Recipients’ views on payment of sperm donors

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Abstract The aim of this qualitative study was to explore how recipients viewed payment of sperm donors. The study was conducted in Belgium, where, as in many countries, sperm donors receive recompense for their time and expenses. Face-to-face semi-structured interviews were conducted with 34 heterosexual and lesbian couples who, at the time of data collection, had at least one donor-conceived child aged 7–10 years or who were undergoing donor conception treatment. Although participants commonly described the issue of financial compensation as something that did not really concern them, all supported the idea that some level of payment was acceptable or even necessary. The participants also identified several ways in which donor payment offered advantages to their own position as (future) parents. Although the idea is commonly rehearsed that sperm donation is a gift and that monetary transaction for conception is demeaning, the participants of this study did not generally share this view. To them, a small financial return served as a symbolic acknowledgement of the donor’s contribution and helped secure the type of relationship they expected from their donor. There was clearly concern, however, over high payments and the risk of attracting the wrong kind of donor.

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Introduction

Worldwide policies on the use of financial incentives for recruitment of sperm donors diverse, with some fertility centres offering donors direct monetary payment. In discussions about donor payment, the situation in the USA is often referred to. With gamete donation remaining largely unregulated, US commercial gamete banks are known to pay donors substantial amounts, especially men from certain ethnic groups or with profiles that are in particular high demand (Tober, 2001). Paid
sperm donors generally receive much less than oocyte donors, and can donate several times a week, visit multiple sperm banks, or both (Whitman, 2014), potentially earning a significant amount per month. NW Cryobank (2015), for instance, promises candidate sperm donors up to $1000 per month (NW Cryobank, 2015). On its website, the California Cryobank (2015) mentions that semen donors can be reimbursed up to $125 per donation, with a maximum of $1500 a month if they are willing to donate three times a week (California Cryobank, 2015). They also promise to offer additional incentives ‘such as movie tickets or gift certificates’ for donors who invest extra time and effort. According to BeASpermDonor.com, the average donor earns $4000 within 6 months. Most centres pay per sample. The total sum paid is often determined by final approval of the quality standard (Seattle Sperm Bank, 2014), and depends on sperm quality and volume (Cryos, 2014). Donors are also sometimes ‘under contract’ to a minimum commitment of 3–6 months, depending on the policies of the centres (http://beaspermdonor.com/spermdonorfaqs.shtml) and one donation per week (Seattle Sperm Bank, 2014).

Donor payment remains a topic of controversy, as sperm donation is often idealized as a purely altruistic ‘gift of life’, emphasizing the values of altruism and solidarity. The very word ‘donation’, of course, bears this connotation of a gift relationship, which seems to rule out any form of monetary transaction. Opponents of donor payment worry that attributing monetary value to human gametes devalues reproduction and turns gametes into commodities (Pennings, 2005). Putting a price tag on human tissues and cells, including gametes, is said to destroy human dignity. The ‘donation’ changes into a commercial transaction and the donor and his gametes are viewed simply as a means to an end (Daniels, 2000). This is why many authors, in discussing donor payment, choose to speak of gamete ‘providers’ or ‘vendors’ rather than ‘donors’. Payment may also compromise the welfare of the offspring, if they become aware that their births result from such a commercial transaction (Yee, 2009). Others are concerned that high payments would lead to eugenics by favouring donor types or traits that are socially desirable. High prices could also cause unequal access to gametes. Moreover, it is feared that financial inducements will blind potential donors from the risks and consequences of donating gametes (e.g. physical risks, which pertain particularly to oocyte donation; psychological risks, such as regret at a later time; and long-term consequences, such as conflict with one’s future partner about the donation) (Ethics Committee of the American Society for Reproductive Medicine, 2004) or will entice them to conceal important medical information (Yee, 2009).

These concerns have led many countries to prohibit direct payment for gametes. In Europe, the Charter of Fundamental Rights of the European Union (2000, Article 3) explicitly prohibits ‘making the human body and its parts as such a source of financial gain’. The European Society of Human Reproduction and Embryology explicitly invoked the gift rhetoric in the one document that mentions payment, stating that: ‘In principle there should be no payment for the donation of biological material. The intrinsic value of a gift, a way of showing solidarity, is higher than the positive utilitarian consequences of paying and obtaining more material’ (Shenfield et al., 2002). In a 1998 consultation paper, the UK Human Fertilisation and Embryo Authority (HFEA) stated that donation should be a gift, freely and voluntarily given and that payments to donors should be phased out (HFEA, 1998). In 2012, the HFEA did nonetheless increase the compensation for sperm donors to £35 per visit, with the possibility to give more if the expenses of the donor exceed this amount.

