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## Questions to Consider

### Learning Activity 3: Eggs & Blood: Gifts & Commodities

#### Nation, State, or Individual Agency & Autonomy:

1. Should public money be used to support oocyte provision for human embryonic stem cell research (hESCR)? What are the alternatives and the potential impact on the genetic diversity of stem cells used in biomedicine and research?
2. Why has New York adopted legislation that differs from other states and international norms regarding oocyte provision for research? What are the consequences of the New York State Resolution on oocyte compensation?
3. Should people have a choice in how their individual bodies may serve SCR? What kinds of information need to be made available for potential oocyte providers to consider participating in stem cell research?
4. How are these policies and practices reflective of social values? What is being valued or devalued?

#### Scientific Advances

5. Why are embryonic stem cells important to this field of research? What are the alternatives; what would be gained/lost in terms of scientific knowledge?
6. Why are gametes considered commodities in stem cell research? What are the unique biological properties contained in the oocyte? Why is an egg necessary for creating embryos that can be used to derive embryonic stem cells? How have advances in assisted reproductive technology allowed people to develop and release multiple oocytes and what are the health risks associated with this process?
7. With the discovery of the induced pluripotent stem cell technique (iPSC) some argue that we can focus efforts on adult stem cell research and avoid the need for human oocytes for (hESCR). Why do some researchers challenge this claim?
8. How does the recent research by Tilly's team suggesting the existence of ovarian stem cells shift the debates into a new direction?

#### Policy, Law, & Regulation

9. Consider current laws, guidelines, executive orders, and structures for human research subjects, biospecimen (cells, tissues, organs) acquisition, and SCR; consider these at the state, national, and international level. Are these enforceable and if so how? Have they been challenged in a court of law or by activists? What are the drawbacks and how can they be mitigated?
10. Are there any policies regarding compensation for bodily goods (gametes, blood, tissues), incentives for public biobanking, and cost coverage for stem cell transplant therapies?
11. What policies should be implemented to clarify or change the way people are recruited, monitored, and acknowledged for providing oocytes for SCR? Should practices surrounding oocyte provision differ

based on purpose; reproductive versus research? What are advantages and disadvantages of egg sharing policies across reproductive and research sectors, as seen in the UK, Israel, and South Korea?

12. Do oocyte providers for stem cell research have a right to compensation, payment, or some other form of acknowledgement for their services and time? If so, should there be a ceiling or cap on payment and who provides the compensation, and who determines the level of compensation? What is the Wage Payment Model? What other models exist for compensation or payment in medicine or research?

### **Informed Consent & Ethics**

13. How does regulation and monitoring of human research subjects come into play if oocyte providers are treated as research subjects?
14. Are oocyte providers adequately informed about benefits and risks? Is this different for reproduction versus SCR? Is oocyte provision different from other kinds of labor that present risks (environmental toxins, physical injury, cancer etc)?
15. What kinds of information or data need to be made available for individuals to consider oocyte donation or provision? Does this information exist, or is it being gathered; should it be? Would having this information support a research ethics approach to oocyte provision?

### **Health**

16. What are some known health risks associated with oocyte provision and which organizations decide appropriate levels of risk? Does risk vary by age or repeated hormone exposure? What is unknown?
17. What risks need to be considered when those who seek IVF for reproductive purposes “share” a portion of their eggs or embryos with stem cell researchers? How would this policy influence the genetic diversity of stem cell lines?
18. Are there other ways to address disease and disability that do not place those living with disability at undue risk or coercion for participation in tissue donation, transplant therapy, etc.?

### **Social Justice & Feminist Perspectives**

19. Who decides how ovarian stem cells, oocytes, and menstrual blood cells are obtained, regulated, marketed? Are there ethical concerns about equity, diversity, access, and exploitation?
20. How do economic inequities play a role in the transnational egg market, and how might health risks be outsourced? Do we outsource health risks in agriculture, mining, and other global economies? How can we mitigate risk?
21. Many different feminist perspectives have been used to address this topic, which ones resonate with you and why? Consider the right to choice, autonomy, equity, and protection of people’s rights and people’s health.
22. React to the non- profit “Hands Off Our Ovaries.” What is their mission statement? Do you support or reject their mission statement? How is a moratorium different than a ban? How do activist groups’ proposals from countries in the global South compare?
23. We Are Egg Donors is a first step towards organized labor for egg provision. What are the implications of the federal lawsuit Kamakahi v. ASRM challenging fixed pricing for egg providers?