DOI: 10.1177/1350506808095295

public and political debates were typified by a lack of focus on the health hazards run by the women involved (Dickenson, 2006; Kulawik, 2003). In this respect, debates in the Netherlands differed from those in other European countries. In the Netherlands, the issue of the health risks to women did form part of the argument in the debates on reproductive technologies and on embryo research.

The emerging practice of embryo and embryonic stem cell research is the subject of a growing number of social science and feminist studies. Some of these studies deal with the attitudes of the (potential) donors, their understanding of the meanings of donation and the multi-interpretable conceptualizations of embryos in the context of in vitro fertilization (IVF) and research (Krones et al., 2006; Parry, 2006). Other scholars focus on the evolving organizational, conceptual and cultural management of the passage of embryos from IVF clinics to embryonic stem cell research labs. The movement of embryos between fertility treatment and research is accompanied by the emergence and proliferation of new forms of value embodied by embryos. Embryos are thus valued not only as precious in the context of fertility treatment but also become highly valued research material. At the same time, shifts occur in the politics of hope – from hope for a child to hope for new therapies and in the conceptualizations of health, bodily relations and social indebtedness (Franklin, 2006; Waldby, 2002).

It is noteworthy that in these analyses women and their specific positions in the process of donation hardly merit a distinguishable identity. The articles of ethicists Cynthia Cohen (2000) and Donna Dickenson (2006) form an important exception in this respect. The relative silence of social scientists contrasts with the attention given in medical research journals to women as donors of egg cells. Authors of these publications are concerned about the shortage of fresh egg cells, the availability of large numbers of which, they claim, is indispensable for the progress of stem cell research. They discuss ethical issues involved in the procurement of egg cells from healthy women. Some of them highlight the inadequacy of the current models of clinical- and research-informed consent (Magnus and Cho, 2005). Others review the moral aspects of altruistic and paid-for egg cell donations (Steinbrook, 2006), and still others argue openly in favour of allowing financial compensation for donations (Robertson, 2006; Insoo Hyun, 2006) without which an adequate supply of this valuable research material seems unlikely.

The presence of women's health interests in the Dutch debates and their long duration offer an opportunity to investigate to what extent a specifically gendered discourse, in particular with regard to the health risks and burdens to women, contributes to the shaping of the space for embryonic (stem cell) research in this country. In order to shed some light on this question, I analyse three significant events in the political process leading up to the legal regulation of embryo research: the publication by the

Health Council of the Netherlands of advisory reports in 1997 and 1998; the consultative meetings organized in 1998 by the Ministry of Health with regard to the recommendations of the Health Council; and the parliamentary debate that culminated in the passing of the Embryo Law in 2002. My analysis focuses on the interrelated shifts in conceptualizations of risks, women's interests and identities, the nature of embryos and the permissibility of embryo research. As a background for understanding these shifts, I start with a brief review of the earlier debates (1985–95).

PROCREATIVE DONATIONS: CONCEPTUALIZATIONS OF EMBRYOS AND NATURE OF RISKS

During this period, no moral distinction was made between naturally conceived and IVF created embryos in discussions about reproductive technology. All embryos were perceived as possessing an intrinsic ability to develop into a child and therefore as meriting protection. Initially, outside feminist circles, little attention was devoted to the low success rate and the health risks to women involved in the procedure (Kirejczyk, 1996). The hazards related to the use of IVF were seen as being of essentially a social and psychological nature. They referred to situations that diverged from the model of the stable heterosexual couple in reproductive age, i.e. when single, lesbian or older women might claim the right to IVF, or when a second woman participated in the medically assisted reproduction of that couple (as in surrogacy and egg donation). In all these cases, it was the position of women, seen as deviant from the 'natural', that could harm the development of a future child and undermine the social order. In particular, reproductive egg cell donation was perceived as disruptive to the legally entrenched notion of unitary (biological and social) motherhood (Kirejczyk, 2000).