Although the European Parliament (2004) (Directive 2004/23/EC) prescribed that gamete donation should be ‘founded on the philosophy of voluntary and unpaid donation, anonymity of both donor and recipient, altruism of the donor and solidarity between donor and recipient’, the Directive does nonetheless allow compensation for the donors’ expenses and inconveniences related to the donation. This is regulated at Member State level and different approaches are taken: some countries such as France repay proven expenses only; other countries such as Belgium and the UK give a blanket fee per donation cycle. The amount given as recompense differs from one nation to another, which can cause confusion about how to distinguish between paid donation and compensation. In a report on the donation of human body material, The Nuffield Council on Bioethics (2011) provides definitions of the terminology used in that respect. Payment refers to ‘all kinds of transactions involving money, and goods with monetary value, whether those transactions are understood as recompense, reward or purchases.’ Recompense is defined as ‘payment in recognition of losses they have incurred’, either in reimbursing direct financial losses or compensating for non-financial costs. Reward, on the other hand, is a ‘material advantage (…) that goes beyond “recompensing” the person for the losses they incurred in donating.’ As such, recompense is a form of payment that should not give the person an added advantage.

The aim of this qualitative study was to achieve more in-depth understanding of how recipients of donor sperm regard and interpret donor payment. Research on recipients’ stance on sperm donor payment is limited. The motivations and experiences of (potential) sperm donors (Cook and Golombok, 1995; Lui et al., 1995), the views of the fertility centres (Golombok and Cook, 1994) and of the general public (Lyall et al., 1998; Nuffield Council on Bioethics, 2011) have been investigated, but only a few studies have examined (candid) recipients’ attitudes towards payment. Lyall et al. (1998) questioned potential donors (students), recipients (infertility patients) and the general public. They found that, although most of the general public preferred donors not to be paid (58%), 52% of the potential recipients were in favour. A more recent study by Sawyer et al. (2013) questioned 1700 female recipients of donor sperm (including singles, lesbian and heterosexual mothers). Of the 1528 respondents to this particular question, 81% was explicitly pro-payment. These surveys do not provide insight into why the recipients were accepting of payment and what payment for donation meant to them.

The present study was conducted in Belgium. Legally, semen donation is anonymous and a recompense is allowed for loss of income and expenses related to the donation (Belgian Law on Medically Assisted Reproduction and the Disposition of Supernumerary Embryos and Gametes, 2007). Although the law predicted that the amount would be determined in the future by royal decree, no such determination has followed, leaving centres free to decide what they offer to the donor. According to Thijssen et al. (2014), who recently presented a detailed overview of the sperm banking
facilities in Belgium, Belgian clinics pay their donors on average €66 per donation, with a minimum of €50 and a maximum of €100. All our participants were recruited via the Department of Reproductive Medicine of the Ghent University Hospital, where sperm donors are given a standard fee of €80 per donation.

Materials and methods

The study is part of a large interdisciplinary research project with multiple focuses related to (parenthood after) donor conception treatment. For this project, in-depth, face-to-face interviews were conducted with couples with different compositions (same sex couples and heterosexual couples) and different reproductive treatments (known, anonymous sperm, oocyte donation and use of own genetic material) at two stages of treatment (during treatment and after treatment). For the research question of concern here, the focus was only on recipients of anonymous sperm donation. In total, 34 couples, and one individual recipient (the partner did not wish to participate), were interviewed. The couples were composed of 10 lesbian and nine heterosexual couples (plus one heterosexual woman) who had been accepted for treatment with donor sperm at the Department of Reproductive Medicine at Ghent University Hospital between 2002 and 2004, and had given birth for the first time between 2002 and 2005 (which means that the oldest child was between 7 and 10 years of age at the time of recruitment) (the ‘parents’); and 10 lesbian and five heterosexual couples who were in treatment at the time of data collection (the ‘aspiring parents’). Throughout the manuscript, the participants will be referred to as lesbian aspiring parents (LA), heterosexual aspiring parents (HA), lesbian parents (LP), and heterosexual parents (HP).

