

## **Anonymity and openness and the recruitment of gamete donors. Part I: semen donors**

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### **Abstract**

Since 1 April 2005, gamete donors in the United Kingdom (UK) have to be willing, in the future, to be identified to offspring should the offspring want this. This change in law has led to considerable anxiety about the future availability of donors. This paper presents an overview of the research evidence concerning semen donors' views on anonymity and openness, as it appears in referred journals since 1995. Research evidence that is available, but not yet been published in referred journals, is also reviewed. The nature of this evidence is analysed and criticized. Research on the views of potential semen donors is also reviewed, as is the evidence that is available from jurisdictions that have changed the law and required donor openness. The evidence shows that it is possible to recruit semen donors who are required to be identifiable in the future. The evidence, while not conclusive, points to an open system attracting different kinds of men than an anonymous system, and this has clear implications for future recruitment policies.

The evidence-based approach to recruitment of gamete donors challenges some of the beliefs, attitudes and fears that have been associated with this law change in the UK, and in other countries where similar changes have taken place.

**Keywords:** *Donor insemination, recruitment, anonymity, openness*

### **Introduction**

From 1 April 2005, any person or couple in the United Kingdom (UK) who donates semen, oocytes or embryos has to be prepared to be identifiable to any resulting child(ren) when that offspring reaches the age of 18. With this requirement, the UK has joined a small, but growing, number of jurisdictions that have enacted similar legislation. These include Sweden, Austria, Switzerland, Norway, The Netherlands, New Zealand, and the Australian states of Victoria and Western Australia.

While those individuals and groups who have a concern for the rights of children to have access to information about their gamete or embryo donors have welcomed this legislation, this has not, on the whole, been the case for those who have the responsibility for providing treatment services. There has also been concern expressed from one patient support group (Brown, 2006). In the lead up to the enactment of the legislation, there were concerns expressed that there would be a decline in the number of donors; this would lead to services going

underground (Murdoch, 2005) or fertility tourism (Pacey, 2004). These concerns were reinforced by the results of a Department of Health Survey, which showed that of 133 current semen or oocyte donors, only half would continue to donate if they lost their right to anonymity (Blyth, 2005). Since the passing of the legislation, many providers of services have been expressing concern about the lack of donors coming forward (Ahuja, 2006; Craft, 2006; Hamilton, 2006). And there has been concern that clinics are having to close (McAlinden, 2006). This has led to one MP saying, 'The decision to abandon anonymity was stupid and misguided' (Harris, 2006), and he has called for the issue to be re-opened.

The removal of donor anonymity was based on the principle that children/offspring have a right to information about their genetic heritage. For a review of the arguments regarding offspring having access to identifying information concerning 'their' donor(s), see Daniels & Taylor (1993); Klock (1997); Shenfield (1997); Weil (1997); Frith (2001); and van den Akker (2006).

The concern amongst some clinic staff is with the consequences of establishing that principle, and the past secretary of the British Fertility Society, Richard Kennedy, highlighted this dilemma when he said, 'We realize that there is a strong case for children to know their genetic parents but the downside of that has led to a major reduction in the availability of donors' (Kennedy, 2005). Clearly, the legislation in the UK and other jurisdictions has recognized that 'the strong case for children... is of greater importance than the consequential issues that have arisen regarding the supply of donated gametes'. That there is widespread concern about the supply of gametes is not in doubt, and it was against this background that the Editor of *Human Fertility* requested a review article on 'anonymity and the availability of donor gametes', to cover studies reported during the last two years.

### Methodology

A search of Medline and PubMed was undertaken, to locate studies of semen donors that ascertained the donor's views concerning anonymity/openness. There has been only one study published in the last 2 years, so it was decided the review should cover 1995 to the present. Within this time period, six studies were located. For a comprehensive study of semen donor motivation until 1997, see Daniels (1998), and for motivation in relation to payment, Daniels et al. (2006). There have been some studies of potential donors and these will also be reviewed. There is also some additional information, which I have referred to as related research and evidence, and this will be considered. What this paper will show is that there has been a dearth of studies designed to explore the views of donors regarding this contentious issue and, in particular, the impact of policy change on donor recruitment. There is a great deal of literature that discusses or debates the policy dimensions of openness and anonymity in gamete donation. There are also widespread anecdotal reports of the impact of the policy change on donor recruitment, as highlighted in the introduction. This paper does not, therefore, conform to the traditional expectations of a review article.

