

Psychological assessment of gamete donors and recipients

The American Society for Reproductive Medicine
Birmingham, Alabama

STATEMENT OF PURPOSE

These recommendations are general guidelines for addressing the many complex moral, ethical, and psychosocial issues that confront gamete donors, recipients, and offspring.

I. Donors

- A. Psychological assessment by a qualified mental health professional is recommended for all gamete donors.
- B. A psychosocial history should include:
 1. Family history
 2. Educational background
 3. Assessment of stability
 4. Motivation to donate
 5. Current life stressors and coping skills
 6. Difficult or traumatic reproductive history
 7. Interpersonal relationships
 8. Sexual history
 9. History of major psychiatric and personality disorders
 10. Substance abuse in donor or first-degree relatives
 11. Legal history
 12. History of abuse or neglect
- C. The psychological assessment should ensure that the donor has been informed about all relevant aspects of the medical treatment. Donors should be counseled about the number and type of infectious disease tests that will be performed and informed about how that information will be used and shared with others.
- D. The psychological assessment should also address the potential psychological risks and should evaluate for evidence of coercion (financial or emotional). It is also important to ascertain whether the donor is knowledgeable about the degree

of disclosure and whether any plans may exist for future contact. The donor must be aware of all aspects of potential embryo management and disposition applicable to that practice. Donors should be informed about how the information will be used, stored, and secured.

E. Relative exclusion criteria for a gamete donor include:

1. Presence of significant psychopathology
2. Positive family history of heritable psychiatric disorders
3. Substance abuse
4. Two or more first-degree relatives with substance abuse
5. Current use of psychoactive medications
6. History of sexual or physical abuse with no professional treatment
7. Excessive stress
8. Marital instability
9. Impaired cognitive functioning
10. Mental incompetence
11. High-risk sexual practices

F. Candidates who are excluded from the donor practice should be counseled regarding the reasons for their exclusion and, if appropriate, offered referral.

II. Recipients

- A. Recipients of donor gametes should receive counseling about the potential psychological implications.
- B. The recipient should be counseled about the subsequent feelings relative to the medical conditions that necessitated the use of donor gametes.
- C. Counseling should address the impact of successful treatment: feelings during pregnancy, positive and negative aspects of disclosure and nondisclosure with off-

spring, potential impact of multiple pregnancy, transition to parenthood, parenting at an older age (if applicable), and nonbiological parenting issues.

- D. The impact of treatment failure should also be addressed: coping with treatment termination, the grieving process, and developing alternatives for the future.
- E. In the case of known donors, related issues such as the potential impact of the relationship between donor and recipient should be explored.
- F. The recipients should be informed about the screening and testing required of the donor. The couple should

be made aware that a donor may be deemed unsuitable for donation and that the practice may refuse to use these gametes for treatment. If the recipient couple elects to use a donor who is deemed unsuitable, then additional counseling must involve risk management and an agreement that the recipient couple understands and assumes the risk. Couples should be informed that the records related to the screening and testing of the donor will be stored. The storage of this information is relevant to the recipients as it relates to other information-sharing decisions they may make.

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