These subgroups all had in common that they used an anonymous sperm donor. Other inclusion criteria were Dutch-speaking, Belgian patients who had received, or were in, donor conception treatment at Ghent University Hospital’s Department of Reproductive Medicine. Singles were not included in this study, as the aim was to create relatively homogenous samples and to convey the couples’ mutual understandings as well as conflicts and tensions in their family narrative and meaning-making process. Recipients of oocytes or known donor gametes were also not included, as these contexts are quite different.

No data saturation technique was used. Larger groups were not opted for, as it is generally assumed that small samples of five to 10 are best to do detailed, nuanced analyses (Smith and Osborn, 2003). A counsellor involved in patient care was responsible for recruitment; all participants were contacted by telephone. Reasons for non-participation varied from practical obstacles (e.g. the counsellor could not reach the couples, did not have correct phone numbers or the couple was too occupied), to exclusion criteria (e.g. one of the partners was not Dutch-speaking), emotional reasons (e.g. feeling overwhelmed and stressed by the fertility treatment, wish to bring their involvement with fertility issues to a close, refusal to discuss the donor conception), and refusal with no explicit reason. Approval of the Ethics Committee of the Ghent University Hospital was obtained on 11 September 2012 (reference 2012/491). Participants provided written informed consent at the time of the interview.

The interviews were semi-structured and adapted to the specific family composition and treatment phase of each subgroup. The basic structure of the interview guides was nonetheless essentially the same and encompassed two phases: first an exploration of the participants’ lived experiences about (their decision to undergo) donor conception treatment, and communication about the treatment with the social environment and offspring. In a second phase, the interviewers probed for deeper conceptualization and ethical reasoning by the participants regarding the meaning of parenting, the perceived and experienced differences between the social and genetic parent, the decision to opt for an anonymous donor and the perception and status of the donor. The participants were reassured that there was no right or wrong answer, and that they in no way should feel obliged to answer if they were uncomfortable with the question.

The interviews were conducted at a location of the couples’ preference: Ghent University Hospital or their own home. Two psychologists of the research team conducted the interviews. They posed open-ended questions of which the formulation was discussed by the entire team, to assure a non-suggestive, experiential nature of the questions. The interviewers had also ‘tested’ the interview guides in advance during a pilot phase. Through feedback from the participants and team members, the interviewers attempted to tune their interview styles. The interviews lasted about 90–120 mins and were audio-taped and transcribed with participants’ consent. Pseudonyms were given to protect the anonymity of the participants. Transcripts were checked for accuracy, first by a team member and then by the interviewer, and the quotes used were translated from Dutch to English.

Given that this is a qualitative study, the focus of the analysis was on descriptions of the participants’ experiences, concepts and interpretations, not on quantitative elements and numerical comparisons. Within the data corpus, a particular data set was analysed in which couples were asked: ‘What do you think about payment of sperm donors?’ This open question allowed an exploration of participants’ views, preferences and awareness of the current regulations. No a-priori hypotheses were formed. We did not explicate that donors in Belgium are only recompensed for their time and expenses.

Step-by-step inductive thematic analysis was conducted (Braun and Clarke, 2006) using the qualitative data analysis software MAXQDA (http://www.maxqda.com/) and resulting in themes that are grounded in the data. Transcripts were constantly reviewed in light of new themes. To improve the validity and trustworthiness of our research, the second, third, and last authors took part in an auditing process to challenge the initial analyses through alternatives and counter examples until final themes and codes were agreed upon.

Results

Four main findings arose from the data. First, the participants predominantly described the issue of financial compensation as unproblematic and something that did not concern them. Second, most participants were supportive of the idea that sperm donors wanted to be paid for their donation. Third, the participants identified several ways in
which donor payment offered advantages for their own position as (aspiring) parents of children conceived by anonymous donation. Finally, however, there was clearly concern over high payments and the risk of attracting the wrong kind of donor.

‘That side’ of the donation

Most participants did not know how much the donors were given. Whether or not sperm donors receive any money initially, however, often seemed like a non-issue, something that the participants ‘don’t have a problem with’, had ‘nothing against’ or thought was simply ‘fine’. Not only did they not have a problem with it, they did not consider it to be their problem: it didn’t really concern them. It was repeatedly noted that some form of remuneration was ‘good for him [the donor]’ but did not have anything to do with themselves. Ada (LA) said that ‘whether he receives a million for the donation or nothing at all’ made no difference for her situation. Oscar and Jillian (HP) were quite explicit about dissociating themselves from ‘that side’, as he called it:

Oscar: ‘It doesn’t matter to me, whether he does that on a voluntary basis or gets a financial compensation. (…) I’m pretty good at distancing myself from all that, like: “That’s that side, he did his donation.” The only thing that I, that we needed, was his little sperm cell (…). I’m very happy with what I got in return, and other than that, I don’t care.’

