

Anonymity and openness and the recruitment of gamete donors. Part 2: Oocyte donors

KEN DANIELS

School of Social Work and Human Services, University of Canterbury, Christchurch, New Zealand

Abstract

This invited review paper, the last in a series of two, presents an overview of the research evidence concerning oocyte donors' views on anonymity and openness. In the period from 2000 to the present, nine such studies that appeared in referred journals were located. This research shows that many donors have been recruited as personal or known donors, and that many of those who were recruited as anonymous donors were willing to be identified to offspring in the future. Research from studies of potential donors is presented, and this also indicates that recruitment of identifiable donors is possible. The implications of this research evidence, particularly as it relates to professional and clinic attitudes, the motivations of donors, the demographics of those donors who are prepared to be identifiable, and to meeting the needs of donors is highlighted and used as the basis for presenting a strategic approach to the recruitment of gamete donors – both sperm and oocyte.

Keywords: *Oocyte donors, gamete donation, anonymity, openness, recruitment*

Introduction

The paper, the last of a series of two, addresses the issue of the recruitment of gamete donors in a legislative context that requires donors to be prepared to be identified to 'their' offspring when those offspring become adults. The first paper (Daniels, 2007) discussed the move from anonymity to openness in gamete donation and reviewed the evidence from the research on semen donors' views and attitudes, along with related research and evidence. That paper concluded that 'the evidence shows that it is possible to recruit men as semen donors when they are required to be identified to offspring in the future... The evidence, while not conclusive, points to an open system attracting different kinds of men than an anonymous system'.

This second paper reviews the research evidence on the perspectives of oocyte donors regarding anonymity and openness. In addition, related research concerning the recruitment of oocyte donors will be reviewed. The paper will also address the issue of recruitment of gamete donors, both semen and oocyte, drawing on the research reviewed in both papers. Additional thoughts and suggestions – a strategic approach to recruitment – will be provided, and may assist clinics and profes-

sionals as they seek to adjust to the new 'culture' of openness in gamete donor recruitment for third-party reproduction. Discussion of the topic of anonymity, openness and the recruitment of gamete donors requires the paper be read in conjunction with the Part I paper (Daniels, 2007).

Methodology

A search of Medline, Pubmed, Web of Science, Psycho Info, Pro Quest and Science Direct was undertaken to locate studies published in referred journals that examine donors views concerning anonymity/openness, which were published in referred journals. For the purpose of this requested review paper, those studies reported from January 2000 to March 2007 were selected. Nine studies that met these criteria were located.

One of these studies (Kirkman 2003), included twelve women – mostly from Australia (full details not provided) – who had donated oocytes. The paper's focus on a narrative analysis of the donors' experiences of donating meant that it was not possible to ascertain information that could be compared with the other studies.

Comparison of the results of the quantitative studies reported is problematic, as the studies did not all ask the same questions or report the results in the same ways. Having acknowledged this, it is possible to discern trends and patterns that can assist with the consideration of this topic.

There is some additional research that has been located that, while not being based on oocyte donors' views themselves, does contribute to the general understanding of gamete donation, and the impact – or potential impact – of anonymity and openness on recruitment; this will also be cited and discussed.

As stated in the Part I paper (Daniels, 2007), it needs to be noted that there is an extensive literature on the policy debates concerning anonymity, openness and gamete donation, but this is not reviewed here. Rather, the paper focuses on the implications of the policy change in several countries, including relatively recently, the UK (HFEA, 2004a). Owing to space restrictions, egg sharing has not been included.

The research evidence of oocyte donor's views on anonymity and openness

Table I lists the studies of oocyte donors' views concerning anonymity and openness that have been published in referred journals since 2000. Five of the nine studies were undertaken in the US, and one each in the Australia, Belgium, Canada and UK. All but one of these studies was undertaken in jurisdictions that had not required the donors to be willing to be identified. The remaining study by Craft (2005) was undertaken with past donors, pending a change in legislation in that country. The only study (Warren & Blood, 2003) where the respondents were required – by law – to be willing to be identified was undertaken with previous donors at a time when a change in legislation in that country was pending. A 'known donor' is a person who has a relationship with, or is known to, the recipient(s) prior to the donation. The Canadian study by Winter and Daniluk (2004) was a qualitative study of three women who donated to their respective sisters; also, of course, known donation.

