Cross border reproductive care: The facts from the ESHRE study

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Disclosures

I have no conflict of interest to declare
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*
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

¿Cuál es su país de residencia?

Para las siguientes preguntas, marque la respuesta correcta

¿Qué es su nivel de estudios?
- □ Universidad
- □ Licenciatura
- □ Técnico
- □ Sin especificar

¿Qué edad tiene su pareja?

Cross border reproductive care study
Questionario Paziente - Italiano
non compilare

Per le prossime domande, contrassegni la risposta appropriata

Lei è? □ Coniuge □ Convivente □ Single □ Non desidero rispondere

Per favor indica i motivi del tuo viaggio (può essere più di uno)
- □ Il trattamento non è adatto alla tua situazione
- □ La procedura non rispecchia il tuo stile di vita, non sei casuale, non desideri, orientamento sessuale, etc.
- □ Non si tratta di una procedura che si svolge in un paese

¿Alguna vez has tenido una experiencia similar a esta? □ No □ Sí, satisfecho/a □ Sí, de manera insatisfactoria

¿Alguna vez estuvo en algún otro tratamiento? □ Sí □ No

Costo: □ Muy bajo □ Bajo □ Medio □ Alto

¿Pronto a tomar los medicamentos prescritos?
- □ Sí
- □ No

Parte de

No referente otro centro

□ No referente otro centro

□ No referente otro centro

□ No referente otro centro
## General reasons for travelling according to the CBRC patients’ country of residence

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

<table>
<thead>
<tr>
<th>Country of Residence</th>
<th>Be</th>
<th>CZ</th>
<th>DK</th>
<th>SLO</th>
<th>SPA</th>
<th>SWZ</th>
<th>TOTAL</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>13.0</td>
<td>2.6</td>
<td>0.3</td>
<td>1.0</td>
<td>31.7</td>
<td>51.4</td>
<td>391</td>
<td>31.8</td>
<td>31.8</td>
</tr>
<tr>
<td>Germany</td>
<td>10.2</td>
<td>67.2</td>
<td>11.9</td>
<td>0.0</td>
<td>10.7</td>
<td>0.0</td>
<td>177</td>
<td>14.4</td>
<td>14.4</td>
</tr>
<tr>
<td>Netherlands</td>
<td>96.6</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>3.4</td>
<td>0.0</td>
<td>149</td>
<td>12.1</td>
<td>12.1</td>
</tr>
<tr>
<td>France</td>
<td>85.0</td>
<td>7.5</td>
<td>0.0</td>
<td>0.0</td>
<td>7.5</td>
<td>0.0</td>
<td>107</td>
<td>8.7</td>
<td>8.7</td>
</tr>
<tr>
<td>Norway</td>
<td>0.0</td>
<td>1.5</td>
<td>98.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>67</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>UK</td>
<td>7.6</td>
<td>52.8</td>
<td>11.3</td>
<td>0.0</td>
<td>28.3</td>
<td>0.0</td>
<td>53</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Sweden</td>
<td>0.0</td>
<td>5.7</td>
<td>92.4</td>
<td>0.0</td>
<td>1.9</td>
<td>0.0</td>
<td>53</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>n</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1230</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Treatment sought according to the recipient country

<table>
<thead>
<tr>
<th>Country</th>
<th>Files (n)</th>
<th>ART only</th>
<th>IUI only</th>
<th>ART/IUI</th>
<th>Semen</th>
<th>Oocyte</th>
<th>Embryo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>359</td>
<td>66.6</td>
<td>28.1</td>
<td>5.3</td>
<td>20.5</td>
<td>6.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Czech Rep</td>
<td>251</td>
<td>98.4</td>
<td>1.6</td>
<td>0.0</td>
<td>9.5</td>
<td>52.9</td>
<td>11.9</td>
</tr>
<tr>
<td>Denmark</td>
<td>154</td>
<td>43.5</td>
<td>53.2</td>
<td>3.3</td>
<td>40.9</td>
<td>1.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Slovenia</td>
<td>64</td>
<td>100.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Spain</td>
<td>190</td>
<td>94.2</td>
<td>1.6</td>
<td>4.2</td>
<td>4.1</td>
<td>62.2</td>
<td>4.7</td>
</tr>
<tr>
<td>Switzerland</td>
<td>196</td>
<td>45.9</td>
<td>40.3</td>
<td>13.8</td>
<td>27.1</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1214</strong></td>
<td><strong>886</strong></td>
<td><strong>269</strong></td>
<td><strong>59</strong></td>
<td><strong>225</strong></td>
<td><strong>281</strong></td>
<td><strong>42</strong></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td><strong>73.0</strong></td>
<td><strong>22.2</strong></td>
<td><strong>4.9</strong></td>
<td><strong>18.3</strong></td>
<td><strong>22.8</strong></td>
<td><strong>3.4</strong></td>
</tr>
</tbody>
</table>
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?)*
§ 1.1
Mit Freiheitsstrafe bis zu drei Jahren oder mit Geldstrafe wird bestraft, wer auf eine Frau eine fremde unbefruchtete Eizelle überträgt.
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 success 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**