

The "Women and Medical Technologies" project

Egg Donation in Israel, Action Research, 2009-2010

The Dafna Fund

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Fondation euro-méditerranéenne de soutien aux défenseurs des **droits de l'Homme**

Egg Donation in Israel, Action Research, 2009-2010

The "Women and Medical Technologies" Project operates under the auspices of IshaL'Isha – Haifa Feminist Center in Israel. This project aims to develop public involvement and feminist discussion on issues combining science and society. We aspire to promote a thorough discussion on the social, ethical and economic implications accompanying scientific and medical progress.

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Preface

During the years 2009-2010, Isha L'Isha – Haifa Feminist Center conducted a research examining different approaches to egg donation. The research was conducted in order to map the needs of the different parties in this field, in an attempt to create dialogue between people - particularly women – who met at this juncture of egg donation.

Isha L'Isha's involvement in the Egg Donation Law began in early 2007. We realized then that the Knesset was to vote on a governmental bill regulating egg donations, the last version in a long line of bills addressing the issue since 1999. "Isha L'Isha" representatives participated in each and every meeting the Knesset Health Committee held toward this legislation and were successful in making numerous amendments. "Isha L'Isha's position throughout the above-mentioned meetings was that egg donations should be considered as organ donations, not as blood donations; and that the donor should be protected by law, and by central state supervision. "Isha L'Isha"'s position was that such regulation would protect both donor and recipient from conflict of interests, and would allow doctors to work without fear of violating the law. "Isha L'Isha" representatives went on to argue during these discussions that trust between doctors and female patients should be restored in the Israeli health system, and especially in the field of infertility treatments, since such trust is invaluable in the process of egg donation.

The long discussions in the Knesset Health Committee made us realize that dialogue between the different parties in this field is essential, and that such dialogue starts a trust building process among patients, donors, doctors, ethicists and policy makers. We see the egg donation discussion as one strongly related to numerous issues, including a comprehensive discussion on parenting, on the social and economic relations between people who transfer DNA from one person to another, on efforts to prevent trade in human organs and tissues, on the relationship between the medical establishment and

patients, or between the state and the medical establishment, and many more.

In order to allow such a dialogue, an empathetic examination of each and every point of view was required, one that will enable the different parties to express their needs freely. Almost all the people we interviewed for this research agreed that the law that had passed eventually was a good law that would advance the issue and that nevertheless, its real test would be its implementation. Trade in eggs and harming patients – either donors or recipients – cannot be prevented solely by legislation, but also by social and ideological discourse, that emphasizes mutual public interests. In addition to promoting a respectful public discussion on issues dealt with by the law, such dialogue allows discussion on issues that were barely discussed, or not discussed at all during the legislation process, and that are unexamined on the social level.

Thus, this action research aspires to become the first step on the way to building social discourse, which is not based necessarily on the law, but on society. This discourse will place emphasis on a respectful approach to all parties involved, assuming that the processes of egg donation and organ donation can exist ethically in a society that has an ideological infrastructure of mutual respect and mutual responsibility. In order to create this kind of infrastructure, there is a need to raise public awareness of the issues in order to create a sincere, open discussion on the social implications of the donation process.

This research is based on a number of interviews, which included a series of fixed questions, in addition to open interviews, as needed. The research included 15 interviews with women and men related to egg donation in different ways: medical, ethical and Halachic experts, legislators and women who were personally exposed to the egg donation processes, either as infertility patients or as donors.

1. The Donor

This chapter is based on interviews with three women:

Merav (pseudonym) donated eggs that were retrieved from her as part of an In Vitro Fertilization (IVF) she underwent. Merav is the mother of two children who were born as a result of subsequent fertility treatment.

Smadar (pseudonym) donated eggs in a big medical center in the US. The eggs were designated for Jewish women and the sum paid for them was high.

Anat (pseudonym) responded to an ad published by a man who wanted to buy her eggs in Israel, but changed her mind at the last moment. The motive to sell her eggs was financial.

In addition to the three interviews, we bring evidence in this chapter from research we conducted in May 2009, following information we received about certain Israeli doctors who flew young Israeli women to Cyprus for egg retrieval. During this interview, we recorded a conversation between Moran (pseudonym), a young (female) student and a major Israeli fertility doctor who owns a private clinic and offers young Israeli women a fee for their eggs.

Donor's Experience

Our mapping research helped us realize that the donor's experience is directly related to the relationship between her and the system requiring the donation.

Our research shows two kinds of experiences, on either side of the spectrum:

- A. An experience of suspicion and abuse.
- B. An experience of altruism.

Merav's experience is located between the two ends of the spectrum. She donated four eggs while she underwent fertility treatments, when 30 eggs were retrieved from her body during one of the treatments. Merav described a simple procedure in which she was asked, with no pressure involved, if she would be willing to donate eggs to another woman. She consulted her partner and eventually donated four eggs.

Suspicion and Fear of Exploitation

Anat responded to an ad published over the Internet. At the start, she was interested in donating her eggs but ended up changing her mind. Looking at the donation recipients' behavior, she started fearing exploitation. They asked her about her health and her appearance, and promised they would fly her to a treatment center where the eggs would be retrieved in a very simple process, "blood donation-like". In return, they promised to pay her a large sum of money. Presenting the egg donation as equal to a blood donation made her suspect them. She started researching the process of egg donation, and afterwards changed her mind. Her motive was entirely financial:

"My studies are costly. Budget-wise, I don't have any funding... I have no one to turn to, and suddenly I saw this ad on the Internet and they said they would pay a lot. It's very tempting. They told me that it wouldn't hurt, just like a blood donation, like having sex with a boyfriend when there are no problems with it. They pay for the hotel, which is even better, I can just make time for it and they will fly me to the treatment center. It sounded good and I started it..." (Anat)

Moran, while talking to the senior fertility doctor who offered to fly her to Cyprus and sell her eggs there, felt suspicious and feared exploitation as well due to the gap between presenting the process as an easy and simple one, and the risks involved in it. The doctor described the medical process thoroughly during their verbal discussion; however, he only provided written information as part of the Informed Consent form written in English.

"Why are there so many risks listed here when you tell me it is not dangerous?" Moran asked the doctor when she saw the document. "Legally, we have to write down everything", he replied.

Before Moran had enough time to read the Informed Consent document thoroughly the doctor concluded: *"I suggest that you do the tests as soon as possible. If you can [consent, let us know] in a day or two"*.