Clearly, if legislation requires donors to be willing to be identified, then any women who become donors accept that condition. The 'cultural' context (including legislation) is seen to impact on who becomes a donor. With legislative requirements, the 'cultural' context can be said to operate at a macro level. The 'culture' of a clinic regarding anonymity and openness, however, will also be an important factor, this being at a macro level. In their studies of donors recruited from one clinic and two recruitment agencies, Braverman and Corson (2002) say of the differences that emerged, 'these differences reflected programme options and philosophies'.

Results of surveys of donor attitudes and views may, therefore, reflect the policies of the programme that recruited them, as well as, or more than, the views of the donors themselves. An individual in a clinic – especially the person managing recruitment – will almost certainly reflect their 'culture' concerning anonymity and openness, this being at the micro level. Little is known about the impact of 'culture' at the meso and micro levels, but clearly these are interrelated to the macro-level culture, and are deserving of consideration and research.

In the studies reported in this review, two (Patrick et al., 2001; Jordon et al., 2004) were of donors recruited by clinics adopting a philosophy of anonymity; one study (written up in two papers; Klafoglou & Geller, 2000; Klafoglou & Gittelsohn, 2000) reported that, in the main, anonymous donors were recruited, although known donors were also accepted; a later study (Craft, 2005) reported that known donors were encouraged, but anonymous donors were also recruited; an earlier study (Braverman & Corson, 2002) recruited respondents from one clinic and two recruitment agencies, and the policies of all three differed; another study (Klock et al., 2003) failed to report the clinic policy on donation, but there are indications that anonymity was the prevailing policy; in one study (Warren & Blood, 2003) only known donors were accepted; in the qualitative study of three known donors in Canada (Winter & Daniluk, 2004), the policy of the clinic, while not reported, clearly included accepting known donors; and in yet another study (Baetens et al., 2000), the clinic suggested that couples search for a donor among their family and friends. A recruited donor could be 'exchanged' with a donor from another couple, thus permitting the use of anonymous donors. Almost 70% of recipient couples preferred known donation, and therefore recruited donors on this basis. Thus, that particular clinic had a dual system operating.

The results of these studies provide some insights into the impact of clinic 'culture' and policy. This is most obvious in the study by Braverman and Corson (2002), which reported data from donors recruited in one clinic and two commercial recruitment agencies. Programme 1, which did not offer the opportunity for donors and recipients to meet, had, of course, no donors meeting, compared with Programme 3, where meeting was possible, and approximately 50% of donors met with recipients. Across the three programmes, 25% of donors had met the recipients, and 50% of the donors knew the outcome of their donation. On the latter issue there was, once again, wide variation between the programmes, with the figures being 12%, 49% and 70%, respectively, with the last figure relating to Programme 3. In the two studies (Patrick et al., 2001; Jordon et al., 2004) that

Table I. Studies of oocyte donors views regarding anonymity and openness, 2000–2007.

