

THE CONSTRUCTION OF THE "GOOD SPERM DONOR": SELECTION, CHOICE, ANONYMITY AND TRACEABILITY

La construcción del "buen donante" de semen: selección, elección, anonimato y trazabilidad

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Abstract

Keywords

Donors Anonymity Genetics Traceability Sperm 2018 marks the 40th anniversary of the birth of Louise Brown, the first human conceived and born as a result of *in vitro* fertilization. What started as a solution for fertility problems experienced by heterosexual couples has spread among different users, creating opportunities for alternative family models (single parents by choice or lesbian and gay parents, among others). Third-party involvement is necessary in most cases of assisted reproductive techniques, whether through the donation of sperm, eggs or embryos or the participation of surrogates. This article focuses on sperm donors: who should choose the donor —biomedical staff or recipients—, anonymity, and traceability of sperm samples. We present the preliminary results of an ethnographic work carried out in Spain and Denmark with clinics and sperm banks. The interviewed show the new conceptions and relationships that these situations have for different actors involved in assisted reproduction.

Resumen

Palabras clave

Donantes Anonimato Genética Trazabilidad Semen En el año 2018 se cumplen 40 años del nacimiento de Louise Brown, la primera persona concebida por fecundación *in vitro*. Lo que comenzó siendo una solución para los problemas de fertilidad en parejas heterosexuales ha abierto sus puertas al acceso de otros actores sociales y ha generado oportunidades para el desarrollo de diversos modelos familiares (padres y madres monoparentales por elección o parentalidades lesbianas y gays, entre otros). En muchos casos de reproducción asistida es necesaria la participación de donantes reproductivos: donantes de semen, donantes de óvulos, de embriones y gestantes subrogadas. Este artículo se centra en los donantes de semen: quién debe elegir al donante —el personal biomédico o los receptores y las receptoras—, el anonimato o no y la trazabilidad de las muestras de semen. Se presentarán los resultados incipientes del trabajo etnográfico realizado en España y Dinamarca con donantes y profesionales de clínicas y bancos de semen, que dan cuenta de las nuevas concepciones y relaciones que estas realidades están suponiendo para los diversos actores implicados en los procesos de reproducción asistida.

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1. INTRODUCTION: SOME CURRENT DEBATES IN RELATION TO SPERM DONATION

The idea that people born via assisted reproductive techniques using gamete donation (ART-D) have the right to be informed of how they were conceived is a perspective that has become increasingly dominant Spain among assisted reproduction professionals, among in associations, and to a considerable extent among the families that use these techniques, particularly among those family models that are not based on a heterosexual relationship (Rivas, Jociles and Álvarez, 2016). Moreover, the issue has been widely discussed in the academic context (Álvarez, 2014; Jociles, Rivas and Póveda, 2014; Baccino, 2010). In this context, however, tensions may arise between the rights of the child and those of the donor (Alkorta and Farnós, 2017). When children are informed that they were conceived via ART-D, the following sequence occurs: interest in knowing the phenotypical characteristics of the donor; knowing the identity of the donor; and the possibility of childdonor contact. In order for this process to be completed, it would be necessary to remove anonymity and create a register of donors, children and recipients. If these two options were available, it would seem appropriate for recipients to choose their donors. This text will examine these issues, which are beginning to be raised both in academic discourses and among the practices and demands of various social actors involved in assisted reproduction with gamete donation.

Chapter II section 5.5 of Spanish Law 14/2006 on assisted human reproduction techniques refers expressly to anonymity: "Donation shall be anonymous and gamete banks must guarantee the confidentiality of details regarding donor identity". The children born and the recipients of gametes can only obtain general information regarding donors, which does not entail a disclosure of identity. It is emphasized that the clinic has the responsibility for choosing the donor who best fits the phenotypical and immunological characteristics of the recipients. Of particular interest is the legal obligation to ensure that the number of children produced with gametes from a single donor cannot be greater than six. In order not to exceed this quota, Law 35/1988 on assisted reproductive techniques had already provided for the introduction of a National Donor Registry (*Registro Nacional de Donantes*), to be supervised by the Ministry of Health and Consumption (*Ministerio de Sanidad y Consumo*). The registry was implemented on a pilot basis



almost thirty years after the initial regulation, meaning there is no record of the number of children born using gamete donation or the real number of children born per donor (García, 2015).