An Altruistic Experience

The experience that another interviewee, Smadar, described, represents the altruistic aspect of the process, under certain conditions. Similarly to Anat, Smadar's motive to attempt donating her eggs was merely financial. Yet, during the process which took place in the US during her stay there, other motives came up to the surface, and she decided to donate twice more. Looking at Smadar's experiences of the process we can describe the conditions which may cause a positive egg donation experience:

1. Where the system treats the donor as a subject, and is obliged to take care of her physical and mental well-being. Smadar testified that her process was accompanied by a psychologist, and that the doctors cared for her physical and mental well being, and asked her about it. She never felt left alone, despite the complexity of the process.
2. Where the system also treats the donor as a subject by informing her appropriately, and giving her a detailed Informed Consent form. Unlike Anat and Moran, who felt they were not presented with the full picture, and were under pressure to consent immediately, Smadar reported detailed explanations about the risks and the possible implications of the egg retrieval process. The team's honesty and patience lead to mutual trust building, which was necessary for the donor's welfare:

"I remember one night, I was up all night and we came to the hospital first thing in the morning. Yes, it is not a simple process. First of all, they

made it clear to me, and made sure I understood what it will take, not everybody is willing to inject themselves. Then they talked to me about the risks, one by one, and told me that I have a limited number of eggs and that I needed to be aware of it. I admit that maybe because of my age, I didn't quite get what the risks were about, but I trusted that they [the staff] were reliable and professional, so I wasn't afraid. I felt I was in good hands, and the idea of what I was going to do outweighed my fear. I felt complete with it, and it's a fact, I never regretted it. But if someone has the tiniest doubt that she couldn't go through it, this woman shouldn't start with it in the first place". (Smadar)

3. When the system shares the profits of the donation process with the donor. These resources are divided into two categories: The financial reward – the donor wants to feel she is getting appropriate compensation for her efforts; and the psychological reward – the recipients' gratitude, even if they are anonymous. When the team surrounding the donor indicated to her that she was important and that her donation was important, and attributed the donation to her and not to the egg – it brought up altruistic emotions in her and willingness to donate. The staff did not tell Smadar that her eggs were important and desired, and did not attempt to make her give them away. On the contrary, the team told the donor that she, as an autonomous person made an admirable decision when she chose to give away her eggs. The team made sure that the donor knew how grateful the potential parents would be to her, and what a difference her decision would make in the lives of these parents.

"They treated it very seriously and the way they worked [...] it really impressed me. [...] I felt important, a person they consider important and that they were really happy to have me, that I was very helpful. I'm sure they had a financial motive too at the hospital, no doubt about it, but at that very moment I didn't think about it at all. I felt important and helpful and giving, and that the whole process is really... people treated it, I felt, with reverence... What bugged me was loading my body with so many hormones. You put foreign substances into your body and that's not a simple thing to do. If it weren't for

this incredible embracing approach of the medical staff, who always told me how much I helped the recipient, and how important I was, because if it weren't for you, nothing would have happened – I wouldn't have agreed to go through such a thing. It made a big difference". (Smadar)

Donor Undergoing IVF Treatments

Mostly, women who undergo IVF treatments are not interested in donating to other couples. Sometimes it stems from their distrust in their fertility doctor and the fear s/he would take advantage of their vulnerability and sell their eggs. In other cases they are never offered to donate, and therefore, it does not occur to them. Sometimes they are afraid of spreading their genes, and in other cases women expressed in the interviews we held, the realization that their supply of eggs is limited and are afraid to give something they might need themselves in the near or far future.

Open Donation vs. Anonymous Donation

The donor's testimonials reveal a complex picture of their relation to the infant born of their donation. Smadar expressed some interest in children that might be born as a result of her donation, but she repressed it, since she knew that the option to know them is non-existent, and that she was not supposed to be part of the infant's life in the first place:

"I was more curious to know what he will look like, if he was going to be born, but I didn't put too much thought into it. I didn't want to put too much thought in it either, because they kept telling me: You can never know what happens to the donation... I'd like to meet him very much, out of curiosity. On the other hand, it seems to me that I'd have a hard time dealing with it, if I meet him". (Smadar)

Merav's account reveals difficulty facing the possibility that a child was born from her donation. She chose to deal with it by assuming that the donation process was not fruitful and that there is no such child.

"Honestly, my way of letting go of this issue, whether a child was born out of it or not, was some sort of understanding that if I didn't get pregnant from this treatment, it's most likely that no pregnancy came out of it. I don't know, a pregnancy may have come out of it, but that's my way of soothing my soul". (Merav)

Egg Donation as Organ Donation

The donors were in disagreement about the question of an egg donation as an organ donation. Merav did not see the similarity:

"An egg donation is nothing like [organ donation]... it's an organ that renews itself all the time. It's not an organ, it's one cell. You donated a cell, you see. It's like your hair, it keeps growing even if you donate it to make a wig. Only in this case it's something bigger than a wig, it gives someone the opportunity to have a child, where half of his genes, at least, belong to her partner". (Merav)

2. The Recipient

The following chapter is based on interviews with three women:

Etty (pseudonym) underwent IVF processes with donor's eggs several times during the 1990s in Israel, none of them resulted in a birth. Eventually, she realized her motherhood by adopting two children.

Michal (pseudonym), has been undergoing fertility treatments, during which she gave birth to her son. She continues the treatments since she wants another child. Due to her advanced age, she was advised to receive an egg donation, but she does not have the financial resources required for the process.

Nira (pseudonym) has been in fertility treatments for several years, with no results so far. She is about to go to Europe and start the egg donation process from a local woman.

In addition to these interviews, we also quote Ofra Balaban, founder of Chen La'Pirion non-profit organization, a mother of two children born as a result of egg donation. The full interview with Ms. Balaban appears in chapter 6.

Approach to Donor

The process the recipients go through is tormenting. In this long journey they mobilize all their resources to achieve their goal, and do not have the energy to deal with the identity of the donor, or the risk she takes in the process. The recipients compare the risks and the suffering the donor is undergoing to their own suffering:

"I think that if I would have gotten to a point in which I would have been told: 'Your only chance of having a child is going to Romania, and receiving an egg from somebody who would get a dollar for it, I mean, like something she

could buy a coat and boots with, but that's about it, and that it's really not healthy for her, I mean, it's not clear, but it's not really healthy for her,' I'm pretty convinced of that, that with all my spirituality, God forgive me, I would have done it, I'd bring a life into this world on the account of... because it's bringing life into the world, it's not like I want a bigger house, it's not that I want... I don't know... it's bringing life into this world." (Michal)

Hence, women who need an egg donation while they go through fertility treatments, which may stretch over many years, are focused solely on their own needs, defined by the desire for a child.