Authors	Year	N	Country	Age	Marital Status	Children	Anonymity	Known outcome or meeting of resultant child	Motivation
Kalfoglou, A. & Gittelsohn, J.	2000	33	USA	Range 21–36	50% married	75% had children	67% anonymous 33% known or combination of both when multiple donations	76% of anonymous donors not told and 75% of these wanted to know outcome	50% primarily financial Many altruistic feelings developed. 50% knew infertile persons
Kalfoglou, A. & Geller, G.	2000								
Baetens, P., Devroey, P., Camus, M., Van Steirteghem, A. & Ponjaert-Kristoffersen, I.	2000	144	Belgium	Range 17–42 Average 30.83	79% married/ cohabitating 17% single 4% divorced	76% had children	69% Known (35% friends, 28% sisters)	80% Open 13% preferred anonymity 7% anonymity essential	67% generally motivated by personal relationship 23% Altruistic (Payment not allowed in Belgium)
Patrick, M., Smith, A., Meyer, W. & Bashford, R.	2001	24	USA	Range 19–33 Mean 24	Not reported	54% none 33% had one or more children	Anonymous requirement from clinic	75% donors wished to know the outcome. 42% would be happy to meet with child	Money primary motivation—many donors students All donors paid Money and Altruism but no details provided
Braverman, A., & Corson, S.	2002	235 (in 3 different programmes)	USA	Average 27.9	45% single	Not reported	Ranged from no meeting of recipients in 1 clinic (no provision made for this) to 50% in another clinic	Ranged from 12% in 1 clinic to 70% in another All agreed to contact if child wanted this Endorsed establishment of donor registry (marked differences between programmes)	
Klock, S., Stout, J. & Davidson, M.	2003	52 (in 6 programmes)	USA	Average 27.8	38% married 52% single 10% divorced	54% none 46% one or more children	Anonymous recruitment. 44% would like to meet recipients 88% told others of participation	75% wished to know outcome. 66% would donate if identifiable	All donors paid. 11% would donate if not paid
Warren, N. & Blood, J.	2003	29	Australia	Range 18–39 Average 33	72% married 14% de facto	90% had children of their own	Known to recipient 70% to sister or relative. 30% to friend	Not specifically reported but had concerns for the donor conceived child	Altruism 66% offered to donate. No payment
Winter, A. & Daniluk, J.	2004	3	Canada	Average 36	All married	2 had two children 1 had 4 children ≥50%	Known-sisters	All had contact	Altruism
Jordan, C., Belar, C. & Williams, R.	2004	24	USA	Range 21–35 Average 26.5	≥50% Single	No Children	Anonymous programme. All had told others	20% had desire to meet recipient	Altruism
Craft, I.	2005	165	UK	Not reported	Not reported	Not reported	Anonymous programme. Known donation has been encouraged by clinic	52% still would donate again if donor identity known to resultant child	Altruism Limited expenses paid but no payment

reported on donors recruited through an anonymous system, 20% in one study expressed a desire to meet the recipient, and in the other study, 42% said they would be happy to meet the recipient child. The clinic policies did not allow for this to happen. In the study by Klock et al. (2003), where it was not possible to be certain about the policy of the clinic (although it was likely to be anonymous), 44% of respondents said they would like to meet the recipients, and 60% said they would donate if they were required to be identifiable. In the UK study (Craft, 2005) that encouraged known donors, but also recruited anonymous donors, 52% said they would donate again if identifiable.

If a clinic has a policy/culture of anonymity, then those recruited have to accept this if they want to donate. The figures presented above suggest that even when recruited into a system that requires anonymity, many of the donors themselves are not necessarily committed to that anonymity, and see the possibility of meeting the recipients, or meeting the resultant child, as something that they would not only like to do, but is important to them.

The level of interest in knowing the outcome of their donations could also reflect that, for many oocyte donors, the provision of an oocyte(s) has significant personal meaning – not just in donation, but in knowing the outcome, as well as the possibility of meetings. One US study (reported in Kalfoglou & Geller, 2000, and Kalfoglou & Gittelsohn, 2000) found that 76% of the anonymous donors were not told the outcome of their donation, and that 75% of those donors wanted to know.

In another two US studies (Patrick et al., 2001; Klock et al., 2003), 75% of donors wished to know the outcome. Knowing and understanding the wishes and needs of donors has important implications for recruitment strategies (Cook & Golombok, 1995); this will be discussed later.

The demographics of the donors in the above nine studies provides some insights into which women are more likely to be attracted to an anonymous system, and which to an open system. Considerable caution needs to be noted in discussing this issue, however, as separate figures are not provided for studies that involve both anonymous and known donors. Bearing this in mind, the following observations can be made. The average age for donors in the known and/or predominantly known programmes is 33 years (Warren & Blood, 2003), 36 years (Winter & Daniluk, 2004), and 36 years (Baetens et al., 2000), while the ages in the anonymous programmes are 26.5 years (Jordan et al., 2004) and 24 years (Patrick et al., 2001). In these same programmes, the numbers of married donors are 72%, 100% and 97%, and in the anonymous programmes, 50% and not reported, respectively. Those who had children

of their own were 90%, 100% and 76%, respectively, and in the anonymous programme 50% and 33%, respectively. These three demographics are, of course, interrelated. The older a person is, the greater the likelihood that they will be married; those who are married are more likely to have children. Again, these factors will be discussed later in relation to recruitment strategies.

