

Interests, obligations, and rights in gamete donation: a committee opinion

Ethics Committee of the American Society for Reproductive Medicine
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This Ethics Committee report outlines the interests, obligations, and rights of the parties involved in gamete donation: both male and female donors who choose to provide gametes for use by others, recipients of donated gametes, and any offspring resulting from gamete donation. This document replaces the document "Interests, obligations, and rights of the donor in gamete donation," last published in 2009 (*Fertil Steril* 2009;91:22-7). (*Fertil Steril*® 2014;102:675-81. ©2014 by American Society for Reproductive Medicine.)

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KEY POINTS

- Programs have a duty to inform gamete donors as well as recipients of donor gametes about potential legal, medical, and emotional issues involved in gamete donation.
- Programs must inform donors that they will be screened for infectious diseases and other health-related risk factors, provide them with the results of such testing or inform the donor of the significance of any medical conditions that are discovered, and offer donors referral if further counseling or medical care is required.
- Donors must be given clear notice that although they may withdraw from the donation process at any point, they no longer have dispositional control over their gametes once they have been procured from the donor.
- Donors should be informed that donating gametes does not give them legal rights or duties to rear any resulting children.
- Programs should give consideration to the fact that donors may have interests in learning the outcome of their donation, including whether any children have resulted from their donation. Programs should clearly inform donors, before their participation, what, if any, information will be shared.
- Programs should fully inform donors and recipients of donor gametes of their clinic's policies about information sharing and contact, but they should caution that policies cannot be guaranteed if laws or individual circumstances change and that the possibility exists of contact from offspring in the future.
- Programs should strongly encourage donors and recipients of donated gametes to provide medical updates if they learn about serious genetic or other conditions that are pertinent to the offspring's health or might be significant to the health of a donor's future children. Programs should clearly inform donors and recipients of donated gametes about policies and plans regarding such medical information.
- Programs and agencies should maintain accurate records related to gamete donation and are encouraged to set up systems to maintain the donor's psychosocial information and to enable information sharing in the future with any offspring, if such information sharing is acceptable to both the donor and the offspring.
- Donors and programs must recognize that they have a unique and ongoing moral relationship with each other, as well as with the recipients and their children, and this obligation does not end with the procurement of gametes. Evolving medical technology, laws, and social standards will require reevaluation of these relationships throughout the lifetime of the parties involved.

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have come inquiries about the interests of offspring and recipient parents. Far less attention, however, has been given to the interests of the donors themselves, such as privacy, information about medical conditions discovered through screening, medical care if injuries occur as a result of donation, selection of recipients, knowledge of outcome from pregnancies resulting from their donated gametes, disclosure of adverse pregnancy outcome events, and contact or noncontact with resulting offspring.

The term “donor” has been used conventionally for decades to describe an individual who provides a gamete (egg or sperm) that has been manipulated outside the human body with the intent of producing a pregnancy in a recipient and who typically intends to have no legal relationship (i.e., no parental rights or responsibilities) to any resulting individual. The presence or absence of payment is unrelated to donor status. However, egg and sperm donations differ in important respects. For example, sperm donation involves no physical risks and, because of the relative ease and frequency with which it can be accomplished, may lead to more offspring and increased frequency of donation, including donation at several programs. The present statement focuses on issues that affect both egg and sperm donors, such as updates about medical history and the possibility of later donor-offspring contact. Differences will be taken into account where relevant in the discussion.

The affected parties in gamete donation are recipients, offspring, and donors. These parties have distinct but, at times, competing interests. These interests, detailed below, may give rise to rights and corresponding obligations. At present, there is little consensus about how to balance conflicting interests or define the rights and responsibilities of donors, recipients, and programs. For this reason, it is especially important that programs are explicit about expectations regarding future information sharing and contact between donors and offspring. Recipients have interests in having healthy offspring and an uncomplicated rearing situation. This means that they will want some degree of choice in the gametes they use and therefore the information that is available about the donor. They also will want to be protected from later involvement from the donor (unless, of course, they wish it). They also may or may not want their child to have information about the donor and the chance to have some kind of future contact. Offspring have an interest in being healthy and knowing what their health risks are so that preventive or protective steps might be taken. They also may have an interest in knowing or not knowing who their genetic parents are and in being able to act on that information. Donors have an interest in being able to donate, being protected in the process, being treated fairly if injuries occur, and not having obligations imposed on them without their consent. They also may have an interest in having or not having contact with offspring. Contact between donors and offspring has become an issue of special importance, with many websites offering assistance to offspring and half-siblings in tracing their origins. This development raises the possibility of unexpected contact between donors and offspring, as well as between half-siblings. Moreover, heightened sensitivity to the interests of offspring in knowing their genetic histories suggests that donors may bear some responsibility in the donation process

