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Identity-Release Gamete Donation in the UK: The Views and Experiences of Donors

Report for Policy Makers and Practitioners

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Summary of key findings

- The vast majority of post-2005 donors interviewed for this study supported the introduction of identity-release legislation and all were open to contact from offspring in the future.
- All donors reported that their overwhelming motivation to donate was to help others to become parents.
- The motivation to donate was often expressed in terms of a civic responsibility to share their surplus with others who were in need
- All donors rejected the idea that they had donated '*for the money*' with many expressing the view that to donate gametes for solely financial motivations was morally wrong.
- Some donors were able to accept payments offered to them without undermining their conception of donation as an altruistic act. However, this was more or less possible for some donors with (gendered) clinic practices and wider cultural discourses often inhibiting this position for male donors.
- Some (largely female) donors experienced a more personal connection with their imagined recipient and several expressed a desire to find out more about, or meet, them.
- In negotiating their relationship to offspring donors were subject to contradictory cultural pressures. Whilst recognising the potential need of offspring to contact their 'donor parent,' donors were conscious of the symbolic threat they presented to recipients and sought to avoid 'treading on their toes.'

Introduction

This paper reports findings from a qualitative study of UK identity-release sperm and egg donors. The study sought to investigate the views and experiences of men and women donating since 1 April 2005. Since this date, donors in licensed clinics have been required to consent to any offspring conceived from their donation to access identifying information about them, should they request it once they reach the age of eighteen. This constitutes a significant change in the social and legal context to UK gamete donation. Post-2005 donors donate with the prospect of future contact with their offspring and, by extension, their recipient families. In addition, it is now increasingly believed that knowledge about, and/or contact with, one's biological parents is important to people's emotional wellbeing (Smart 2009; Klotz 2013).

The aim of this report is to outline the findings of this study for policy-makers, practitioners and other stakeholders in the field of gamete donation. Although I have indicated some ways in which policy and practice might respond to these findings, these are intended to raise questions and start conversations rather than constituting definitive policy proposals. This study focuses on the experiences of donors. Any implications in terms of policy changes would need to be worked out in consultation with practitioners, recipients, donor-conceived people and their families.

After describing the study's methodology and sample, this report examines findings in relation to three key themes: 1) how donor participants talked about the recipients of their donations, 2) donors' perceptions of themselves in relation to the health-care system and society more generally (particularly the issue of donor payments) and 3) donors' perceptions of their role in relation to donor-conceived offspring.

The study

This study was oriented around two key research questions:

- 1) How do UK identity-release gamete donors view and experience donation?
- 2) How are their views and experiences shaped by the social contexts in which they donate?

A qualitative approach was taken which centred on in-depth interviews with identity-release donors. In order to understand the social contexts in which clinical donation takes place, observation and staff interviews were also conducted in two assisted conception units in the UK, one a specialist private clinic (pseudonym: Greenview) and the other based within a large NHS hospital (pseudonym: Hillbrook). A thorough ethical review was conducted in advance of data collection and the project was approved by both the University of Edinburgh's School of Social and Political Science and an NHS Research Ethics Committee.

Participants were recruited primarily via the two participating clinics. Excluding those who had declined to be contacted for research purposes, all donors who had donated at the clinics since April 2005 were sent a letter of invitation. In order to recruit further participants, requests to participate were also emailed to donors registered with the National Gamete Donation Trust (a charity which aims to raise awareness of gamete donation). Staff participants were recruited by sending letters of invitation to all staff at the clinics and through informal conversations.

In total, 24 donors were interviewed, eight men and sixteen women. They had all donated eggs or sperm between April 2005 and 2013, with one sperm donor still in the process of donating at the time of interview. The sample comprised a range of donor 'types.' Five were egg-sharers – women who had donated half their eggs in exchange for reduced cost IVF treatment. Eight (six women and two men) were known donors meaning they were donating gametes to a friend, family member or acquaintance. Fourteen (seven women and seven men) were 'altruistic' donors – a term used by clinic staff to denote those who were donating to someone they did not know and who were not taking part in an egg-sharing scheme. The donor participants came from a wide range of socio-economic backgrounds. With the exception of one Black West African donor, all the participants were white and all but three of these were white British. Most described themselves as in a relationship or married (n=18) and half already had their own children, at the time of their first donation. Three identified as gay or lesbian and the rest as heterosexual.