Motivation for known donors seems to have been predominantly based on a desire to assist (altruism), especially where recipients are relatives or friends (Baetens et al., 2000; Warren & Blood, 2003; Winter & Daniluk, 2004). All studies undertaken with US oocyte donors (Kalfoglou & Gittelsohn, 2000; Patrick et al., 2001; Braverman & Corson, 2002; Klock et al., 2003; Jordan et al., 2004) reported that financial reward was an important motivation. In the study by Klock et al. (2003), only 11% would donate if they were not paid. Two of the US studies were anonymous, one was probably anonymous, and the other (reporting on donors recruited from three different sources) was a mixture of anonymous and known. In the US, the issue of payment and especially the amount has been a matter of considerable debate (Sauer, 2006). Payment to donors – both oocyte and semen – is well established in the US.

Related research and evidence

While Sweden was the first country in the world to introduce legislation allowing children conceived as a result of donor insemination to have access to the identity of 'their' donor (Sweden, 1984), it was another nineteen years before legislation was passed allowing oocyte donation. As with semen donation, oocyte donors are also required to be identifiable to offspring in the future.

A study by Skoog Svanberg et al. (2003a, 2003b), undertaken two months before the decision to allow oocyte donation, provides data that contributes to the consideration of recruitment of gamete donors. The study showed that of 729 potential donors aged 25–35, 17% would consider donating oocytes, 39% were opposed, and 44% were doubtful. Of the potential donors (17%), 38% said they would be glad to be contacted by offspring, whereas approximately 33% would not. Almost 50% said they would not want information on the wellbeing of the child. The potential donors were strongly motivated by a desire to help, and were more likely to have been blood donors. While the potential donors were less likely to have children of their own, almost half of all respondents reported that they would be more likely to donate if they had talked to other donors, could undergo the donation procedure locally, and had children of their own. In the 2003b paper, which reported on the survey of both men and women, 58%

of men said they would support their girlfriend/wife if she wanted to donate.

In a British study (Purewal & van den Akker, 2006) of 101 women (55% Asian, 45% Caucasian), the authors reported that 41% of women could be said to be 'possible' oocyte donors, 54% non-donors and 5% 'probable' donors. Caucasian women were more likely to be 'possible' donors'. Analysis of the 'possible' donor group (41%) revealed that five variables significantly predicted possible oocyte donation: the oocyte donor having a relationship with the couple; important people to the donor would support them; having full control over decisions to donate; altruism; and religious belief.

While the numbers of respondents is small (41), given the information-sharing legislation in the UK and other countries, the above variables are important in any consideration of recruitment strategies. In relation to recruiting non-Caucasian donors, the authors make useful suggestions. Discussion of this issue is beyond the scope of the paper.

In 2004, the Human Fertilisation and Embryology Authority (HFEA, 2004b) conducted a survey of 99 centres in the UK that held a licence to store gametes and/or provide fertility treatment. In relation to oocyte donation, 51 centres completed the postal questionnaire, with results showing that a total of 308 potential donors were recruited from April 2003 to March 2004. The highest number of donors recruited (176) were women who were known to the recipient. A further 47 women were recruited by individual patients and were placed in a donor pool. Ninety-four anonymous oocyte donors were also recruited. Of the 308 who attended an initial interview, 32% (95) went on to complete one cycle of donation. Sixty per cent (31) of questionnaire respondents indicated the recruitment was following a similar trend to previous years. The majority of respondents (82%) believed that the removal of anonymity would have the greatest effect on recruitment, with the remaining 17% believing the legislative change would have little or no effect.

The large number of clinics reporting concerns about the impact of the legislative change on donor recruitment is a mirror image of the situation with semen donors. It needs to be noted, however, that 72% of the oocyte donor recruits were either known to the recipients or recruited by the recipients. It could be argued that that this pattern is not likely to be affected by the change in the law, except for the 47 women who, while recruited by recipients, had their oocytes placed in an anonymous donor pool. It also needs to be recognized that the likelihood of legislative change had been discussed in the media at the time of the donors were being recruited.

In a UK study of 113 oocyte donors recruited through eighteen different centres (Byrd et al.,

2002), it was found that the most common motivation for donating was a desire to help childless couples. This may have been influenced by the fact that 24% knew someone who was infertile, and a further 7% knew someone who was subfertile. Older women who already have children are more likely to know infertile women than younger, single women, because of who they associate with. The mean age of the donors in this study was 31.7 years, and 93% of these had children of their own. Two-thirds of the women were blood donors, 12% were donating to known recipients, but in most cases were doing so anonymously. This study did not seek the respondent's views on anonymity and openness.