If embryos were largely invisible in the discourse of the social and psychological hazards of medically assisted reproduction, in the debates on embryo research it was women who were made virtually invisible. The central stage was pretty much reserved for embryos conceptualized as independent entities with a status of their own. In the early reports of the Health Council (1984, 1986), in the governmental policy paper (Minister van Justitie, 1988) and in the parliamentary debates (Tweede Kamer, 1989), early embryos were described as human life that merited a certain degree of respect and protection. Discursively, a difference was introduced between spare embryos (the byproduct of IVF) and embryos specially created for research. The ethics of embryo research were discussed abstractly, in terms of embryos' non-instrumental and instrumental use. As elsewhere, opinion was split on the issue of the permissibility of embryo research. The opponents to research argued that respect for the embryonic form of human life required a full protection and excluded any type of instrumental use of embryos. The cautious supporters of research adhered to the view that an incremental protection of embryos was needed. They argued that the moral value of embryonic life was relative and that in exceptional, clearly defined cases, research on spare embryos could be morally justified. They were inclined to support the eventual legalization of such research. There was, however, unanimous agreement that the creation of embryos for research, i.e. exclusively for instrumental purposes, would amount to a morally unacceptable violation of the dignity of the embryo and therefore should be banned.

The first challenge to this conceptual distinction came from minor left-wing parties during the parliamentary debate of 1989. These parties argued that it would be virtually impossible to enforce the proposed prohibition on the creation of embryos for research. If spare embryos were needed for research, then no one could guarantee that women treated with IVF would not undergo excessive hormonal stimulation. These women would not even know that they were being exposed to additional health risks for the benefit of research (Tweede Kamer, 1989). These interventions restored the link between IVF practice and possible embryo research. It became clear that women and their health would be directly implicated in any type of embryo research.

WOMEN'S HEALTH INTERESTS

The placing of women's health risks on the political agenda by the left-wing parliamentarians corresponded with concerns raised during the 1980s by some feminists regarding the experimental character of IVF and related health hazards (Direcks, 1986; Kirejczyk, 1987). Some years later, in a series of advisory reports, the Health Council took up the issue of the health risks related to IVF (Health Council, 1992, 1997a, 1998).

The recognition of the risks of IVF and the moral imperative to reduce them constituted the main justification for the Health Council's plea for permitting research on spare embryos and on embryos specially created for research purposes. Cryo-preservation and in vitro maturation of egg cells played a prominent role in the Council's argument. If developed, these technologies promised to solve or at least to alleviate a number of problems. Once introduced into IVF practice, they would considerably diminish the need for numerous hormonal stimulations and egg cell retrievals and consequently reduce the risks. At the same time, a morally desired reduction in the numbers of spare embryos would be achieved. In the eyes of the Health Council, the existing scarcity of donated egg cells, and the objections related to obtaining them, further underscored the importance of research into in vitro maturation and cryo-preservation.

These new technologies would make egg cell donations safer, morally less problematic and would also solve the problem of the expected scarcity of egg cells donated for research and for procreation (Health Council, 1997a, 1998). In short, this type of research was not only relevant for the improvement of IVF but also carried a great moral weight and therefore merited endorsement. A significant part of that research did not require the use of embryos. In the end, one would inevitably have to create embryos from the cryo-preserved or in vitro matured egg cells in order to establish the safety of the procedure for women and children (Health Council, 1998).

CONSTRUCTING POTENTIAL DONORS

The reduction of the risks of IVF formed the main motive behind the Health Council's plea for the development of cryo-preservation and in vitro maturation of egg cells. The development of these technologies would not be possible without donated egg cells. Donations implied that donors would have to go through a significant part of the IVF procedure and would therefore be exposed to the same risks as infertile women undergoing IVF and might even jeopardize their own fertility. Therefore, was it morally admissible to request women to donate mature egg cells either for reproduction or for research and assure that their interests were not infringed? The answer to these questions was not straightforward. The Council reflected on several categories of women that theoretically could be recruited as donors.

The most controversial was the proposition of recruiting healthy young women as donors. According to the Council, exposing these women to the risky procedure for the benefit of infertile women was morally acceptable as long as these donors did it voluntarily and were fully informed of the risks (Health Council, 1997a). The opinion of the Council was divided with respect to soliciting donations for research purposes. Some members rejected such an eventuality as morally impermissible because in their view the risks involved in donation were unacceptably high. Other members of the Council argued that there was a parallel between egg cell donations by this category of women and the participation of healthy persons in medical research: both situations carried a certain amount of health risks. From their perspective, there was nothing wrong in asking healthy women to donate egg cells for research.