With the aim of contextualising donors' narratives and planning interview questions, 20 interviews were also conducted with staff members and observations carried out in the participating clinics. Staff participants worked in a range of roles in the clinic, including doctors, nurses, embryologists, administrative staff and counsellors. Over a period of several months, regular observations were conducted of clinic consultations and medical procedures.

Interviews with donors ranged from one to three hours with most approximately two hours long. The majority were conducted in donors' own homes though, for convenience, five took place in work places or cafes. The interviews followed a loosely chronological structure, beginning with the request, 'Tell me how you became a donor.' From here, most participants continued unprompted to talk about their experiences of the donation process and their thoughts and feelings afterwards. However, a topic guide was also used to probe for views on particular topics. This included questions under the following themes: motivations, experiences of donating, views about consequences, views about relationship to recipients and views about relationship to offspring. With the consent of participants, all the interviews were audio recorded.

All interviews were transcribed in full with all names and identifying information either omitted or replaced with pseudonyms. The data was then analysed following a process of repeated reading, thematic coding and analytic coding, supported through the use of Nvivo 10 software. In the latter of these stages, data coded under each theme was read several times with

a view to explaining *why* donors reported the particular views and experiences they did and the kinds of experience and discourses they were drawing on to tell their stories. For example, it was coded when donors referenced the norms of gift-giving, knowledge about genetics or their own experiences of family relationships in order to explain their own views. Observations and interviews with staff in the two clinics, as well as existing research and theory on kinship and bodily donation supported this process of explanation.

The Donor's Role in Relation to Recipients

All donors explained that their primary aim in donating gametes was to help others become parents. They frequently described potential recipients as 'desperate' and often contrasted recipients' misfortune with their own good luck – either because they had conceived without difficulty or because they had not experienced this 'desperation.' Often donors drew on a particular (socio-democratic) vision of good citizenship to explain why they had a moral duty to share their gametes with others: They had surplus whilst others were in need then and so it was right that they share their 'extra' gametes, rather than let them go to waste. To explain this line of thinking donors very often drew analogies with blood or organ donation and/or giving to charity. It was common for donors to frame their donation as a generalised gift to the community, a redistributive transfer from those with plenty to those without. In this way, donors constructed indirect connections with recipients – they were all part of the same community to which people had a duty to contribute if they were able.

I just thought that you know I've got these things in my body that I'm not making any use of. I'm not even aware that they're there and there's surely people out there that could make use of them, I suppose it's just like anything you're going to throw out. You think, oh don't throw it out. Put it in the charity shop or somewhere where people can make good use of it. So that, that was it really. That's how it came about for me.

(Karen, altruistic egg donor)

Well you know, I'm a socialist. I wouldn't sit with a bowl of soup if somebody sitting next to me's got nothing. I would absolutely share it.

(Faye, egg share donor)

However, some donors also expressed a more personal connection with their specific recipient. This was, unsurprisingly, most common amongst known donors who already had a friendship or kinship relationship with their recipient. However, many other (largely female) unknown donors enjoyed imagining the impact their donation would have on their recipients' lives. Some sought further information about their recipients and several were interested in contact from, or meeting, their recipient in the future. Egg donors often drew on the process of matching and the synchronicity of their recipients' treatment to imagine or express a connection between themselves and their specific recipients. Egg-share donors' narratives, in particular, often

conveyed a sense of their lives being lived out in parallel – both undergoing fertility treatment at the same time and at the same clinic, both likely to conceive children of a similar age.

And also we had [son]. So after having a success, you're hoping, you're really hoping that they, that it worked for them. And I did, I contacted the clinic after [son] was born and when we were ready to try again saying, that if the couple who had the success wanted a sibling, that it is something, you know, that we could discuss 'cos we're doing our second round.