That there is widespread concern about the impact of loss of anonymity on recruitment of donors has to be acknowledged. The evidence from studies of oocyte donors and related research does indicate, however, that these fears – mainly held by professionals – may be unfounded. However, as pointed out in both Part 1 (Daniels, 2007) and the current paper, the attitudes and donors views of the professionals responsible for services, and therefore responsible for recruitment, does seem to impact on the policies and approaches adopted by clinics. If a clinic has a negative view of the impact of the legislative change on recruitment, or perhaps believes that the legislative change is wrong, then it will be very difficult for this not to impact on their recruitment efforts, and particularly the additional thinking and resources that will be needed to devise, and implement, new approaches to recruitment.

Gamete donor recruitment – what can be learnt from the research evidence?

Fortescue (2003) recently said 'I believe that the altruistic donor, whose motivation is simply to help childless couples, would largely disappear with the removal of anonymity' (p. 140). The evidence from the studies of gamete donors views (as cited) in several countries shows that men and women have been recruited as identifiable donors, or, having been recruited as anonymous donors, are prepared to be identifiable to offspring. The first conclusion from the evidence cited in this and the previous paper, therefore, is that men and women are prepared to donate in a system that requires their identity to be available to offspring. There is also evidence from studies of potential donors that being required to be identifiable is not necessarily a barrier to becoming a donor for some persons.

The culture surrounding gamete donation has traditionally been characterized by secrecy, and part of this has been the anonymity of donors. The research reviewed indicates that donors recruited under an anonymous culture tend to reflect that

culture, while those recruited under an open system reflect it. The culture, whether at macro or meso levels, will impact on the position of those becoming donors. Some of the studies cited show that some clinics that have operated on an open culture – despite the pervading culture of secrecy and anonymity – have recruited identifiable donors. This again would suggest that the policies, attitudes and views of clinics and their staff impact significantly on the perspectives of donors. Perhaps the first step in recruiting donors in an open system is to devote consideration to the recruiters and what changes they may need to make if they want to be involved in successful donor gamete recruitment.

Moving from systemic and professional issues (policies and attitudes of centres and staff), what do we learn about those who have become donors? Three factors will be highlighted and discussed: motivation of donors, demographic characteristics of donors, and the needs and interests of donors. In almost all of the studies cited, donors (both semen and oocyte) say that a significant, and in many studies, only, motivation for becoming a donor was to assist others. Altruism is therefore a dominating motivation. Some studies suggest there may be multiple reasons for deciding to donate. In the US context, payment seems to be an important, but not sole, motivator, no doubt reflecting factors associated with the economic and cultural context in that country. Raymond (1990), in writing on the work of Titmuss, comments, ‘Titmuss understood that giving was influenced by the relationship set up, social and economic, between the system and the donor and that these relationships are strongly determined by the values and cultural orientations permeating the donor system and the society in general’ (p. 7). Titmuss had used blood donation as the basis for his research; however, the ‘gift relationship’ he talked of can be applied to gamete donation as well. A strong desire to help, therefore, seems a basic motivation for donating. Knowledge of infertile persons, or the donor’s own subfertility, is cited in some studies (not all studies sought this data) as being a factor associated with the reasons for donating. This, of course, also applies to the personally recruited donors that several studies reported on. It is of interest that the recruitment of personal donors (those recruited by recipients) seems to be more prevalent in oocyte donation than semen donation. One possible explanation for this may be that women feel more free to ask another woman to provide them with an oocyte, whereas a male asking a friend or relative for semen is, in effect, asking for the semen to be given to the infertile male’s partner, which may raise associations with sexuality. This is clearly part of the larger issue of gender considerations in gamete donation, which Haines (1993) has analysed in

some detail. The evidence from some of the studies reviewed does suggest that the issue of patients being required to recruit their own donors is worthy of serious consideration. Reconceptualizing gamete donation as gift giving seems appropriate, given the above. Most gift giving is to persons who are known to the giver. This matter will be discussed further in the next section.

