

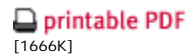


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Ethics Watch

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The threatened trade in human ova

It is well known that there is a shortage of human ova for *in vitro* fertilization (IVF) purposes, but little attention has been paid to the way in which the demand for ova in stem-cell technologies is likely to exacerbate that shortfall and create a trade in human eggs. Because the 'Dolly' technology relies on enucleated ova in large quantities, allowing for considerable wastage, there is a serious threat that commercial and research demands for human eggs will grow exponentially from the combination of these two pressures. In the absence of legal regulation in the United Kingdom, and in the context of a globalized trade in human organs, we face a 'Wild West' situation in genetic and biotechnological research that involves human ova.

A recent example shows how ineffective the Human Fertilisation and Embryology Act 1990 is likely to be in regulating or stopping this trade. In a research trial, Leeds General Hospital has admitted to paying women £1,500 to undergo an IVF cycle to harvest their eggs. Commentators in the UK might have thought we would be protected from the excesses that are prevalent in the United States, where there are documented cases of extraction for profit of up to 70 ova from a single cycle in one woman (who nearly died in the process)¹. It turns out, however, that if eggs are never fertilized, the Human Fertilisation and Embryology Authority is powerless to intervene. In the Leeds case, the eggs were used by a pharmaceutical company for trials of improved techniques for *in vitro* maturation, during which eggs are ripened in the laboratory instead of in the ovaries. They were never fertilized. This would also be true of eggs used in stem-cell technologies.



So we face a future situation in which women in the United Kingdom are offered whatever the Local Research Ethics Committee (LREC) will condone and the 'market' will bear. That market is also likely to become globalized: already there are indications that eastern European women's ova are being extracted and sold illicitly by health-care professionals — a recent Croatian case involving two gynaecologists being a recent example. Elsewhere in eastern Europe — particularly in Russia, Bulgaria, Romania, Georgia and the Ukraine — a well-organized network that trades more generally in human organs has already been documented².

In the Leeds case, the LREC rejected an original offer by the drug company of £4,000 per woman, on the grounds that this would constitute a financial inducement rather than recompense for subjects' "time and hardship". By the drug company's standards, the United Kingdom would represent a cheap market even at that price, as the going rate in the United States is US \$30,000–\$40,000 for one cycle's eggs. The eggs of women from eastern Europe or developing countries would presumably be even cheaper³. Unless legislation action is taken quickly to close the loophole in the Human Fertilisation and Embryology Act — that leaves unregulated the trade in eggs that are not intended to be fertilized — we face the risk of a 'free-for-all' that will imperil both women's health and the future of stem-cell research.

References and links

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Dickenson, D. Commodification of human tissue: implications for feminist and development ethics. *Developing World Bioethics* **2**, 55–63 (2002) | [Article](#) | [PubMed](#) |