Similarly, Ysa and Anni (LP) said they were ‘just happy that there are people willing to do this’ and for Beth (LP), ‘if you can have enough sperm donors by remunerating them, that’s okay then.’ These reactions show a level of acceptance, but, at the same time, a pragmatic and rather detached stance towards the donor: if that’s what it takes to get sperm donations, that’s fine. These reactions were particularly present among the lesbian and heterosexual parent groups.

Normalizing payment

In thinking further about the issue, all respondents supported some level of payment of sperm donors. Many participants explicitly mentioned the need to recompense the donors: this was seen as only ‘normal’ given that they invest time and effort in the donation and screening process and the fact that it’s not a one-time event:

Theo (HP): ‘But it’s not like they can just leave something behind and then get remuneration. I mean, you’re screened and. . . If you go through all of that, and then get a remuneration (…) why not? (…) It’s only normal.’

As Kirsten (HA) noted, it’s a way of ‘helping’ that not everyone ‘would be willing to do.’

Eighteen participants described support for direct payment to the donor. This was sometimes explicitly formulated in a market rhetoric. Matt (HP) mentioned it’s ‘a matter of supply and demand’. According to Martha (LP), ‘the donor has something you need, so we have to buy it’.

The functions of donor payment

Initially the participants seemed to be rather resigned when discussing the issue of donor payment; however, they came to identify various ways in which payment was functional for them and their family building. Sixteen respondents noted that a financial incentive was a convenient instrument to increase the availability of donor sperm. They feared that, without it, there would be a decrease of candidate donors and consequently longer waiting lists, a higher risk of future consanguineous relationships between donor children, and, therefore, more pressure to use known rather than anonymous donors. In fact, some interpreted financial incentives for the donor as a direct means to ensure access to the pool of anonymous donors:

Frances (LA): ‘We do need it [the sperm], you know. If nobody donates, then we can’t use . . . we have no other option than to use a known donor.’

This anonymity was essential, because it was seen as protection from donor involvement in the family.

For some participants, donor payment also dissolved any claim the donor may have for contact or a certain bond with his donor offspring. For them, payment of the donor was a symbolic way to delineate the place and role of the donor: the donation was a transfer of cells, and the payment marked the discharge of any further obligations to the donor. Charlotte (HP) explicitly explained this as follows:

‘I also feel it’s a bit symbolic for what it stands for. He’s only giving cells, nothing more, and he doesn’t expect any bond with someone. So he gets reimbursed for that. That’s how I see it, as an exchange. But just symbolically, you
known. He distances himself from something, he has no bond and no need to think “Ah, I’m conceiving children.”

Payment thus served as a way to keep the donor out of the family. The donor’s contribution was seen as formal and technical, payment helped to secure the image of the donor as someone who provides cells but is not linked to the child in a significant and binding way.

The altruistic ideal

Although all participants supported some form of payment, a tension arose when they wondered exactly how much donors receive. They emphasized the assumption that the amount is modest. In general, the respondents spoke about the financial recompense as a negation, as what it is not: it is not much, no more than purely symbolic, not the main motive for donating. Again, this way, the issue was described as unproblematic and rather insignificant. By repeatedly explicating the assumption that the financial return is a reasonable and set amount, however, the impression arises that this is important for them. Only one couple explicitly mentioned willingness to give more than what they considered to be the case (‘whether it’s £50 or €500’); the others expressed acceptance of payment that would be just enough to attract donors, but not enough to be the donors’ main objective. Very few participants mentioned a concrete amount which they thought was acceptable, and this corresponded with what they assumed the donors were actually being paid at the clinic (around £50). Others referred to ‘pocket money’ or ‘a little extra’. Some couples compared acceptable sperm donor payment with the situation of blood donors, whom they said were also given a little reward, either in the form of a day off (Candice and Patrick, HP), a free cinema ticket (Luke and Charlotte, HP), or some treats (Lauren and Jill, LP). Even those who described the donation as something very valuable, did not feel that the financial return should be substantial. In fact, Brooke (HP), who related sperm donation to the gift of a child, said that no amount of money could reflect the significance of the donation because a child is ‘priceless’.

