

Rhetoric of choice clouds dangers of harvesting women's eggs for cloning

By Renate Klein Posted Thursday, 30 November 2006

In the debate about egg extraction for cloning research it seems even those who claim to be on the side of women have been blinded by the international industrial biotech lobby.

Leslie Cannold (“**Women can still say no**”) echoes a number of female politicians who claim that concerns raised about the exploitation of women and risks to their health from the biotech industry's voracious appetite for eggs, are alarmist.

Cannold and her friends in parliament seem to have taken it personally that feminists dare to speak out about the serious risks for women from the cloning juggernaut. They say we are alarmist and, according to Loane Skene and other members of the Lockhart committee, “pseudo feminists”, as if they think they own feminism.

Much as their rhetoric about so-called “choice” would seek to hide the truth, the dangers to women are real. Egg extraction is an invasive process.

Women are first put into chemical menopause and then given strong doses of drugs to hyperstimulate their ovaries. Up to 10 per cent of women will suffer ovarian hyperstimulation syndrome with symptoms including stroke, organ failure, respiratory distress and even death. A number of women have lost their lives through these procedures already.

Cannold's article is a serious distortion of feminist concerns about the crucial role women play in embryonic stem cell research.

She well knows that feminists - including my colleague in the **Hands Off Our Ovaries** campaign Katrina George - do not make the simplistic claim that women are “quite literally, incapable of saying ‘no’ to donation” or that “women lack the capacity to give informed consent” as she asserts.

She accuses egg-harvesting opponents of infantilising and patronising women and claims that we believe women are incapable of exercising free choice.

This is not true. But some choices are not worthy of the name.

Choice always occurs in particular social contexts, often characterised by

significant power imbalances. Researchers want eggs to pursue their research. Biotech companies hope to cash in on an investment that may be worth millions.

With a focus not on women's health but on promised cures, women distressed by the suffering of a loved one will be under pressure to do the right thing and altruistically donate eggs. This does not mean that women are incapable of exercising choice in such a context. But it does require us to consider the power and value of such a decision.

Cannold - like some in the recent debate - dismisses these concerns.

But a number of Australian studies cast doubt on whether women are adequately informed of the risks of egg harvesting. A survey of IVF clinic information brochures by the Government's expert body on health standards, the National Health and Medical Research Council, found that not all mentioned the main adverse outcomes and the information was communicated in an overly positive manner.

A recent journal article about egg extraction in Australia concludes that whether women are adequately informed of the risks is highly debatable. When clinician and researcher are the same person, as is often the case with egg extraction, the temptation to downplay the risks to women is even greater.

And just how meaningful is informed consent when the long-term health risks of egg extraction, including reproductive cancers, are not yet well understood?

The pro-cloning advocates say that egg donation is just like any other tissue donation. This is a gross misrepresentation. Unlike a kidney donation, an egg donor's whole ovary is irreversibly bombarded with at least three different types of hormones, risking long-term damage to all remaining egg cells.

Unlike kidney donation, where there are immediate benefits to the recipient, any cures derived from embryonic cloning are decades away - if they eventuate at all. Ironically, any treatments would be patented and sold back to the egg donor. The health concerns for the donors is so low on the agenda that the three-year review proposed by Senator Patterson's Bill does not even evaluate the health of the women who have donated the eggs.

Cannold condemns George's alleged factual sloppiness but she herself distorts the facts by comparing the serious risks for egg donors with the minimal risks for routine blood donors.

For too long now, mainstream liberal feminists have dominated debates on women's issues. They've had things their way and talk as if they've taken out the patent on feminism. It's time for some new, disparate voices in the political-media landscape. Like many other women around the country, I have welcomed

the entry of **Women's Forum Australia** (WFA) onto the scene. Cannold's slur on WFA's independence exposes her sectarian prejudice.

Cannold's attempts to marginalise WFA ignores the concerns of other feminist groups, including my organisation, the Feminist International Network of Resistance to Reproductive and Genetic Engineering, the Coalition Against Trafficking in Women Australia and women from more than 17 countries across the world who have united across the usual political and ideological divides to form *Hands Off Our Ovaries*.

Women's lives and bodies should not be invaded for the so-called "public good". Women's health must not be compromised by experimental research with no proven benefits for the donor women or their families - or anyone else.

It's time to jettison the phony rhetoric of choice in this debate.

Women should not be sacrificed to the vested interests of the biotechnology industry.

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