Cross border reproductive care: The facts from the ESHRE study

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Disclosures

I have no conflict of interest to declare

Awareness of a growing phenomenon

- Cross-border medical care is a **growing phenomenon**. It indicates the **movements** by candidate health care recipients from **one country** or jurisdiction where treatment is unavailable for them **to another country** or jurisdiction where they can obtain the treatment they need
- **Avoid** the terms 'reproductive' or 'procreative ***tourism***' because of their negative connotations and will use instead the **neutral term 'cross-border reproductive care'**
  - ***Ethics and law TF 2008***

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Why CBRC: legal restrictions, availability

- **type** of treatment is forbidden by law (i.e. oocyte donation)
- **categories** of patients **not eligible** for ART(i.e. lesbian couples, single)
- **waiting lists** are too long in one's home country (i.e. oocyte donation)
- out-of-pocket **costs** for the patients are too high (i.e. No funding or insurance)
- technique **not available** because of **lack of expertise** or equipment (PGD), or not considered **safe** enough (ICSI/test sperm; egg freezing)
- personal wishes (i.e. **privacy** considerations)

From awareness to gathering data

- **Cross border reproductive care in six European countries,** the ESHRE Taskforce on CBRC (Shenfield, de Mouzon, Pennings, Ferraretti, Nyboe Andersen, de Wert, and Goossens) ; **Human Reproduction**, Vol.25, No.6 pp. 1361–1368, **2010**
- Only 1 previous study with data: Pennings re French (single or same sex couples) women going to Belgium for DI

1230 foreign patients' data in 6 countries

1 calendar month *in clinics in Belgium, the Czech Republic, Denmark, Switzerland, Slovenia, and Spain*

- **Socio- demographic characteristics** (age, country of residence, marital status, sexual orientation, education)
- **Reasons for travelling: law** evasion (treatment illegal or restricted), **access** limitations at home, **quality** of care, **previous failure**, wish for **donation** (anonymous, direct,…), related to **country of origin** and women's **age** category (≤34, 35-39 and ≥ 40)
- **Information received, selection means, reimbursement in country of residence**

Estudio sobre el movimiento entre países para tratamientos de reproducción

Datos del paciente

Centro nombre, ciudad y pays

No rellenar estas casillas

¿Que edad tiene ?.....

¿Cual es su país de residencia?.....

Para las siguientes preguntas, marque la respuesta correcta

¿Es usted ? ☐ Casada ☐ Pareja de hecho ☐ Mujer sola ☐ No procede / Sin respuesta

¿Es usted ? ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Sin respuesta

¿Cual es su nivel de estudios? ☐ Primarios ☐ Secundarios ☐ Universitarios /superiores ☐ Otros (profesionales) ☐ Sin especificar

¿Cual es el nivel de estudios de su pareja? ☐ Primarios ☐ Secundarios ☐ Universitarios /superiores ☐ Otros (profesionales) ☐ Sin especificar

Cross border reproductive care study

Questionario Paziente - Italiano

Parte da non compilare

Quale è la sua età ?.....

Quale è il suo Paese di Residenza ?.....

Per le prossime domande, contrassegni la risposta appropriata

Lei è ? ☐ Coniugata ☐ Convivente ☐ Single; ☐ Non desidero rispondere

Lei è ? ☐ Eterosessuale ☐ Omosessuale ☐ Bisessuale ☐ Non desidero rispondere

Quale è il suo titolo di Studio? ☐ Licenza elementare/media ☐ Diploma ☐ Laurea ☐ Altro ☐ Non specificato

Quale è il titolo di Studio del suo partner ? ☐ Licenza elementare/media ☐ Diploma ☐ Laurea ☐ Altro ☐ Non specificato

Por favour indique los motives de su viaje (puede marcar más de uno)

☐ El tratamiento que usted necesita, no es legal en su país de residencia

☐ No puede acceder al tratamiento debido a: edad, no está casada, no tiene pareja, orientación sexual, etc. Especificar: .....

☐ No es fácil acceder al tratamiento debido a: Largas listas de espera, distancia al centro, precios, etc.

Especificar:.....

.....

Avez vous reçu une information dans votre langue? ☐ Non ☐ ? Non satisfaisante ☐ oui, de manière satisfaisante

Avez vous été informée du coût du traitement? ☐ Oui ☐ Non

Coût: Monnaie: .....

Ce montant inclut-il aussi les médicaments? ☐ Non ☐ Oui ☐ Non spécifié

☐ Donación de semen

☐ Donación de ovocitos

☐ Donación de embriones

General reasons for travelling according to the CBRC patients' country of residence

Patients' residence	**Illegal**	Access difficulty	Better quality	Past failure	Anonymous Donation
Italy	**70.6**	2.6	**46.3**	26.1	14.1
Germany	**80.2**	6.8	63.8	43.5	25.4
Netherlands	32.2	7.4	**53.0**	25.5	10.7
France	**64.5**	12.2	20.6	18.7	42.1
Norway	**71.6**	0.0	22.4	16.4	16.4
UK	9.4	**34.0**	28.3	37.7	26.4
Sweden	**56.6**	13.2	24.5	5.7	18.9
Total n	**674**	86	531	358	220
%	**54.8**	**7.0**	**23.2**	**29.1**	**17.9**

Summary of reasons for CBRC

- **Legal reasons** were predominant for Italian patients (70.6%), French (64.5%), German (80.2%), and Norwegian (71.6%)
- **Access** was more often noted in UK patients (34.0%) than in the other countries, and **quality** was an important factor for most patients