The second group of potential donors discussed was women undergoing IVF. These women would not be exposed to additional health risks, as one would ask them to donate some of the egg cells extracted during the treatment. The donations might, however, diminish the likelihood of having a child. The Council also voiced concerns regarding the voluntary character of such donations. If the aim of research was to improve fertility treatments, these women might see donation as assistance to their companions in misfortune and often feel unable to decline the request from their physician. So, asking women undergoing IVF to donate egg cells for either research or treatment of other infertile women was only morally permissible when a large number of egg cells was extracted and when in earlier IVF cycles their rate of fertilization was high. The Council stressed that none of the women should be exposed to a more intensive stimulation regime than was needed for her treatment in order to increase the number of mature egg cells, some of which could be donated for research. In one situation, asking women undergoing IVF to donate egg cells for research was defined as morally unproblematic, namely when in the course of the treatment some egg cells failed to fertilize. A second attempt to fertilize them could be undertaken, but using the resulting embryos in the treatment was generally seen as irresponsible. This objection did not apply to second-time fertilization of egg cells for research purposes, but one had to keep in mind that the possibly inferior quality of those egg cells might make them unsuitable for some types of research (Health Council, 1998).

In the Health Council discourse, the women undergoing sterilization or other gynaecological surgery were perceived as the morally least problematic candidates for egg cell donations both for treatment and for research. The objection of additional health risks did not apply to them; during the surgery not more than one mature egg cell could be extracted, thus allowing a very limited number of egg cells to be expected from these donors (Health Council, 1998).

Two contrasting images of women's identities emerge from the Health Council's discourse on the moral acceptability of donations. The restrained position of the Council with regard to donations by women undergoing IVF, the acceptance of risks run by healthy and fertile women in passing on their egg cells to infertile women but not to researchers, and seeing women undergoing sterilizations as the most suitable candidate donors point in the same direction of motherhood as central to women's identity. On the other hand, there was also another image to which women's autonomy was more crucial than motherhood. Although safeguarding the autonomy of women in deciding on donation was stressed by the Council as a whole, some of its members saw it as a sufficient condition to legitimize requesting fertile young women to donate egg cells for research. Those members saw no difference in the position of fertile egg cell donors and of healthy participants in medical trials; both exposed themselves to health risks for the benefit of others. This analogy is, however, disputable. Healthy people usually participate in the advanced phases of medical research when the probability of therapeutic gains is quite high. In contrast, egg cell donors would have to accept risks in order to furnish material for research, the therapeutic value of which is hypothetical and can only be established in a distant future. The relative importance attached by the Council to motherhood and autonomy depended upon the context in which donations were discussed. In the context of reproduction, risks that might threaten the prospects of conceiving a child were highlighted. In the context of research, the autonomous decision-making by women was stressed.

The discourse of the Health Council presents the reader with a complicated argumentative conundrum. On the one hand, the Council argues that the reduction of the risks and burdens of IVF serves women's health interests. On the other hand, it accepts that health interests of other women might be put at risk by exposing them to IVF in the procedure of egg cell donation. Such donations are indispensable for developing novel reproductive technologies, but it is highly unlikely that a sufficient number of donated egg cells will be available for their development. In addition, the safety of these new technologies for women could not be established without creating embryos exclusively for research purposes. The expected impact of those future technologies would not be limited to a reduction of IVF risks but would also result in a reduction in numbers of spare embryos potentially available for research. At the same time, also, the burden of donations would be diminished and eventually more egg cells, not embryos, could become available for research. This train of thought leads to an unspoken conclusion that if one does not want to impede further development of research, consent to egg cell donations and to creation of embryos for research purposes is unavoidable.

LIBERATING EMBRYO RESEARCH FROM REPRODUCTIVE HEALTH

In the late 1990s, the prospects of a novel and promising research agenda appeared on the horizon. Embryonic stem cell research captured the medical, public and political imagination. Practically from the very beginning, embryonic stem cell research became discursively tied to the promises of developing therapies for serious, incurable diseases such as diabetes, Alzheimer's and Parkinson's diseases, and several heart and liver conditions. Simultaneously, the question arose whether the use and creation of embryos for research aiming at finding therapies for such diseases were morally permissible. In the view of the Health Council, the health interests at stake in this type of research were so important that the use of spare embryos and, if necessary, also the creation of embryos for research were justified. Consequently, the Health Council recommended that in the future Embryo Law the list of permissible aims of embryo research should be substituted by an open formulation:

'human embryos may be used only for research that serves important health interests' (Health Council, 1997b). The extended scope of permissible research would cover stem cell research leading to new therapies, to increased knowledge about the processes of embryonic development and its disruptions, to knowledge about the origin of abnormalities and disease and to a better understanding of the molecular regulation of growth and differentiation of cells and research on the toxicity of new drugs using stem cells. According to the Health Council, morally permissible embryo research no longer needed to be confined to the domain of reproductive health. The possible impacts of such developments on women, such as increased psychological and physical burdens, or the emergence of new responsibilities to supply sensitive research material were not explored by the Council.