to facilitate the provision of information about their genetic makeup and family health history. The interest of offspring in knowing their genetic origins, however, does not require knowledge of the specific identity of the donor or extending to contact with the donor. Nor is it clear how far donors must go in providing updates about their health information for the benefit of recipients or offspring. However, increased attention to this issue suggests the presence of new situations and responsibilities for persons to consider before donating gametes to enable others to have children.

Before donation, informed consent of recipients requires donors to be honest about their family and personal health histories and their behaviors so that genetic and health factors that could affect the health or well-being of offspring are known in advance. Infectious disease and genetic screening should also occur, so that the responsibility of protecting the health of recipients and offspring is placed on programs. Less clear is the extent to which, after donation, donors have ongoing responsibilities to keep programs or recipients informed of their health status or new findings that might be of interest to parents to protect the health of offspring.

Still another area of uncertainty is the independent interests that donors may have in the donor process and its outcomes. Whereas some donors may be content with simply providing their gametes, others may be interested in knowing the recipients or the outcome of the donation (1). In addition, donors may desire to know information regarding the offspring. These interests may conflict with the interests of programs, recipients, and offspring regarding privacy, autonomy, or having information shared about the genetic and social characteristics of the donor (2).

At present, there is little consensus about how best to balance these competing factors. As with so many transactions involving health care, much will depend on initial expectations and disclosures and on the terms that donors, recipients, and programs set for the relationship. Consequently, programs must be explicit about expectations as to whether there will be any or no future information sharing, as well as about policies regarding contact between donors and offspring.

Because the law in this area is evolving, and because it is becoming increasingly easy to conduct searches for individuals on the internet, programs should make it clear to donors that they cannot give guarantees regarding immunity from future contact by offspring. Recipients also should be aware that changes in donors' personal circumstances may affect their willingness to provide information at a future time. In addition, programs may go out of business or change ownership, leaving it unclear how participants would be able to provide updated information or arrange future information exchange or contact to occur.

In short, the greater acceptance and use of gamete donation has led to changing expectations about the relationships among recipients, offspring, and donors. For example, the expectation of absolute anonymity has evolved into an expectation that recipients will have more information about donors, and even a possibility of future contact between donors and offspring. With these changes comes a need to examine the ethical issues that arise for gamete donors in

the donation process (1). In the present statement, we begin to identify some of the medical, ethical, and social interests and conflicts that can arise, indicating, where possible, guidelines or resolutions.

INTERESTS, RIGHTS, AND DUTIES OF RECIPIENTS

Recipients have an interest in having healthy offspring and the kind of relationship with the donor that best fits their values and conception of family. For some, this will mean no contact with the gamete donor, while others may prefer some degree of contact among donor, recipient, and resulting offspring. Recipients typically want some degree of choice in the gametes they use, and toward that end, they desire information about the donor's physical, psychologic, and cognitive characteristics. They have an interest in the family and personal health histories of donors, as well as an interest in knowing about behaviors that could affect the health and well-being of offspring. They may wish to have updates from donors about changes in health status that could be relevant to the health of children born as the result of donation.

These recipient interests may conflict with the interests of donors who may be concerned about protecting their personal privacy and being free from burdensome reporting requirements. Although donors and recipients may disagree about how to balance competing and conflicting interests, it is clear that, at a minimum, recipients and programs have a right that donors be honest and forthcoming about their health histories and behaviors relevant to offspring health. Because the medical and genetic status of a person will affect the willingness of recipients to accept a donation and affect the well-being of any potential offspring, it is essential that donors be truthful about their medical and social history so that factors that might exclude them become known. These requirements should be fully disclosed to donors as part of the process of informed consent.

Whereas donors have a responsibility to provide information that may be relevant to the health of both recipients and offspring, the responsibility of protecting the health of recipients and offspring belongs to programs, because they are ethically obligated to screen donors for infectious diseases and genetic risk factors (2).