(Bridget, egg share donor)

I drove my boyfriend mad with it all. Oh, this woman, what if she's been told, that's me on the injections? She's been told that's me on the injections. Do you think she knows I'm coming in today for the retrieval? You know, it was very much about the woman who was getting it. 'Cos if it was me in that situation that couldn't have children, and I knew somebody was gonna donate eggs to me, I would just be going mad, wondering how it was going and what she was doing and wanting to check in with her

(Rachel, altruistic egg donor)

However, donors also expressed the view that connections with recipients could be risky. This view was explained both in relation to the norms of gift-giving and a two-parent ideal of families. The idea that gifts could become problematic if they were given between people who were 'too close' was often expressed by both recipients and staff members. These participants emphasised that if donors knew 'too much' about their recipients, they were more likely to feel guilty if the donation was unsuccessful or become judgemental about the worthiness of their recipients. Donors also considered that more personal connections with recipients could be problematic from the point of view of the recipient(s) and their relationship with their child. They imagined that, if they were to have 'too much' contact with the recipient's family, this could be challenging for recipients who might feel like the donor was 'treading on their toes.' In this way, donors drew on an idealised vision of proper families as constituting a maximum of two people in a romantic/sexual relationship and their children (Fineman 1995; Wallbank 2002). Donors realised that in the context of this two parent ideal, recipients could experience their presence as challenging to their status as the 'real' parents to their children. As a result, all participants (to different degrees and different ways) expressed the need to limit more personal connections to recipients. This applied to known as well as unknown donors with the former taking steps to ensure recipients did not feel threatened by their presence. For example, one known egg donor explained that she had offered to sever ties with her friend and recipient post-donation, if that was what her friend had wanted. Another egg donor explained that it had probably made things easier that her friendship with her recipient had been 'at a distance.'

For me, absolutely this was their thing. So if they felt it was too awkward to ever see us again when the child was born, I was saying, that's, that'll be really sad but it's fine.

(Hannah, known egg donor)

I think my preference actually would be to see [child] all the time growing up, but it's more so for them as another family. I don't feel that would be right for me to be involved. 'Cos then, you know, say with my friend, say she gives them a packet of crisps and I'm like, he's only one! And that then becomes that whole, you're not the parent! It's me! You know what, it's far too complicated, I think, if you're close.

(Olivia, egg share donor)

Sperm donors were often particularly aware that their presence could be challenging to recipients, specifically to male partners. For example, Adam explained that he would not expect to receive any thank you letter from recipients because that would entail male recipients 'facing up to' the need for donor insemination. Neil also explained how he sympathises with male partners who might feel 'less of a man' for having needed to use a sperm donor. These donors refer to the stigma of male infertility, perceived as emasculating (Gannon, Glover, and Abel 2004; Wischmann and Thorn 2013; Thompson 2005), as well as the particular stigma attached to donor insemination and its association with adultery (Haimes 1993). I suggest it is because they were aware of the heightened symbolic threat they presented to recipients that sperm donors were much less likely than egg donors to talk about a connection with their specific recipient, to seek more information about them or express the desire to meet.

Because, because for a man to be infertile that is a blow to the ego. And sending a letter to *some other guy*. It would feel weird to me if I was on that end. And so I'm not expecting [them to get in contact]. I probably would not have written anyway, if I had been in that situation.

(Adam, altruistic sperm donor, original emphasis)

[Explaining why male recipients would not want to stay in contact with their donor] You can understand men being embarrassed feeling they're not a man because they can't have kids themselves.

(Neil, known and altruistic sperm donor)

The Donor's Role in Relation to the Health Care System and Community

All the donors interviewed presented their donation as an act of good citizenship - an altruistic act which enabled them to 'do their bit' for, or 'give something back' to, their community and

specially the health care system. One of the ways in which they positioned their donation as an other-oriented or community-minded act was by distinguishing it from financially-motivated action, as they put it, they were ‘not doing it *for* the money.’ All donors clearly rejected the view that donation was, or should be, a job or financial exchange and, nearly all explicitly rejected the view that money had played any role in their decision to donate. They explained that donating ‘for the money’ was morally wrong and associated such motivations with selfish and irresponsible personality traits. The most frequent and primary reason which donors gave as to why such motivations would be problematic was the prospect of donor-conceived offspring finding out. Many donors told a variation on the following story: Donor-conceived offspring grows up wanting to know more about the circumstances of their conception. When they’re eighteen, they get the opportunity to access the identity of their donor. They pluck up their courage to make contact, only to be told, ‘I only did it for the money.’ Such an outcome was imagined to be devastating to offspring.

