

Making the case to ensure access to egg freezing is equitable

November 3 2021, by Molly Johnston



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Latest Australian data indicates that the number of human egg-freezing cycles performed each year has increased more than 1000% from 2010 to 2019.

Despite this, egg freezing remains prohibitively expensive, with a single cycle costing up to \$10,000. Due to these costs, individuals may delay

accessing egg freezing. This, however, comes at a biological cost, as the number of good-quality [eggs](#) decreases with age, meaning the chance of falling pregnant using these eggs will be very low.

Our latest research published in *Reproductive Biomedicine & Society Online* suggests that women think more financial support is needed to help access egg freezing.

The changing landscape of egg freezing

Egg freezing has been offered in Australian assisted reproductive technology (ART) clinics since the late 2000s. Since then, several things have changed:

- We became better at freezing and thawing eggs
- In 2012, the American Society for Reproductive Medicine removed the experimental label from egg freezing
- The scope for egg freezing widened—while initially used by people with "medical" threats to fertility (for example, prior to [cancer treatment](#)), many are now seeking egg freezing as a pre-emptive measure against the onset of age-related infertility.

Despite these changes, many policies governing egg freezing haven't been revised since its introduction into clinical practice.

Currently, egg freezing isn't a standalone item for rebate in the Medicare Benefits Scheme. Instead, it's claimed under item numbers that are used for standard in vitro fertilization (IVF) cycles.

This suggests the funding scheme for egg freezing hasn't been specifically considered. If there's a "medical" indication for egg freezing (that is, a "medical" threat to fertility), Medicare rebates about 50% of the costs. However, for the increasing number of people seeking

"elective" or "non-medical" egg freezing because of age, they must self-fund the entire procedure.

Support for more financial assistance

Our recently published study investigated women's views on funding egg freezing. Of the 656 women who completed the survey, almost one in two participants thought Medicare should cover the full cost of medical egg freezing.

In addition, approximately two-thirds thought there should be some financial support for non-medical egg freezing—with 42% indicating that Medicare should subsidize the costs.

As one participant put it: "Why should wealthy people be able to access it, but not poorer people?"

Not only do these findings not align with the current approach to funding egg freezing, they also suggest that some people think [public funding](#) should be available, regardless of whether it's sought with a "medical" or "non-medical" indication.

This raises an interesting question as to whether the indication for needing egg freezing should be relevant when determining who gets access to Medicare funding.

Until recently, prioritizing funding to medical over non-medical egg freezing hasn't been challenged. However, in August this year, France enacted a new bioethics law that included allocating public funding to support individuals to access both medical and non-medical egg freezing.

France's policy is the first instance where, for the purpose of determining eligibility for funding, the indication for needing egg

freezing is irrelevant—meaning, access to egg freezing isn't influenced by whether the threat to fertility is considered to be medical or non-medical.

Impact on access to egg freezing

Regardless of indication for egg freezing, the reason that all egg freezing is needed is to safeguard a chance at having genetically related children. Having the opportunity to have children is highly valued—if it wasn't, we wouldn't have the ART industry.

However, much like other ARTs, the costs of egg freezing are significant, and are a common barrier to access. Healthcare dollars are limited, so controlling access to funding may be unavoidable. But since having access to subsidized treatment can greatly influence who can access egg freezing, we need to ensure the criteria used to distribute funding are ethically justified.

This is particularly important since, in the absence of affordable treatment and/or public funding, alternative funding schemes are emerging that potentially introduce further ethical issues.

A growing trend is the introduction of egg freezing as an employee benefit. Companies in Australia are beginning to offer this, but there are unresolved concerns about whether this is appropriate, and what impact this may have on employees' decision-making around family-planning.

A medical solution to a social problem?

It's worth noting that the rising need for "non-medical" egg freezing does point to larger problems. For one, the low public awareness of the limitations of fertility and ARTs, as well as the social barriers, such as

the structure of educational institutes and workplaces that make having and raising children while maintaining a career difficult.

However, while considerable efforts are needed to improve our social policies to better-support people to have children when they desire, there's still a place for egg freezing. Having access to generous family-friendly policies will be of no use to individuals not in a position to have children due to personal circumstances, such as not having a partner.

While egg freezing won't guarantee future genetic parenthood, for some people it will greatly improve their chances. Therefore, care is needed to ensure access to [egg freezing](#) is equitable and just.

More information: Molly Johnston et al, Financing future fertility: Women's views on funding egg freezing, *Reproductive Biomedicine & Society Online* (2021). [DOI: 10.1016/j.rbms.2021.07.001](https://doi.org/10.1016/j.rbms.2021.07.001)

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