The paper will begin with a review of the research evidence regarding the willingness of semen donors to be identified to offspring. Some reflections on the nature of this research evidence will be offered. Related research and evidence will then be presented in the belief that this material may shed some light on the recruitment of gamete donors in an 'open' system, i.e. where the identity of the donor is open to the offspring.

A second paper on anonymity, openness and recruitment of oocyte donors will be published in a

future issue of this journal. This second paper will conclude with a consideration of the challenges of gamete donor recruitment (both semen and oocyte) in a culture of openness.

### The research evidence on semen donors' views

Table I lists the studies of semen donors' views concerning anonymity and openness that have been published in referred journals since 1995. Three of the studies were undertaken in the UK, two in Sweden and one in New Zealand. All three countries now have legislation requiring donor identification to offspring, should they want this, although the UK studies were undertaken prior to the 2005 legislation. While New Zealand did not have legislation in place at the time of the 1996 study, the policy of clinics at that time was to only recruit donors who were prepared to be identified in the future. The Swedish legislation on openness was passed in 1984.

One of the UK studies recruited respondents from 14 different clinics (Cook & Golombok, 1995). One compared donors in two different London clinics (Daniels et al., 1997) and the other study recruited respondents from four cities (Lui & Weaver, 1996). In one of the Swedish studies (Daniels et al., 1998), the donors were all from the same clinic, while in the second study (Daniels et al., 2005b) the respondents were from two different clinics. Donors in two of the UK studies, and in one of the clinics in the two clinic UK study, show a strong reluctance to being identified to offspring in the future. In Cook & Golombok's (1995) study, 63% said they would not donate if they could be traced, while only 8% wished to be identified by name to the offspring. In Lui & Weaver's (1996) study, 70% of donors said they would not donate without anonymity. In the third UK study (Daniels et al., 1997), which compared the views of donors in two clinics, in Clinic A, 41% of the donors would donate if tracing was possible, while the comparable figure for Clinic B was 18%. What might explain the differences between these results? The demographics of donors in the two clinics varied in that the mean age of donors in Clinic A was 40, and in Clinic B the mean age was 27. Whereas 76% of donors in Clinic A were married, only 9% of Clinic B donors were married. The donors in Clinic A all had children, whereas only 9% of Clinic B donors had children.

As Table I shows, the demographics of Clinic B donors are similar to those in the Cook & Golombok (1995) and Lui & Weaver (1996) studies, where the same information is available.

The views of donors in Clinic A can, therefore, be said to be atypical in the UK. It should also be noted that Clinic A did not provide any expenses for their

Table I. Studies of semen donors re: anonymity/openness 1995 to 2005.

Author/s	Year	n	Country	Age	Marital status	Children	Anonymity	Tracing donor at 18 years	Motivation
Cook & Golombok	1995	144	UK	Average 24 71% ≥ 21	15% married or cohabitating; 81% single; 4% divorced/separated	Not provided	37% concerned about possible contact; 46% concerned about identity given to offspring	8% willing to be identified; 63% would not donate if could be traced	79% help (important or moderately important); 7% money (moderately important)
Adair & Purdie	1996	9 personal donors	New Zealand	Range 31–64 Mean 39.4	67% married; 33% single	89% yes; 11% no	89% had told others about their donation; 11% had not	78% willing to be identified; 22% not willing	100% to help
Lui & Weaver	1996	97	UK	Range 18–38 Mean 22.7	Not provided	100% no	79% would not donate without anonymity	81% not interested in meeting offspring	70% would not donate without payment
Daniels, Lewis, & Curson	1997	17	UK (Clinic A)	Range 31–51 Mean 40	76% married; 6% single; 18% previously married	100% yes	70% important or very important; 24% unimportant or very unimportant; 6% unsure	41% would donate if tracing possible; 41% would not; 18% unsure	100% to help; 12% to procreate and evaluate fertility
Daniels, Ericsson, & Burn	1998	43	Sweden	Range 21–53 Mean 37.4	35% married; 28% de facto; 16% single in steady relationship; 12% single; 7% engaged; 40% previously married/lived together	67% yes; 33% no	44% had a right to remain anonymous; 39% no right; 26% unsure	18% would donate if tracing possible; 63% would not; 9% unsure	63% to help; 82% money; 27% evaluate fertility; 9% procreate
Daniels, Lalos, Gortlieb, & Lalos	2005b	16	Sweden (Umea Clinic)	Range 26–47 Mean 34 63% < 35	44% married; 19% joint living; 6% single (steady relationship); 31% single	70% yes; 30% no	Not asked as law does not allow anonymity	56% happy to meet offspring—would be positive/curious; 16% unsure how they would feel at meeting; 7% did not want to meet	53% to help infertile couples
Daniels, Lalos, Gortlieb, & Lalos	2005b	14	Sweden (Karolinska Clinic)	Range 28–46 Mean 37 64% > 35	36% married; 14% joint living; 21% single (steady relationship); 29% single	70% yes; 30% no	Not asked as law does not allow anonymity	12.5% unsure; 44% very positive; 12.5% positive; 6% mixed feelings; 19% negative; 6% very negative	100% to help; 30% help and money
Daniels, Lalos, Gortlieb, & Lalos	2005b	14	Sweden (Karolinska Clinic)	Range 28–46 Mean 37 64% > 35	36% married; 14% joint living; 21% single (steady relationship); 29% single	70% yes; 30% no	Not asked as law does not allow anonymity	14% unsure; 57% very positive; 7% positive; 14% mixed feelings	100% to help