Merav asked to introduce into the discussion the donor's right to her body, and her ability to use this right wisely. Knowledge, she clarifies, is power, but it is also an accessible commodity in the Internet age. Many of the interviewees held this position – most donors can get all the information today, and study the process they are facing thoroughly:

"Even from a feminist perspective, a woman owns her body. Women are smart, they are not clueless and stupid [...] I think that risks today are not as big as they used to be. The process is monitored very closely and if a woman gets to dangerous levels of [...] it can be detected... I tell you, that when I, at a certain point wanted more knowledge, I knew where to get it from, not necessarily from the doctors who treated me. I didn't expect to get it from them either. If you really want to, you can go to a website and find the literature there." (Merav)

Open Donation vs. Anonymous Donation

Conversations with women, in particular women who were exposed to different models of a known donor identity acceptable in the US, attest to the fact that many of them do not think of anonymous donation as the only possible solution:

"It goes in two very different directions. [...] On the one hand, for a child to see who he came from originally is the absolute right thing to do, and on the other hand, there are fears that the child would say that she is much better, more beautiful, I'd get along better with her [...]. I also think that if I were a child who was born from an egg donation, I would be curious to know who my donor was." (Nira)

One of the interviewees even shared that her difficulty to accept the egg donation stemmed from the anonymity of the process. She stressed that during many long stages of the process, she felt she could use the donation, only if she knew who the donor was. Today, when due to her age she can't receive even an anonymous egg donation, she says that if she had the financial resources to receive an egg donation abroad, she would have done it, even if anonymity was a prior condition. The same interviewee repeated several times that she not only prefers an open donation as a mother, but that this is also the preferable option for the child that might be born as a result of this donation.

"I feel that [...] the child would at some time like to know, and this is very significant, very significant in someone's life. It's possible that a child would say: "No, you raised me, there was this nice woman who gave her egg, that's cool, way to go, and I give thanks to her, but I'm not really curious, everything is fine with me, there is no reason..." (Michal).

When the Egg Donation Process Fails

Women who undergo fertility treatments and need another woman's eggs to start a pregnancy experience a long, expensive and difficult journey, dangerous at times, with no certainty that it will eventually result in a child, or even a pregnancy. Sometimes that is the nature of the process, and after the decision to look for an egg donation is made, there are inevitable torments.

Most women have undergone some treatments before they decided to move on to the egg donation process. The decision to move to a fertility process in

which foreign genes are involved is made only when all efforts to achieve a pregnancy from the woman's own eggs have failed. Considering another option, of social parenting, i.e. adoption, is an inseparable part of the decision making process of women who chose using an egg donation. Despite the foreign genes imbedded in a donor's egg, most women preferred the egg donation process to an adoption process, for a wide array of reasons: The known difficulties of the adoption process itself (including harsh criteria for adoption in Israel); the costs and the background of children adopted outside Israel; emotional problems that adopted children are known to have; and the desire to experience a pregnancy and be part of the conception and birthing processes.

"One of the solutions we offer parents is to sign up for adoption and they get really scared [...] because it kills the fantasy of getting pregnant, of having a baby. I do want to be pregnant and experience pregnancy and birth, I want a beautiful rosy-cheeked baby in the stroller, and it kills the fantasy, because they get a little bigger baby. But we offer it to reduce stress and show them valid solutions". (Ofra Balaban)

The adoption process is conceived as a "fantasy killer" and moreover, it is seen as a distant warning sign, which stands for failure for those who reach that point. Environmental feedback suggesting adoption as a way to realize their parenthood may not be perceived merely as support, but as an actual insult to the couple, which marks them as different and as sticking to a process which is destined to fail.

"They say: 'OK, worst case scenario, you'll adopt,' and they don't know that by saying that, they hurt and not encourage, making us even more anxious". (Merav)

Other women see adoption as an adequate solution, even if they wanted to experience giving birth, or at least attempt the fertility treatment process preceding it. The willingness to consider the adoption process varies from one

woman to another. While some describe strong objection, others talk about struggle.

"I wanted a child, and I wanted to experience pregnancy, but I didn't mourn, I moved on. As soon as I had a child, it didn't really matter if he was mine or not, I had a child. Some may have taken it much worse than I did, not getting pregnant. It's a shame, but that's OK. I didn't mull over it too much"
(Etty)

The adoption option appears sometimes in a positive context, appreciating it as an altruistic act, however something which, due to one of many reasons – financial reasons, the family structure and other reasons – is not a valid option "for me" or "for us". This serves as another motive to continue the fertility treatments and the attempts to conceive.

"I find it charming [...] going and taking somebody who needs parents that can give them so much love, and pouring all the love you have on them".
(Michal)

Legislation

All the women interviewed for this research expressed their support of the Egg Donation Law and held the opinion it would improve the current situation. All of them stressed the importance of proper supervision over the egg donation process, as a preliminary condition to assure donors' welfare. In their opinion, the promised protection chapters of the bill are those which validate the donation. The enforcement and observance of these chapters are necessary, in their eyes, to keep the delicate balance which allows society to encourage the egg donation process.

Relationships with the Treating Doctors

Most women describe relationships which vary according to the specific doctor, the treating institution and the treatment stage. Despite their criticism, most of them express their appreciation to the doctors and to the health system. The doctors' particular approach to each and every patient's personal process was the main key by which they measured their satisfaction:

"The fertility doctors I encountered are people whose main incentive is to make couples happy... and they do it on Saturdays and holidays, working day and night." (Merav)

Yet, the patients also expressed their discontent with what they defined as the doctors' limited interpersonal relationships, and the way they dealt with fertility problems with no realization of the crisis such problems may cause. In addition to that, more often than not the attempts to conceive with a patient's egg were doomed to fail, due to lack of eggs or to a very limited and insufficient number of eggs. We suggest avoiding these attempts and referring the women to alternative solutions at an earlier stage.

Our interviewees, including those who moved from one treatment facility to another, and changed their treating doctors, present a wide array of patient-doctor relationships, and a broad spectrum of relationships between them and the doctors. Fertility patients, who wanted to receive an egg donation in Israel, emphasized their absolute dependence on their doctor as a significant part of the treatment experience. While some patients experienced helplessness and failure to receive a donor's egg, due to the gaps between supply and demand in Israel – others reported a relationship with a doctor who managed "to find" egg donations for her over and over again:

"I went to Kiev, we tried there, it didn't work – I got back to Israel and talked to the doctor, asked him to find me an egg donation in Israel, and during some eight months or so, he found eggs for me, five or six times, from different donors... we pressured him, we had a way to do it, which I don't want to talk about, and he did it, ASAP, just like that". (Nira)

Cost

Recipients resented the high costs involved in the egg donation process. From this point of view, they see the Egg Donation Law as vital, since it saves the need to go abroad and buy eggs for a very high price.