Various countries have lifted anonymity of gamete donation in recent decades¹: Sweden (1984), Austria (1992), Switzerland (1999), Norway (2003), the Netherlands (2004), New Zealand (2004), the United Kingdom (2005), Finland (2006), and various Australian states (2011). Other countries have implemented the so-called "dual route"; that is, they allow a choice between anonymous and non-anonymous donation. These countries include Iceland (1996), Belgium (2007) and Denmark (1997). The United States offer different levels of information depending on donor consent: information without identification, identification, non-identifying contact and identifying contact. Uruguay and Argentina uphold anonymity, but donor identity can be disclosed by a court ruling subsequent to an application from the child or the child's descendants (Alkorta and Farnós, 2017). After eliminating anonymity in 1998, the Australian state of Victoria went one step further in 2016 by approving a law that extended the right to know one's origins regardless of whether conception had occurred prior to 1998 (Allan and Adam, 2016).

Though this issue is of common concern to both types of gamete donor (sperm and egg), there are particularities in the case of sperm donors that will be examined in this article. Alternative reproduction markets make it possible to avoid the formal donation circuit in Spain, meaning users and their partners can sidestep the legal restrictions relating to donor choice and anonymity. There are two choices: resorting to countries with more relaxed laws —in other words, transnational reproductive care or "reproductive tourism" (Deech, 2003: 425)— or reproductive self-management. In the case of self-management, there are three possible routes for obtaining access to sperm samples: applying to a sperm bank; using websites that offer male donors; or asking an acquaintance for sperm². Donors to sperm banks or clinics do not take decisions as to the destination of their sperm or engage in

¹ In some countries, donor identification information was first applied to sperm donors and then the right to such information was extended to those born via egg donation once it was made legal. This is the case of Switzerland where anonymity was removed in 1984 for sperm donation (the only one allowed at that time). The corresponding change occurred for egg donation in 2006.

² This does not include so-called "sperm theft" for reproductive purposes. This is the use of sperm from a man for reproduction without his knowledge and/or consent.



contact with recipients. Donors who are known or reached online acquire a certain level of reproductive control in the sense of having a say as to the destination of their sperm and possible future contact with the child (Woestenburg, Winter and Janssens, 2016).

Significant debates have arisen in recent years with regard to certain issues relating to sperm donation —namely, lifting the veil of anonymity, users having a choice of donor, and the possibility of contact between children and donors-. On an international level there has been considerable academic discussion around anonymity³. Debates have focused on the end of anonymity (Joyce, Harper and Reisel, 2016), retroactively lifting the veil of anonymity (Allan and Adam, 2016), reasons for providing information on the identity of the donor (Ravelingien, Provoost and Pennings, 2015), and the arbitrariness of the maximum offspring quota per donor as established in each country (Janssens et al., 2015). We also encounter disputes over who should be able to choose the donor and the phenotypical coordination between donor and recipient (so-called "matching", used as an emic term) (Ariza, 2016; Bergman, 2014). With respect to the factors motivating sperm donors, the work of Mohr (2014), who analyzes how donors give meaning to the connections between donors and offspring, is of particular interest. These connections may ultimately result in social relationships between donor and offspring (Mohr, 2015). According to Almeling (2011), North American sperm banks encourage donors to develop these donoroffspring connections as family relationships. In the Spanish context, though some work has been conducted that examines sperm donor profiles and motivations (Lucía and Nuñez, 2015), there is scarce knowledge or consideration around the views regarding anonymity and possible future contact with persons conceived using donor gametes. This paper is hence intended to offer a preliminary examination of the issue in Spain.

Based on a multilocated ethnographic study, we will examine over the course of three sections several aspects relating to sperm donation in Spain, including the possibility of requesting sperm from a bank located outside the country, in this case Denmark:

³ Due to limitations on space, the intention here is not to conduct an exhaustive study of the issue but rather to note certain works with significance for the debates on the matters in question.



- 1) Free choice of sperm donor for recipients, the discursive construction of sperm, and how banks present genetic material.
- 2) The various positions regarding lifting the veil of anonymity: tension between rights of the child and of the donor, and the potential end of anonymity.
- 3) Records and traceability of samples: consanguinity, offspring quotas per donor, and the possibility of new kinds of donor-offspring relationships.

Before considering these issues, we present below the methodology underpinning this work.

2. METHODOLOGICAL CONSIDERATIONS

The analysis presented in this text is the outcome of on-going ethnographic work⁴. We will set out some preliminary results, the data for which were obtained at two times: once in June 2015 and on another occasion from June 2016 to October 2017. The following techniques were used to collect data:

- 42 interviews: with 11 professionals (nine Spanish and two Danish), 18 sperm donors (3 from a Scandinavian sperm bank, 2 from the Co-Padres website, 10 donors to Spanish clinics and 3 known donors sourced from personal networks). Interviews were also conducted with 13 members of families that had used donor sperm (two hetero-parent families, three lesbian-parent families and eight SMBCs)⁵.
- Document analysis: clinical documents including informed consent forms and sperm collection rules, information leaflets and publicity aimed at sperm donors, and posters and warnings located in the cubicles in which donors provide samples.

