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Autonomy and self-esteem of women who donate to an oocyte cryopreservation bank in the Netherlands

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KEY MESSAGE

The typical oocyte donor in the University Medical Center in Utrecht (the Netherlands) is a well-educated, employed, 31-year-old woman living with a partner and two children, who is donating on altruistic grounds. Concerns regarding the exploitation and attraction of women with lower socioeconomic status and with shortcomings in autonomy-connectedness and self-esteem could not be confirmed in a group of 92 potential oocyte donors.

A B S T R A C T

Worldwide, oocyte donors donate voluntarily or receive varying amounts of money for donation. This raises ethical questions regarding the appropriateness of financial compensation, and the possibility of undue inducement and exploitation of oocyte donors. Are these donors capable of making an independent, well-considered decision? Regarding this matter, it is important to examine aspects such as autonomy-connectedness and self-esteem. In this cross-sectional study, demographic characteristics and donation motivations were assessed in 92 women who attended the University Medical Center (UMC), Utrecht as potential oocyte donors between June 2012 and July 2016. Demographic characteristics were assessed. Motivations were recorded in semi-structured interviews (response rate 59%). The Rosenberg Self-Esteem Scale was used to assess level of self-esteem. The Autonomy-Connectedness Scale was used to measure the level of autonomy-connectedness. The typical oocyte donor at the UMC Utrecht is a well-educated, employed, 31-year-old woman living with her partner in a completed family with two children, and donating on altruistic grounds. The donors showed higher autonomy-connectedness scores than the average female Dutch population and do not lack self-esteem (questionnaire response rate 66%). Concerns regarding exploitation and attraction of women with lower socioeconomic status, with shortcomings in autonomy-connectedness and self-esteem, could not be confirmed in this group.

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Introduction

Since an efficient oocyte cryopreservation technique became available, oocyte banks have been established where donor oocytes are stored for (semi-) anonymous oocyte donation. Most, if not all, oocyte banks offer financial compensation to donors, which raises ethical concerns regarding the appropriateness of financial compensation, the quality of informed consent (McMillan and Hope, 2003) and the possibility of undue inducement and exploitation in the donation process (Boutelle, 2014; Cholst, 2013; Pennings, 2015). Undue inducement may occur when the reward offered to donors is so high that it undermines the woman's ability to rationally weigh the costs, burdens and risks of research participation (Resnik, 2015).

Payment for oocyte donation in the Netherlands is prohibited (Winter et al., 2012). Dutch donors receive 900 euros as financial compensation (Bos et al., 2014), based on a total of around eight visits to the clinic, which involves travel expenses, loss of income, and compensation for extra expenses like child care, and for the physical and psychological burden. The presented amount is in accordance with the compensation rates in other countries in Europe, like Spain and the UK (Pennings, 2015; Pennings et al., 2014; Uroz and Guerra, 2009; Winter et al., 2012). Oocyte donation in the Netherlands takes place on a voluntary and altruistic basis, and is semi-anonymous by law. Dutch legislative changes in 2004 require any donor of gametes that are used to treat other people to consent to the release of their identity to any offspring reaching 16 years of age (Janssens et al., 2006).

The start-up of the first donor oocyte cryobank in the University Medical Center (UMC) in Utrecht in 2012 generated ethical, legal, social and political debate in the Netherlands. The main concerns regarded the potential attraction of psychologically vulnerable women of lower socioeconomic status, who would mainly be motivated to donate their oocytes for reimbursement. These concerns are linked to ethical issues of undue inducement and exploitation and the possibility that donors experience financial gain from donating oocytes. If women with lower socioeconomic status are attracted as oocyte donors there is a higher chance of exploitation and that they experience financial gain from donating oocytes. This is regarded as undesirable and inappropriate in the Netherlands. Therefore, oocyte donors should be in a financially stable situation. Women with low self-esteem and low autonomy-connectedness may be particularly at risk of exploitation and undue inducement. Therefore, we wanted to examine these aspects in our oocyte donors.