3. Fertility Doctors

This chapter is based on interviews with three doctors:

Prof. Talia Eldar-Geva - Director of the Endocrinology and Fertility Genetics Unit, the IVF Unit at the Department of Obstetrics and Gynecology, Shaare Zedek Medical Center, Jerusalem.

Dr. Adrian Ellenbogen – Director of the IVF Unit, Hillel Yaffe Medical Center, Hadera.

Dr. Yoel Shufaro – IVF Unit, Hadassah Medical Center at Ein Karem, Jerusalem.

Fertility Doctors and the Egg Donation Process

Fertility doctors have dealt with egg donation in one of the following ways:

1. As doctor seeking egg donation from their IVF patients' surplus eggs.
2. As doctors treating recipients of an egg donation, with no involvement in the process of the egg donation or the implantation of the embryos.
3. As doctors treating egg donation recipients, who are involved in the process of implantation of the embryos outside Israel.
4. As doctors treating recipients of an egg donation, who are also involved in the process of recruiting donors, accompanying them to a country where the egg donation is performed and promptly implanting the fertilized egg in the same country.

Due to incidents which harmed the doctor-patient trust, there are no more than a few cases of doctors who ask their patients to donate eggs for other women.

Connection to Donor

The doctors we interviewed for this research saw themselves unequivocally as the recipients' doctors exclusively. When Dr. Shufaro accompanies his patients to the Czech Republic for the implantation of fertilized eggs, he does not contact the donors, but only receives the donated eggs for implantation. Prof. Eldar-Geva treats the patients before and after the implantation takes place, but she has no relation to the egg donation process itself, and therefore she does not have any contact with the donors either. Dr. Ellenbogen is not interested in any involvement in the process of egg donation (or selling eggs) either. He refers patients requiring eggs to other doctors or clinics.

On the one hand, the separation between recipients and donors is necessary due to conflict of interests, and the need to protect donors and recipients, hence the doctors' preference not to have any connection with the donors' process. On the other hand, this separation may also stem from the convenience of not having to deal with the ethical aspect of the process. Since the State of Israel allows import of fertilized eggs only from certain countries, the general impression among our interviewees is that the ethical aspect is the treating country's responsibility or related to the relationship between the two countries – yet, that it is not the treating doctors' responsibility. They are responsible only for their patients.

Under which conditions should we accept this separation between donor and recipient as an ethical one, especially when it is a donation from a foreign citizen?

Until recently, there has been no law permitting egg donation in Israel, and thus, most fertility doctors did not treat donors at all, and there was no medical lobby for donors' benefits. Without any human contact between doctors and potential donors, doctors have not faced the practical difficulties that occur during the process. Generally, the doctors saw the donation as a small risk, that any average woman can decide to take upon herself, hence

the rarity of doctors who referred to the donor as a patient during the legislation of this law.

Some doctors (who were not interviewed for this research) recruit donors from Israel and fly them to another country, where egg retrieval for donation is allowed. Dr. Shufaro argued that transferring a donor outside her country is an act of trafficking, since it weakens the donor and pulls her away from health services and other kinds of protection.

On Donors and the Donation Process

All doctors held the opinion that the donation process entails only a minimal risk, and that still, the donor should be protected from exploitation, since the level of protection she receives and her welfare have direct implication on the egg donation process. Additionally, the doctors believed that with all the measures of protection taken, the donor's autonomy and right to her body should still be honored, and that most donors are not motivated by a poor financial situation.

"I believe a certain individual can take minor risks, minor risks that are all clear and understood, so that she could perform a certain act of her own free will". (Dr. Ellenbogen)

Concerning the ethical question – Is it ethical to retrieve eggs from a woman who is not in need of fertility treatments? – doctors held the opinion that since the risks are minimal, it is ethical. Dr. Shufaro also added that the ethical perception of egg retrieval for a woman other than the donor is a result of the way society views motherhood. In his opinion, when calculating risk vs. utility, one should take into account how highly Israeli society values motherhood and procreation, which makes pregnancy and birth a most significant need for women.

Doctors viewed positively the involvement of a social advocacy organization with the legislation, as well as the protection chapters added to the law as a result of this involvement.

On Recipients

Doctors expressed their commitment to recipient's welfare. Yet, some of them voiced their reservations of what they saw sometimes as "fertility madness", which may manifest itself by egg donation to women who had a biological child/ren, taking large health risks, enslaving one's life to treatments, or investing large sums of money in it. The delicate balance between the infertile couple's distress – for whom egg donation is the only option for parenthood – and the information the donor should have about them and their need of her eggs cannot be kept when the decision-making teams for donor and recipient are entirely separate from one another.

Open Donation vs. Anonymous One

Two of the interviewed doctors saw complete anonymity between donor and recipient as absolutely necessary:

"I think it's preferable that a genetic mother who comes to donate shouldn't be aware who, what and where was born from her eggs. I don't think it's right, psychologically or socially (Dr. Shufaro).

Furthermore, they suggested that despite the anonymity, an information center should be established in order to release data if the need arises:

"I support 'closed' donation, with a possible information center, that would be able to release information under certain conditions to couples who are about to get married. In fact, this is what we wanted the bill to have." (Dr. Ellenbogen)

Contrary to their opinion was Dr. Eldar-Geva's who argued that two options should be available – an anonymous donation option and an open donation one, which will allow a connection between donor and recipient, and between the donor and the children, if all parties are interested.

Legislative Contribution

The interviewed doctors saw great importance in the existence of a law regulating this field, which will help determine what is permitted and what is prohibited. Doctors expressed their opinion that a law which sets clear limits is essential to their work. Doctors also had some doubts: that the law would not solve the problem and that there will still be a great shortage of eggs. They expressed their fear that the regulatory system to be established would not be satisfactory. In fact, without a considerable system, the trafficking problem may not be solved, and the exceptions committee might become a hidden trafficking laundering committee.

On Eggs for Research

Doctors had their differences of opinion on this issue. Prof. Eldar-Geva thought that transferring donor eggs to research is problematic, as long as there is a shortage in procreation eggs, and as long as there was a way to promote egg donations from patients undergoing egg retrieval for their own sake. Contrary to her opinion, Dr. Shufaro believed that cooperation with research is highly desired. He claimed that allocating resources (such as eggs) for fertility research can lower the cost of egg retrieval for patients, since the research costs are high due to egg retrieval costs. Dr. Shufaro also recommended transferring frozen embryos for research, because it was not likely they would be adopted. Despite the recent advancement in science, Dr. Shufaro believed that they would not reduce the need in eggs for research.