⁴ This work is conducted as part of the "Families, assisted reproduction centres and donors: diverse perspectives. Variations according to family model and anonymity/non-anonymity of donation" project funded by the State Plan for Scientific and Technical Research and Innovation 2013-2016. Ref. CSO2015-64551-C3-2-R (MINECO/FEDER). The lead researchers are Ana María Rivas Rivas and Consuelo Álvarez Plaza. The project has a four-year duration from January 2016 to December 2019. In addition to sperm donors, the study includes other reproductive donors (eggs, embryos and surrogates), families, gamete banks, reproduction centres/clinics and agencies/consultancies that intervene in cases involving surrogacy in other countries.

⁵ SMBC: single mother(s) by choice.



- Participant observation: it was conducted in two Spanish clinics and one Danish sperm bank. The latter was chosen for two reasons: first, it is considered the leading international sperm bank, and second, it is one of the banks used by Spanish clinics and private users to carry out at-home self-insemination (Álvarez and Pichardo, 2017).
- Virtual ethnography: this was carried out on the Co-Padres website (analyzing online contributions from 60 men who offered their services as donors in 2016) and on the website of the Scandinavian sperm bank (824 sperm donors registered in June 2017)⁶. The interview data and other ethnographic material were analyzed in line with Grounded Theory (Strauss and Corbin, 2002).

3. Who chooses the "good donor"?

As stated, Law 14/2006 provides that the clinic is responsible for choosing the donor who best matches the phenotypical and immunological characteristics of the recipients. This process constructs a continuity between genotype and phenotype that helps to remedy the absence of genetic contribution to the offspring by assisting bonding through similarity (Ariza, 2014; Pichardo et al., 2015). Coupled with anonymity, this practice of phenotypical similarities allows heteroparent families to attempt to conceal the participation of a donor in the reproductive process if they so wish (Bergmann, 2014). In Spain, the responsibility for matching donor to recipient lies exclusively in the hands of the healthcare personnel. As with the lifting of the veil of anonymity, the opportunity for users to choose appears as a threat for Spanish assisted reproduction clinics that are faced with an alternative market offered by the Scandinavian sperm bank (Álvarez and Pichardo, 2017). Through its website, this bank offers users a wide range of options to choose the sperm donor who best fits their particular interests (whether or not phenotypical similarities are considered).

This process of freeing up the market and placing reproductive decisionmaking in the hands of users is a shared discourse described by numerous informants. One female interviewee told us how she took the

⁶ The virtual ethnography of the Scandinavian sperm bank was conducted by Gissel Torres and Juan Carlos Alvarado.



decision to purchase a sperm sample from a particular donor of the Scandinavian sperm bank:

Choosing, of course! (...). I would say why not. There's nothing wrong with it. (...). It's not an *a la carte* baby. And anyway, even if it was, all babies are *a la carte*! You wouldn't go out and say, I want a baby, I'll find twenty men on the street and any one of them will do! (Esther, 40, Region of Madrid, private clinic, SMBC, engineer, 2017).

Samples held at sperm banks meet standards of effectiveness, quality and safety. But the Scandinavian bank also has to meet the demands of its users, who are the ones making the choice, and so the bank provides a wide-ranging supply. An analysis carried out in July 2017 of the total of 824 sperm donor profiles published on its website provided the following data: 765 were Caucasian; 542 were taller than 180 cm, with no donor shorter than 170 cm; weight was in proportion to height; 487 had blue eyes (including three shades); and 588 had blond or light-brown hair. A professional at the sperm bank advised us that it followed criteria based on user demand when selecting donors and that donors were not rejected on racial or phenotypical grounds, but rather on the basis of clients' needs and requests.

It's a matter of demand; I have nothing against them [referring to donors shorter than 170 cm], but if there's no demand it's a waste of investment (...). We're like a factory: we have to manufacture what is in demand and if there's no demand, we halt production (professional at Scandinavian sperm bank, 2015).

Selection criteria were not always based exclusively on phenotypical characteristics. One participant explained the donor search criteria that she used:

My search criteria were: for them to be long-lived, for their parents and grandparents to be alive. That was first. Because I told myself: "Look, since I can choose, I'm going to make this choice". So I found one who even had a living grandmother aged over 100. And I said: "That's the one!"(...). I like tall people, so since I can choose, let them be tall. And when I read [the profile] and it said he liked whales, I said: "OK, that's him!". And I chose him and said: "He's the one for me!" (Esther, 40, Region of Madrid, private clinic, SMBC, engineer, 2017).



This recipient explained to us that she liked whales too and that it struck her as a sign of calmness. In this regard, the Scandinavian sperm bank professional informed us that the donor "does not need to be physically attractive or have an outstanding academic record. Our experience is that if they provide a good profile, they are selected".