However, not all donors agreed as to whether not donating ‘*for* the money’ meant that no payment should be offered to or accepted by donors. For some, a level of payment (depending on the amount of money and how it was paid) could be accepted by donors without undermining the underlying spirit of altruism. However, for others, accepting any payment would have been incompatible with conception of donation as an altruistic act or gift. These two views were strongly gendered, with male donors most frequently and strongly expressing the latter view and more nuanced views of payment almost exclusively expressed by female donors. Several male donors reported rejecting payments offered to them or re-donating their payments to charity.

And also there’s that whole element of paying, it just didn’t sit right. Like I said, it’s the whole, how do you set it up in your head, how do you square it with yourself? For me, it’s are you helping? Yes. This is a good thing. Right. Fine. And then that’s the way you’re doing this. If it’s, I’m only doing this and I’m being paid. Well....doesn’t feel right.

(Liam, altruistic sperm donor)

But yeah just in terms of a professional woman taking all of that time off work and risking having to take even more time off work. It’s a huge thing that’s not adequately compensated for. And I don’t think women should expect to be paid for it so they can do it for a job. But I just think, it’s taking a day off work, you should be compensated for that day....And I’m not saying there should be any extra payment to acknowledge the pain or the hormones or the slightly increased risk of cancer. All of that is just a given. It’s just to make sure that you’re no worse off financially on top of all the physical symptoms.

(Bridget, egg share donor)

In general, donors' experiences in the clinic reinforced their view of donation as a community-minded gift: donors as good citizens acting to help those less fortunate. This was reinforced through interactions with friendly staff who remembered them as donors and expressed gratitude of admiration for their contribution. Donors often talked about themselves and clinic staff as partners acting with the shared aim of helping others experiencing infertility. Discussions with staff about the clinic's work, which occasionally included tours of laboratories, supported this sense of collaboration.

Practices in the clinic also helped to enable an understanding of payments as compatible with a view of donation as an altruistic act. Information leaflets often described donation as 'voluntary' or donors as 'volunteers' and frequently (though not exclusively) payments were described as 'compensation.' In addition, in order for donors to think of their actions as altruistic it was important that payment was not a key topic of conversation in the clinic. The donors and staff I interviewed reported that they rarely discussed the issue of payment with one another in the clinic. Instead, donors reported having a vague feeling that they might be paid but they often explained they were unsure how much this would be. Where they were aware of payment regulations, they explained that this information had been received passively rather than actively sought out. I suggest that this lack of specificity was important in distancing donation from a job or market exchange and enabling some donors to accommodate payment within a narrative of donation as a gift.

Yeah I knew you could get paid for it. I didn't know what the amount was or anything. I had no idea.

(Rachel, altruistic egg donor)

I did get my expenses paid. So that was really handy, actually. And I didn't expect that but [recipient] said to me, they will pay your expenses so mention it to them. Because obviously it was a drive to and from [clinic location] so, I don't know, 60, 70 mile round trip. Which I wouldn't have minded but they said, we'll pay your expenses.

(Laura, known egg donor)

However, social barriers exist which made it more difficult for male donors to accommodate payments within an understanding of their donation as a gift. I suggest this was partly due a continued stereotype of sperm donation as job undertaken by young men for a bit of 'extra cash.' This stereotype was repeatedly referred to by the participants in my sample. Sperm donors reported others often assuming that they had donated primarily '*for the money.*' Egg

donor participants, despite their contention that *they* had been motivated by a desire to help others, often struggled to imagine why men would donate if not for financial gain.

I think there is something that's seen as a bit kind of... well, you're getting paid to have a wank aren't you?

(John, altruistic sperm donor)

But what motivates a, or is there a factor which motivates a male altruistic donor? 'Cos I can't... Is it money? I can't... 'Cos I go, why would a bloke walk in and do that? Unless a family member or a...

(Hannah, known egg donor)

I suggest that this stereotype constituted a barrier to male donors accepting payment since, when paid to male donors, these payments were more likely to be perceived as 'earnings' or 'beer money' (rather than 'a bonus' or 'compensation' as female donors could more readily present them) and therefore undermined their presentation of donation as an altruistic action or gift. Egg donors are not stereotyped in the same way and so their payments could more readily be ignored or presented as side-line issue. A view of sperm donor payments as earnings is reinforced by the way in which they are described in clinic and other information literature targeted at sperm donors: Here, would-be sperm donors are informed that they will be paid or compensated £35 per visit to the clinic (in practice, this payment tends to be paid as a lump sum at the end of a programme of donation). In contrast, egg donors are told that they will be paid a fixed sum of £750 per cycle. Expressing payment 'per visit' reinforces the view of sperm donation as a job because the amount paid relates directly to time spent in the clinic.