Egg Donation as Organ Donation

Prof. Eldar-Geva pointed out the difference between the medical procedure of kidney donation and egg donation. This difference, in her opinion, makes egg donation a different category, albeit she sees the egg as an organ:

"You can't compare these two procedures, although in both cases it's an organ donation. The egg is an organ... It's more like a bone marrow donation. I'd say that medically and risks-and-pain-wise, an egg donation resembles a bone marrow donation more. People who donate bone marrow or thrombocytes get treatment beforehand, which makes them feel under the weather for a few days, the procedure hurts a little bit, the needle is somewhat thick, the whole process is unpleasant and there's a risk of a local inflammation. Risk-wise, it's more or less the same level of risk." (Prof. Eldar-Geva)

Dr. Shufaro sees including egg donation in the category of organ donation a technicality which will help prevent egg trafficking, although medically eggs do not resemble other organs.

4. Parliamentary Process

This chapter is based on interviews with:

Attorney Mira Hibner-Harel, legal advisor for the Ministry of Health, who has accompanied the Egg Donation Bill for years;

MK Arieh Eldad, member of Labor, Welfare and Health Committee.
Chairperson of the Subcommittee for the Egg Donation Bill;

Former MK Zahava Gal-On, former member of the above-mentioned subcommittee, who submitted numerous objections and amendments to the Egg Donation Bill.

Aim of the Law

MK Arieh Eldad defined the law as one which aims to fight organ trafficking, to meet the need for eggs, and to build a legal framework for regulating egg donations. Former MK Zehava Gal-On added that legislation of this kind should settle a quandary: How to regulate the egg donation process – and also to avoid policing women's bodies by legislation.

Different Interests in the Legislation Process

MK Eldad attested to the efforts made during the parliamentary process not to contradict the Halachic law. Former MK Gal-On indicated that the 2007 legislation did not consider the gender question despite the fact that the law deals exclusively with women. The broad coalition which supported the law might have caused the bill to pass with no realization of its ramifications on women's lives.

Both Zahava Gal-On and Arieh Eldad pointed out the important role "Isha L'Isha" had in the process, and the key role social organizations have in

leading a more thorough public discussion, resulting in better laws. Zahava Gal-On mentioned that the Egg Donation Bill managed to bring to the table only experts who supported the recipient's point of view. That created difficulty in building public empathy toward the needs and wants of the donors.

Open Donation vs. Anonymous Donation

Mira Hibner-Harel, the legal advisor for the Ministry of Health, believes an anonymous donation is necessary to prevent egg trafficking:

"Anonymity came into being only because of the social aspect and nothing else [...] I'm afraid that if it happens within a family, or between friends, it will soon become a trade, soon a lot of money will be passing here from one hand to another, under the table, which is what I want to prevent [...] When she doesn't know who will get the donation, it's all very clean. If it's her sister/ cousin/ neighbor/ good friend, my life experience taught me that soon money would be involved. Soon there will be a lot of pressure on some black sheep." (Attorney Hibner-Harel)

Legislative Contribution

MKs thought that the law should be examined by its actual implementation: Will it increase egg donations in Israel, on the one hand – and will it reduce egg trafficking on the other hand? This is enhanced in light of past experience: the Organ Donation Law has not succeed yet in the implementation stage, since the number of organ donations in Israel has not increased considerably, while organ trafficking has not been reduced significantly.

According to Hibner-Harel, another aspect of the Egg Donation Law that should be examined is its contribution to changes in family models in Israeli society. She sees the law as another stage in the struggle she partakes in to make parenting possible for non-traditional families, such as families based on same sex couples.

The Next Step

For Hibner-Harel, the next legislative step is clear: She wishes for comprehensive legislation of fertility and birthing, inspired by the British model, where each part of the fertility process comes under the same law. This way, says Hibner-Harel, legislation can include technological advancement, since such a framework allows for more flexibility.

5. PUAH, a Religious Jewish Perspective

This chapter is based on an interview with Rabbi Menachem Burstein, head of PUAH Institute, Fertility and Medicine according to the Halacha, who participated in the legislative discussions about egg donation.

According to Rabbi Burstein, from the Halachic point of view, supporting egg donation is easier than supporting sperm donation, since in egg donation the pregnant woman has a biological part in the process, as a mother, while in sperm donation there is no biological relation between the father and the child. Generally speaking, the religious approach in Israel towards technology (which applies also to fertility technologies) is that technology improves the world, and manifests God's will.

The Donor

PUAH Institute prefers a single Jewish donor. The Rabbi mentioned that different religious Jewish leaders have different approaches, and indicated that Rabbi Ovadia permits a gentile donation; but if the donor is Jewish, she must be a virgin. Rabbi Burstein finds it important to know the donor's motives. As for the donor's risk, he believes that in order to do a noble act, one is permitted to take a calculated risk.

A Donation from a Woman Undergoing Fertility Treatments

Rabbi Burstein believes that asking a woman who undergoes fertility treatments to donate eggs to other women is inappropriate. First, because she has suffered enough; second, because she might need her eggs for other pregnancies; and third, due to the fact that she, as a patient, is dependant on the doctors.

"I don't want to have anything to do with women during IVF treatments. They go through so much. If I can save her one anesthesia, or one round of

hormones, that will make me happy. I really don't want anything to do with women undergoing IVF. It was a temporary solution, I didn't manage to get it through, the law did not agree with me." (Rabbi Burstein)

Open Donation vs. Anonymous Donation

According to PUAH's world view, the family unit precedes other values, and children born as a result of egg donation should not know it. The anonymity is an absolute necessity according to this approach. Data that might prevent marriages between brother and sister should be kept, for both health and religious reasons. However, anonymity is critical for the receiving couple, since they need to be viewed by the child, as well as by their social environment, exclusively as the biological parents. For the same reasons, the Rabbi objects to a donation within the family.

When Donation Process Fails

PUAH Institute believes that parents who start a process with the organization should finish it with a child. Due to the narrow odds of receiving a donation that will result in pregnancy and birth, the Institute rabbis guide the parents to start an adoption process as a preliminary condition for starting an egg donation process.

Legislative Contribution

Rabbi Burstein views regulation as the most important achievement of the law. He objects to applying it to "gay" couples.

6. Chen La Piryon – A Non Profit Organization for recipients

This chapter is based on an interview with Ofra Balaban, the founder of "Chen LaPiryon" non-profit organization and a mother of two children born as a result of egg donation. She participated in the egg donation legislation.

The Donor

From Ofra Balaban's point of view, the donation process is very safe for the donor. However, she mentions that donating genetic material for birthing purposes might be emotionally difficult for women.