We will not examine donors' motivations in detail here, since their complexity exceeds the scope of this article⁷. But beyond financial reasons, donation also involves gender issues. As we shall see, both banks and donations themselves become spaces for personal experiences of masculinity (Mhor, 2014). Motivations also differ based on whether the donor is offering his services through a sperm bank or online (Woestenburg et al., 2016)⁸.

It is worth identifying certain issues regarding conceptions of sexuality and sperm in banks. At the Scandinavian sperm bank, sperm is conceived as and restricted to being a reproductive substance to be managed (Graham, Mohr and Bourne, 2016). This implies promoting practices of control and restraint among donors in order to obtain good, safe and fertile sperm. This entails a conversion from "man who donates" to "sperm donor". Documented sexual abstinence, control over frequency of orgasm and appropriate masturbation technique produce "good sperm". One of the Danish donors interviewed expressed this in the following terms: "They encourage you not to have sex or masturbate for two or three days before providing the sample. (...). Also, I think that if you spend a lot of time in the sun, the heat can reduce the quality of your sperm" (Aren, 40, Denmark, sperm bank, sociologist, 2015).

Mohr argues that learning masturbation techniques in order to achieve high-quality sperm samples entails a redefinition of masculinity for donors⁹. Men who donate are called upon to meet the challenge of being

⁷ The construction of altruism in clinics becomes a justification for the donor's motivation beyond financial compensation (payment).

⁸ Donors who offered their services online had a more pronounced desire to procreate than those donating to sperm banks (6 out of 9; that is, 66%, as opposed to 22%) and more frequently felt that they had good genes that they wished to pass on (5 out of 9; that is, 55%, as opposed to 31%). The main reason that donors gave for choosing to donate online was that they wished to know the future parents and be kept up to date as to the progress of the children conceived using their donations. This significantly distinguishes them from sperm bank donors (Woestenburg et al., 2016).

⁹ Mohr describes how masturbation routines should be carried out in the clinic in order to provide a good sample. Sexual arousal allowing for orgasm (which could cause distraction) must be combined with a good ejaculation technique (in line with the rules of



a good donor in terms of the sexual practice of masturbation at the bank, which will be different to masturbation in private.

In addition to a good state of health and a high quality of sperm in particular, it is necessary to maintain a healthy lifestyle that enables one to be a healthy donor and fulfil the responsibility to produce healthy children. When interviewed, a Danish sperm donor told us that he takes care of his diet and exercises because "I have a responsibility for the genetics of my sperm" (Jasper, 25, Denmark, not in a stable relationship, no children, health sciences student, 2015). These subjects have a commitment to society and are biosocial (Rabinow, 1992): they are responsible for the genetic health of offspring through the biogenetic links they establish with them. They consider themselves to be responsible men who fulfil their duties and whose objective is to have "safe sperm". Being a "good donor" involves accepting certain moral obligations. Mohr (2014) states that the sexual habits recommended for donors (sexual abstinence, control of orgasms) offer them a form of gender practice that transforms masculinity.

4. LIFTING THE VEIL OF ANONYMITY: LIGHT AND SHADOWS IN KNOWLEDGE OF ONE'S ORIGINS

La The possibility of lifting the veil of anonymity creates concern among families who fear that children may wish to identify and contact the donors who have provided their genetic material (Théry, 2009). However, guaranteeing anonymity is increasingly difficult in the context of the child's right to know their origins: "The traditional grounds for upholding secrecy have lost force and it is hence necessary to investigate whether there is justification for the different treatment accorded under Spanish law to children born from donated gametes and to adopted children" (Alkorta and Farnós, 2017:149). The debate no longer revolves around

the bank) in order to produce a high-quality sample. Practice is required for collection purposes and the form of masturbation is highly different to that which takes place in private. Masturbation practice at the bank has a specific aim, controlling the difference between masturbation at home and in a bank. The objective is to restrain oneself outside the clinic and thereby obtain a suitable quantity and quality (Notes taken by the author during the presentation given by Mohr entitled "Sperm donor livelihood: masculinity, sexuality, and relatedness in times of biosociality" at the 10th Afin International Conference on Reproductive Politics, Rights and Desires, held on 1 November 2017 in Barcelona).



whether anonymity should be removed, but rather to what degree, and what the social consequences of any particular decision would be.

Professionals who work within the area of assisted reproduction have different perspectives on anonymity; there are even those who maintain that this issue will lose relevance as others emerge, such as the challenges and opportunities represented by genetic advances applied to the area of assisted reproduction:

The issue of anonymity is no longer important (...), the big question is genetics (professional at Scandinavian sperm bank, 2015).