Financial incentives also implied some sort of danger: the risk of attracting the wrong type of donor. Kirsten (HA), for instance, was fearful that financial compensation would attract unemployed people ‘who drink beer all day’. For Tamara (LA), it was important that the donor isn’t able to live off the money he receives because that would be ‘like providing social welfare for a lazy bastard’. Someone who donates for money would be ‘selling his soul’, because he ‘forgets what’s important in life’. Underlying these responses is the idea that high payment conflicts with an idealistic image the respondents have of their donor: an altruistic, respectable man with good intentions. In the assumption that they do not get paid a lot, the respondents figured that their donor ‘has a good heart’ (Jillian, HP) and primarily wants to help other people. Amounts that were considered ‘exaggerate’ seemed to rule out that possibility: Angela (LP), for instance, mentioned that giving the donor €1000 just to donate once would be ‘too easy’. It seems that the donor should have certain principles, good intentions, and even be willing to sacrifice himself to some extent, by abstaining from significant financial gain.

Discussion

Payment as a way to ‘close the deal’

Policy preferences for altruistic gift-giving have generated concerns that altruistic motivations alone may not be adequate to attract sufficient potential donors (Craft and Thornhill, 2005). In an effort to avoid a donor shortage, several investigators have attempted to develop new recruitment strategies that focus on other than financial incentives, such as the wish to reproduce their genes (Tober, 2001) or to acquire social esteem and recognition (Daniels and Hall, 1997; Pennings, 2005). The question is, nonetheless, whether a focus on exclusively altruistic donors is both necessary and feasible.

According to Daniels (2000), on the basis of research and his clinical experience with families who used open-identity donors, receiving families value the gift dynamic and find the idea of payment for sperm demeaning. Payment is regarded as a threat to, and distortion of, family values, for instance because of the risk that the offspring will have a sense of being bought and sold (Daniels, 2000). Scholars have nonetheless long argued that altruism and payment are not necessarily incompatible, and that it is in fact difficult to distinguish between self-interest and other-interest (Strathern, 2012; Yee, 2009). Any gift, the argument goes, is driven by some level of self-centred desire. Tober (2001) argues that ‘the entire quest for "altruistically" motivated donors among sperm banks is misplaced: any transaction involving the genetic continuation of an individual through his/her offspring is automatically motivated by a certain degree of egocentrism.’ Even regardless of the philosophical discussion, studies on sperm donors’ motivations have shown that altruistic and financial motivations often coincide (Cook and Golombok, 1995; Daniels et al., 1996; Ernst et al., 2007; Lalos et al., 2003; Lui et al., 1995; Pedersen et al., 1994). According to a recent systematic review of studies about sperm donors’ experiences, motives and attitudes (Van den Broeck et al., 2013), most studies reported multifaceted motivations for sperm donation: both altruistic and financial motives, in addition to more secondary motives such as knowledge about their own fertility status and the wish to genetically reproduce. Results regarding the importance of payment are conflicting. Several studies have shown that altruism is the major motive, whereas others (Bay et al., 2014; Cook and Golombok, 1995; Ernst et al., 2007) have reported that few (potential) donors would continue if they did not receive any financial compensation. The focus on financial reward is probably dependent on the type of donor recruited (with evidence that older donors with children of their own are more motivated by altruism (Daniels et al., 1996; Van den Broeck et al., 2013), cultural notions of citizenship and voluntary communal contributions (Lalos et al., 2003), and the country of residence’s policy regarding commercialisation of gametes (Van den Broeck et al., 2013).