A Donation from Women Undergoing Fertility Treatments

On the one hand, Balaban thinks that a donation from women undergoing fertility treatments is very important. The lack of donations from these women is caused by two factors, in her opinion:

"They [doctors] don't ask patients to donate, or almost never ask them. They are always afraid that someone will say that they stole the eggs." (Ofra Balaban)

On the other hand, she claims that women are not interested in donating:

"She is in treatment and she wants all the eggs to herself, and to have as many frozen embryos as possible. Because ideally for her, she wants to go through the least number of IVF procedures, and to have as many embryos for implantation, and she can never know when it would work, so why should she commit herself to donating? A woman who has 15-20 eggs [...] the three she would donate would not prevent her from getting pregnant. But then again, it's a problematic concept. Poor man's sheep [refers to the Biblical fable from Samuel II, 12:4). And it's very difficult to convince the poor man's sheep [should be, in light of Biblical fable: to convince the poor man to donate his sheep]." (Ofra Balaban)

The Recipient

According to Balaban, there are 5,000 women in need of egg donation in Israel today. Like other recipients, Balaban also emphasized the hardships that the recipient is going through during the process. The process, says Balaban entails loneliness, and therefore her organization offers support groups for women and couples in need of egg donation. It is important for the recipients, she stresses, not to leave their old lives, not to devote themselves only to the treatments. She also recommends using the public health system which provides an excellent service without the need to pay costly prices for private treatments. According to Balaban, recipients are under ongoing pressure to bring life into the world:

"Peer pressure in Israel is extremely heavy. How many times have you heard a rabbi saying under the huppah [wedding ceremony]: "See you in nine months, I'm also a mohel," and everybody laughs and giggles. But it is more than just laughs. It's peer pressure."

Yet, Balaban sides with recipients who seek to have more than one child, because from her point of view *"it's not enough and it's not healthy"* to have only one child in a family."

Open Donation vs. Anonymous Donation

Ofra Balaban believes that there is no place for open donation in any way, shape or form, and that complete anonymity is required for the child and for the sake of the parents raising the child. In this context, the donor has no role or right once she has finished the process and donated her egg.

"The reason for the anonymity stems from the idea that, by all means, there's only one mother. It makes it easier for the donor; it makes it easier for the recipient. Research shows that it's better for both sides. So many times the question arises, whether a woman should donate an egg to her sister. And

I ask that recipient up front: Do you really think you could raise this child without having your sister looking over your shoulder all the time?" (Ofra Balaban).

When the Donation Process Fails

Balaban believes that the working model that should be adopted in Israel is the one which similar organizations work with in the UK, where the organizations help people realize when the time comes to stop fertility treatments and reorganize their life around something else besides fertility. In Israel, says Balaban, couples who seek parenthood are trapped in a cobweb of shame and secrecy. In addition, they have a fantasy of a cute baby in a stroller, and the adoption option kills the fantasy of pregnancy, birth and a baby. However, despite the shortage of children for adoption in Israel, there are many foster children, and the option of foster care should be encouraged.

Legislative Contribution

According to Balaban, the existing law protects the donor completely. It gives some hope for the recipients, but it cannot handle the large demand for eggs.

Frozen Embryos Issue

Balaban estimates that today, in Israel, there are 100-120 thousand frozen embryos – fertilized eggs that have not been used. Today, couples are required to declare at the beginning of the process what should be done with their frozen embryos if they are not used for many years. There are four options: keep them, donate them to a woman, donate them for research or destroy them. Balaban believes that adoption of the embryos should be encouraged, for two reasons: Their maintenance is expensive and they are prone to accidents which might destroy them; and adopting them may help solve the egg shortage problem.

7. The Ethics of Egg Donation

This chapter is based on an interview with Dr. Carmel Shalev, a bioethicist from the Department of Fertility and Society, the International Center for Health, Law and Ethics, Haifa University.

Legislative Contribution

As far as Dr. Shalev is concerned, the existing law is full of loopholes since it is not transparent, it lacks reference to distributive justice, it talks about cloning and fertility as one thing, and it encourages trafficking in eggs. Shalev expanded on the law's loopholes, in her opinion:

1. The law includes the option for an Exceptions Committee, which may permit anything the law prohibits, under certain conditions, through the committee. These conditions are subject to the discretion of an Experts Committee, without any transparency or reporting due to privacy protection.
2. The legislation is technical and procedural in a way which makes it even more non-transparent.
3. The law does not provide sufficient regulation of the existing system and does not control the information. Currently the birthing field in general and specifically the field of medical fertilization technology is highly unregulated. For example, there is no IVF law, but there is an egg donation law; there is no sperm donation law, but there is an egg donation law. The public struggle should be focused on one authority for general regulation of fertility technology as a whole.
4. The law does not provide a system for just distribution of the eggs.
5. The law is problematic since it is attached to the cloning law, allowing the use of eggs for cloning research. Cloning enables "boutique medicine" which overcomes immunological rejection and is solely compatible for each individual patient. It is not public health in the sense of a public bank with stem cells by request for pancreas,

Parkinson disease, etc. that are for public use. It is a costly and detailed process for each patient. In other words, it is a private medicine approach, which also serves as the basis for the exceptional regulation allowing people to pay for organs – and to women, to pay for eggs. The economic motive creates a distorted picture and a collision between ethics and science.

6. The law encourages paying for eggs while calling it "donation", which Dr. Shalev believes is wrong. In addition to that, it does not regulate the issue of egg donations abroad, and therefore does not provide a sufficient barrier for trafficking in eggs.
7. The law will partially solve a few women's need of an egg donation. However, it does not explain the strange phenomena of the increase in egg demand which occurred in the last decade, from 2,000 women in need of an egg donation to 6,000 women. Has the demand grown because of the supply? Or is there a physical problem which increasingly spreads in Israel due to certain living conditions? Or, perhaps, the social concept has fundamentally changed?

The Donor

According to Dr. Shalev, the issue of 'choice' in the decision to donate eggs is a complicated one. On the one hand, feminist thought emphasizes women's autonomy. On the other hand, there are social patterns which compromise this autonomy. In negotiations between recipient and donor, the parents have an inherent advantage. They are two, and the doctor backs them.

A donor undergoing IVF treatments is herself dependent on her treating doctor, which compromises her free will in the first place. Thus, if women undergoing fertility treatments are asked for a donation, a particular plan for them should be built, in an IVF clinic, so the donation would be altruistic and will not involve the doctor as the donation requestor.

The Recipient

In Dr. Shalev's opinion, a patient seeking eggs in order to conceive has a medical and social consciousness which does not differentiate between needs and rights. The patient's desire is inherent within Israeli society, in a way which almost completely avoids any moral criticism and yet, this consciousness is utterly egotistical. It involves an obsession for bearing a child, referring to adoption as the last priority, and the option of adopting a fertilized egg as an unthinkable one; and total rejection of the idea of not raising children. It is a very narrow-minded and it decreases the gap between a person's wants and needs – and his or her demands of society. In a world such as this, Shalev argues, patients find it hard to examine other means to meet their needs, or whether there is a priority above and beyond their own self-realization. A change in the social approach is required in order to change the recipients' approach.

