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“Oocyte cryopreservation and reproductive choices”

Multinational corporations invest exorbitant amounts of money so that the women in their workforce can have their oocytes cryopreserved and therefore be able to delay the procreation of children and totally devote themselves to their work during their most productive years, without interrupting their careers with pregnancy and maternity leaves. The overall endeavour is perhaps reminiscent of “Brave New World”, the dystopic science fiction novel of Aldous Huxley written in 1931. However, almost one hundred years later, reality seems to have superseded fiction. Last October Apple Inc announced that from the year 2015 onwards it will offer to its female employees working on American territory the possibility to have their ova cryopreserved, so that they can make use of them later and have children using medically assisted reproduction techniques. Almost immediately after that, Facebook Inc announced in turn that it will cover with the sum of 20,000 dollars the expenses of oocyte cryopreservation of its female employees, while at the same time it will undertake the expenses required for the birth of a child through a surrogate mother. Furthermore research has indicated that women who are interested in having their eggs cryopreserved (either at their own expense or at the expense of their employers) mention as their incentive for doing so the control of their fertility, the lack of a suitable spouse/partner and the lack of flexibility in their working environments. In Greece, the General Secretariat for Gender Equality contended itself with carrying out an electronic opinion poll on the matter through its Facebook website. Up until now,

1 Mark Tran, “Apple and Facebook offer to freeze eggs for female employees”, The Guardian, issue of October 15 2014, available at the website http://www.theguardian.com/technology/2014/oct/15/apple-facebook-offer-freeze-eggs-female-employees. The translation of all foreign literature references has been made by the author of the present article
3 December 2014.
the (mere 68) people who voted are against the above practice by 65% and in favour by 16%.

Very briefly let us be reminded that oocyte cryopreservation is performed as follows: the woman is subjected to pharmaceutical treatment aiming at either inducing or stimulating ovulation, which means either causing or increasing the maturation of oocytes. Then the mature oocytes are collected and frozen in liquid nitrogen in -196° C, while at the same time special substances are used for vitrifying them and therefore protecting them from the formation of ice and its melting during the thawing of ova. Then it is possible to fertilise them with sperm and transfer the fertilised egg either to the uterus of the woman who actually donated the eggs or to the uterus of a surrogate mother. The cost of this procedure is estimated at approximately 10,000 dollars per ova collection cycle.

The possibility of cryopreservation for social reasons (other than those of health) has been discussed a lot, since the process is claimed to relieve working women from the ordeal of bearing a child after a certain age, thus enabling them to be more free to choose if or when they will become mothers and facilitating their access to a man-dominated working environment. This rationale is based on the ability to

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4 The full outcomes of the opinion poll can be found at the hyperlink https://epoll.me/ACRqtlmGCsI/---/apple--facebook.

5 The available choices usually include one of the following substances: clomiphene citrate (it achieves ovulation by 60%-90% and increases the probability of gestation by 10%-40%), recombinant human gonadotropin (it aims at the enhancement of action of the endogenous hormonal system in a way which is compatible with the normal function of the human body) and aromatase inhibitors (they make the pituitary gland continue the production of the FSH hormone, stimulating the fallopian tubes to a far greater degree). However, the administration of these drugs may endanger adverse events to a woman’s health with the best known one being the appearance of the Ovarian Hyperstimulation Syndrome (bulging and pain in the abdomen, stomach ache, tendency for vomiting, increase of body weight and decreased urination. Rarely, in more serious forms, there can be respiratory distress, fainting episodes and disturbances in blood count and biochemistry parameters). For more information see Constantine Vountourakis/ Ioannis Botis “Medically assisted reproduction and legislative regulations: a great leap towards motherhood” [ Κωνσταντίνος Βουμβουράκης/ Ιωάννης Μπότης, «Ιατρικώς υποβοηθούμενη αναπαραγωγή και νομοθετικές ρυθμίσεις: ένα μεγάλο άλμα προς τη μητρότητα»] http://www.perceptum.gr/index.php?option=com_content&task=view&id=25&Itemid=5 and Achilles Kalogeropoulos “Gynaecology” [Αχιλλέας Καλογερόπουλος, «Γυναικολογία»] University Studio Press 2004, p. 578.

