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COLUMN ONE

## **An ethics debate over embryos on the cheap**

**In the cutthroat field of fertility treatments, Dr. Ernest Zeringue sharply cuts costs by creating a single batch of embryos, then divvying it up among several patients. One 'horrified' critic calls it the 'commodification of children.'**

By Alan Zarembo, Los Angeles Times

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Dr. Ernest Zeringue was looking for a niche in the cutthroat industry of fertility treatments.

advertisement

He seized on price, a huge obstacle for many patients, and in late 2010 began advertising a deal at his Davis, Calif., clinic unheard of anywhere else: Pregnancy for \$9,800 or your money back.

That's about half the price for in vitro fertilization at many other clinics, which do not include money-back guarantees. Typically, insurance coverage is limited and patients pay again and again until they give birth — or give up.

Those patients use their own eggs and sperm — or carefully select donors when necessary — and the two are combined in a petri dish to create a batch of embryos. Usually one or two are then transferred to the womb. Any embryos left over are the property of the customers.

Zeringue sharply cuts costs by creating a single batch of embryos from one egg donor and one sperm donor, then divvying it up among several patients. The clinic, not the customer, controls the embryos, typically making babies for three or four patients while paying just once for the donors and the laboratory work.

People buying this option from Zeringue must accept concessions: They have no genetic connection to their children, and those children will probably have full biological siblings born to other parents.

Inside the industry, Zeringue's strategy for making embryos on the cheap has spurred debate about the ethical boundaries of creating life.

"I am horrified by the thought of this," said Andrew Vozzimer, a Los Angeles fertility lawyer alarmed that a company — not would-be parents — controls embryos. "It is nothing short of the commodification of children."

Other experts say they see no problem with the arrangement, although the business model and the issues it

raises are to be discussed at a meeting in January of the ethics committee of the American Society for Reproductive Medicine.

Zeringue said the concerns are overblown.

Most of his customers have run out of money and patience by the time they come to his clinic, he said: "They're kind of at the end of the line."

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Natosha Dukart and her husband, Brad, an oil field worker, spent more than \$100,000 without producing a child. They ran up credit cards, flipped houses and moved four times to help finance round after round of IVF.

It was never clear if the problem was her eggs or his sperm.

After eight unsuccessful attempts, Natosha took to the Internet and found Zeringue's clinic, California IVF: Davis Fertility Center Inc., and its embryo program, California Conceptions. With no financial risk, there was nothing to lose.

"It was an easy choice," Natosha said.

She sent their photographs to the clinic and filled out a form saying they wanted a Caucasian baby. Two months later, they received a profile of an embryo the clinic had frozen in storage. Both donors had brown eyes and healthy family histories.

The Dukarts liked the description and this February traveled from their home near Calgary to Davis in an attempt to get Natosha pregnant.

"It was just as emotional as it was with our own embryos," she said.

Last month, at age 39, she gave birth to a healthy 7-pound girl with blue eyes and dark hair. The couple named her Milauna.

"She is absolutely perfect," Natosha said.

Natosha, who was adopted at birth, said adoption was their backup plan. But finding a child, especially a healthy infant, can take years and cost far more than \$9,800 in lawyer and agency fees.

Another option is known as embryo donation. There are more than 500,000 frozen embryos left over from IVF procedures in the U.S. Most patients leave their embryos in storage or destroy them. A small number — perhaps a few hundred a year — donate them to other couples trying to have children.

But the waiting lists can be long, and there is no guarantee that the embryos will work. Most were created from the eggs and sperm of couples with fertility problems.

In contrast, the eggs and sperm used in the Davis program come from young healthy donors, raising the chances that the embryos will be viable.

The clinic gives patients three attempts to become pregnant within a year — each time using embryos from a different batch. Most women under 55 are eligible for the guarantee.

Nearly 200 patients have used the program so far, and the clinic said that 95% of them had a successful

pregnancy — and about half of them wound up with twins.

The clinic, which employs several doctors, still does traditional IVF. But Zeringue said growth is being driven by the embryo program. By next year, with an expansion of his laboratory, he expects the program to enroll up to 40 patients a month.

He recently raised the fee to \$12,500 — still a bargain, he said.

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Before the clinic makes a batch of embryos, it sends an extensive profile of a sperm donor and an egg donor to prospective parents.

Once the clinic gets buy-in from a few patients, it purchases the sperm from a sperm bank, harvests eggs from the egg donor and combines them in the laboratory.

A single pairing can result in a dozen embryos, and the clinic keeps the extras frozen while it looks for patients who want them.

"We want to keep the embryos moving," Zeringue said. "The goal is not to create a bank."

The clinic usually has a supply of about 10 unclaimed embryos available, he said.

"While we do our best to match your stated preferences, our primary goal is to help you attain a successful pregnancy," the clinic informed Amy Hobgood in its standard email accompanying embryo profiles sent to patients.

The first profile Hobgood accepted fell through. Because of a problem with the egg donor, the embryos were never made.

She finally agreed to accept stored embryos that had been created with sperm from a 6-foot-5 college student and eggs from a music graduate who — like Hobgood — was 5 feet 8 with green eyes. Two other women were already pregnant from the same batch.

Hobgood, who lives outside Boston, had spent eight years trying to get pregnant. She had become so depressed that she didn't feel like living, she said, and the strain on her marriage led to divorce.

She turned to the Davis clinic after she was single, drawn by the price, the prospect of pristine embryos and the knowledge she would not have to deal with any that were left over.

In February, Hobgood, 41, gave birth to twin girls, Laura and Adrienne. She and her ex-husband are now getting back together. When she sees childless couples looking at her girls, she feels the urge to share her story.

"They don't realize the joy you can have with today's technology," she said.

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Has the Davis clinic gone too far?

Dr. Robert Klitzman, a bioethicist at Columbia University, was among several experts who expressed serious reservations about the program, saying it essentially amounted to creating embryos for sale.

"It gets kind of creepy," he said. "There is a yuck factor. We need to proceed very carefully."

For some people in the field, the ethical considerations come down to informed consent.

"As long as people understand what they're getting into, I don't think there's anything wrong with it," said Dr. James Grifo, head of the New York University Fertility Center. "It costs a lot of money to do IVF."

Zeringue said donors and recipients are properly informed. Patients interviewed by The Times said they understood what they were getting into.

Frozen embryos owned by the clinic, Zeringue said, "are still treated ethically. They are no different than embryos that have a person's name assigned to them."

As for concerns that biological siblings could unwittingly meet someday and mix their genes, Zeringue said the chances are remote because patients are scattered geographically.

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