Another factor explaining why male donors were more likely to absolutely reject any payment offered to them was their (almost exclusive) reliance on a discourse of 'pure altruism' in order to present their donation as a gift. In everyday life, we think, talk about and define gifts in different ways. For example, in some contexts, gifts may be distinguished by their personal and sentimental character – seen as an expression of an intimate connection felt between particular persons. When we talk about gifts in this way, we draw on a discourse of gifts as relational activities (see Mauss 1990). At other times, gifts may be defined in absolute opposition to self-interest, particularly market exchange. In this sense, gifts are defined as actions which are undertaken without any expectation of return of any kind, symbolic, relational or material. When we talk about gifts in this way, we draw on a discourse of 'pure altruism' (Parry 1986), exemplified in giving to strangers. Both of these ways of talking about gifts have cultural saliency and importantly, by talking about our actions in these ways we can present them as gifts. Many female donors drew on both of these discourses to present their donations as gifts. In addition to distinguishing their donation from a financially motivated act, they often presented egg donation as a personal and relational activity which connected them to their specific recipient (see previous section). In contrast, and as explained in the previous section, sperm donors faced cultural barriers to expressing personal connections with recipients. They

were therefore much more reliant on a discourse of ‘pure altruism’ and absolute opposition to self-interest in order to present their donation as a gift. I suggest it is partly for this reason that male donors more frequently and strongly asserted the view that payment was incompatible with their understanding of donation as an altruistic act or gift.

Role in relation to donor offspring

Donor participants unanimously rejected a parental role in relation to donor offspring. This was a role they reserved exclusively for the recipient(s). They explained that they would not want to ‘tread on their toes’ in any way by adopting, or being perceived to adopt, the role of father or mother to their offspring. However, that is not to say that they considered their role in relation to offspring to be insignificant. All donors were open to the possibility of contact from offspring in the future and all but two supported the donor offspring’s ‘right to know’ the identity of their donor parent(s). In imagining a role for themselves, donors were balancing these dual, apparently contradictory, imperatives to both connect with and distance themselves from offspring. On the one hand, they had invested in the idea that offspring might have a need to meet them. On the other, they were aware that they constructing a connection with offspring could be perceived as threatening to the status of the recipients as the ‘real’ parents.

They’re your parents. OK these are the guys who’ve changed your nappy and fed you and dressed you for the last eighteen years. They’re your parents. I just happened to help get you here. I’m not going to tread on your Dad’s toes. I’m not going to become a father figure. I’m not going to be this magical person that’s going to solve anything that’s wrong in your life in the world. ‘Cos that’s your parents that do that.

(John, altruistic sperm donor)

And as far as I’m concerned as soon as they take these eggs out of me, they’re implanted into somebody else and this baby is going to start to grow. As far as I’m concerned, that is that woman’s. That is that Mum-to-be’s baby inside her, growing and growing. And then she’ll give birth to it. I don’t see myself being any part of that whatsoever.

(Karen, altruistic egg donor)

I think they should have the right to know where they came from biologically. I am, I’m not their parent but genetically we are linked. And they have a right to know that. And I think that’s important.

(Anna, known and (pre-2005) altruistic egg donor)

But I don’t think anyone should ever be denied the right to where they come from. If that makes sense? I am in favour of the anonymity being lifted, so to speak.