The results of the review of the research cited, shows that donors who are older, married and have children seem more willing to be identifiable to offspring. This applies to both oocyte and semen donors. This knowledge is of considerable importance in deciding which groups to target in recruitment exercises. The involvement of the donor’s partner (if there is one) in the decision making has also been highlighted in some studies. This may suggest that recruitment that portrays gamete donation as being a gift from one family to another ‘would-be family’ could be useful and appealing to the family that is not only complete, but wants to give something to assist those who have not been able to have children. In addition, family donation may help to overcome some of the difficulty related to sexuality mentioned previously.

The needs and interests of donors have to be understood and provided for (Cook & Golombok, 1995). There is strong evidence, especially from several of the oocyte studies, that the donors wanted to know the outcome of their donations. Donating gametes to contribute to the beginning of a new life is, for most donors, clearly a significant event. They have given a part of themselves and, as such, it is to be expected that they will wish to know the outcome of their donation. This same principle extends to those donors who wish to, or would be willing to, meet offspring in the future. The secrecy and anonymity surrounding gamete donation has probably led to the downplaying of the significance of the donor’s needs. There may also have been a desire to depersonalize the whole process of donation out of fear that psychological factors would come into play and create problems for all the involved parties. I have written (Daniels & Hall, 1997) that the payment for gametes may be seen as symbolic of the ending of the commitment/contract – a service (in contrast to a gift) has been provided, and the donor can walk away having completed his/her work. With the change to identifiable donors, the involvement does not necessarily end with the donation. The commitment of identifiable donors has to be to the present, as well as the future. The studies of oocyte donors reviewed in the paper present, in the main, a picture of donors who have an interest, and, perhaps not too strongly in many cases, a commitment to the future, as well as the present. Providing feedback to donors on outcomes is an important part of donors feeling valued

for their contribution. Valued donors are likely to 'feel good', talk about this with others and, thus, add to the potential 'advertising' of the need for donors.

This section has sought to focus on gamete donation. That there are differences between oocyte and semen donors is acknowledged, but the focus here has been on looking at the issue generically and drawing some conclusions from the research cited. These conclusions form the basis for the following suggestions concerning the adoption of a strategic approach to donor recruitment.

A strategic approach to gamete donor recruitment

The challenges associated with recruiting gamete donors cannot be viewed in isolation. They are part of a context that sees increasing media attention to all matters associated with assisted reproductive technology and, as a result, a lessening in the stigma so often seen to be a part of infertility. The negatives associated with gamete donation as a response to some types of infertility has been particularly strong, no doubt reinforced by the secrecy that has surrounded third-party reproduction (Daniels & Taylor, 1993). The anonymity of donors has been part of that secrecy. The move to identifiable donors, therefore, challenges the notion of secrecy and, as a consequence, the stigma. When the infertile have been told they should keep their use of third-party reproduction a secret, they have, in effect, been told that they should feel ashamed of what they are doing. People do not keep secret what they are proud of. Removing the anonymity of donors can, therefore, been seen as part of a larger move to change the culture of secrecy associated with family building of this kind. (Daniels, 2004a).

While the change of law in the UK, and other countries, has begun this approach, it will be a change in attitudes that determines the outcomes (Adams et al., 2006). It is the modification of attitudes and culture that has characterized a new approach to third-party reproduction in New Zealand, summed up in a recent chapter entitled 'From secrecy and shame to openness and acceptance' (Daniels, 2004b). For the past fifteen years, New Zealand clinics have only recruited those gamete donors prepared to be identified. Recent legislation has codified this policy and provides for systems to manage the sharing of information (New Zealand Government, 2004).

A cultural change regarding third-party reproduction needs to be the backdrop against which specific strategies are considered. As stated by Melanie Johnson who said, 'We need to change people's perceptions about sperm and egg donation and dispel

some of the myths associated with it. Donating is and should be highly valued' (Johnson, 2004).

The Donor Conception Network in the UK, as the main organization of consumers, has been instrumental in advocating for the removal of donor anonymity and a change in the culture of secrecy. Consumers are potentially the most powerful group who can influence cultural change. Consumers working in partnership with professionals who are likewise committed to changing the culture of secrecy and stigma would be very influential. This first, and foundation step in any strategic approach to donor recruitment is, of course, a long-term and continuing process.

