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A better chance of having a baby

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Egg-sharing means women undergoing IVF are three times more likely to conceive, reports Anjana Ahuja.

The arithmetic is heartbreaking. Up to 100,000 women would like to have children but cannot produce their own eggs. Last year 1,000 of them received donated eggs. That leaves tens of thousands of women in an ever-growing queue, hoping against statistics that the precious gift of a few eggs reaches them before doctors deem them too old for motherhood.

Against a background of controversy, a handful of courageous doctors have been championing egg-sharing, a way through this apparently intractable dilemma. Foremost among them are Dr Kamal Ahuja (no relation to this writer) and Dr Eric Simons, fertility specialists at London's private Cromwell Hospital. The idea came six years ago from their patients, who realised that among themselves they could help each other. "Some were waiting for eggs while others were finding treatment financially demanding," Dr Ahuja says.

IVF treatment involves stimulating the ovaries to produce ten or so eggs, which are then fertilised with the man's sperm in the laboratory. However, the law permits only three of the resulting embryos to be implanted. The patients suggested that some leftover eggs be given to another couple; in return, the donor would receive free treatment. Even though Dr Ahuja, who pioneered the freezing of embryos, regarded himself as progressive, he felt this was going too far: "I was horrified. I could just imagine the headlines: 'Eggs for sale'."

Today his attitude could not be more different. His six clinics around Britain have delivered 140 babies through this scheme, including a set of twins, and have 87 pregnancies in progress. Despite being vilified by those who believe that egg donation should remain an act of noble selflessness, Dr Ahuja, a kindly, softly spoken man, has become its greatest advocate and is now trying to change the attitude to egg-sharing. Even though it was approved by the Human Fertilisation and Embryology Authority (HFEA) last year, the scheme is still viewed by many as the unethical selling of body products.

The scheme works like this. A woman undergoing IVF at the Cromwell can either share her eggs or keep them for future attempts. Those choosing the latter must pay full treatment costs. A patient wishing to egg-share - who must be under 35, and undergo genetic screening and counselling with her partner - receives her treatment free (some other clinics involved in egg-sharing offer subsidised, rather than free, treatment).

She keeps half her eggs, plus any extra egg if an odd number is produced. The recipient of the donated eggs must be matched for physical characteristics such as skin, eye and hair colour and stature. The donated eggs are fertilised with sperm from the recipient's partner and implanted within 48 hours. Crucially, donor and recipient must never meet. Neither is the donor told whether the eggs she has given away have resulted in pregnancies. This satisfies the HFEA's concerns over donors whose own attempts fail but whose recipient becomes pregnant.

Critics view egg-sharing as crude commercialisation of the human body. Although exchanging eggs for free treatment could be viewed as a financial transaction, it is prompted primarily by goodwill, Dr Ahuja argues.

Added bonuses are that waiting times are cut from years to months and non-white couples, for whom there are very few eggs available, can be helped as soon as a woman of similar ethnic origin agrees to egg-share.

Laura (not her real name), a 36-year-old graduate, had twins eight months ago after her seventh attempt at IVF; she donated some eggs at the same time. She was prompted to have a last go partly because she could receive free treatment, and also because, if it failed, she knew that she had helped someone else. “Egg-sharing is a brilliant idea,” she says. She does not regard the donated eggs as “hers” because they have been fertilised with another man’s sperm.

“I wouldn’t be human if I didn’t occasionally wonder whether any children came of it. But I am happy and proud of what I have done. It’s madness to fight against such a good idea. I don’t think I would feel differently if I hadn’t conceived because when you donate, you do it with the best will in the world.”

This, says Dr Ahuja, is “pragmatic altruism”. And it succeeds where pure altruism has failed. “People’s expectations about eggs are based on female philanthropy. They say the best eggs are those given freely and as soon as there’s subsidy those eggs become somehow dirty. We are fighting against those heavily ingrained social values.” He notes that a recent £250,000 advertising campaign for egg donors yielded just two women.