The deliberations of the Health Council coincided with the preparation of the draft Embryo Law and its recommendations went beyond the earlier stated regulative intentions of the government. Before deciding whether to endorse these recommendations, the Ministry of Health, in a very unusual move, organized consultative meetings with medical, religious and societal organizations, to which patients, women's and feminist organizations were also invited. The consultations were structured around two questions: was the proposed extension of the scope of research on spare embryos justified and was the creation of embryos for research morally permissible.

The outcome of these consultations showed a clear split of opinion. The medical, scientific and research funding organizations fully supported the recommendations of the Health Council. The religious organizations presented the perspectives of their faiths on the permissibility of using embryos for research purposes and most of them came to the conclusion that such use was not permissible. The majority of the representatives of non-medical, lay organizations took a critical stance. They stressed that only in exceptional cases and under strict conditions could research on spare embryos be justified and that, in general, the creation of embryos purely for research should be banned (Ministerie van VWS, 1998).

INFORMAL GENDER ASSESSMENT OF EMBRYO RESEARCH

From a gender perspective, the input of organizations explicitly addressing the issues of donations and of the type of research that should be prioritized was most interesting. Freya, an organization of infertile patients, the Netherlands Institute of Psychologists, the Women's Health Centre and the Society for Gender and Technology all highlighted the fact of the scarcity of egg cells donated for reproductive purposes and saw the use of these cells in research as unfair to infertile women.

They criticized the Health Council for not paying attention to the psychological implications of gamete and embryo donations for research. The Netherlands Institute of Psychologists argued that people feel strongly attached to their embryos, sperm and egg cells. They argued that the donation of embryos for research could leave women unaware of the fact that in the future they might regret their decision and experience feelings of grief. The Society for Gender and Technology emphasized the psychological impact of egg cell donations on women, which, in its view, was more severe than the impact of donations on men. Not only was the procedure for extracting egg cells more drastic, but women felt more attached to their gametes and their experiences of donation were different than those of men donating sperm.

All those organizations agreed that if it was allowed, the scope of research on spare embryos should be limited to the domain of reproduction. A slightly different opinion was voiced by the representative for the Women's Health Centre. She alleged that women's health interests would be better served by research into the prevention of infertility, by a follow-up of IVF children and by a critical evaluation of the introduction of IVF into clinical practice instead of extending the aims of embryo research. An ample reflection on the desirability of future technologies and on the question of whether their use would increase the burden on women should precede each extension of the scope of research.

The Society for Gender and Technology shared this critique and indicated that advances in genetics make translation of all kinds of illnesses into procreative problems possible. The more diseases emerge as procreative problems, the greater is the burden for women. The culturing of stem cell lines exemplified the trend of using artificial reproductive technologies for treating ever larger numbers of conditions unrelated to procreation.

The Society registered a gap between the moral considerations and safety procedures developed in advisory reports and policy papers and their application in practice as exemplified by the introduction of IVF. Therefore, it demanded a guarantee that IVF stimulation protocols would not be stealthily intensified and that women would not be asked to donate such supernumerary egg cells. The Society also criticized the view that informed consent would provide a sufficient guarantee for morally responsible donations. It queried the appropriateness of the consent procedures being assessed and asked to what extent support would be available to women in decision-making about such weighty moral questions as egg cell or embryo donations. Moreover, it suggested that the moral consequences and responsibility for contributing to the development of novel technologies were to a large extent placed on women's shoulders. And, finally, certain types of envisaged research would contribute to an undesirable increase in medical and technical interventions in procreation and pregnancy. In that context, one could not limit the discussion only to the instrumental use of embryos, but needed to include the interests of the women involved.