Destination countries: vicinity

	Country of treatment							
Country of Residence	Be	CZ	DK	SLO	SPA	SWZ	TOTAL	
	%	%	%	%	%	%	N	%
Italy	13.0	2.6	0.3	1.0	**31.7**	**51.4**	391	31.8
Germany	10.2	**67.2**	11.9	0.0	10.7	0.0	177	14.4
Netherlands	**96.6**	0.0	0.0	0.0	3.4	0.0	149	12.1
France	**85.0**	7.5	0.0	0.0	7.5	0.0	107	8.7
Norway	0.0	1.5	**98.5**	0.0	0.0	0.0	67	5.5
UK	7.6	**52.8**	11.3	0.0	**28.3**	0.0	53	4.3
Sweden	0.0	5.7	**92.4**	0.0	1.9	0.0	53	4.3
Total n	365	252	154	65	193	201	**1230**	---
%	29.7	20.5	12.5	5.3	15.7	16.3	100.0	---

Treatment sought
according to the recipient country

		Infertility treatment (total=100%)			Donation		
Country	Files (n)	ART only	IUI only	ART/IUI	Semen	**Oocyte**	Embryo
Belgium	359	66.6	28.1	5.3	**20.5**	6.8	0.3
Czech Rep	251	98.4	1.6	0.0	9.5	**52.9**	11.9
Denmark	154	43.5	53.2	3.3	**40.9**	1.3	0.6
Slovenia	64	100.0	0.0	0.0	0.0	0.0	0.0
Spain	190	94.2	1.6	4.2	4.1	**62.2**	4.7
Switzerland	196	45.9	**40.3**	13.8	**27.1**	1.0	0.5
Total n	**1214**	886	269	59	225	281	42
%	---	**73.0**	**22.2**	4.9	**18.3**	**22.8**	3.4

Age, civil status

- Mean age= **37.3 years** (21– 51 years)older than home national data(EIM data)
- Women 40 or + = **34.9%**, **51.1%** for German and **63.5%** UK women (32.2% It, 30.2% Fr)
- **Civil status**: 69.9% married, 24.0% cohabiting and 6.1% single. Most Italian women were married (82.0%), **43%** Swedish were single
- Many same sex couples from France, Sweden and Norway

Treatment distribution

- **Treatments**: 22.2% of patients were seeking IUI only, 73.0% sought ART only, and 4.9% both. Majority of IUI/D for French (53.3%) and Swedish (62.3%) patients, and a majority of ART for most other countries
- **Gametes and embryo donation: 18.3%** of patients were looking for **semen** donation, **22.8% for egg donation** and 3.4% for embryo donation. Often > 1 possibility

Change from **2008 to now** (and later)?

- In **Sweden**: only **couples** have ART access, which explains the **high proportion of single Swedish** women (43.4%) seeking treatment abroad
- donor insemination was unavailable to lesbian couples in **Norway** (Norwegian Law, 1987); changed (thanks to legislation on non-discrimination on the grounds of sexual orientation) in early 2009: 20% of Norwegian participants were lesbian couples ***Now different?***
- In France, assisted conception for single or same sex couples is illegal **(change @ revision 2018?)**

Germany recent case (October 2017)

Selection of centres and destinations

- **2 main sources of information**: **internet** (41.1%) and **patients' doctors** (41.1%); friends and relatives consulted (24.2%); patients' **organizations** rarely (5.0%)
- **Internet** was a frequent source in Sweden (73.6%), Germany (65.0%) and the UK (58.5%); **patients' doctors** more often for Italian women (55.2%), less for French (27%) or Germans (35%)

How common is CBRC?

- The full extent of CBRC in Europe ***is not precisely known*** because many national treatment registries do not record the patient's country of origin; Estimated: **around 5%**
- **1230 questionnaires in 1 month** represent around 12 000–15 000 cycles, X two as minimum 24 000–30 000 cycles (75% ART, 25% IUI) with 2 ART cycles and 3 IUI
- 11 000–14 000 patients per year .

CBRC = freedom of patient movement

- EU principle(2008 Directive of the European Commission)
- ...But we should balance **Freedom v Burden**: **Patients'** (women's) interests: more ***choice (autonomy) v burden*** *away from psycho-social support;* **legal conflicts** (donor anonymity, surrogacy ...) for now and the future
- Safe and effective standards: the « Good Parctice Guide »

The ESHRE CBRC Good Practice Guide

1. **Enhance Clinical standards** (“good practice”) and **Lab safety** (comparatively easy, in Europe at least with EUTD)
2. **Reduce** multiple pregnancy
3. **Protect** vulnerable collaborators
4. **Disseminate information** re standards via patients’ organisation, etc…

- ***Principles****:* equity, safety, efficiency, effectiveness (including evidence based care), timeliness and patient centeredness

Shenfield F, Pennings G, De Mouzon J, et al. ESHRE’s good practice guide for cross-border reproductive care for centers and practitioners. Hum Reprod. 2011; 26:

Some GPG recommendations

- Patients: provision of accurate succes rates, evidence based treatment or « experimental protocol »
- Donors: establish national registers of donors, application EUTD for std screening
- Surrogacy: single ET
- Children: diminish X, single ET with OD ,(max 2)
- Professional: good communication

Conclusions

- The **main reasons** for travelling were **legal restrictions** based on prohibition of the technique per se, or because of **inaccessibility** due to the characteristics of the patients (like age, sexual orientation or civil status)

- **Consequences:** patients cross borders in order to avoid 'unfriendly' legislation
- *Possible legal changes: some work in progress (Italy **now** allows gametes donation, difficult to build up recruitment)*
- ***Continue data collection***