Emerging from such a strategy, and in response to the immediate need for new donors, active consideration should be given to encouraging recipients to recruit their own donors. The research cited in these two review papers shows that this is possible, and is, in fact, being used in clinics in several countries. It is clear that centres would need to work with potential recipients to empower them to take responsibility for this task, and part of this would involve dealing with possible feelings of shame and stigma. Many clinics encourage patients to draw up advertisements seeking a donor, with replies to be made to the clinic, although this tends to be more common in oocyte donation than semen donation. This system makes known the personal characteristics and circumstances of the patients, but they are not identifiable. The clinic, therefore, still operates in a brokering role. It could be argued that the only reason that centres adopted a brokering role in relation to donors and recipients was to keep the whole process secretive. In an open culture, the role of centres could be seen to be that of facilitators of an exchange agreed to between friends or relatives.

If centres decide to continue to act as recruiters, perhaps in association with organizations such as the National Gamete Donation Trust in the UK, then the information provided in the previous section provides pointers as to who should be targeted as potential donors.

In a report to Health Canada on the recruitment of altruistic gamete donors (in anticipation of legislation banning payment for gamete donors), my colleagues and I (Feyles et al., 2004) gave detailed proposals regarding donor recruitment. Many of those proposals are applicable to identifiable donors. A model developed for donor recruitment saw the process as being divided into three stages: the Enquirer stage, the Engagement/Enlistment stage, and the Commitment stage. Difference strategies were proposed for each of these stages in recognition that donor recruitment needs to be carefully planned and implemented. The proposals recognized and included suggestions for what we called recipient-

initiated enquirers – the personal donors – and clinic- or service-initiated enquirers. A key element in the recruitment process was seen to be the commitment of the clinic and the professionalism of the person appointed to undertake the recruitment.

The last stage in a strategic approach to donor recruitment is the ‘how’ to of recruitment. Clearly, all possible means of making the need for donors known can be utilized, and there are detailed suggestions in the report to Health Canada (Feyles et al., 2004), which readers are directed to owing to space limitations of the paper and because the focus here is on a strategic approach.

Conclusions

Both this paper and the Part I paper have reviewed the research and related evidence that is available concerning the views of gamete donors regarding anonymity and openness. The implications of this research for the recruitment of donors have, as requested, been a key focus of the two papers. In contrast to the many views expressed concerning the willingness of donors to come forward following the changing of the law in the UK, there is clear evidence that gamete donors have – and can – be recruited when they are required to be identified. The removal of anonymity for donors must be seen as part of a significant cultural change regarding secrecy and third-party reproduction, and the implications of this for donor recruitment are considerable. The paper has sought to identify, from the research cited, those factors that will be important to consider in the development of recruitment policies and strategies in what is a new and emerging cultural context.

