

Psychological guidelines for embryo donation

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 embryo donors, recipients, and offspring.

I. Donors

- A. All potential donor couples should be informed about all aspects of their medical treatments and the relevant psychological and ethical issues inherent in donating embryos.
- B. There should be a discussion of embryo disposition options prior to cryopreservation. After couples have concluded their own reproductive attempts, embryo disposition options should be reevaluated.
- C. Psychological assessment is recommended to ascertain appropriateness of potential donors. This assessment should include a clinical interview and, where appropriate, psychological testing. This assessment should occur after couples have concluded their own reproductive attempts and have clearly indicated their desire to donate embryos.
- D. The clinical interview should include a psychosocial history of both partners which addresses:
 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
 13. Emotional attachment to embryo

- E. Psychological testing is recommended to document and validate in a standardized, objective manner the information gathered from the clinical interview and should include an objective personality test and other self-report measures to assess potential instability or psychopathology.
- F. Relative exclusion criteria for an embryo 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
- G. A minimum 3-month waiting period with appropriate follow-up assessment is recommended between the time a couple signs the consent form to donate embryos and the actual donation to a recipient couple.
- H. Physicians and employees of an infertility practice should be excluded from participation in embryo donation (as donors or recipients) within that practice.
- I. Donors should not be compensated for their donated embryos.
- J. Donors should be at least 21 years of age.
- K. All potential donor couples should be advised at the time of the in vitro fertilization (IVF) procedure that additional screening and testing will be required if they elect to donate their embryos. The couple should be counseled about their possible intelligibility to donate embryos.

Guidelines

Released June 2002 as part of 2002 Guideline Supplement.

Correspondence to:
Practice Committee,
American Society for
Reproductive Medicine,
1209 Montgomery
Highway, Birmingham,
Alabama 35216.

0015-0282/04/\$30.00
doi:10.1016/j.fertnstert.2004.
06.024

II. Recipients and Their Partners

- A. Recipients of donor embryos and their partners should receive counseling about the potential psychosocial implications.
- B. The recipient and her partner should be counseled about the subsequent feelings relative to the medical conditions that made necessary the use of donor embryos.
- C. The impact of treatment failure should also be addressed, including coping with treatment termination, the grieving process, and developing alternatives for the future.
- D. Relative issues, such as the impact of the relationship between known donors, recipients, and offspring, should be explored.
- E. Psychological assessment is recommended to assess appropriateness of the potential recipient and her partner. This assessment would attempt to rule out significant psychiatric illness, current substance abuse, and the ability to cope with the stress of assisted reproductive technologies.
- F. Recipients of donor embryos should be advised of screening and testing requirements and be prepared either to not use or to assume the risks related to the use of donor embryos.

Revised by the Ad Hoc Committee of the American Society for Reproductive Medicine: Deborah J. Anderson, Ph.D., Owen K. Davis, M.D., Marc A. Fritz, M.D., David I. Hoffman, M.D., Delores J. Lamb, Ph.D., Larry I. Lipshultz, M.D., Jacob F. Mayer, Ph.D., Steven J. Ory, M.D., Deidra T. Rausch, Ph.D., Joe Leigh Simpson, M.D., Michael R. Soules, M.D., and the Practice Committee of the American Society for Reproductive Medicine. Approved by the Board of Directors of the American Society for Reproductive Medicine in 2001.