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Original Citation

Blyth, Eric (2010) Reply to 'Gamete donation in the UK: Time to think again'. *BioNews* (554).

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Published by the Progress Educational Trust

Reply to 'Gamete donation in the UK: Time to think again'

13 April 2010

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Appeared in BioNews [554](#)

The Bridge Centre's plea to 'think again' about arrangements for gamete donation in the UK (1) takes yet another ill-founded and unsubstantiated swipe at the lifting of donor anonymity and its impact on donor services. The Bridge Centre also indicts the removal of anonymity, together with donor compensation arrangements, as responsible for the 'explosive growth of fertility tourism'. A healthy debate on these issues is always welcome, but it seems that some people at least do not want to hear messages that conflict with their own entrenched assumptions.

As regards donor anonymity, both the UK's own data - as recorded by the Human Fertilisation and Embryology Authority (HFEA) - and data from overseas indicate that there is no simple cause-effect relationship between provisions regarding donor anonymity and the availability of donors. Jurisdictions that protect donor anonymity still do not have enough donors to meet demand and individual clinics have reported their ability to recruit identifiable donors (2). Of course, there will always be individuals who would not be willing to donate if they were required to disclose their identity to any offspring - a factor that needs to be taken into account in ending an existing policy protecting donor anonymity; in the same way we know from anecdotal evidence (because overall the empirical research base is not robust) that there are individuals who would be willing to donate **only** if any offspring were able to learn the identity of the donor. If facilitating the supply of donors is a key objective, then it is important to identify and recruit this group of potential donors. In the UK, in the lead-up to the removal of donor anonymity in 2005, most attention was focused on the potential impact of this change on [sperm](#) donor recruitment. Existing evidence up to that point suggested that [oocyte](#) donors were less concerned with concealing their anonymity than their male counterparts - and with hindsight it should be conceded that insufficient attention was paid to the possible impact of the legal change on recruitment of potential oocyte donors.

The Bridge Centre also questions the impact of the change in law on donor anonymity on the ability of donor-conceived people to find out about their biogenetic history, given that few parents disclose to their donor-conceived children the nature of their conception. Once again, the empirical evidence is limited, but what there is suggests an increasing trend in levels of parental disclosure (3). Of course it remains to be seen what impact the recent emphasis on early parental disclosure outlined in the Human Fertilisation and Embryology Act 2008 will have in the UK. In contrast to the Bridge Centre's assertion that the 'right' of access to biogenetic information should be withdrawn from donor-conceived people, the trend internationally is firmly in the opposite direction (4).

The Bridge Centre also oversimplifies the factors contributing to cross border reproductive care ('fertility tourism') - a phenomenon assuming the character of a moral panic. Once again, the empirical evidence is less than robust - and if there has been an 'explosive growth', the evidence to support this has yet to be produced. Various analyses of trends in cross border reproductive care have been conducted recently and what these indicate is a multi-faceted picture; in practice, individuals are likely to travel from virtually any country to almost any other country to seek reproductive care (sometimes for not very obvious reasons). While much attention has been focused on British patients travelling to Spain and Eastern European countries in particular for oocyte 'donation', it is also evident that the UK is itself a destination country for patients from other countries seeking reproductive care (5,6).

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BioNews | *12 April 2010*

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