6 For further and more analytical information see Basil Tarlatzis “In vivo Fertilisation” Notes on Human Reproduction, Clinical Course, A’ Obstetrics & Gynaecology Clinic, Aristotle University of Thessaloniki, Medical School, Department of Surgery 1997 [Βασίλειος Ταρλατζής, «Εξωσωματική γονιμοποίηση»].

7 Mark Tran, op.cit.

circumvent biological constraints regarding fertility. Nevertheless it constitutes an oversimplified approach, since it implies that oocyte cryopreservation constitutes an effective and easy solution to very complicated issues.

This occurs because it is impossible to ignore the intricate socio-economic structures that affect the reproductive choices of women. Even though the mass entrance of women in the workplace did usher the starting point of their emancipation, thus changing their traditional societal role, the issue of female labour cannot be detached from the family commitments of women. “The labour market is defined primarily by the expectations of men; their basic expectation is that as long as they are at work themselves, the women will be taking care of their children”9. This is in fact the reason for which no man would ever be obliged to delay starting a family for employment reasons10. Moreover, the equal treatment of a woman at work is rendered practically infeasible because her engagement with her family cannot be combined with a full inclusion in the labour market11. This is due to the fact that the traditional model of the ideal mother, wife and housewife has remained unchanged, on the basis of the argument of nature and female reproductive capacity12. Therefore the social model dictates that for a woman to be “proper” and “complete”13, she needs to

eggs/275812/, Marcia C. Inhorn, “Women, consider freezing your eggs”, available on the web http://edition.cnn.com/2013/04/09/opinion/inhorn-egg-freezing and Sarah Elizabeth Richards, “Why I Froze My Eggs (And You Should, Too)”, available on the web http://www.wsj.com/news/articles/SB10001424127887323628004578458882165244260. 9 Mary Evans, “Gender and social theory”, translation into Greek, Metechmio publications 2003, p 116. 10 By the words of Giota Kravaritou “Gender and Law: the problematical of the gravity of legal regulations in gender social relations” Papazisis publications 1996, pp 85-86 [Γιώτα Κραβαρίτου («Φύλο και Δίκαιο: Η προβληματική της βαρύτητας των νομικών ρυθμίσεων στις έμφυλες κοινωνικές σχέσεις»): “Under labour law the archetypical male employee is an individual that has obligations only to their employer and always has time available to fulfil them. It is thanks to the invisible, prior, and non-paid employment of women that he is actually able to dedicate his time and thoughts to his work. And this is true for every kind of employment and not only salaried; precisely due to the fact that all family needs are covered by the activities of women”. 11 According to Stavros Voutyras “Women in salaried employment, Papazisis 1981 [Σταύρος Βουτυράς «Η γυναίκα στη μισθωτή εργασία»] equality in professional hierarchy, payment and/or education has not been established in practice because it has only been addressed as an issue of labour legislation while in effect it is intertwined with the general position of women in social life. 12 Tessa Doulkeri: “The participation of Greek woman in family and work”, Sakkoulas publications 1986 [Τέσσα Δουλκέρη, «Η συμμετοχή της Ελληνίδας στην οικογένεια και στην εργασία»] 13For further insights on this perception of motherhood (and its refutation) see indicatively Susan B. Boyd, “Challenging the Public/Private Divide: Feminism, Law, and Public Policy”, University of Toronto Press 1997, Margaret Thornton, “Public and Private”. Oxford: Oxford University Press 1999 and Katherine O’Donovan & Jill Marshall, “After Birth: Decisions about Becoming a Mother”, in Alison Diduck & Katherine O’ Donovan, “Feminist Perspectives on Family Law”. Routledge 2006, p. 101-122.
become a mother and stop working, even for a given period of time, in order to raise her children herself. The possibility of oocyte cryopreservation reproduces this model and places emphasis on the obligation – or at least on the safeguarding of the ability – of women to bear children14.