(Daniel, altruistic sperm donor)

Clinic documents are clear about the law: donors have no parental rights or responsibilities but they must agree to being identifiable to their offspring in the future. However, these documents provide little clues as to what kind of relationship might be expected between donors and their offspring. In this sense, donor's role in relation to offspring is 'unscripted' (Orobitg and Salazar 2005; Klotz 2016). Therefore, in order to imagine and articulate what kind of role they might play in relation to offspring, donors had to be creative. They thought about what family members normally do for one another and tried to extract particular aspects that might appropriately be offered by one's donor or genetic parent. They described how, in their own lives, recognising similarity with kin and learning family histories had provided them with a sense of belonging, of rootedness in time and place. They told me how their relationships with parents and children had helped them to understand the (sometimes haphazard and unpredictable) role of genetic inheritance in identity formation. They described the reassurance and enjoyment they had found in looking for resemblances between themselves and their own children, parents or (in the case of one adopted participant) their birth family. They drew on their knowledge of genealogy as a pastime to explain why making connections with other people and places, both living and past, could be pleasurable. Donors used these experiences to articulate what it was they might offer offspring, trying to extract particular family practices which might appropriately be offered by ones genetic or donor parent. It should be noted that this did not only involve selecting aspects of family relationships which were tied to genetic substance, such as providing information about potentially inherited traits or identifying resemblances. Donors also identified particular family practices which would be supported by sharing their stories – why they had donated and the stories of their own lives, including their own family histories. They did not think of themselves as 'really' family but they imagined they might be able to provide some aspects of these family-like processes.

A: And I think they have the right to come and say, look I just want to know why I'm this, why I'm that. And answer questions. I think they have the right to know that. I mean, when you fill out the form for egg donation, you can write a bit about yourself so...Before they changed the law, so they could find out about you. But that says like, I'm five foot three, I've got brown hair, I've got green eyes. That doesn't tell you anything does it, really? It doesn't tell you about the person.

LG: What do you think they will want to know? Like you say, that is a bit superficial saying, five foot three, brown hair, but what do you think they would want to know, do you imagine?

A: I dunno. Well, my Dad died when I was three right. So although people can tell me about him, it's not the same as actually knowing him, is it?

LG: No.

A: And a lot of the time, I think to myself, I've got quite a quirky sense of humour, where do I get that from? Is that from my Dad or is that mine? Do you know what I mean?

(Anna, known and pre-2005 egg donor)

And certainly the long discussions I'd had with my friend that was adopted and how important it became to her and how it changed her life. You know initially she couldn't care less and then all of a sudden it kind of got to her and then the fact that she did meet her birth mother really changed her view of herself and made her understand a lot of things about herself that she wouldn't have realised otherwise.

(Adam, altruistic sperm donor)

But I think in a way it would be nice, because a lot of people get interested in their family tree and their biological family tree as well. So just for these reasons it should just be made open.

(Sarah, altruistic egg donor)

However, these comparisons and analogies with family relationships were always qualified in some way to emphasise that they were not 'really' family to their offspring (at least not in any straightforward way) and certainly not their parents. At the most basic level, donors qualified their familial analogies by simply stating that the recipients, and not themselves, were the 'real' parents. However, there were many more creative ways in which they sought to distance themselves from a parental role. One way in which they did this was by alternately framing their donation as a public act, distancing it from the intimacy and domesticity of family relationships. One of the most frequent ways they did this was by comparing gamete donation with blood donation, organ donation and giving to charity. These comparisons sought to position sperm and egg donation as straightforward and emotionally unproblematic form of transfer. Donors often made continued reference to blood donation throughout their narratives, particularly when discussing topics which could be perceived to positioning them in too parental or familial a role. For example, in the citations below, Yasmin and Laura begin by discussing their relationship to offspring through comparison with family practices and relationships. In Yasmin's case, she describes how it might be interesting to look for resemblances between herself, the child and its father. In Laura's case, it is her partner who is making a direct comparison between parent-child relationships and her relationship with her donor offspring. However, both then qualify the implied intimacy of these comparison by restating the analogy with blood donation and therefore framing the donation as a public rather than personal act.

So I think it would just be funny to see if I donated to a friend of mine and they had a little boy, it would be funny to see how much did he really take from me and how much did he take from Daddy, kind of thing? But it just wouldn't bother me. I think when you're thinking about adoption or surrogacy, it's maybe really different 'cos you're spending a lot more of your own time investing in this baby. But when all you've done. It's like donating blood really.

(Yasmin, egg share donor)

[Partner] was thinking about things in terms of if I was to donate the eggs and it was a success and they had a little boy or girl, I would then look at this child and think it's half of me. So then we had this discussion at length and I said, I wouldn't think that at all. I would think, you know, my friend Freya and [husband] they're the parents. And I said then, and I still think like this now, I see it like donating blood. It's just surplus to me at the minute. So I don't need it. Somebody else does.