For a Spanish legal scholar with expertise in clinical assisted reproduction, anonymity has never been a social problem but has instead arisen as a theoretical and ethical concern in the academic context:

> There is no record of legal claims [in Spain] from people born as a result of reproduction techniques using donor gametes who are seeking to know their identity. It is not a matter that I have perceived as controversial. It is true that sometimes you hear other people, perhaps from... The university environment or the bioethics field, who question this issue. But I do not see that there is a real social problem here (Spanish legal scholar specializing in assisted reproduction, 2016).

Whether or not there is a social conflict, "expert" language has repercussions in the social world, since it is part of it. Quoting Callon with regard to the construction of altruism in assisted reproduction, Ariza states that "the performance" of language has the capacity to produce what it describes (Ariza, 2016). Expert discourse on the need to know one's origins, both in adoption and in assisted reproduction, has generated a need for families to consider the appropriate ages and discourses for sharing this information with their children. The risk is that children may be exposed to the knowledge by chance, with the ensuing risk of loss of the trust that is fundamental to family relationships. The correlation to these observations concerning the disclosure of origins would ultimately be the lifting of the veil of anonymity, which is now seen as a right of the child. A step further would be contact with donors, with unknown consequences for the equilibrium of the family (Théry, 2009).



There is on-going debate as to whether families, clinics and donors themselves wish for the veil of anonymity to be lifted. SMBCs appear to be inclined to choose non-anonymous donors if possible: according to Zadeh, Freeman and Golombok (2016), from a total of 46 SMBCs who received treatment in assisted reproduction clinics in the United Kingdom between 2003 and 2009, 57% opted to use sperm from nonanonymous donors. One of our participants, who decided to resort to a sperm bank outside Spain in order to be able to choose her donor, did not consider the issue of whether the donor was anonymous to be important but did recognize that it could matter to her child in the future:

> I'm not going to use that filter of "anonymous" or "nonanonymous". I'm going to read the [profiles] I like and if I like one, I'll choose it whether or not it's anonymous and that's it. Because actually it's good [for babies] to know where they come from and I think my child might want to know who their father is, mightn't they? He'll be their father, their donor (Esther, 40, Region of Madrid, private clinic, SMBC, engineer, 2017).

Hetero-parental families show the most interest in preserving anonymity and offer the most resistance to disclosing the origins of their children born from gamete donation (Jociles and Rivas, 2016; Álvarez, 2014). For García (2015), in some cases these families may prefer not to have a national register of gamete and embryo donors, as this would reduce the chances of contact between their children and donors. The strategy of not reporting births to the clinics where assisted reproduction techniques have been implemented appears to provide evidence of this desire to avoid having clinical records of the use of the techniques (Álvarez, 2008).

The clearest example of liberalization in terms of removing anonymity is provided by the state of Victoria (Australia), whose parliament approved a 2016 law that will allow all individuals conceived by gamete donation to receive information about their donors regardless of when the donation was made(Allan and Adam, 2016). The removal of anonymity would hence be retroactive, prioritizing the rights of the child to information on their origins over those of the donor to maintain their anonymity.



In any event, a growing number of countries are regulating the removal of anonymity and making it possible for children to know the identity of their donors once they reach legal age. Another interesting question is whether donor identification and location details should be provided and what use will be made of that knowledge. A study by Ravelingien et al. (2015) provides a review of the reasons for which people conceived via gamete donation wish to know the identity of the sperm donor, which include medical grounds, curiosity, completing one's self-identity, constructing genealogy, understanding why the donation was made, and having a relationship with the donor and his family.

In countries that retain donor anonymity, the situation may be complicated in the near future given that it will not be possible to guarantee such anonymity. The increased prevalence of genetic testing to obtain ancestral information and information as to health, as well as participation in international genetic ancestry and genealogy databases, produces numerous challenges to the practice of anonymity in gamete donation. All interested parties (fathers/mothers, children and donors) should be aware that it is probably not possible to guarantee donor anonymity in practice, whatever the law may establish (Joyce and Reisel, 2016). However, donors are not warned of these new realities and their potential impact in terms of making it impossible to fully ensure anonymity.

The right of the child to know their origins conflicts with the privacy of the donor (Alkorta and Farnós, 2017). Clinics consider that lifting the veil of anonymity would result in a reduction in donor numbers. Should the right to know one's origins take precedence over the right to anonymity? Is there a right to know one's origins? "The European Court of Human Rights (ECHR) has not ruled on the scope of the right for people conceived via donated gametes to know their origins. It has ruled, however, with respect to minors in the custody of a public authority or who have been adopted" (Alkorta and Farnós, 2017: 153).Whether or not this right exists, the debate now goes beyond academic circles and has reached the public arena.