Open Donation vs. Anonymous Donation

Dr. Carmel Shalev suggests that beside the anonymous route there should be a known donor route. This route, according to Shalev, better suits the altruistic model in which the donor is perceived as a subject. This model views birthing as a matter of relationships, and not merely of biological matter. It is absolutely more convenient for the couples receiving the biological matter, the children, or the physiological work of pregnancy to have it done anonymously. Yet, there is still an option to know the person who provides the biological matter or the physiological work of pregnancy, and understand that birthing has to do with relationships.

The donors also find it important to know if there is a just distribution of eggs, and that the precedence is not only given to those who can afford it.

Frozen Embryos Issue

Dr Shalev believes that the moral questions regarding research in embryos should be discussed. The existence of hundreds of thousands of frozen embryos requires some sort of discussion.

Public Participation

The entire issue of fertility and fertility technology is involved in essential social changes and thus, Dr Shalev suggests, the public should be part of it, similarly to the British model, by way of Internet polls, focus groups, experts' papers etc. On the issue of choosing the baby's sex, for instance, the public participated in the discussion through a poll.

Egg Donation as Organ Donation

Dr. Shalev thought that the fact that egg donation is not conceived as organ donation could be explained by the gender aspect – only women have eggs:

"Obviously there is a gender aspect here. This is an egg and that is a kidney. We know about the unbearable triviality of egg retrieval from the Korea story". (Dr. Carmel Shalev)

8. Discussion

Donating or Selling

The interviews we held clearly show that women's main motive to "donate" is financial. Even when the altruistic motive of helping people in realizing their dream to become parents was mentioned, it was a secondary motive, a way to make money in a useful, beneficial way. All parties, so it seems, think of egg transference as a financial deal, a basically valid one, in which one party needs a certain service or product, and the other one sells it to earn money. This point raises the question: Why is this procedure defined as a donation when, in fact, it is an act of selling. There are two main differences in the way society perceives donation and selling. The first has to do with morality and the second is related to the power relations between the parties.

From the moral point of view, "donation" is considered a highly moral act, of pure giving with no reward. The moral status of selling is more complex. On the one hand, market economy approves of business entrepreneurship and profit making. A woman who does not want to work for a living is often perceived as a lazy exploiter. In public discussion on allowances for unemployed people, single parent families or Yeshiva students, it has been said many times that society should treat people who cannot make a living and thus "deserve" public support differently than the way it treats people who are not interested in working, and therefore are at best, to be blamed for their own situation, or, at worst, should be condemned. The press publishes stories about people who sold companies outside Israel as success stories, and the sellers are depicted as talented, commendable people. On the other hand, selling or buying certain things is considered immoral, such as sex, slavery or organs, for example. The Knesset subcommittee discussed financial compensation for eggs as a means to legitimize egg donation so the donor could profit from it. However, there are also concerns of price which might be "too high", and therefore would delegitimize it. In this context using the "egg donation" term presents egg transference as a moral act, under any

circumstances, unlike selling which could be moral or immoral, in different conditions or situations.

Looking at the power relations between the parties, the differences between donating and selling are clear. A deal of selling and buying is usually conceived as a deal between equals, in which both parties enjoy their own share of the profit. The seller receives her fee, and the buyer receives a service or a product. Contrarily, in the case of a donation, there is a very significant power relation difference: the donor party is the one that has – and the recipient is the one who does not have; only one side receives, while the other side gives. In addition, there are differences in the level of choice: The donor may choose whether to donate or not to donate, and thus acts autonomously – whereas the recipient is conceived as needy, as dependant on the donation, and therefore his or her level of choice is reduced. Indeed, the donor's autonomy as the one who makes the choice to donate and finds out the implication of her donation, was presented by many of the participants in our research as a key role in the legitimacy of selling and buying the eggs.

However, there were also voices who sought to examine the level of the donor's autonomy in the context of social power relations. Dr. Shalev argues that often, donor's autonomy cannot balance the couple's upper hand, backed by a doctor. Dr. Shufaro warns against transferring women away from their country, and claims that donors are more vulnerable to exploitation, in such situations. Michal, a fertility patient, addressed the economical gaps between Israeli women and East European women as a factor which de-legitimizes the donation, and brings life into the world on the account of others.

On the other hand, the recipients are presented as women who need the eggs, with no other choice. The lack of choice stems from the social discourse and not only from the actual fertility problem. Some of our interviewees mentioned that in Israeli society giving birth is considered almost obligatory, and taking a different route harms one's welfare. A change in the social approach is required to create a change in the recipients' approach. The patients themselves acknowledge the existence of other solutions, even if

some of them reject them. Therefore, the adoption process is not only characterized as the "killer" of the fantasy, of the pregnancy and birth experience, but also as a distant warning sign, which stands for failure for those who reach that point. A response from the couple's social environment which suggests adoption as a way to realize their parenthood may not be perceived merely as support, but as an actual insult to the couple, which marks them as different and as sticking to a process which is destined to fail. Other women see adoption as a suitable solution to realize parenthood, even if they want to make use of the fertility process aimed for them to give birth by themselves – or, at least, to try it. Willingness to consider the adoption process varies from one woman to another. Alongside those who describe strong objection, others describe their misgivings with the idea.

Thus it seems, that the term "selling/ buying" eggs is more suitable to this process than the term "donation" due to the financial compensation which is an essential part of the process; and to the power relations and the level of choice, which are more suitable to a selling model than to a donation model. Using "selling" terminology makes it possible to view the buyer as a person who chooses a certain path and consequently enables broadening the birthing discourse, and viewing birthing as a choice and not as an obligation for any person, man or woman who seeks self-realization. In addition, using "selling" terminology demands discussing the question whether egg selling could meet moral and ethical standards, and if so, under what conditions.

Selling or Trafficking?

Our interviewers disagreed with equating selling eggs to selling organs, and equated it to other situations in which people risk their health for other people or for the sake of earning a living. Prof. Eldar-Geva compared the egg retrieval procedure to one of bone marrow retrieval, and Rabbi Burstein compared it to other jobs which involve physical risk such as working as a fireman. Therefore, it seems that the mere fact that egg retrieval from a woman's body involves a certain risk to her health does not justify not paying for the process. Still, all of our interviewers stressed the importance of limiting

and reducing the risk. Nonetheless the question arises: Who is responsible for reducing that risk and for the egg seller's welfare?