donors. The issue of payment and expenses for donors has recently been explored in a paper (Daniels et al., 2006) focusing on the Canadian government's decision to ban payments for donors of gametes. The authors state, 'observations indicate that men who are more willing to be identified to offspring in the future share demographic characteristics, such as age and parental status, with those who are prepared to donate altruistically' (Daniels et al., 2006).

In the 1995 UK study, the authors said, 'Interestingly a significantly greater proportion of older donors (aged  $\geq 25$  years) than younger donors (aged  $< 25$  years) reported that they would donate without payment ( $\chi^2 = 4.43$ ,  $P < 0.08$ ). One half (49%) of the older donors stated that they would donate even if they were not paid, in comparison with one third (31%) of the younger men' (Cook & Golombok, 1995). While no significant difference was found between the older donors and younger donors on the question of how much information they would prefer offspring to be given about them – and this challenges the previously suggested link between age, parental status and payment, and anonymity/openness – it must be remembered that these donors were recruited under an anonymous system. See discussion in next section.

The two Swedish studies show that even though the law required donors to be identifiable to offspring in the future, 44% in one study (Daniels et al., 1998) believed they should have a right to remain anonymous; in the other study, 25% of the respondents in one of the two clinics were negative or very negative about being traced by an offspring who had reached the age of 18. In contrast, 56% in the Daniels, Ericsson & Burn's (1998) study would be positive about meeting 'their' offspring, and in the other clinic cited above, 56.5% would be positive or very positive about a meeting. As Table I shows, the demographics on age, marital status and children of the donors in the two Swedish studies are more like the donors in Clinic A in the UK study (Daniels et al., 1997). Donors in the New Zealand study (Adair & Purdie, 1996) were also similar to the donors in Clinic A and the Swedish donors, the mean age being 39.4 years, 76% being married and 89% having children. Seventy-eight per cent of the New Zealand donors were willing to be identified.

These six studies seem to indicate that the age, marital status and number of children that a donor has is influential in determining their motivation for donating and their views regarding anonymity and openness. This conclusion gains support from Murray & Golombok (2000) in their study of the views of UK clinics regarding the recruitment of semen donors. They say, 'According to clinic staff, the possible withdrawal of payment and fear of being

traced by their future offspring were of less concern to older men with children than young students, and the latter type of donors remains in the majority at the present time (Murray & Golombok, 2000). The issue of clinic and staff policies and attitudes on the views of donors also needs to be recognized, but this cannot be discussed in this paper for reasons of length.

### **Reflections on the research evidence**

There are a number of issues arising from an analysis of these six studies that need to be reflected on.

There are methodological issues arising from the relatively small numbers of respondents in the studies, the different words and phrases used to ascertain the views of donors, and the lack of statistical analysis of the views of donors in different clinics, to cite the most obvious. Broderick & Walker (1995) cited ten major flaws in the studies that addressed the psychosocial literature on information access when donated gametes and embryos are used. Studies on the views of donors were included as part of their review. While these authors were subsequently challenged concerning some of their views and analysis, (Blood, 1999; Daniels, 1999) some of the methodological points they raise do need to be considered. The extent to which those concerns invalidate the pattern of the results reported above is, however, debatable.