The assessment of the impact on women of the potential relaxation of the rules governing embryo research emerging from these contributions encompassed a number of arguments new to the debate. First, the gendered character of donations was stressed, not only by highlighting the bodily and medical difference of egg cell and sperm donations but also by underscoring the special meaning attached by women to their egg cells and embryos. Second, it was argued that other research priorities would better serve the health interests of women than the type of research discussed by the Health Council, which would undoubtedly exacerbate the shortage of egg cells donated for procreation. Finally, a more fundamental critique had been formulated on the character and direction in which embryo research was developing. It focused on reproductive processes as the main source for understanding and – in the longer run – also for remedying an increasing number of diseases unrelated to procreation. If pursued, such research would contribute to the instrumentalization of women, to the intensification of physical and psychological risks and burdens and to the expansion of women's moral responsibilities for developing medical science.

These arguments, important as they were, represented the views of a limited number of the organizations. In the preceding years, these issues had been rarely debated by feminists and women's health activists in public. The consultation proceedings had not been formally published and their circulation was limited. It is therefore perhaps not surprising that they remained, for the most part, unechoed in the subsequent parliamentary debate.

THE PARLIAMENTARY DEBATE AND CONCEPTUAL METAMORPHOSIS OF EMBRYOS

Caught between the Health Council's plea for a more liberal regulation of embryo research and the critical attitudes of many of the consulted organizations, the government drafted a conciliatory regulation. It defined the aim of permissible research on spare embryos in general terms: the increase of medical knowledge and proposed to introduce a temporary ban on creating embryos for research. Lifting the ban was made dependent upon reaching a satisfactory progress in research and a positive change in public attitudes (Staatsblad, 2002).

The parliamentary debate on the Embryo Law demonstrated the political impact of the Health Council's discourse and a selective incorporation of the earlier feminist critique of IVF into the mainstream political argument. All parliamentary parties agreed that health risks of IVF for women should be limited, but they differed as to how the reduction should be achieved. The secular political parties adopted the discourse of the Health Council, relating the reduction of risks to research on in vitro maturation and cryo-preservation of egg cells and to the creation of embryos for that type of research. They repeated that these technologies would contribute to a decrease in the numbers of spare embryos, diminish the risk for the donors, in consequence facilitating the obtaining of egg cells necessary for research. The Christian parties did not negate the importance of such research, but strongly objected to any form of research in which embryos would be destroyed and to the creation of embryos for research as morally inadmissible. Only the spokeswoman for the Green Left Party made it explicit that allowing the creation of embryos for research on cryopreservation and in vitro maturation would open the door for the creation of embryos for other research purposes. As some feminists had done before, the party reiterated that egg cell donations for research would constitute an instrumental use of women as producers of gametes (Tweede Kamer, 2001). In the debate, any moral objections to the risks involved in donations and the foreseeable difficulties in obtaining sufficient numbers of egg cells for research were non-issues. Also, the broader gender implications of embryo research such as an intensification of medical interventions in reproduction caused by the growing demand for egg cells remained unaddressed. Parliament did not consider the impact of embryo research on the emerging erosion of the ideal of an altruistic and voluntary donation and its gradual replacement by a moral duty of women to donate. Those women whose relatives were affected by diseases for which embryo research promises to find therapies would risk coming under a sometimes indirect, but nevertheless real, pressure to donate.

The parliamentary debate revealed a substantial shift in the perception of the nature of embryos since the late 1980s. In the earlier debates, medically assisted reproduction formed the main context in which the nature and the moral status of the embryo were discussed. As now, all parties agreed that, if used for reproductive purposes, the crucial quality that made embryos special was their intrinsic ability to develop into humans. Such embryos merited protection. But here the agreement ended. The position of the Christian parties remained stable over the years. For them it did not matter whether such embryos were really placed in the womb or left over; all should be fully protected and no research that could harm embryos should be carried out on them.

The government and the non-Christian parties represented the view that the moral value of embryos and the need for protection increased with their development. This general view became more elaborated. The minister of health stressed the double character of an embryo. At the very beginning of its existence an embryo is a cell, but also a ‘human in the making’ (Tweede Kamer, 2001). As humans in the making, embryos merited full protection. The requirement of full protection did not apply to spare embryos, which would not have the possibility of becoming 'humans in the making'. The lower degree of respect that these embryos merited was expressed by limiting permissible research to the field of medical science. Embryos created for research purposes would be excluded from the very beginning of their existence from the possibility of becoming babies. Those embryos deserved, according to the minister, more protection than spare embryos and therefore research on them would be restricted to a few listed areas of medical science. Therefore, the earlier perception of embryos as possessing an intrinsic ability to become a baby was substituted by a number of conceptualizations, each depending upon the context in which such embryos might find themselves.