The data presented here contributes to the discussion about whether donations should be considered exclusively altruistic. Our findings show that the recipients do not consider a limited financial motivation to be problematic; quite the contrary, they think it is useful and perhaps even necessary to secure the type of relationship and commitment they expect from their donor. None of the participants were strictly against some level of payment. Much like those involved in providing
In fact, it was seen as a way to protect their family concept. It seems that the discourse of gift-giving is not in line with the recipients’ experiences of and views about donor conception. This discourse has been connected to procurement of bodily material of all kinds, and has been shown to bear several problems. Marcel Mauss’s (2000) characterization of the gift dynamic (giving, receiving, and repaying the gift) implies some element of interpersonal dependence between giver and receiver, which is meant to maintain social networks. Anthropologists have described how this can cause unpleasant feelings of indebtedness in the receiver, particularly if he or she is unable to repay in some way. The giver-receiver are then put in a creditor–debtor relationship, which might be harmful to the receiver and his or her family’s sense of balance (Fox and Swazey, 2002). In contrast, the exchange of commodities does not imply any enduring obligations or relationships (Bell, 1991). It seems as though our participants wanted to use payment as a way to dissolve any form of indebtedness: it allowed them to ‘close the deal’ and annul any form of interpersonal dependence. The trade was said to meet the needs of both parties: the donors receive an incentive to donate, whereas the recipients are assured access to anonymous donation and protected from further involvement by the donor. A small financial return served as a symbolic way to delineate the donor’s possible expectations: the donation is a transaction, nothing more. The responses reflected a need or wish to facilitate the view of the donor as someone whose contribution is limited and instrumental, and who should be positioned outside of the family. We did not find significant differences in the responses of heterosexual versus lesbian couples in these regards.

Following this train of thought, one could argue that a donor with a financial interest might be better suited for the position our participants envisage rather than a donor with more altruistic motives and potential concern about the family which he helped create (Pennings, 2005). As we saw, however, although the participants claimed that the donor should receive some payment, at the same time, it seemed essential that donors are not paid too much. The participants accepted some level of payment as a way to avoid further donor involvement, but the amount must be modest enough to avoid attracting donors who were motivated only by the money. In the end, their donor should be driven by principles and intentions to help, ‘an altruistic donor with a good heart’. These results also conflict with the literature on gendered conceptions of donor profiles and motivations. Almeling (2009) suggests that the practice of financial compensation for gametes is highly gendered, with altruistic motivations expected from oocyte donors whereas sperm donors are rather perceived as employees that produce a ‘high quality’ sample. Our results suggest that sperm donors, too, are considered legitimate only when they have a central desire to help families. The participants assumed that a mere focus on financial gain would attract the ‘wrong kind of donor’: lazy opportunists, people who are only interested in the money and don’t realize what is important in life. Underlying these fears is apparently the wish to foster a favourable image of the ‘genetic father’ of their (future) child. They wanted to view their donor as someone with high moral standards, someone who is helpful and caring rather than egotistic and materialistic. It is possible that such a positive image is emotionally desirable when talking and thinking about one’s family. It may also have to do with genetic deterministic assumptions about the heritability of certain traits, as Tober (2001) found that altruism is perceived as strongly reflective of the quality of the donor and, by extension, of his semen. Our data did not reveal the underlying rationale, but it was clear the participants wanted to envisage their donor as a distant, albeit good person.

The strength of this study is that it includes an under-investigated perspective; however, it presents a qualitative analysis that is restricted to a group of patients from one hospital who used anonymous donation. The fact that our participants used (and preferred) anonymous donors, whereas Daniels (2000) reported findings involving open-identity families, may in part explain the different attitudes. As Daniels suggests, commodification of the donor’s role may be an effect of sperm donation within a clinical and anonymous setting. In contrast to open-identity policies, once recipients of anonymous donations receive the sperm, any form of further interaction or exchange is precluded.

In conclusion, this study sheds light on the recipient perspective, which has largely been missing in the discussion on payment for gamete donation. We identified themes that had not been discussed previously. For one, the participants commonly took a pragmatic and detached stance towards the issue of donor payment. Whether or not the donor is paid, their primary concern involved availability of donor sperm. Second, some level of donor payment was often regarded as a necessity, given the cultural climate of ‘supply and demand’ and the fact that donors invest time and effort in the donation and screening process. Third, donor payment was also thought to provide advantages for the receiving families. Not only was it regarded as a convenient instrument to increase sperm donations, payment also helped secure the type of relationship and commitment they expected from their donor. The donation was viewed as a transaction, and did not link the donor to the child in a significant and binding way. Offering substantial financial compensation was unacceptable, however, to most participants, as it would risk attracting the wrong kind of donor. The donors’ central desire should still be to help families. These results reveal a tension between a desire for altruistic donors and the need for closure through payment. Following the participants’ reactions, it could be argued that it is not necessary to recruit ‘purely altruistic’ donors but that ‘not primarily self-interested’ donors would be acceptable (Pennings, 2005). Given our findings, the current clinic’s policy of recompense or small payment seems to be an acceptable way to recruit donors from our participants’ point of view.

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