INTERESTS AND RIGHTS OF OFFSPRING

Offspring share with the recipients of donor gametes—that is, in most cases, their rearing parents—an interest in being healthy and knowing what their health risks are so that preventive or protective measures might be taken. To promote this interest, they have a right to nonidentifying medical information about donors that is relevant to their own health status and risks. Some offspring also may have an interest in having nonmedical information about their genetic origins and roots. Whether they have a right to this information is less clear, because their interest in this information may be at odds with their parents' judgments about whether providing them with this information is in their best interest and the interest of the family.

Even less clear is whether offspring have a right to identifying information, and the possibility of contact with the gamete donor, because these interests may diverge from the interests of donors who wish to remain anonymous, as well as from the interests of the rearing parents, if they do not want contact between the donor(s) and offspring. One argument for providing identifying information to offspring when they achieve the age of majority is the comparison with adoption, where it has become increasingly accepted that children have a right at least to medically relevant nonidentifying information, and perhaps to identifying information and the opportunity to contact their biologic parents. Others argue that there are important differences between adoption and gamete donation. In adoption, the woman who relinquishes her rearing rights and responsibilities gives birth to the child; she is appropriately considered the "birth mother." In contrast, those who donate gametes do not have a legal parental role. The appropriateness of the adoption analogy to gamete donation will undoubtedly continue to be debated, as well as whether offspring have a right to identifying information about gamete donors.

INTERESTS, RIGHTS, AND DUTIES OF DONORS

People choose to provide gametes to others for noncoital reproduction for a variety of reasons, including compensation and a desire to help others have children. These reasons are not mutually exclusive, and all reasons may be motivating factors for a donor's participation. Thus, donors share with recipients an interest in being able to donate and in not having unreasonable road blocks placed in the way of donation. Donors also have an interest in their own health and ability to make fully informed decisions, and in the case of egg donors about undergoing medical procedures, especially when these procedures are primarily for the benefit of others. Gamete donors have a right to be fully informed of the risks of this process, starting with the medical risks. Donors should also be counseled about the emotional and psychologic benefits and risks of donation, and they should be aware that data are lacking about the long-term emotional and psychologic aspects of gamete donation.

Programs should specify the amount of payment that the donor is to receive and the terms for which payment will be rendered. Regarding egg donation, it should be stated that payment is for service and effort and not dependent upon the number or quality of eggs harvested. Therefore, a payment schedule may be reasonably invoked in which a donor is given full payment for the screening, ovarian stimulation, monitoring, and egg retrieval. There should be a written advance directive related to the partial payment of donor services in cases in which donors halt treatment before egg harvest, because occasionally oocyte donors will discontinue participation for personal or medical reasons. Sperm donation payments are usually made on a per sample basis for samples that meet clinical criteria. Written directives related to behavioral requirements (e.g., abstinence intervals, avoidance of hot tubs and high-risk sexual behaviors) and a schedule for payments also should be defined.

It is also advisable to discuss with donors the broader context in which they are participating in a donation program. Donors should be made aware that they are not necessarily acting alone. If they have children or plan to have children in the future, their children will, if donation is successful, have genetic half-siblings, some of whom may be together in the same family. Therefore, donors should be counseled to consider the potential impact on their own children and to think about whether their own children should be told about the donation. Donors should be advised to think about their children's interests if the latter learn that they may or do have genetic half-siblings but are unable to find out more about them. Donors also should be advised that their present or future spouse(s) or partner(s) may have an interest in the consequences of the donation.

The risks of complications from egg donation are low, but real and potentially severe (3, 4). Egg donors have not only a right to be informed of the medical risks of donation, but also a right to be informed about who will bear the costs of medical treatment if injuries occur. Programs have an ethical obligation to ensure that there is a reasonable mechanism in place to cover the costs of treatment for adverse outcomes. This obligation can be fulfilled in several ways. For example, some programs purchase insurance to cover donors for health-related expenses incurred specifically through participation in the program. Others may confirm that donors have their own medical insurance or require them to purchase insurance before being accepted into the program.

Programs have a duty to inform gamete donors that they will be screened for infectious diseases and other health risk factors, to provide them with the results of such testing or inform them of the discovery of any medical conditions, and to offer donors professional referral if further counseling or medical care is required.