Moreover, egg-sharing means that healthy women are not subjected unnecessarily to the complex and possibly harmful procedure of egg collection. There is unease in the medical community that the hormonal stimulation given to women to produce eggs may double the risk of ovarian cancer from 0.05 per cent to 0.1 per cent. Liz Tilberis, the former Editor of Vogue and Harper’s Bazaar, and Ruth Picardie, a journalist, who died of ovarian and breast cancer respectively, were convinced that IVF treatment had caused their conditions. Dr Ahuja recommends caution: “The chances of developing ovarian cancer are still remote but both Liz and Ruth died believing that the process hurt them.That shouldn’t be ignored. The world has enough patients already, and we shouldn’t make patients out of healthy women in the name of altruism.”

Dr Ahuja is an influential figure in the field of fertility research - he studied for a PhD at Cambridge University under Bob Edwards, the man who, with Patrick Steptoe, produced the world’s first test-tube baby.

However, despite his standing, his cogent arguments and patient support, Dr Ahuja and his colleagues fought a long and sometimes ugly battle to get the idea accepted. It started well enough when the HFEA gave approval in 1993 for a trial. He says: “We had done 60-odd cases by 1995 and decided to publish. In the recipient group of 60 women, the success rate was 30 per cent, while in the donor group it was 10 per cent lower. Both were better than the national 16 per cent success rate but there was the feeling that recipients were doing significantly better than donors. There were accusations by colleagues and the media that the good eggs were going to the paying customers and the bad eggs to the non-paying customers. That is when the attitude began to change.

“We went from being the good boys working alongside the HFEA to suddenly being the focus of concern,” he says. “The British Medical Association were against it. In 1996 people started muttering in the press that the HFEA was going to ban the practice. We were accused of unethical behaviour, and our work was labelled highly dubious, coercive and exploitative.

“It was extremely hurtful. I spent a few sleepless nights wondering what they were going to say next. But the critics never asked how donors felt. When I looked into the eyes of patients, I knew what we were doing was well-meant. And patients were ready to stand by us and defend us like hell.”

To find out whether donors felt coerced to give away their eggs, Dr Ahuja and his colleagues commissioned a questionnaire. The 217 responses were enormously encouraging: “The great majority were against advertising for egg donors or paying them but approved of egg-sharing, not only because it provided financial help but because it enabled them to do good.

“A major misconception was that the moment you start this kind of scheme, the poor, the uneducated and the put upon walk through the doors in their millions because free treatment is such a huge incentive. The survey categorically disproved this. We now know that about 60 per cent of donors are highly educated and very respectable. If you are driven by self-interest and can also do good for someone else, that is a great way to solve problems.”

The HFEA finally approved the scheme in December. Last year’s statistics show that the success rate among egg-share donors is 31 per cent and among recipients 24 per cent. In comparison, the national success rate for IVF is 16 per cent. Dr Ahuja has found that egg-sharing is a more efficient way of treating childlessness. Data from all clinics across Britain between 1991 and 1997 showed that more than a million eggs produced 24,000 babies. “Every 42nd egg produced a child but, among egg-share donors and recipients, that comes down to 14 eggs per baby.”

The three hundredfold improvement, he says, is down to the rigorous screening procedure for donors, which results in better eggs. He hopes that health authorities who regard IVF treatment as wasteful might now reconsider.

He has also discovered a startling difference between egg-share donors and other donors. At the end of the mandatory consent form is an optional section so donors can reveal personal information, which may be passed on to future children. Dr Ahuja has found that egg-share donors are six times more likely to provide it. “That doesn’t strike me as the behaviour of women who are donating their eggs under pressure,” he says.

Pragmatic altruism may well have other roles to play in medicine. Last month Dr Ahuja received a letter from a woman offering to donate her eggs in return for breast enlargement. As protocol dictates, he has sent it to the ethics committee at the Cromwell. Anyone else might be appalled, but - and this is probably why he is a controversial figure - not him. “I admire her ingenuity,” he smiles.