It is highly likely that donors recruited under one system – anonymous or open – are likely to reflect the dominant culture of that system. In the New Zealand study (Adair & Purdie, 1996), where openness was expected, the vast majority of the donors agreed to be available to the offspring, should they want this. In the same way, the clinics from which most of the UK donors were recruited for the studies operated a policy of anonymity, and this is almost certainly reflected in the views of those respondents.

All of the six studies were of donors' views at one point in time. In a recent UK study (Daniels et al., 2005a), 32 donors who had been recruited between 1998 and 2002 in one clinic were invited to take part in a telephone interview. Eighteen (56%) held the same views (willing, unwilling or unsure) concerning the provision of identifying information as they did at the time of recruitment (their views were ascertained and recorded as part of the recruitment process, thus making comparison possible). Twenty five per cent expressed a willingness to be more open at the time of follow-up and 12% now wished to be anonymous. Half of the donors would still have donated if they had been required to be identified, 25% would not and 25% were undecided. As donors become older they are more likely to be in permanent ongoing relationships and have children, thus making them

more demographically like the donors in the Swedish and New Zealand studies. Lalos et al. (2003) has highlighted the partner's role in recruitment of semen donors. In their study, just over 50% of the respondents said their partner was 'involved' or 'very involved' in the decision-making regarding donation.

### **Related research and evidence**

In addition to the above studies there is other data that is relevant to the consideration of anonymity, openness and recruitment. The first source of data relates to studies/information that has not been published in referred journals. A second source of data relates to studies of potential donors that have been reported in referred journals, and the third source relates developments in jurisdictions that have abolished anonymity.

The Human Fertilisation and Embryology Authority (HFEA), as part of a policy review of gamete and embryo donation policy, conducted a survey of clinics that held a licence to store gametes and/or provide treatment. The report in relation to semen donor recruitment states that:

As far as future trends are concerned, the majority of clinics ( $n = 37$ , 62%) predict that the removal of donor anonymity will have the greatest effect on sperm donation over the next five years. The same number of clinics predict that the loss of donor anonymity will have an adverse impact on recruitment. By contrast, 11% predict it will have little or no long term effect. Approximately 10% of respondents believe that the changes in legislation will increase demand for imported sperm and that it will affect the matching of donors and recipients. One centre also mentioned the EU Tissue Directive as a factor that will be affecting sperm donation over the next ten years. (HFEA, 2006)

These views, which reflect the concerns expressed in the introduction of this paper, illustrate that the majority of clinics that completed the survey perceive the removal of anonymity as problematic for the continuing provision of DI services. All of these clinics have been operating under a system of anonymity and, therefore, the new legislation will present major challenges to them.

The HFEA report also notes changes in the demographics of donors between 1994–1995 and 2004–2005. In 2004–2005, more than two out of three sperm donors (69%) were aged over 30 years, the most common age group for sperm donors being 36–40. More than two out of five sperm donors (41.5%) already had children of their own, and just under a third of sperm donors (31.4%) had two or more children. In 1994–1995, sperm donors were

most commonly aged between 18–24 years. Less than a third (32.2%) were over the age of 30 and only one in five (21%) of sperm donors already had children of their own (HFEA, 2006).

These demographics show that the majority of donors in 2004–2005 were similar to donors in Sweden, New Zealand and Clinic A in the UK. The difference, of course, are their views regarding donating under the new legislation. Unfortunately, the donors' views are not available, leaving us only with the views of the providers of the services.

A study by the BBC that surveyed 82 donors in three sperm banks in the UK reported that 53 'would be against changing the laws and would not continue to donate if their anonymity was lifted' (Hill, 2002). It is figures such as these that add support to the claims of service providers that the removal of anonymity will be detrimental. On the other hand, Adams (2005) has reported, in a talk to the Donor Conception Network, that at the beginning of 2004, Manchester Fertility Service (MFS) began to recruit only those donors who were willing to be potentially identified in the future. Adams says:

We took on 13 new donors in the first few months of the year. By May we'd had well over 100 enquiries, with now a lot more of them proceeding further.

We also wrote to a few of our more recently retired donors to see if they would convert from being anonymous to identifiable. These were generally donors who had only just been released for use in treatment, so did not have many pregnancies. Many were uncontactable, but 4 did agree to convert.

Many people (including myself) felt that it would be impossible to recruit donors once anonymity was removed—in fact, some people still believe it! However, MFS and a handful of other clinics have proved that it can be done!

