

**Breakout session 1:  
Donation for medical treatment**

**Blood, gamete and other donation**

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# Blood donation

- **Current policy:** publicity campaigns, recognition of contribution, national infrastructure, no payment
- New donors always needed but current system is broadly effective – shortages are rare
- Seen as an exemplar of donation based on solidarity and the common good
- We commend work to encourage donation from black and mixed race communities

Recommend **no change** in current system

# Gamete donation: facts

- Average age of first pregnancy increasing
- 1 in 7 couples who wish to have children experience difficulties
- In 2008, 1600 children were born as a result of UK-based treatment involving donated gametes
- Figures hard to find – suggestions that half of clinics short of donor sperm and almost all short of donor eggs

# Gamete donation: current policy

- Both NHS-funded and private clinics
- Limited coordination between clinics
- Advertising for donors mainly falls to individual clinics
- Reimbursement of lost earnings capped at £250
- No direct payment allowed in UK, but variations in other countries
- ‘Egg-sharing’ allowed in UK = rung 5 non-altruist-focused intervention
- No consensus on whether state should try to influence childbearing patterns

# Gamete donation: incentives

- Lack of **national coordination** means altruist-focused interventions have not been fully tried and evaluated:
  - **compassionate** treatment of donors – rung 2
  - ensuring donors are not **out of pocket** – rung 3
- ‘Egg-sharing’ – rung 5 – limited evidence on women’s experience but no extra risk to donor and allows more people to **access IVF**
- Direct payment – rung 6 – raises concerns over welfare of donor (encouraging repeat donation) and any future child, but **evidence is scarce**

# Gamete donation: recommendations

- Lost earnings of egg or sperm donors should be **fully reimbursed** but we **reject** direct payment for gametes
- A national or regional **donor service** should be established to co-ordinate recruitment and protect welfare of donors
- Research needed on effects of payment on long-term health effects and future **children**
- IVF should be more routinely available on NHS – until then, suggest **no change** to current egg-sharing policy

# Other bodily material donation

- No shortage of other donated tissue for medical treatment e.g. skin, bone, heart valves, tendons, cartilage
- 8500 tissue products supplied for surgery in 2009/10
- NHSBT: example of good infrastructure