References

- Adams, J., Pease, E., & Lieberman, B. (2006). Donor recruitment: change attitudes, not the law. *Bio-News*, 16 October. Available at: <http://www.bionews.org.uk/commentary.lasso?storyid=3225>, accessed on 17th October 2006.
- Baetens, P., Devroey, P., Camus, M., Van Steirteghem, A. C., & Ponjaert-Kristoffersen, I. (2000). Counselling couples and donors for oocyte donation: the decision to use either known or anonymous oocytes. *Human Reproduction*, 15, 476–484.
- Braverman, A., & Corson, S. (2002). A comparison of oocyte donors’ and gestational carriers/surrogates’ attitudes towards third party reproduction. *Journal of Assisted Reproduction & Genetics*, 19, 462–469.
- Byrd, L., Sidebotham, M., & Lieberman, B. (2002). Egg donation – the donor’s view: An aid to recruitment. *Human Fertility*, 5, 175–182.
- Cook, R., & Golombok, S. (1995). A survey of semen donation: Phase II – the view of the donors. *Human Reproduction*, 10, 951–959.
- Craft, I. (2005). Will removal of anonymity influence the recruitment of egg donors? A survey of past donors and recipients. *Reproductive BioMedicine Online*, 10, 325–329.
- Daniels, K. (2004a). *Building a family with the assistance of donor insemination*. Palmerston North: Dunmore Press.
- Daniels, K. (2004b). From secrecy and shame to openness and acceptance. In E. Blyth & R. Landau (Eds), *Third party assisted conception across cultures* (pp. 148–167). London: Jessica Kingsley Publishers.
- Daniels, K. (2007). Anonymity and openness and the recruitment of gamete donors. Part 1: semen donors. *Human Fertility*, 10, 151–158.
- Daniels, K., & Taylor, K. (1993). Secrecy and openness in donor insemination. *Politics & the Life Sciences*, 12, 155–170.
- Daniels, K., & Hall, D. (1997). Semen donor recruitment strategies – a non-payment approach. *Human Reproduction*, 12, 2330–2335.
- Feyles, V., Daniels, K., Hasse, J., Isacson, D., Newton, C., Nisker, J., Parker, J., & Tekpetey, F. (2004). Altruistic gamete donation. Phase I. Available at: http://www.hc-sc.gc.ca/hl-vs/alt_formats/hpb-dgps/pdf/reprod/section12_e.pdf, accessed on 3rd May 2007.
- Fortescue, E. (2003). Gamete donation – Where is the evidence that there are benefits in removing the anonymity of donors? A patient’s viewpoint. *Reproductive BioMedicine Online*, 7, 139–144.
- Haines, E. (1993). Issues of gender in gamete donation. *Social Science & Medicine*, 36, 85–93.
- Human Fertilisation and Embryology Authority (HFEA). (2004a). *Disclosure of donor information regulations 2004 SI 2004 No 1511*. London: HFEA.
- Human Fertilisation and Embryology Authority (HFEA). (2004b). *Sperm, egg and embryo donation (SEED) review*. HFEA: London. Available at: http://www.hfea.gov.uk/About_HFEA/Consultations/SeedConsult.pdf, accessed on 28 January 2005.
- Johnson, M. (2004). Plea for egg and sperm donors. *BBC News*, Available at: <http://news.bbc.co.uk/go/pr/ft/-/1/hi/health/4134517.stm>, accessed on 11 January 2005.
- Jordan, C., Belar, C., & Williams, R. (2004). Anonymous oocyte donation: A follow-up analysis of donors’ experiences. *Journal of Psychosomatic Obstetrics & Gynaecology*, 25, 145–151.
- Kalfoglou, A., & Geller, G. (2000). A follow-up study with oocyte donors exploring their experiences, knowledge, and attitudes about the use of their oocytes and the outcome of the donation. *Fertility & Sterility*, 74, 660–667.
- Kalfoglou, A., & Gittlesohn, J. (2000). A qualitative follow up study of women’s experiences with oocyte donation. *Human Reproduction*, 15, 798–805.
- Kirkman, M. (2003). Egg and embryo donation and the meaning of motherhood. *Women & Health*, 38, 1–18.
- Klock, S., Stout, J., & Davidson, M. (2003). Psychological characteristics and factors related to willingness to donate again among anonymous oocyte donors. *Fertility & Sterility*, 79, 1312–1316.
- New Zealand Government. (2004). *Human Assisted Reproductive Technology Act*. Wellington: Government Printer.
- Patrick, M., Smith, A., Meyer, W., & Bashford, R. (2001). Anonymous oocyte donation: A follow-up questionnaire. *Fertility & Sterility*, 75, 1034–1036.
- Purewal, S., & van den Akker, O. (2006). British women’s attitudes towards oocyte donation: Ethnic differences and altruism. *Patient Education & Counselling*, 64, 43–49.
- Raymond, J. (1990). Reproductive gifts and gift giving: The altruistic woman. *Hastings Centre Report*, 20, 7–12.
- Sauer, M. (2006). Oocyte and embryo donation 2006: Reviewing two decades of innovation and controversy. *Reproductive BioMedicine Online*, 12, 153–162.
- Skoog Svanberg, A., Lampic, C., Bergh, T., & Lundkvist, O. (2003a). Characteristics of potential oocyte donors in Sweden. *Human Reproduction*, 18, 2205–2215.

- Skoog Svanberg, A., Lampic, C., Bergh, T., & Lundkvist, O. (2003b). Public opinion regarding oocyte donation in Sweden. *Human Reproduction*, 18, 1107–1114.
- Sweden. (1984). *Swedish law on artificial insemination*. 1140/1984. Swedish Parliament.
- Warren, N., & Blood, J. (2003). Who donates? Why donate? An exploration of the characteristics and motivations of known egg donors: The Victoria, Australia experience. *Journal of Fertility Counselling*, 10, 20–23.
- Winter, A., & Daniluk, J. (2004). A gift from the heart: The experiences of women whose egg donations helped their sisters become mothers. *Journal of Counseling & Development*, 82, 483–495.

Copyright of Human Fertility is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.