Women and medical tourism: travelling abroad for fertility treatment

Lorraine Culley
Professor of Social Science & Health
De Montfort University, Leicester
Women and Medical Tourism
Travelling abroad for fertility treatment

Professor Lorraine Culley
De Montfort University, Leicester
lac@dmu.ac.uk
Medical Tourism

- Travel abroad with the express purpose of obtaining health services abroad.

- To access procedures seemingly unavailable due to lack of affordability, lack of availability and/or lengthy waiting lists.
Medical ‘Tourism’ and globalisation

Globalisation: increasing economic and cultural integration and interdependence of national states and regions.

- Cosmetic surgery – (breast, face, liposuction)
- Dentistry – cosmetic, reconstruction
- Cardiology
- Orthopaedic – hip, knee replacement
- Bariatric surgery (gastric bypass/banding)
- Organ transplantation
- Eye Surgery
- Diagnostics and checkups
- Assisted reproduction

Driven by commerce, competition and consumerism
Fertility or reproductive ‘tourism’ – implications for women as patients, gamete providers and surrogates

Women’s bodies are the site of ‘treatment’ in infertility, irrespective of its source.
The embryo tourist and the baby she carried from India

Cruel cost of the human egg trade

Health warning to women over fertility tourism

We’ll help you to conceive... and save cash

A baby at 66 for Britain’s oldest mother

Mail Online
How IVF tourists and their multiple babies overload the NHS

I bought my baby on the internet

The embryo tourist and the baby she carried from India

Britain’s fertility tourists ‘go east’ for cheaper IVF

Health warning to women over fertility tourism
Transnational Reproduction: An exploratory study of UK residents who travel abroad for fertility treatment

Prof. Lorraine Culley
Dr Nicky Hudson
Wendy Norton
Prof. Eric Blyth
Prof. Frances Rapport
Dr Allan Pacey.

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Female age at time of first treatment abroad

- Mean female age 38.8 years
- Range 29-46 years
- Average age UK treatment seekers 35.2 Years (HFEA 2010)
Factors in the decision to go abroad

Dissatisfaction with care in the UK
Better success rates overseas
Financial considerations
Waiting times in the UK
Shortage of donors in the UK
Overseas clinic reputation

To try something different
Last resort
Multiple embryo transfer
Anonymity of donors in other countries
Age of treatment seeker
Age of donors in other countries
Convenience

To combine treatment with a holiday/reduce stress
More choice and information about donors

Better success rates overseas
Financial considerations
Waiting times in the UK
Shortage of donors in the UK
Overseas clinic reputation

To try something different
Last resort
Multiple embryo transfer
Figure 3. Destinations
## Outcomes

### Embryos transferred per cycle:

<table>
<thead>
<tr>
<th>Embryos Transferred</th>
<th>% of cycles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>2</td>
<td>70%</td>
</tr>
<tr>
<td>3</td>
<td>17%</td>
</tr>
<tr>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td>5</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Pregnancies:

<table>
<thead>
<tr>
<th>Pregnancies</th>
<th>% (no.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singleton</td>
<td>81% (26)</td>
</tr>
<tr>
<td>Twins</td>
<td>19% (6)</td>
</tr>
</tbody>
</table>
“You don’t do this lightly, you really don’t. They (the press) belittle it and are making it sound like its on the spur of the moment, kind of thing – oh, by the way, lets have IVF treatment while we’re here!. As if people do that. They don’t seem to realise how desperate people are to have a family. To do, that, to go to a foreign country, its even harder than having treatment here”
(Ann, IVF in Hungary)

“No one chooses to go abroad for treatment unless they really have to. Its inconvenient, its scary, its hard. I just think if our provision was better, people wouldn’t need to do it”.
(Jane, 33, POF, travelling to Spain for egg donation)
Potential issues of concern

- Welfare of women service users.
  - Physical and emotional risks of extending boundaries
  - Commercial exploitation of women patients?
  - Lack of international regulation of the industry worldwide
  - Safety and quality
  - Legal redress?
  - Continuity of care
  - Multiple pregnancies?
Issues of concern

- Legal complications, especially in surrogacy
- Welfare of donor conceived children/families
- Welfare of gamete providers and surrogates in a world of stratified reproduction
The way forward for the UK

Reduce the need to go: fix some systemic problems in UK
  Improve public funding
  Affordable care
  More patient-centred care
  Tackle gamete shortage

Minimise potential harms:
  Detailed, accessible patient information
  Implement Professional code of conduct
  Shared care?
  International clinic accreditation?
  International protection for egg donors
  Further research
Transrep Outputs

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Individual motivations

- Lack of expertise in home country
- Perceptions of higher success rates
- Desire for sex selection
- A desire for multiple embryo transfer
- Combine treatment with holiday
- Culturally and linguistically sensitive treatment
- Innovations in treatment – new techniques not available in home country
• How extensive is cross border reproductive travel?

• Why are people crossing borders for fertility treatment?

• How do people feel about cross border fertility care?

• Should we be concerned about ‘fertility tourism’?

• What is the way forward for the UK?
CBRC: A growing phenomenon?

- ESHRE Survey: approx 24-30,000 per year in Europe (Shenfield et al)
- US to Europe, Middle East, India, Canada (Hughes & de Jean 2010, Inhorn 2011)
- Australia to India, Thailand (Whittaker 2011)
- France, Netherlands, Italy and Germany to Belgium (Pennings 2009)
- Italian exiles (Bartolucci 2008)
- Gametes in motion

Why cross borders? The global and the local

- Technological globalisation - the development of techniques of assisted conception

- Economic/cultural globalisation – cheap travel, internet and the information revolution.

- Local variation in regulation is ‘fuelling’ cross-border fertility travel

Figure 2. Reasons for travel: cases using own gametes (n cases=12)
Positive aspects of cross border treatment

Clinician-led care
- More information about donors in some countries
- Availability of donors
- Success rates
- Quick test results
- Younger donors

Responsive-ness of clinics
- Short or no waiting times
- Different treatment protocols
- Cheaper treatment
- Focus on treatment away from stresses of home/work life

Involvement in decision-making
- More personalised care
- Multiple embryo transfer
- Quick test results
- Involvement in decision-making
- More information about donors in some countries

Transrep study 2010. De Montfort University.
Challenging aspects of cross border care

- Unexpected costs
- Difficulties accessing scans and drugs in the UK
- Last minute travel plans
- Finding a donor who matches the recipient/s
- Feeling judged in the UK about the decision to go abroad
- Feeling ‘outside’ of the system
- Donor anonymity
- Navigating different countries’ systems
- Limited involvement in choosing donors in some countries
- Concerns about trustworthiness of information
- Some communication difficulties
- Lack of coherent support

Transrep study 2010. De Montfort University.