The possibilities opened up by the development of assisted reproduction techniques have played a fundamental role in many of the major changes that have occurred in family structures (Sanz et al., 2013). Though the will and desire to have children are the primary concern and social and emotional ties take precedence over genetic ones, the trend



toward a society with families based around care giving relationships does not mean that no importance is attributed to genetic links. Stolcke calls the obsession over sharing genetic material with the children one is bringing up "genomania" (*apud* Pichardo, 2009: 241). This genomania also makes one think of the existence of a link between donors and children conceived through their donations. For this reason, the debate on the need to disclose origins and the removal of anonymity continues to occupy a central position.

These genetic links relate to both children and donors. It is therefore appropriate to hear the views of the latter group on this issue. The removal of donor anonymity is a relatively new phenomenon and there are no conclusive findings in terms of reduction in donations or the social consequences for both donors and their families. "The few studies conducted to date, for example in Holland, have offered contradictory results" (Alkorta and Farnós, 2017: 157).A 2013 study from Monash University in Australia regarding donor opinions in relation to lifting the veil of anonymity produced highly equivocal results. Interviews were conducted with 42 people who had donated sperm and eggs prior to 1998 in the Australian state of Victoria, the purpose being to record their opinions on the "retroactive" removal of anonymity. Fewer than half of the donors agreed that anonymity should be eliminated; the remainder considered that disclosure would cause harm to them and to their families (Jegtvig, 2013)¹⁰.

In Spain, given the current anonymity of gamete donation, there are no studies to date regarding sperm donor opinions with respect to the removal of anonymity. Nor is it known whether donors would be prepared to engage in future contact with the children born from their donations. In the case of our sample of sperm donors, there are various and highly differing profiles. Donors at the Scandinavian sperm bank can choose between being anonymous or non-anonymous. It is only possible to opt for the latter if one is aged over 25 (this is the bank's policy). It is not possible to subsequently change one's decision as to donation model (anonymous or not). An analysis of profiles on the sperm bank website¹¹ in terms of anonymity shows that, from a total of 824 donor

¹⁰ See: https://es-us.noticias.yahoo.com/donantes-semen-y-óvulos-están-divididossobre-la-154930451.html. Last access: 15/11/2017.

¹¹ See: https://dk-es.cryosinternational.com/busqueda-de-donantes. Last access: 20/07/2017. Last access: 15/11/2017.



profiles, 551 are anonymous¹² and 273 have elected not to be anonymous.

The Spanish donors that we interviewed are anonymous by law, meaning it is only possible to seek their opinion as to what they would do if they were able to decide for themselves. Donors adopted differing stances when asked if they would have donated had the law not protected their anonymity:

> If there was no anonymity, I couldn't have been a donor because my family wouldn't have allowed me (...) Getting rid of anonymity ...? On one hand I understand that ... they may be interested in knowing their biological parents, but on the other, it's part of the conditions for fathers being donors (...) Myself, speaking personally, it wouldn't matter to me. But of course, there are other people involved (Vilez, Community of Madrid, 34, active donor in a private clinic, in a heterosexual relationship, one child aged under 12 months, civil servant, graduate, 2017).

> I'm very liberal with these kinds of things. You know, I have no problem with it. But I also think that if it wasn't [anonymous], there would definitely be 95% fewer donations. Definitely. Because I think there are very few people who are as relaxed about this as I am (Clemente, Community of Madrid, 24, active donor in a private clinic, heterosexual relationship, no children, actor, 2017).

With relation to a potential "retroactive" removal of anonymity, a sperm donor tells us:

At the moment, for example, I wouldn't like it if what happened anonymously twenty years ago stopped being so now. (...). Because imagine if I suddenly have sixteen kids without having had any ties. Without having had anything to do with them really beyond a donation. I think it complicates your life, when our lives are already too complicated. When what you have actually done is collaborate with someone to do what they want to do. They wanted to have a child. I didn't. (Jacinto, Region of Valencia, 44, donor in 1995, homosexual relationship, no children, salesman, basic education, 2017).

As they have direct contact with the women or couples seeking their donations (for purposes of delivering the sample or for coitus with

¹² The high number of anonymous donors may be due to their preference for this system or the addition of donors who went to the bank before the Danish law permitting the dual route.



reproductive ends), donors who offer their sperm online are not exactly anonymous. Our sample is too small to reach definitive conclusions, but the two interviewees from this donor group (out of 60 people contacted, only two agreed to do the interview) did not want a stable co-parenting arrangement. One had no problem with having contact with the child once it became an adult, and the other, while not wanting this contact, did say he would like to receive news through the family.

There are no international legal texts recognizing a right to know one's origins. The only international legal text relating to ART-D, the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, of 4 April 1997 (LOS CRA, 1997), is silent in this respect. In any case, if the right to know one's origins were recognized, it would be necessary to identify the scope of such knowledge; in other words, whether it related solely to knowing the phenotypical and genotypical characteristics of gamete donors or extended to their identity and location. A further step would be to regulate contact with the donor and their family. If this were to occur, it would be necessary to consider and manage the recording and monitoring of sperm samples and their subsequent traceability.