As noted above in the section on Interests and Rights of Offspring, gamete donation traditionally has been anonymous. In anonymous donation, potential recipients look through profiles in catalogs or websites to learn about the background, personalities, and medical histories of potential donors and their families. Only nonidentifying information or nonidentifying contact for medical information is provided in anonymous donation, and the gamete donor has little or no involvement with the recipient family over time. Studies indicate that donors are generally satisfied with this level of involvement (5–7). Indeed, some may prefer maximal protection of their privacy and have no interest in any relationship with offspring or the recipient family. However, anecdotal cases and some studies indicate that donors may have different feelings about their donation years after the fact (8). The conventional model of anonymity is often questioned, in part because of a conviction of some that people have a right to information about their genetic origins that goes beyond nonidentifying medical information, but also because some donors want to know the result of their donation, and some would like information about offspring that were created and perhaps even develop a relationship with them. Some maintain that the anonymity model makes the donor a mere provider of

gametic material, instead of a participant who has both rights and moral responsibilities (9–11), including a right to information about the result of donation, an ongoing and lifelong responsibility to provide information relevant to protecting the health of offspring, and a right to some level of participation in the recipient family, including contact with offspring. Some countries, such as the United Kingdom and Sweden, mandate that donors' anonymity be lifted when the child reaches the age of majority. In the United States, some programs are changing their policies to allow disclosure of the donor's identifying information to offspring when mutually sought by both parties. In addition, anonymity could be challenged in the future by courts or legislatures that weigh the offspring's interest in knowing his or her genetic origins as greater than the donor's interest in privacy or the recipients' interests in having an uncomplicated family. The next section discusses different possible levels of information sharing.

LEVELS OF INFORMATION SHARING

Three levels of donor information sharing can be identified, ranging from basic to comprehensive: 1) nonidentifying information; 2) nonidentifying contact information for medical updates; and 3) identifying information. Nonidentifying information is the donor's provision of medical or biographic information, such as a statement or letter to be given early to recipient couples. This practice is available in many programs.

The provision of nonidentifying contact information demonstrates the donor's willingness to be contacted by the program to provide medical updates and further information if requested by parents seeking to learn more about the child's health conditions. In addition to being willing to be contacted by the program, donors also agree to contact the program with news about serious genetic diseases or other medical conditions that they develop or discover that may be pertinent to the offspring's health. The provision of nonidentifying contact information is consistent with the obligation of the program to protect donor anonymity, when this is desired by the donor, while also meeting the moral obligation to disclose information that may protect the child from harm.

Identifying information allows offspring the possibility of contacting donors at a future date, usually when the child reaches the age of majority. It should be pointed out, however, that in the absence of identifying information, offspring may still be able to track down donors through websites offering such assistance or by using newer technologies, such as computer-based face recognition programs. Even if a program adopts a policy of providing only nonidentifying information, it cannot guarantee donor anonymity and can only provide deidentified information as well as possible.

Duty to Update Health Status

An emerging issue is the extent to which donors have a duty to keep the program, recipient, or offspring informed of health events that may be relevant to the status and health of the offspring (12). A model that is time bound and cuts off all relationships at the donation implies that there is no such

duty, whereas one that sees the donor-offspring relationship as ongoing and lifelong, with mutual duties and responsibilities, implies that there is a responsibility to provide health updates to the program or another locus that could then pass them on to the recipient or offspring. However, this may be more of an intrusion than many donors would choose and, though recommended, cannot be enforced. Moreover, growing sophistication in genetic technology ultimately may lead to more direct and efficient ways to obtain genetic information related to offspring health.

Occasionally, a child may be born with a medical condition that is known to place the donor at risk for similar abnormalities in their own future offspring. In such cases, recipients have a duty to report these results to the program so that physicians may alert the donor and other families in which offspring resulted from the use of gametes from the affected donor regarding the heightened risk and need for prenatal surveillance or specific genetic testing. Again, the importance of disclosure of new information to protect children and parents from harm underscores the need to define the relationships of the parties as lifelong and moral in nature. Ethical conduct requires open disclosure of medically relevant information to minimize the risk of serious adverse outcomes to all parties.

