

Donor Conception Treatment Outside the UK



Donor Conception Network

Introduction

Increasing numbers of people needing donor conception are considering going abroad for treatment. Whilst the HFEA collects and provides information about UK clinics, there is little systematic gathering or verification of information about the clinical and ethical standards of individual clinics in other countries, or the legal position applicable in them. Unfortunately DC Network does not have the resources to gather such information.

Donor conception – abroad or in the UK – has become a minefield of rules, regulations, choices and options that are very challenging for potential parents to make sense of. This is particularly hard at a time when people are dealing with the emotional consequences of many unsuccessful treatments, the time pressure of age and the continued deep longing for a child.

Our organisation has many members who have gone abroad for egg and embryo donation and faced and negotiated all the issues set out below. As an organisation we have seventeen years experience of talking with donor conception families as children grow, change and express their own thoughts and needs. One of the keys to getting it right for the children is the confidence that parents have in the decisions they made in the beginning. And the key to that confidence is informed decision making.

DC Network's Position and Role

In the interests of donor conceived people DC Network has supported the ending of anonymity for donors and access to as much information as possible about donors and half-siblings. In many other countries where UK residents typically seek treatment donors are anonymous, either by law or in practice, information is sparse and connection with half-siblings impossible. That is the position in Spain, Greece, Cyprus, the Czech Republic, South Africa, Ukraine and most of the countries of Eastern Europe. In the USA practice varies and some clinics do offer identifiable donors.

DCN recognises that these facts make for very hard choices for those who would prefer their children to have the possibility of identifying their donor, but feel a time pressure to obtain treatment quickly.

Our role is to support parents in making decisions they can feel confident about with a clear view of the long-term implications for the whole family.

Egg Donation Treatment in the UK

Unfortunately some UK fertility doctors give the impression that egg donation is either not available in this country or that waiting lists are all around two years. While professionals can obviously give up to date information about the availability of donors at their own clinic they may be less familiar with the true position at other clinics or in the UK generally. In a competitive environment they are often reluctant to refer patients to a rival clinic; they may also have commercial links to clinics abroad and therefore an interest in referring patients there.

Some UK clinics do not allow access to their counselling service for patients who say they may go abroad for treatment. As counselling is a valuable opportunity to talk through the implications of donor conception with someone not emotionally involved in the process, it may need to be sought independently in the UK as it is rarely available in clinics in West or Eastern Europe. The British Infertility Counselling Association www.bica.net can help with this.

Although there are still not sufficient donors to meet demand, egg and sperm donation recruitment is gaining momentum and treatment is available in the UK, often without lengthy waiting times. The National Gamete Donation Trust www.ngdt.co.uk gives up to date information about recruiting clinics and waiting lists.

Going Abroad for Medical Treatment

Anyone planning any sort of medical treatment abroad will have to face the prospect of travelling to what may be an unfamiliar country with different laws, possible language difficulties and potentially different clinical standards. Although reports suggest that most overseas fertility clinics offer a high standard of care and customer service, those seeking donor treatment in overseas clinics need to think about a number of additional issues.

Laboratory Standards and Screening of Donors

Since 2007 standards for the handling of cells (including embryos, eggs and sperm) in European Union (EU) countries have been required to be harmonised under the Tissues and Cells Directive. The standards of testing donors for disease and inherited disorders should be the same as in UK clinics, but as this is relatively new legislation it is always wise to make local enquiries. As yet very few clinics in the countries popular with UK residents have become accredited under this legislation. Outside the EU standards may be set nationally or by the clinic itself.

Recruitment and Selection of Donors

There have been reports that egg donors in some countries have been recruited in circumstances that suggest exploitation. The secrecy surrounding anonymous donation and the uneven pattern of regulation make it very difficult to know how much truth there is in these reports. The Tissues and Cells Directive says that EU donors should not be paid for donating but can be compensated for inconvenience. There seem to be very wide discrepancies in how this is interpreted and it is often difficult to get meaningful assurances about the circumstances in which donors have been recruited. Some donor conceived adults have spoken of feeling demeaned by being the result of a commercial transaction. For others it seems to matter less or not at all. None of us can know how our children will feel in the future about this.

In many EU and Eastern European countries donors are selected by the clinic doctors and not by recipients. Requests can be made for specific hair, skin or eye colouring but parents have been known to be surprised, and sometimes unsettled, when their child has features that are typical of the country of origin of the donor. While unexpected features can crop up in any family, the focus on visual resemblances can become more laden with emotion in a donor family, particularly if the parents had anticipated not telling friends and other family members until the child was older. In a family where a positive decision to go abroad has been taken and parents plan on celebrating this connection, this is unlikely to be a problem. Nor can we know how children conceived with a donor from another country will feel about the half of their genetic heritage that comes from that country, particularly if their physical features make it obvious to themselves and to others. Feelings could range from pride in the special connection to discomfort.