(Laura, known egg donor)

Another way in which donors sought to distance themselves from a parental role and protect the status of the recipients was by 'routing' their connection to offspring via others. Rather than talking about their connection to offspring as a direct link (which might have been perceived as threatening), they talked about their relationships as something which flowed through their relationship to others, specifically the recipient or their own children. In the former case, donors (mostly, but not exclusively, known donors) emphasised their connection to recipients and through this relationship they explain their link to any offspring. In the latter case, donors emphasised the half sibling or cousin-like relationship between their own children and any donor-conceived offspring whilst explicitly dismissing the idea that their own connection was in any way maternal.

Donors also drew on distance, both spatial and temporal, to qualify their kin-like relationship to offspring, to make clear that they were not family in any straightforward sense. This involved both referencing existing distance between themselves and offspring (such as the fact that donor offspring would not usually be able to contact them before the age of eighteen) and actively creating that distance. So, for example, known donors often took steps to keep an appropriate distance from offspring and recipients, particularly immediately after the birth of a child. Both known and unknown donors explicitly or implicitly drew on the importance of time in creating kinship bonds. Unknown donors implied that a ‘really’ parental relationship is precluded with offspring since they will not develop a relationship in their childhood and therefore at a time when parenting is required. Known donors often highlighted the importance of the post-natal period for bonding with a new baby and thereby creating parent-child relationships. They were therefore took care, or planned to take care, to keep an appropriate distance during this period.

I'm curious of course. So but yeah. I think in the first instance, I'd probably just hang back. 'Cos I want to make sure that Helen and Lisa are totally bonded with the baby and all that sort of stuff. So I thought it's probably best if Emma just goes up and says hi, first few weeks or whatever's appropriate. And then we'll all go up later. After that. So it does change your relationship from that point of view doesn't it?

(Tom, known sperm donor)

LG: Would you be interested in knowing about them then? About the recipients? About the child that's born?

B: Yeah. Absolutely. I mean not that I feel any, I don't feel maternally towards them. More like for [son] 'cos it's someone who's kind of related to him, a little bit.

LG: Half sibling [a term Bridget had used earlier in the interview]?

B: Yeah I think a half sibling, would that be the equivalent of a cousin?

LG: I'm not sure. I've never thought about it like that but maybe.

B: The same shared heritability or whatever. Yeah. So it's just, it might be nice for them to know each other growing up. If we go back to [home country], it would be nice to sort of stay in touch. Yeah so [husband] and I both hope that they will get in touch, mainly.

(Bridget, egg share donor)

He's always going to have a special place in my heart. Not because he's from my egg, just because he's, I was there with her going through all of that as well. You form a bond with somebody who's, do you know what I mean? It must have been so hard for her.

(Anna, known and pre-2005 egg donor)

Limitations and transferability

The sample for this study is not statistically representative of the wider donor population. However, because it examines donors' views in –depth and seeks to explain them via the wider socio-cultural context, it is possible to make some wider theoretical generalisations from the findings. The views of the donors interviewed, the particular tensions they experience and the strategies they used to make sense of their role, relate to the particular cultural worlds in which they donated. Specifically, the stigma of male infertility and donor insemination, an ideal of two-parent families, the growing belief that people have a right and potential need to identify their biological parents form the context in which these donors came to understand the meaning of gamete donation. Where these social-cultural contexts, as well as the legal and clinical practice of gamete donation, are broadly similar, it is likely that identity-release donors will make sense of their actions in similar ways. For this reason, it is likely that many post-2005 donors across the UK will experience donation in similar ways to those interviewed. The findings may also have implications for donors in other culturally similar countries where identity-release legislation has recently been introduced