The doctors interviewed for this research saw themselves as the recipients' doctors solely. Since so far there hasn't been a law that allowed egg donation in Israel, most of the fertility doctors did not treat the donors at all, and thus there was no medical lobby for donors' benefits either. Since there was no actual human contact between doctors and potential donors, doctors did not encounter the practical difficulties the donation causes, and there were not many doctors who referred to the donor as a patient during legislation. The doctors saw clear and methodical legislation as a tool which sets the risks permitted or prohibited for women selling their eggs. They also expressed their support of the social organizations involvement in determining the do's and don'ts of this procedure. Former MK Zahava Gal-On pointed out that the Egg Donation Bill only brought experts who sided with the recipient's point of view to the discussion table and mentioned the difficulty in building public empathy towards the needs and wants of the donors. Merav, one of the fertility patients interviewed here, mentioned that besides the treating doctors' responsibility, the sellers themselves are responsible for finding out the information about the donation process, and thus protect themselves.

Beyond the risk question stands the power relations question. Does the selling of eggs occur between autonomous participants whose power relations are more or less symmetrical and allow for free choice – or is it a situation in which one's weaknesses are exploited? Dr. Shufaro refers to the problematic situation which may occur when the egg donation process is performed outside the donor's country of residence. Such a situation calls for exploitation since the seller is away from her protective systems. However, international power gaps are manifested even when the egg retrieval is performed in the donor's country of residence; the list of countries which have the highest number of donors will confirm it. Global economic policy which contributes to fixing and even to widening socio-economic gaps within these countries and internationally creates an excellent environment for egg trafficking and exploitation of women who go through this process.

These gaps raise difficult and complex questions with no obvious or absolute answers: Is it legitimate to use medical knowledge and technology that were created in order to heal and cure people, in a way which risks certain women's health? How are we to face the local and global constellation in which the more affluent are more protected? Are we aware enough of the gaps that perpetuate and advance a situation in which there are those who have to sell certain body parts in order to provide for their remaining body? Do we, as a society, take equal care of women and people from different socio-economic status? How should social responsibility be translated into actions? – Who will make sure that the rights of women who sell their reproductive organs are not violated, and how will their safety be insured?

In order to avoid trafficking, a body or bodies which will represent the interests of egg sellers is required. Such a body will take care of the health risks as well as the economic and legal rights which egg selling may involve and of future problems that may ensue. The results of this research, as well as the proceedings of Knesset subcommittees which worked on similar bills in the past¹ indicate that MKs and fertility experts do not protect the egg sellers well enough, since they often represent the interests of the fertility patients or the medical institution.

Product or Service?

As mentioned before, our research shows that the financial motive is conceived by all interviewees as the main motive for selling eggs, and that, as a matter of fact, it is a financial deal. The question poses itself: What kind of deal? Is it the selling of a product, i.e., the eggs – or payment of a service fee, i.e., the egg retrieval procedure? A selling model does not consider the manufacturer as an important subject – most products are not bought directly from the manufacturer, and once the buyer bought, it is owned exclusively by the buyer, who can use it however s/he sees fit, however a service payment model demands a certain kind of social relationship between the service provider and the service recipient. Our interviewees who donated or intended

to donate eggs pointed out that treating the donor as a subject, and not as product supplier is one of the conditions that create a positive, non-exploitive experience. Treating the donor as a subject is manifested in caring for her mental and physical wellness, in addition to strictly observing rules of informed consent.

Another important point in treating the donor as a subject is sharing the profits of the donation. There are two kinds of donation profits: The financial one – the donor wants to feel that she receives a fair reward for her efforts; and the psychological profit – the recipients' gratitude, even if they are anonymous. Our research shows that the donor felt an altruistic willingness to donate when the staff treating the donor indicated to her that she and her donation were important, and attributed the donation to her, and not to her egg. The staff did not praise her eggs as expensive and important, and tried to make her give them away – but praised the deed she had done, as an autonomous person, when she chose to give her eggs, as a commendable act. The staff made sure the donor knew how grateful the potential parents were, and how her decision to donate will make a difference in these parents' lives.

Still, the anonymity of most donations hinders sharing the emotional profits of the donation process. Donors and recipients as well showed ambivalent approach to anonymity. Donors were curious about the results of the donations and the child that may be born following the donation, nevertheless fearing the donation might fail. Recipients voiced different opinions about the possible connection between donor and child. Some talked about their need and the children's need to know the donor, nonetheless fearing that it will undermine their status as mothers. Other recipients supported anonymity strongly, as a means of protecting the birth mother and the traditional family, or as a way to prevent pressure and exploitation.

Anonymity per se does not contradict seeing the donor as a subject; nonetheless it disconnects her from sharing the emotional profits of the donation, and reduces her share of the social relationship. Parenting and child rearing are divided in our society among a large number of people within and

outside the family. There are many family models: Tribal and extended families, divorced or re-married parents, single-parent families, same sex parents families, co-parenting etc. Outside the family child rearing is shared with caregivers, kindergarten teachers, school teachers and others. The pregnancy and birthing process involve other people too, especially when medical interference is required for the pregnancy. In all of the above-mentioned cases, there is no need for the service providers to be anonymous in order to protect the parents' role. The service providers' relation to the child is determined within the context of social norms and the relationship of the parents with the service providers. Many families send the fertility doctors pictures of the children born as a result of the treatments, and in this way share the emotional profit with the doctors, and express their gratitude for the doctor's unique contribution. Insisting on anonymous donations only takes the donors farther away from acknowledgement of their unique contribution and from social discourse, and allows for perceiving the eggs as merely a product. It is possible that widening the social discourse about birthing - to one which includes a variety of relationships - will set the grounds for known donations which include recognizing the subjectivity and uniqueness of each donor, and will also reduce the perception of body parts as products.

In a reality which is comprised of wo/men seeking eggs for birthing purposes, on the one hand – and health and financial interests of egg sellers and buyers on the other hand, we as a society must examine solutions that would create a balance between the different needs - and a protective and supportive social context. We must examine and promote solutions other than the existing ones, such as: encouraging egg donation from women who undergo fertility treatments, as well as using frozen embryos as an equivalent to egg and sperm donations. The consideration process a of birthing solution involves medical technologies and social connections. Therefore it requires the examination of a framework which works for the benefit of both sides.

We invite you to share your views with us, to raise more issues related to this topic as well as other responses and solutions, in order to broaden the

discourse regarding social responsibility and the use of medical technologies in general, and egg donation in particular.

¹ Hashash, Y., Lipkin, N., Eyal, H. (editors).2008. *Egg Donation Situation Report*, Isha L'Isha – Haifa Feminist Center.