The distinction between an embryo as a cell and an embryo as a human in the making was taken up by the secular political parties. They introduced several new conceptualizations of the embryo that were compatible with those of the government. An early embryo was thus defined as 'a living tissue of human origin endowed with the potential to grow into a human being', as 'living material of a human nature' and as 'a lump of cells, an embryo in the making'. This lump of cells was a human life, because it was neither animal nor vegetable (Tweede Kamer, 2001). In all these new conceptualizations, embryos seemed to have no relation to women or to procreation. Discursively emancipated and practically separated from the woman's body, the embryo began to lose its special status. It underwent a metamorphosis from potential human being to human tissue.

CHALLENGING DISCURSIVE BOUNDARIES

In the lengthy regulatory processes, two discursive strategies can be distinguished. The debates in the policy arena were characterized by drawing a discursive boundary between the domain of medically assisted reproduction and the domain of embryo research. Crucial to the maintenance of the boundary between the two domains were shifts in the perception of risks, of women's interests and identities and of embryos. In the context of reproductive medicine, the risks of IVF were emphasized against the background of the implicit assumption that motherhood was central to women's identity. A broadly shared moral obligation to reduce those risks was linked to the promise that new technologies based on embryo research would provide a looked-for solution. Once the demarcation line between reproduction and research had been crossed, the morally undesirable risks run by women undergoing IVF became morally tolerable risks if run by women donating egg cells. In this context, not motherhood but women's autonomy came to the forefront. Importantly, it was argued that allowing the creation of embryos for research was in the best interests of women.

The expected successful application of cryo-preservation and in vitro maturation of egg cells in the domain of reproductive medicine would give rise to problems within the research domain; namely, the shortage of spare embryos potentially available for research. Within this domain, the aims of embryo research not related to reproduction were hardly questioned and the quality of promises regarding future therapeutic benefits was not assessed. On the contrary, those promises constituted a justification of demands to allow the creation of embryos for research. The issue of creating embryos for research was discursively linked to the question of the moral status of an embryo and not to the question of egg cell donations that would be needed for that research or their implications for women. When discussed in the research context, the embryo emerged as unrelated human tissue to be handled with care. Once the discursive boundary was crossed back into the domain of reproductive medicine, the embryo recovered its status as 'a human in the making'.

The strategy of constructing a discursive boundary between medically assisted reproduction and embryo research was challenged in the feminist contributions to the consultative meetings. They introduced a different perspective on what constitutes women's interest and grounded egg cells and embryos firmly in the context of reproduction and the network of meanings attached to them by women. It was not so much the status of an embryo but the expected, for the most part negative, impacts of embryonic (stem cell) research on women that led feminists to reject the prospect of allowing egg cell donations and the creation of embryos for research. In contrast to the debates in the policy arena, the feminists participating in the consultations also presented a critical assessment of the proposed development of embryonic research. From their perspective, the current direction of research, if continued, would contribute to the undesirable increase of burdens and demands on women now and in the future.

The feminist intervention in the policy debate coupled with the restrained attitude towards embryo research on the part of other non-medical organizations proved partially successful in the short run. The Embryo Law passed by parliament put a temporary ban on the creation of embryos for research. But one must not forget that there was scarce opportunity for the expression of feminist views; only the views of those invited were represented and, most importantly, in the preceding years the issue of embryo research and egg cell donation has barely been a subject of public discussion among feminists. If women want to claim a permanent voice in deciding the future of embryonic and reproductive research, a broader debate is urgently needed. A prolonged absence of such a debate will create a space for other interested parties to decide which direction research will take.

REFERENCES

Cohen, C.B. (2000) 'Use of "Excess" Human Embryos for Stem Cell Research: Protecting Women's Rights and Health', *Women's Health Issues* 10(3): 121–6.

Dickenson, D.L. (2006) 'The Lady Vanishes: What's Missing from the Stem Cell Debate', *Bioethical Inquiry* 3: 43–54.

Direcks, A. (1986) *Iedereen kan toveren met een eitje*. Amsterdam: Opleiding PVO.

Franklin, S. (2006) 'Embryonic Economies: The Double Reproductive Value of Stem Cells', *BioSciences* 1: 71–90.

Health Council of the Netherlands (1984) *Interimadvies inzake IVF*. s-Gravenhage: Gezondheidsraad.