DISCLOSURE AND FUTURE CONTACT

The Ethics Committee of the American Society for Reproductive Medicine (ASRM) has previously reviewed issues relating to disclosure to the child by the recipient parent(s) of the fact that gamete donation was used in her or his conception. The Committee recommended that, “While ultimately the choice of recipient parents, disclosure to donor-conceived persons of the use of donor gametes or embryos in their conception is strongly encouraged” (13). If the parents tell the child of his or her origins, the question of disclosure becomes more important because some children will want more information. Moreover, in an age of genetic medicine, there is a risk of inadvertent discovery as children and parents have genetic testing for a variety of reasons. Telling the child of his or her conception when the child cannot learn more about the donor could be emotionally difficult for some children. Therefore, the recipient should consider the emotional interests of the potential child when selecting a program and the choices the program permits for different levels of disclosure.

At a minimum, donors should be encouraged to provide nonidentifying information for medical updates when appropriate. However, this responsibility does not extend to an ethical obligation to help that child by, for example, agreeing to be a living donor for organ transplantation. It also is recognized that a donor may have a change of circumstances or attitude that would make contact undesirable.

Potential Benefits of Identity Disclosure

There are arguments for permitting the release of identifying information, but here the donor’s interests in anonymity may prevail. A donor who agrees with the release of identifying information can help ward off inadvertent

contact—which may be damaging for all involved—in the event donors cannot fully protect their anonymity and other factors. Planned disclosure of a gamete donor’s identity, if all agree, allows accurate information to be given, and it has the potential of satisfying the developmental needs of a child who enters young adulthood.

Concerns Regarding Identity Disclosure

The impact of identifying contact on the willingness of people to serve as gamete donors is unknown. Although some offspring are likely to desire contact with donors, a positive outcome cannot be guaranteed. Disclosure and subsequent contact may not yield the results that the offspring and his or her parent(s) anticipate or desire. Nor would contact be positive for the donor if his or her wishes regarding future contact are not respected or if unwanted demands are made. Because of the potential disadvantages of required contact, it should be offered but not mandated. However, informed consent discussions with donors should include their consideration of allowing contact in the future if their circumstances at that time would allow it. The recommendation that children should be told the circumstances of their conception is accompanied by the supposition that openness may be better for the offspring. It is incumbent on professionals, programs, and agencies to counsel all participants about the possibility for contact. Therefore, during the consent process, the donor should be asked whether she or he is willing to have contact with any offspring born.

Asking donors or recipients to project 18 years or more into the future is challenging. Consequently, all participants must be counseled, and be willing to accept, that circumstances may change and nullify the original agreement to permit openness.

DONOR PREFERENCES TO LEARN THE OUTCOME OF THE DONATION

The donor may have other interests not necessarily covered in the consent process, such as the request to be informed about the outcome of the participation. This could include news about whether a pregnancy resulted and a birth occurred, and whether the baby was born healthy. Arguably, programs are not ethically bound to reveal the outcome because: 1) in other kinds of anonymous tissue donation, the donation is made without regard to the outcome; 2) news of a successful pregnancy may unexpectedly cause distress to the donor; 3) news of an unsuccessful pregnancy may cause the donor to develop unwarranted fertility concerns that affect her or his own family planning; and 4) the donor’s gametes may result in frozen embryos or gametes that may be utilized in a cycle at a time very distant from the original procurement, and the donor may be unprepared to receive this information or the contact may place an undue burden on the clinic. Moreover, as a practical matter, some parts of the outcome would violate the privacy rights of the mother if disclosed involuntarily, such as whether she experienced medical complications during the pregnancy. However, donors are entitled to be provided with available genetic or

appropriate medical information that comes to light from the donation or any resulting offspring that may affect their health or the health of their own family.

Alternatively, it can be argued that the outcome should be disclosed because: 1) in matters as important as reproduction, donors may deserve to know whether their gametes resulted in a pregnancy; 2) knowledge of the outcome could be helpful in the event of planned or unplanned contact from the offspring; 3) knowledge would give donors the opportunity to tell their children about genetic half-siblings; and 4) knowledge of the outcome may help donors put psychologic closure on their participation. We encourage programs and clinics in the consent process to give donors the option of learning about whether a child is born. This information may offer psychologic closure to the donor, caution the donor that contact may occur later, and give donors who already have children the opportunity to consider the impact of future contacts on their children and/or partner. Nevertheless, because there are no data from studies to support either side of the argument regarding the disclosure or nondisclosure of the outcome of the cycle, it is ethically acceptable for programs not to inform donors whether a pregnancy occurs.