The almost exclusive relationship of women and their families is also reflected in labour law. More specifically this law tends for the reproductive role of women through a number of “protective” or “favourable” provisions which supposedly facilitate a woman’s participation in paid employment. However, this is in fact a “male-centered” perception of equality which disregards the social role of women with the treatment of pregnancy as a “disease” and not as a “normal condition” by social insurance funds15.

The policy of the two corporations mentioned in the present article seems to be moving to this direction. The above companies are not investing in family support infrastructure, like the granting of leaves to both parents, working from home or flexible working hours, irrespective of the child-bearing age. On the contrary, they are willing to pay exorbitant amounts of money for the retrieval, storage and use of oocytes of their employees through medically assisted reproduction techniques, so as to artificially extend the reproductive age of women. This choice constitutes an “easy solution”, which in effect totally disregards and in no way supports the need for a substantial change in the working and social infrastructures which influence female employment16.

As a result, behind the introduction of this policy one cannot discern the will to establish a working culture which will in fact respect and acknowledge motherhood and all that it entails. On the contrary, there is great risk for the consolidation of a

14 “The existence of technology [oocyte cryopreservation] gives [women] a moral incentive for social [for no medical reason] cryopreservation of oocytes ("just to be on the safe side") in order to be able to meet this responsibility of theirs. That is, if we are women who are actually given the choice to have our eggs cryopreserved, we should do so and all negative consequences that may follow our failure to control our future by deciding not to have our oocytes cryopreserved are exclusively our responsibility and our fault”. For further reading see Alana Cattapan, Kathleen Hammond, Jennie Haw & Lesley A. Tarasoff, “Breaking the ice: Young feminist scholars of reproductive politics reflect on egg freezing”, The International Journal of Feminist Approaches to Bioethics 2014, vol 7, issue 2, p. 239.


16 On the contrary it goes without saying that it is the woman that will stop working to raise her child, as it has always happened. For further reading vide Alana Cattapan, Kathleen Hammond, Jennie Haw & Lesley A. Tarasoff, op cit, p. 239.
situation in which working women will certainly opt for the cryopreservation procedure for fear of either being dismissed from work or falling out of favour. Therefore starting a family will de facto commence late and thus there will be a blatant indirect violation of the right to procreation\textsuperscript{17} and motherhood. For this reason there should be, concurrently with the possibility of cryopreservation, an independent and external control mechanism established to safeguard that employees be fully informed about the procedure in question so that “no woman will be deprived of the freedom of choice full information can offer”\textsuperscript{18} and also prevent discrimination between those female employees who would choose to have their oocytes cryopreserved and those who would wish and choose otherwise.

It is utterly important and absolutely necessary, however, to redefine the meaning of employment so that it includes the “convention of women”\textsuperscript{19} and the socioeconomic structures that influence reproductive choices. This is in fact the only way to identify and realise the most ideal practices to foster motherhood and family-raising while at work. There is no doubt that this task will be very difficult; however, in a society called upon to adjust to new scientific facts evolving at breakneck speed every day, a common effort for such important issues as the family, the best interest of the child to be born and the self-determination of the person is imperative by all means.

\textsuperscript{17} Thus the limitation of the possibility to resort to modern MAR techniques to people faced with infertility problems or the imposition of cryopreservation of reproductive material to people who do not wish to have offspring in the near future constitutes an unacceptable and blatant violation of the right to procreate and by extension, of the right to freely develop one’s personality. For further relevant reading see: Stergios Mitas “Sexuality and constitutional freedoms: the freedom of sexual self-determination” p. 850 \textit{et seq.} [Στέργιος Μήτας, «Σεξουαλικόκτητα και συνταγματικές ελευθερίες: η ελευθερία σεξουαλικής αυτοδιάθεσης», Το Σ 2007]


\textsuperscript{19} Giota Kravaritou “Gender and Law: The problematics of the gravity of legal regulations in gender social relations, \textit{op. cit.} p. 158. [Γιώτα Κραβαρίτου, «Φύλο και Δίκαιο: Η προβληματική της βαρύτητας των νομικών ρυθμίσεων στις έμφυλες κοινωνικές σχέσεις»]