

STEM CELL RESEARCH: Women who donate eggs for research also deserve premium care

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As Missouri legislators debate a human cloning ban, scientists in the United States and abroad are moving to clone embryos for stem cell research. The nature of human embryos is central to the cloning debate, but so is the welfare of women who would supply human eggs. Yet both supporters and opponents rarely mention this element of cloning.

It is important to realize the experimental nature of these efforts. Only one team of researchers - working in South Korea - has succeeded in developing a human embryonic stem cell line through cloning (as opposed to deriving them from excess embryos resulting from infertility treatments). That team enlisted 16 women to provide the 242 eggs it took to establish just one cell line.

Women participating in cloning studies must be considered research subjects entitled to the same rights and protections as other people undergoing potentially harmful procedures for the sake of advancing science.

Women in cloning research receive drugs to make them produce many more eggs than usual. They undergo a few weeks of injections, sedation for egg retrieval and a series of tests and clinic visits. Besides triggering menopause-like symptoms, the drugs expose women to a small chance of serious health problems and a remote risk of death. No clear long-term risks have been documented, but some experts worry about an increased possibility of cancer or infertility.

Women must understand these risks before choosing to help with research cloning. They also must understand the reasons they are being asked for help. Women should not be misled into thinking that cloning inevitably will lead to cures for sick loved ones; it is too soon to anticipate cures. Instead, researchers should describe their projects as laboratory investigations that could improve their understanding of disease.

Besides delivering accurate and complete information, scientists must try to reduce women's exposure to harm. Here, scientists should follow ethics guidelines from the American Society for Reproductive Medicine, which were prepared for infertility clinics.

According to the guidelines, women providing eggs to others should be cared for by doctors whose primary concern is the donors' health, not the success of egg retrieval. These doctors first should concentrate on whether women are healthy enough to begin and complete the donation process. Women must be free to withdraw for medical or other reasons.

Programs also should arrange to cover any medical costs related to the procedure. Research volunteers are often paid, as are women providing eggs to infertile couples for reproduction. Determining the proper amount could be difficult. For better or worse, U.S. women are paid thousands of dollars to provide eggs to infertile people hoping to have children. Even if scientists could afford such high payments, research ethics committees probably would prohibit them as excessive inducements. As a result, scientists could have problems securing the number of eggs they need.

A last issue is the justification for cloning itself. Stem cells can be derived from embryos donated by couples after infertility treatment, an approach that avoids the added risks to women that cloning imposes. The question is whether scientists today can make a compelling case for the distinct value of stem cells from cloned embryos. Lacking that, research ethics principles support pursuing the less risky alternative, at least for now.

These are just some of the issues that scientists and their institutions will face in preparing for research cloning. Soon it will be clear that the ethics of cloning depend not just on how we treat embryos, but also on how we treat the women put at risk by the procedure.

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