

# Women don't need to risk their health with egg donation

*The Age*, KATRINA GEORGE

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Three years after embryonic stem cell cloning was legalised in Australia, advocates are finally facing up to the critical issue: where will all the eggs come from? Cloning or somatic cell nuclear transfer (SCNT) is impossible without a continuous – and large - supply of women's ova. In South Korea, the now discredited Dr Hwang used 2061 eggs taken from 169 women and failed to produce a single cloned embryo.

Loane Skene from the Melbourne Law School at Melbourne University has suggested we should open debate on whether women should be paid for their eggs. This is somewhat surprising given that she was the deputy chairwoman of the 2005 Lockhart committee review into stem cell research that advised against payment for eggs. The committee argued that "the healthiest eggs would be those from young women . . . the potential exists for coercion of young women to donate eggs", pointing to social disadvantage, family or workplace pressures.

So what's changed since then that's put egg payment back on the agenda? Certainly not the health risks of egg extraction. Research shows that up to 10 per cent of women who undergo this process experience ovarian hyper stimulation syndrome (OHSS). More serious symptoms of OHSS include renal failure, intrauterine polyps, ovarian cysts, thromboembolism, adult respiratory distress and haemorrhage from ovarian rupture and infertility.

Institutional ethics committees who Skene suggests "would scan the recruitment procedures and the information and consent forms" seems an easy answer to these concerns. But it's not that simple. There is an unavoidable tension between the needs of researchers and the interests of women. In a 2005 report to Britain's Human Fertilisation and Embryology Authority, Professor Adam Balen, professor of reproductive medicine at Leeds General Hospital, pointed out that "women undergoing oocyte donation should be less than 35 years of age and may be even younger . . ."

But it is these women who are at even greater risk of OHSS and infertility, and less likely to have completed their families. If women's health is the overriding concern, recruitment procedures should screen out young women from egg supply programs. But those are the eggs researchers want.

We're still just as much in the scientific dark about the long-term health risks of ovarian stimulation as we were in 2005 when Skene's committee opposed egg payments. We need more longitudinal research, but already some studies associate egg extraction with ovarian, breast, uterine and endometrial cancers. This uncertainty dilutes the meaningfulness of "informed consent".

One thing that's changed since 2005 is the realisation that women just won't accept these risks unless they are induced to because of financial need. Has the "potential for coercion" disappeared?

We should heed the UK experience where egg trafficking from eastern Europe resulted in impoverished women suffering serious health complications. This prompted the European Parliament to condemn payment for eggs since "despite the possibility of serious effects on women's life and health, the high price paid for egg cells incites and encourages donation, given the relative poverty of the donors".

What possible justification could there be to ask Australian women to take on the serious health burdens of egg extraction, the risk of cancer later in life, and the commodification of their bodies? Once upon a time scientists might have believed in good faith that this was necessary because embryonic cloning was the only way to obtain pluripotent stem cells. Women's eggs, they thought, were needed for therapies and cures.

But that was before November 2007. That's when what one analyst called the "earthquake for both the science and ethics of stem cells" rocked the world. Two teams of scientists published a new technique of reprogramming adult cells like skin cells to an embryonic state without using a single egg or a single embryo.

They're called human induced pluripotent (hIPS) stem cells and they can be directed to turn in to any cell in the body. Since then, the new science has quickly developed. This is why Professor Alan Trounson, once one of the most passionate advocates for embryonic cloning, has declared that cloning – and hence eggs – are now unnecessary.

In an interview with French magazine *Genethique* in May, Professor Ian Wilmut from the University of Edinburgh who cloned Dolly the sheep, explained that hIPS cells are superior to cloned embryonic stem cells because "they are genetically identical to the patient, they can be used for disease modelling and to look for drugs to prevent symptoms of the disease".

He envisages a "Bio-Bank where cell lines for different kinds of immunological diseases would be listed. It would then be possible to modify and work on these cell lines according to the requirements of each patient." Already there are more than 200 hIPS stem cell lines, with at least 13 distinct diseases, including Parkinson's and diabetes.

Skene says that we should "keep the doors open" for scientists to continue cloned embryonic stem cell research. Australian women deserve more justification than that before they are asked to assume the burdens of this research.

There's been only one or two attempts at therapeutic cloning in animals. This is no basis for proceeding to human trials. And whatever cloned embryonic stem cells might be able to do, hIPS cells can do – and do better. One thing has certainly changed since 2005: we don't need women's eggs any more.