It is true that generally students are now not interested in donating because it holds a lot more responsibility now. However, it seems to be that instead, we have a different type of donor coming forward; he is an older, working/family man—more altruistic in his motives. Of the DI donors we have recruited so far, the demographics are: —25 working/older (incl. 2 older med. students), 13 have children, 4 young students (incl. 1 med. student). (Adams, 2005)

Cook & Golombok (1995) suggested that a comparison of donors and non-donors might increase understanding of why people decide against

becoming donors. Their study, designed to explore this, compared 144 donors (reported in section on research evidence from donors) and 136 men who had never donated sperm. The average age of the donors was 24 years, 65% were full-time students, 81% were single, and 15% were married or cohabiting and had children of their own. Cook & Golombok said, 'No significant differences were found between donors and non-donor controls with respect to age, employment, marital status or parenthood' (1995). Only 10% of the non-donors believed that identifying information about the donor should be given to the child. It is of interest to note that one-third of the non-donors might be interested in donating semen; however, the authors concluded that more effective recruitment strategies were necessary for prospective donors to become actual donors.

Lui & Weaver (1996) compared the views of childless non-donor students and non-donor fathers regarding their preferences for involvement with recipients and offspring. The age of the non-donor students ranged from 18–32 years (mean age = 23 years). None were married or had children. The age of the non-donor fathers ranged from 24–54 years (mean age = 38.3 years). There was widespread support for anonymity, with 80% of student non-donors and 84% of father non-donors saying they would not donate without a guarantee of anonymity. The demographic differences between the three groups clearly did not impact on their views about anonymity.

In a recently published study from Western Australia, Godman et al. (2006) compared the views of potential sperm donors, recipients and partners regarding their opinions on the release of identifying information and the importance of anonymity in the decision to donate. The potential donor respondents had replied to an advertisement seeking donors and completed the questionnaire before entering the selection process. The potential donors had a mean age of 30.7 years, 62% did not have a partner and 76% did not have children. In response to the question, 'I would not donate semen without a guarantee of anonymity', 37.8% agreed or strongly agreed, while 46.7% strongly disagreed or disagreed. The remaining 15.6% held neutral views. When asked directly if they would still consider becoming a donor if their identity was revealed to future offspring, 48.9% responded positively, 6.7% negatively, and 42.2% were unsure. These results are important in that legislative change in Western Australia removed anonymity for donors from December 2004.

Paul et al. (2006) reported on the recruitment of sperm donors at Newcastle-Upon-Tyne, UK, from 1994–2003, where they found that only 3.63% of the 1101 potential donors during this 10-year period

became donors. The authors stated, 'The most striking finding of our study is the significant decline in the number of applicants for sperm donation. In particular, the number of applicants per year fell sharply after 2000 and that was preceded by a sharp rise in the default rate in 2000. It is possible that this was related to the growing awareness of planned removal of donor anonymity' (Paul et al., 2006). Such speculation may be appropriate, but this study does not add any hard data to the explanation of the relationship between anonymity, openness and recruitment.

The third source of data/evidence that can be considered as part of this review emerges from those jurisdictions where anonymity has been abolished. Sweden was, in 1985, the first country in the world to legislate (Sweden, 1984) for the right of offspring to have access to identifying information concerning their donor. Many claims were made (Edvisson et al., 1990; Hargenfelt, 1990) – accompanied by widespread media coverage – that this legislation would lead to a shortage of donors. It is interesting to compare the views expressed at the time (Daniels & Lalos, 1995) with those listed in the introduction to the paper. There are remarkable similarities in relation to the predictions concerning donor supply. A study of the number of available donors (Daniels & Lalos, 1995) undertaken in 1993 showed that there were more donors available than prior to the legislation. There had been an initial decline in the number of donors coming forward, but Daniels & Lalos (1995) have suggested that this was due to a number of doctors not wanting to collaborate with the requirements and provisions of the legislation. It has been stated (Hill, 2002) that many Swedish couples seek treatment in other Scandinavian or European countries, so as to avoid the requirements of the legislation. Dr Peter Lundstrom, who was working at the Fertility Clinic IVF in Copenhagen when the law in Sweden changed, is reported as saying that there was an immediate increase in the number of couples going to his clinic in Denmark, partly because they were having difficulty in finding sperm donors in their own country (Hill, 2002).