However, there are several limitations to this study which mean it may not have captured the full range of donors' experiences. There is also good reason to believe that the findings may be biased towards those with a more positive view of identity-release donation. On the first point, it is notable that, despite constituting the largest sub-group of donors at each clinic, egg-sharers are under-represented in this sample, with only five consenting to take part in the study. Of those included, all had conceived as a result of their own treatment. This study is therefore unable to represent the views of women who did not conceive as a result of their own treatment but who may face the prospect of their donated eggs being used to create a pregnancy for another women. In addition, the ethnic and cultural diversity of the study sample is limited. Further research is needed to explore the views of gamete donors from more varied religious, cultural and ethnic backgrounds. Finally, it is possible that the decision to supplement donor recruitment by issuing invitations via the National Gamete Donation Trust mailing list may have led to a 'rosier' view of donation overall. The National Gamete Donation Trust is a charity with the stated aim to 'raise awareness of and alleviate the shortage of sperm, egg and embryo donors.' Donors who have registered with them are therefore more likely to be actively involved in promoting and encouraging gamete donation, and indeed several of the interviewees recruited in this way engaged in publicity activities. However, participants recruited via the NGDT did not report exclusively positive experiences. The only experience which could be characterised as negative was reported by one such participant, Sarah, who had felt 'used' and insufficiently cared for by the clinic at which she donated.

Conclusion and Policy implications

This study raises important issues and questions for practitioners and policy-makers in the field of gamete donation. This research provides evidence on the views and experiences of donors. However, any changes in this area are likely to also impact on recipients and donor offspring

and so the implications of this evidence should be worked out in conjunction with medical practitioners, infertility counsellors, recipients and potential recipient, donor offspring and those advocating on their behalf. The following questions and statements are therefore intended to spark conversations rather than constituting definitive policy proposals.

It is possible to recruit identity-release donors

My thesis supports the findings of studies by Daniels and others (Daniels, Curson, and Lewis 1996; Daniels 2007a; 2007b; Riggs and Russell 2011; Mohr 2015; Scheib and Cushing 2007) which demonstrate that, contrary to some gloomy predictions, there are people who are prepared to donate gametes without absolute anonymity. Whilst it is quite possible that identity-release legislation discourages some potential gamete donors, it does not deter others. The donors I interviewed were, almost unanimously, supportive of this legal amendment. They expressed few concerns about meeting their offspring and were often curious about what the future would bring.

Identity-release donors negotiate contradictory cultural pressures and may benefit from support

However, the particular relational and discursive work which is required of identity-release donors should also be recognised. Identity-release donors are negotiating an ambiguous, unscripted role, facing contradictory pressures to both distance themselves from the recipient family and to connect with offspring. My findings demonstrate that donors negotiated these dual imperatives with quite remarkable creativity and adaptability, constructing a role for themselves in relation to offspring which recognised the potential need of offspring to contact them, whilst limiting the symbolic threat they imagined they might present to recipients. However, most participants in this study had not yet met their offspring or recipients and, in the cases of known donation, offspring were still very young (all under three). The role of 'donor parent' may be more challenging to enact in practice, if and when donors meet with their offspring and their parents or as the offspring of known donors age and begin to ask questions about 'where they came from'. At this time, donors, donor-conceived persons and both their families may benefit from access to counselling services to explore possibilities and discuss any difficulties as to how this relationship might play out.

Being seen to donate 'for money' is problematic for identity-release donors and so discussion of donor payment should be carefully managed

The vast majority of donors in this study rejected the idea that they had, or others should, donate gametes 'for the money.' It was crucial to them that their motivations be viewed as essentially altruistic and certainly not financial. The knowledge that they may one day be required to explain their motivations to their offspring was the primary reason donors gave for this view. To find out that one's conception had been motivated by financial gain was imagined to be emotionally damaging to offspring. Distancing their motivations from monetary gain was easier for some donors than others, with gendered stereotypes and clinic practices playing an important role. Discussion and presentation of compensation payments needs to be carefully

managed in the clinic and in wider representations of gamete donation in order that donors are able to negotiate these payments without undermining their conception of donation as an other-oriented act.

Should unknown donors and recipients be able to contact one another?

This study raises the question as to whether donors and recipients should be able to make contact, prior to their offspring turning eighteen, if that is what both parties prefer. My interviews show that, despite pressures to distance themselves from recipients, several egg donors were interested in finding out more about, and sometimes meeting, their recipients. Furthermore, connections with recipients provided a means for donors to talk about their relationship to offspring in a way which minimised the symbolic threat they presented to the recipient parent(s). Currently, the system of anonymity and clinic practices, as well as wider cultural discourses, discourage connections between recipients and donors, particularly in cases of sperm donation. Further research and discussion on the benefits and risks of changing policy and practice in this area would be worthwhile.

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