

# Oocyte Donation-Aged Parents



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**In March 2013, the Ethics Committee of the American Society for Reproductive Medicine updated its guidelines on oocyte donation to postmenopausal women – women with premature ovarian failure and women of post-reproductive age. The new guidelines stipulate that: “some women over the age of 50, particularly in the age range of 50-54, who are healthy and well-prepared for parenting, are candidates to receive donated eggs.”**

This is in sharp contrast to the original Ethics Committee guidelines (first published in 1997 and reviewed in 2004) that “infertility should remain the natural characteristic of menopause” and that because of “the physical and psychological risks involved, postmenopausal pregnancy should be discouraged”. Why the dramatic about-face?

According to Paula Amato (a member of the Ethics Committee and co-author of the guidelines), the policy change was motivated by new, reassuring data on pregnancy in women over 50. As summarized in the guidelines: “In one report of 45 live births in healthy women aged 50-63 who established a pregnancy with donated eggs, 35% had pregnancy-induced hypertension, 20% had gestational diabetes, and 78% had a cesarean section.”

It is difficult to see how these data are reassuring, however, when one compares these numbers to those available for healthy women aged 15-45 who establish a pregnancy without using reproductive technologies: 5-7% (not 35%) have pregnancy-induced hypertension, 3-4% (not 20%) have gestational diabetes, and 27-28% (not 78%) have a cesarean.

The new guidelines consider three arguments in favor of oocyte donation to women over 50. The first argument insists that there is no reason to assume that older parents lack the physical and psychological stamina to raise young children. According to the Ethics Committee, it is not unusual for grandparents to parent children, so why prevent women who are of an age for grandparenting from experiencing pregnancy and becoming parents? The second argument is that older men can still father children, so why shouldn't older women be able to get pregnant using another woman's eggs? The third argument is that women have a positive right to satisfy their “strong desire” for children. A negative right is a right to non-interference. A positive right is a right to be provided with some good or service.

The first argument is supposed to be an argument based on societal practices. The most relevant societal practice, however, is not the parenting that grandparents do by default (because the parents are working, have divorced or have died), but rather social policy governing adoption by older persons. It is very difficult, if not impossible, for older persons to adopt, and when they do adopt, typically they are only able to adopt older children, not newborns. Why? Could this have something to do with assumptions about the best interests of children?

Notably, arguments about the best interests of the children are not among the arguments presented in favour of egg donation to women of post-reproductive age. The Ethics Committee hints at the benefits to children of having parents with increased economic stability and maturity, but stops short of saying that it is actually in the best interests of newborn to have parents over 50. If having aged parents is a benefit to newborns, however, then why don't we allow persons over 50 to adopt newborns if they would prefer adoption to the use of expensive, risky technology?

And speaking of risky technology, what about the ill-considered risks to the young women who sell, trade or gift their eggs to older women so that these women can experience, pregnancy, birthing and parenting? Egg donation is

onerous and risky. In addition to the considerable physical and psychological risks, there are also the twin risks of coercion and exploitation. The guidelines are notably silent about these potential harms.

The second argument in favor of oocyte donation to women over 50 is supposed to be an argument based on gender equality. But, gender equality is not about sex and reproduction. It is about social roles and parenting responsibilities. Throughout the ages women have had, and continue to have, disproportionate responsibility for parenting without adequate social resources to support them in their parenting role. For this reason, young women frequently delay childbearing while they pursue an education and a career, thereby potentially increasing their need for oocyte donation in the future.

The third argument in favor of oocyte donation to women over 50 rehearses the contemporary “rights” mantra with which we are all so familiar – a mantra that aims to transform “strong desires” into rights. The pivotal issue here, however, is not ‘rights’ but ‘responsibilities’. Family-making is about assuming the burden of care and conscience for a child, not about staking out a rights claim.

If having aged parents is good for children, then we should promote this as a matter of social policy. If this is good social policy, then it should apply equally to assisted human reproduction and adoption.

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