5. TRACEABILITY OF SAMPLES: FROM CONTACT TO SOCIABILITY AND FAMILY RELATIONSHIPS

For donors and their offspring, knowing about and having contact with each other pose significant challenges. The comments of our Spanish and Danish participants indicate that the specific cultural and legal context affects the meaning that donors ascribe to their connections with those conceived using their gametes. While these are exclusively contractual relationships or connections for institutions (sperm banks and clinics), for donors the connections are generally expressed in terms of family relationships: "I'm the father of...", "I have 12 children...".

It is currently difficult but not impossible to make contact. Spain does not have a fully functional national donor register, despite the successive laws on assisted reproduction (1988, 2003 and the current law from 2006) according great importance to donor registers relating to gametes, embryos, live births and recipients of donated gametes. It is stated at various parts of the currently in-force Law 14/2006 on assisted human reproduction techniques (*Ley 14/2006 sobre técnicas de*



reproducción humana asistida) that it must be possible to monitor donors and the identities of those who have received their gametes (García, 2015). This control would mean donors could be located in the event of detection of a health problem for the child, in addition to permitting monitoring of the quota of offspring per donor.

The pilot phase for the Spanish donor register was still on-going in 2017. There are various possible reasons for this delay in its implementation, ranging from families' lack of interest —there is no movement to demand that the register be established— to an absolute absence of political interest, which may conceal economic factors to the detriment of the clinics. This lack of a donor register has the following consequences:

- 1. The same donor can attend various clinics without being monitored or restricted;
- 2. It is impossible to know the quota of offspring per donor;
- 3. there is a breach of Directive 2006/17/EC, of 8 February 2006, implementing Directive 2004/23/EC of the European Parliament and of the Council, which provides for the ensuring of traceability;
- 4. Es it is impossible to have a European network of donor registers that could also serve as registers of offspring from the same donor, something that has been in place in the United States since 2000 (García, 2015).

As has been stated, the right of offspring to know their genetic origin does not necessarily mean disclosing details that would enable them to identify the donor or establish contact or any kind of parental responsibility. According to article 8 of the 2004 European Directive (2004/23/EC), on traceability, the data required for full traceability must be codified and stored in electronic form for 30 years. The second function of tracing samples is to exercise control over the quota of offspring per donor. Provisions in this regard vary from the quota of six offspring permitted in Spain to an open and indeterminate number in the USA, which does not establish a specific quota.

A study was published in 2015 examining minimum rules with relation to the quota of offspring per donor (Janssens et al., 2015). An international working group including representatives from various fields was established to conduct the study. Their objective was to make



recommendations as to the number of descendants that should be permitted from a single sperm donor in cases involving the international use of their gametes. Debates were held regarding genetic, psychosocial, operational and ethical perspectives on the matter. Genetic testing and available online resources now mean that all donors are potentially identifiable by their descendants (via genetic ancestry services that can be contracted online and contact websites for people conceived via gamete donation). The study therefore made no distinction between anonymous and non-anonymous donation when calculating the potential quota. There was no agreement reached on any kind of unified restrictive limit on the donor/offspring quota. It was stated that at a genetic level, a quota of 200 offspring per donor could be reached without risk of consanguinity except in isolated social minorities. However, social and psychological sources recommended that the limit not exceed 10 offspring per donor.

The type of relationship that donors and offspring can or should maintain is another matter of interest for families. European law requires that gamete donation records be retained for at least 30 years after donation. If the aim is to be able to monitor potential genetically transmitted disorders and warn affected individuals, should the register contain up-to-date information on the residences of donors and of the children genetically linked to them? Sperm donation does not entail responsibility on the part of the donor; it is a contractual relationship with the bank or the clinic, and in principle donors have no obligation to report changes in residence so they may be located if necessary for health reasons for 30 years after donating. Without providing that the donor has parental responsibilities that are transferred to the recipients of the sperm (Weinberg, 2008), the regulation of registers suggests that donors have responsibility for a very important issue that may potentially be monitored by State institutions:

Future contact with donors is like Pandora's box: if you open it, that contact could be useful for the child. But you're forgetting to think of the donor's family and of all the people who are involved. And children are trying to find them online, on donor register websites (Professional at Scandinavian sperm bank, 2015).

The fear of removing anonymity is precisely that of opening the Pandora's box of contact between donor and genetic offspring, as well



as the consequences for the donor's own family. Some participants remain open to this potential future contact. However, they ask what would lead a child conceived with their sperm to wish to know their donor and do not think that these children would seek the recognition of any kind of father-child relationship.