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Donor Information

Outside the UK there is no standardisation of the non-identifying information about donors (including the reasons why the donor donated) that may be available. In some countries, such as the USA and South Africa, a large amount of information is obtainable about donors. In most European countries there may be even less information available than in the UK. The UK is unique in having a central national register of donors and recipients. How records are kept and what might happen to them in the future (if, for instance, the clinic went out of business) may not be as clearly set out as in the UK.

Anonymous or Identifiable Donors

In most countries all donation is anonymous and this is a most difficult issue for some people who would prefer an identifiable donor but face waiting lists in the UK. They are aware that a child might grow up wanting identifying information about his or her donor, and the choice to have treatment with an anonymous donor rather than waiting for an identifiable UK donor, may have to be explained to the child later. If, on the other hand, an overseas donor (as may be found via some agencies in the US) is to be identifiable when the child reaches 18 (as in the UK), the systems for recording and eventually accessing the donor's details may not be as robust as in the UK where information is held centrally by the HFEA. There are of course no guarantees that donors recruited inside or outside the UK will actually be traceable, or alive, or willing to have the sort of contact some donor offspring might be hoping for when they are 18.

Some heterosexual and lesbian couples and many single women are keen to explore the possibility of half-sibling contact to provide genetic links for their child. They need to be aware that conceiving a child by anonymous donation abroad will mean that this is unlikely to be an option for their child.

Additional Issues to Consider With Embryo Donation Abroad

Embryos are only rarely donated for treatment in the UK. One reason for this is the ending of anonymity for donors in 2005: this brought to the forefront for a donating couple (where embryos have been created from their own eggs and sperm) the issue of resulting children making contact with them and with their own children when those born from embryo donation reach 18. They would be full genetic parents to those children who would also be full brothers or sisters to their own children.

In the UK potential recipients now have to think through the range of feelings that children conceived in this way may have, knowing that they would have full genetic parents and brothers or sisters in another family. While for children conceived by donated sperm or eggs, there is a possibility of half siblings in other donor families or indeed in the family of the donor, for embryo donation children the existence of siblings is a near certainty, and they will be in the family of the donating couple.

We understand that embryos donated in Spain and the USA (as in the UK) come from couples who have completed their family by IVF and have remaining embryos in storage. However, at one popular clinic in the Czech Republic (and possibly other places) embryos are specially created from eggs and sperm from separate anonymous donors.

Conceiving with anonymously donated embryos means that not only will a child have no genetic connection to the recipient parent or parents, and little or no information about the donors, but there will be no possibility of future contact with the donors, whether they are a couple or individuals, and perhaps more importantly, any siblings.

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What We Know and What We Don't Know...

Due to the history of secrecy, there is no long-term research on donor conceived families, and little reliable knowledge. A number of sperm-donor-conceived adults have spoken up about their situation, with a variety of views, but no-one has any idea how adults conceived with egg, double (egg and sperm) or embryo donation may differ. It is possible that those who have no genetic connection to their parent(s) may have stronger feelings about their origins, but this remains unknown, as does any child's perspective on being conceived abroad. Since identifiable donors are available in the UK, the best we can do is try to imagine our children's feelings and reactions, and consider how we might explain our choices and decisions to them, and support them with the consequences.

What we do know is that psychologists and social workers experienced in this field say clearly that openness between parents and children about donor conception is supportive of warm family relationships, and parental confidence about choices made may be a key factor here. Many Network members have conceived abroad and are adopting different strategies about how to integrate the foreign connection into the story they tell their children. Some are encouraging their children to take an interest in the culture and language of the country, deliberately taking holidays there for example; or on a lighter note, supporting that country's team in international sporting events.

Some Do's and Dont's

So, if after weighing up all the options and taking all the factors into consideration, you think that having treatment abroad is the course you will take, do make this a positive decision that you can feel confident about in years to come. There may be very positive reasons to go abroad – you or your partner have a connection with that country, or you may want a greater range of donors to choose from (as in the USA) with more information about them than is available in the UK. Get as much information as you can about the clinic and the country as possible. Do try to contact other families who have been there – the Network may be able to help with this. And do think about how you will tell your child the reasons for your decision, how much you will want them to feel a link with the country, and how you might become comfortable encouraging a connection of this sort.

Don't accept that going abroad is the only option because UK clinics have told you about a shortage of donors in the UK. The availability of donors is changing all the time. Whatever decision you make, or have made in the past, identify the positive aspects, record the thoughts that went into the decision and how you saw the options available to you at the time. This will help you develop a confidence that you made the best choice possible in the circumstances.

For couples or individuals needing donor conception, these are uniquely complex decisions that our friends who have glided into unassisted parenthood cannot begin to comprehend. We can forgive ourselves for not getting every decision right. And parental confidence, gained in advance or retrospectively, is the key to children being able to manage the range of feelings they may have about their beginnings.

*DC Network
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