Programs that plan to disclose delivery outcomes, if requested, should inform donors also whether supernumerary frozen embryos remain. At the very least, donors should be informed that their gametes may result in embryos that may be unused but preserved for future use. Donors also should be informed about what those future uses may be. Cryopreserved embryos and gametes may later result in more offspring and may go to more than one recipient, thereby raising the potential for unanticipated contact. The emotional impact of contact from multiple offspring remains unknown. In addition, a donor's psychologic need to know the outcome or to be prepared for future contact supports the principle that the donor's decision to know or not know the outcome should prevail over that of the recipient. Moreover, donors should be told whether unused gametes or embryos might possibly be donated for research, which may affect their willingness to donate. Donors should be informed that they do not have any claim to any cryopreserved embryos or stored gametes in the future.

Donors also may ask to specify the categories of people to whom the gametes will be given. For example, a donor may want to donate only to couples in their 20s or 30s or to married or gay couples. Requests could conceivably be made for age, marital status, health status, sexual orientation, race, religion, or education. Programs may refuse to allow donors to participate if such restrictions are demanded by the donor. The principal argument for directed donation is that it is autonomous, and the donor has the right to specify the type of person to receive this gift. Donations to specific individuals are acceptable, but a program may decline to participate for good-faith reasons. In some situations the direction could be contrary to clinic policy. If, for example, the clinic will not discriminate against patients with human immunodeficiency virus (HIV) and a donor expressly asks for the gametes not to be given to patients with HIV, acquiescence to the request would cause the clinic to violate its own policy. Moreover, the traditional model of anonymous organ donation

suggests that selection of categories of recipients undercuts the altruistic principle of donation. Consequently, directed donation is not part of the anonymous organ donation process. This suggests that it is ethically acceptable to select recipients in anonymous gamete donation without regard to the donor's preferences, and donors should be counseled to this effect.

REPEATED DONATIONS

Egg donors may request to participate repeatedly. Sperm donors often make repeated donations. As a condition for accepting the donor, it is permissible for a program to require donors to disclose the extent of their donation to other programs. The general practice of agencies, sperm banks, and assisted reproductive technology programs is to limit the number of offspring per donor to avoid potential consanguinity issues in the offspring; in egg donation the number of cycles is limited also because of medical considerations (14).

If the donor agrees to provide identifying contact information to offspring, the psychologic and emotional burden could be great if there are numerous requests for contact. Limiting the number of requests also takes into account the potential impact on both the offspring and the donor's children of learning they may have multiple genetic half-siblings.

SUMMARY

Traditional practices of anonymity in gamete donation are slowly changing as views about the interests and rights of children to know the identity of their genetic parents evolve. Views about the interests and rights of individuals to know the identity of their gamete donors are becoming more prevalent, and in any event, offspring now may have the ability to discover the identity of genetic donors on the internet. The ASRM Ethics Committee and other advisory groups and researchers have encouraged recipient parent(s) to disclose the fact of gamete donation to offspring, and a number of clinics provide for some form of future contact between donor and offspring if the participants agree. As gamete donation continues to grow and change, new questions of ethics arise. Gamete donation is more than a transfer of gametes from one party to another. It is part of a method of family building that involves a complex interchange of emotions and psychologic needs of donor, recipient, offspring, and, potentially, the donor's family. This calls for a reexamination of the consent process and new attention to the landscape of ethical responsibilities as well as the rights of involved parties to one another.

The present statement focuses on the interests of gamete donors, recipients of donated gametes, and resulting offspring. It highlights the need for shared information in the consent process, and it addresses preferences expressed by donors over who should receive their gametes, what they should be told about the outcome of donation, and the number of times they donate. It also considers the responsibilities that donors have to their own families, to recipient families, and to offspring conceived with their gametes. As a minimum, donors and recipients have an obligation to authorize the disclosure of nonidentifying medical information where

appropriate. Donors also should be encouraged to consider allowing nonidentifying and/or personal contact in the future if the offspring and donor agree. By implication, programs should include discussions in their consent process about the donor's role in agreeing to, or in not agreeing to, requests in the future for medical or other information. At the time of the donation process, programs should also make it clear that law and circumstances may change and that promises of anonymity or future contact cannot be assured.

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