> I wouldn't close the door in anyone's face, and I wouldn't tell them: 'you have no right to anything'. Because I think everyone has the right to lots of things. I would ask them what they want. I mean, maybe they'd just want us to be friends. Well, why not? But... don't ask me to be your father afterwards...! Because I don't think anyone will ask me for that (Jacinto, Region of Valencia, 44, donor in 1995, in a homosexual relationship, no children, salesman).

An active online donor at Co-Padres, who had donated sperm to a lesbian couple and was not allowed any contact with the baby, expressed himself in a similar way:

I do admit that I would have liked to know something about him. (...). Of course, I can promise them that I won't ask anything of them and all that. I understand their position. But yes, I would have liked it... to see how he developed a little, you know? A photo or something... And I wouldn't have minded, I don't know, if they wanted to meet up sometimes or for the kid to meet "his father", in a manner of speaking. I wouldn't have minded. I would have liked it. But I understand their position and they made it clear to me from the start that this was how it would be and that's that (Fabian, Catalonia, 38, online donor, not in a relationship, no children, healthcare professional, graduate, 2016).

For another participant, the important thing was for the minor's family to agree to the child meeting the donor in the future, though making it clear that "he's nobody in the child's life":

> I say: 'Well, they'll be out there' [the offspring born using his sperm] (...). I'd even be really interested in meeting them sometime. (...). The most psychologically vulnerable one will be the boy, because he'll be younger and it'll be harder for him to understand things. So I would never agree to meet a child from my donations if their parents didn't tell me they were OK: they understand, they've accepted it and they just want to meet you... Then I'd speak with them. I don't know whether it would be face-to-face at first, but I'd speak with them because most of all I'd want to know why they want to meet me. Because if it's just curiosity, I'd be delighted. But if it's



actually some kind of need, the thing is I'm not the person to deal with it. (...) I'd tell them: 'fix this with the people you should fix it with, with your family. Because at the end of the day, I'm nobody to you and I don't have to be either' (Clemente, Region of Madrid, 24, active donor at a private clinic, in a heterosexual relationship, no children, actor, 2017).

The review carried out by Ravelingien et al. (2015) concludes that the people conceived via gamete donation are seeking contact with the donor, rather than mere identification. This contact does not entail parenthood but does involve a certain possibility of a relationship. Mohr (2015) notes that Scandinavian donors give meaning to the connections with individuals conceived using their sperm beyond the contractual relationships with the bank or family relationships, participating in the creation of a space that can offer new paths toward new kinds of social relationships.

6. CONCLUSIONS: THE END OF ANONYMITY AND NEW FORMS OF SOCIABILITY

Together with technological advances in processes related with assisted reproductive techniques, the opportunities presented by the Internet — both as a space for the purchase of sperm with a choice of donor characteristics and as a meeting-place allowing contact with other people who are the genetic offspring of the same donors— are creating new practices and social conceptions in the context of kinship. These new realities call into question the reproductive process and conceptions regarding sperm, donor selection and the social links that are created on the basis of this substance. In this context, sperm donors have been generally ignored in the analysis of assisted reproduction using gamete donation.

Regarding donor selection, it appears that in the Spanish case social practices are going beyond the limits established by law, with sperm recipients (individually or as a couple) taking advantage of the opportunity that sperm banks which provide their samples via online means offer in terms of choice. This means that there is a presentation and exhibition of the available sperm that also affects how donors experience and explain their donations. The donation process becomes an exercise of masculinity, in which donors must not only construct



"safe" sperm but also assume responsibility vis-à-vis the individuals who will be conceived using their genetic material.

This also means reflecting on the possibility that those individuals may seek contact in the future, in addition to requiring that donors consider the type of relationship (if any) that they would like to have with such individuals and how this may affect them and their own families (partner, children and extended family).

We agree with the assertion of Joyce et al. (2016) that all interested parties (families, donors, children, clinics and State) should be aware that there is a trend toward the end of anonymous gamete donation. The proliferation of genetic tests and databases call into question donor anonymity and challenge the legal protection accorded to the privacy of donors and parents. It would hence become necessary to inform people who donate on the basis of an undertaking as to anonymity that it is not possible to provide a cast-iron guarantee in this respect. Genetic information cannot be absolutely concealed.

We should perhaps prepare ourselves for new social relationships between donors and their offspring, even for new forms of recognition of kinship, resulting from the process of giving meaning to the visibilization of certain biogenetic links that give rise to social connections such as "donor siblings". This is an "emic" term used in the Donor Sibling Registry¹³, a website founded in 2000 in the United States by a mother and her child with the purpose of providing a contact hub for people born from the same donor to be able to meet each other. This strategy of recognition of *fratrias*, on the margins of institutions and law, raises fascinating challenges for the anthropology of kinship and family. We should be attentive to these social transformations and to what they mean for the articulation of biological and social reproduction.

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¹³ See: https://www.donorsiblingregistry.com/. Last access: 15/11/2017.



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