Health Council of the Netherlands (1986) *Advies inzake kunstmatige voortplanting*. s-Gravenhage: Gezondheidsraad.

Health Council of the Netherlands (1992) *Jaaradvies Gezondheidszorg 1991*. s-Gravenhage: Gezondheidsraad.

Health Council of the Netherlands (1997a) *IVF Planning Decree Review*. Rijswijk: Gezondheidsraad.

Health Council of the Netherlands (1997b) *Onderzoek met embryonale stamcellen*. s-Gravenhage: Gezondheidsraad.

Health Council of the Netherlands (1998) *IVF-related Research*. Rijswijk: Gezondheidsraad.

Insoo Hyun (2006) 'Fair Payment or Undue Inducement?', *Nature* 442 (10 August): 629–30.

Kirejczyk, M. (1987) 'Onvruchtbaarheid als oorzaak en gevolg. Medische risico's', pp. 67–85 in A. Onstenk and L. Wilkens (eds) *Voortplanting als bio-industrie. Vrouwen, kwaliteitskinderen en de beheersing van de vruchtbaarheid*. Amsterdam: Sara/van Gennep.

Kirejczyk, M. (1996) *Met technologie gezegend? Gender en de omstreden invoering van in-vitro fertilisatie in de Nederlandse gezondheidszorg*. Utrecht: Jan van Arkel.

Kirejczyk, M. (2000) 'Enculturation through Script Selection: Political Discourse and Practice of In-Vitro Fertilization in the Netherlands', pp. 183–206 in A.R. Saetnan, N. Oudshoorn and M. Kirejczyk (eds) *Bodies of Technologies*. Columbus: Ohio State University Press.

Krones, T., E. Neuwohner, K. Bock, K. Manolopoulos, H.R. Tinneberg and G. Richter (2006) 'Attitudes of Patients, Healthcare Professionals and Ethicists towards Embryonic Stem Cell Research and Donation of Gametes and Embryos in Germany', *Reproductive Biomedicine Online* 13(5): 607–17.

Kulawik, T. (2003) 'Gender Representations and the Politics of Biotechnology in Sweden', paper at the 2nd General Conference of the ECPR, Marburg, 19–21 September.

Magnus, D. and M.K. Cho (2005) 'Issues in Oocyte Donation for Stem Cell Research', *Science* 308 (17 June): 1747–8.

Minister van Justitie en Minister van Welzijn, Volksgezondheid en Cultuur (1988) *Kabinetsnotitie Kunstmatige bevruchting en draagmoederschap*. Tweede Kamer der Staten-Generaal, 20 706, nr. 2. The Hague: Sdu Uitgevers.

Ministerie van VWS (Volksgezondheid, Welzijn en Sport) (1998) 'Verslagen van de consultatie bijeenkomsten wetenschappelijk onderzoek met embryo's', mimeo.

Parry, S. (2006) '(Re)constructing Embryos in Stem Cell Research: Exploring the Meaning of Embryos for People Involved in Fertility Treatments', *Social Science and Medicine* 62: 2349–59.

Robertson, J.A. (2006) 'Compensation and Egg Donation for Research', *Fertility and Sterility* 86(6): 1573–5.

Staatsblad van het Koninkrijk der Nederlanden (2002) 'Wet van 20 juni 2002, houdende regels inzake handelingen met geslachtscellen en embryo's (Embryowet)', nr. 338.

Steinbrook, R. (2006) 'Egg Donation and Human Embryonic Stem-Cell Research', *The New England Journal of Medicine* 354(4): 324–6.

Thomson, J.A., J. Itskovitz-Eldor, S.S. Shapiro, M.A. Waknitz, J.J. Swiergiel, V.S. Marshall and J.M. Jones (1998) 'Embryonic Stem Cell Lines Derived from Human Blastocysts', *Science* 282 (6 November): 1145–7.

Tweede Kamer der Staten-Generaal (1989) *Notulen van de 45ste vergadering van de Vaste Commissies voor Justitie en voor de Volksgezondheid.* The Hague: Sdu Uitgevers.

Tweede Kamer der Staten-Generaal (2001) *Behandeling het wetsvoorstel Wet houdende regels inzake handelingen met geslachtscellen en embryo's (Embryowet)*, (27 423). The Hague: Sdu Uitgevers.

Waldby, C. (2002) 'Stem Cells, Tissue Cultures and the Production of Biovalue', *Health* 6(3): 305–23.

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