Lundstrom is also reported as saying 'that Swedish people had to go somewhere else as they had no donors and they did not want this non-anonymity thing' (Hill, 2002). Hill reports that across Denmark in the previous year (2001), 336 Swedish women were given donor insemination treatment which resulted in 81 pregnancies – 30 pregnancies more than in Sweden. What is not available is hard data on the reasons why Swedish couples were traveling to Denmark. There is speculation, but there has always been speculation surrounding the Swedish law change. Daniels & Lalos (1995) have suggested that medical specialists opposed to the new legislation did

not attempt to recruit donors and actively advised couples to travel overseas. There have been anecdotal reports that this is likely to happen in the UK. What is clear is that donors are being recruited in Sweden (Daniels et al., 2005) and that the demographic profile of the donors is quite different than it was before the legislative change (Daniels & Lalos, 1995).

A similar situation seems to have occurred following the law change in the Netherlands in 2002. Janssens et al. (2005) said 'During the last 15 years, the period of debate on the removal of anonymity, the number of donors dropped by a factor of three... A number of semen banks closed between 1990 and 1997, which according to the answers given in the NBVKI survey of 1997–1998, was mostly due to the shortage of donors'. Dunselman, a Dutch Sperm Bank Director, claimed that he had had no sperm donors for six months, and was reported as saying that, while he supports the new law, it has had a catastrophic effect on his work (Roxburgh, 2004). He advised women to cross the border to Belgium, where sperm donors remain anonymous and there is no shortage. In the same radio report (Roxburgh, 2004), a doctor from Belgium (where the Dutch patients are referred to) was reported as saying that patients were not coming to Belgium because they were determined that the donor of their children should remain anonymous, adding, 'Parents don't care about anonymity, it's simply because of the long waiting lists in Holland' (Roxburgh, 2004).

What the above discussion gives rise to is the need to see anonymity, openness and donor recruitment as multifactorial. The risk of adopting a one-dimensional explanation (change A leads to change B) has significant limitations.

In the state of Victoria in Australia, records have been kept on the number of donors recruited since 1975. For a review of the figures from 1975 to 1999, see Infertility Treatment Authority (ITA; 2000). The figures are accompanied by information on significant events during that period. The 1995 legislation removing donor anonymity was enacted in 1998. In that year, there were 202 donors who had semen stored that was available for treatment. In 2004, that figure was 198. In 1998, 25 new donors were recruited; a similar number have been recruited each year, the figure in 2004 being 32.

The ITA (2000), in commenting on the figures from 1975 to 1999, said that three key factors affected semen donor recruitment; (i) the increased use of intracytoplasmic sperm injection, (ii) the availability of stored sperm; and (iii) the level of recruitment undertaken by clinics. These factors, rather than legislation relating to information sharing, are cited by the ITA as significant.

It was only in 2005 that legislation was introduced in New Zealand that abolished donor anonymity

(New Zealand Government, 2004). However, for the previous 10–15 years, clinics had only been recruiting donors who were prepared to be identified to offspring in the future, if this was desired. None of the clinics report an absence of men being prepared to donate. No study has been undertaken to compare figures of available donors since the introduction of the policy of voluntary openness began, but what is clear is that sufficient numbers of donors are being recruited for services to be provided as needed.

## Conclusion

Anonymity and openness within gamete donation remains a contentious issue. Whereas the debates 10–15 years ago centered on the rights of the offspring to information about 'their' donor, the debates currently tend to centre on concerns about the consequences of recognizing and acting on these rights.

This paper has sought to provide an overview of what we know about the views of those who are or have been semen donors, and also of those who might be described as potential semen donors. In addition, the available information on what has happened to donor recruitment in some of the jurisdictions where anonymity for donors has been abolished has been reviewed. This evidence shows it is possible to recruit men as semen donors when they are required to be identifiable to offspring in the future, if this is what the offspring want and what the law now requires. The evidence, while not conclusive, points to an open system attracting different kinds of men than an anonymous system. This has clear implications for recruitment strategies and this will be developed in Part II of the discussion on this topic.

The culture of secrecy regarding gamete donation and, in particular the anonymity of donors, is well established, albeit changing. Any legislation introduced to change an established culture will inevitably encounter opposition. Some of this opposition will be based on the beliefs and attitudes of those who, for many years, have operated within the 'old' culture. It is for this reason that it is important to take an evidence-based approach to any examination of the issue. This evidence suggests that attention needs to be directed towards new recruitment strategies; this will demand a great deal from those who are skeptical about reasons for change and/or the ability of the changes to be successful.

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