There are several definitions of autonomy, with older definitions focusing solely on independence. Bekker (1993) and Bekker and van Assen (2006) added 'connectedness' to the definition to reflect the importance of connectedness to others. In contrast to autonomy, autonomy-connectedness therefore reflects the ability of self-governance under the condition of connectedness to others. More specifically it includes both the capacity for being independent, as well as the ability to engage in satisfactory relationships. Autonomy-connectedness deficits are associated with various types of psychopathology, such as anxiety, depression, eating disorders and personality disorders, but also with milder types of psychological problems, for example work–home interference and work stress (Alford and Gerrity, 1995; Bachrach et al., 2013, 2016; Bekker and Belt, 2006; Bekker and Croon, 2010; Bekker and van Assen, 2006; Bekker et al., 2007, 2010; Burke and Haslam, 2001; Fairbrother and Moretti, 1998; Fresco et al., 2001; Marsden et al., 2002; van Assen and Bekker, 2009).

Self-esteem refers to a person's global evaluation or liking of him/herself in (negative or positive) affective terms. It is a judgement of oneself as well as an attitude towards the self (Franck et al., 2008), and is defined as a person's overall evaluation of his or her worthiness as a human being. High self-esteem is associated with global feelings of self-liking and self-worth, respect and acceptance, whereas low self-esteem is associated with unhappiness and is assumed to have detrimental effects (Franck et al., 2008).

Previous reports have provided relevant information with regard to demographic characteristics (Byrd et al., 2002; Fielding et al., 1998; Klock et al., 1999; Sauer et al., 1994; Söderström-Anttila, 1995). Other studies reported on attitudes, characteristics, motivations and the social and psychological profile of oocyte donors (Bracewell-Milnes et al., 2016; Klock et al., 1998; Pennings et al., 2014; Purewal and van den Akker, 2009; Schover et al., 1991, 1992; Svanberg et al., 2012). However, there is no literature concerning self-esteem and autonomy-connectedness of oocyte donors. This is the first study examining these aspects in the context of ethical concerns regarding undue inducement and exploitation.

In the current study our aim was to explore whether the concerns regarding the attraction of oocyte donors with lower socioeconomic status who exhibit shortcomings in autonomy-connectedness and self-esteem and have financial gain as their main motive could be confirmed in the context of potential (not desired) exploitation and undue inducement of oocyte donors. We empirically investigated the profiles of the oocyte donors in terms of their demographic characteristics, motivations, autonomy-connectedness and self-esteem: Who are the oocyte donors and why do they want to donate oocytes? Are they capable of making independent decisions? Do they have poor autonomy-connectedness and/or low self-esteem?

Materials and methods

Study population

The demographic characteristics, motivations, autonomy-connectedness and self-esteem were recorded for all women who were screened at the UMC Utrecht as potential oocyte donors between 1 June 2012 and 1 May 2016. The Institutional Review Boards of the UMC Utrecht stated that the study (project no. 16–230/C, dated 13 April 2016) was not subject to the Dutch 'Medical Research Involving Human Subjects Act', meaning that no further approval was required. Written informed consent was obtained from each patient.

To donate oocytes to the oocyte cryobank at the UMC Utrecht women must meet certain requirements. These requirements were also the inclusion criteria of this study: age 25–36 years for women with children, age 30–35 years for women without children, good physical and mental health, no contraindications for ovarian stimulation and no increased risk for hereditary or familial diseases.

Potential donors meeting these requirements were invited for a medical assessment by a gynaecologist and subsequently for psychosocial counselling by a social worker. If necessary, the candidate was counselled by a geneticist. In some cases, it became clear in the medical assessment that the donor did not meet the requirements (e.g. she had a history of depression or had genetic diseases in the family). The woman was then rejected as a donor. Furthermore, some potential donors decided to withdraw from the procedure after they had the medical assessment and others who didn't attend the interview with the social worker were rejected as oocyte donors. Therefore, not all potential donors had an interview with a trained social worker. After the medical and psychological assessments, the Reproductive

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