Cross Border Reproductive Care (CBRC): a global perspective

Abstract

Cross Border Reproductive Care (CBRC) or Fertility Tourism is the practice of traveling to another country for fertility treatments such as In-Vitro Fertilization (IVF), Intra-Cytoplasmic Sperm Injection (ICSI), sperm donation, egg donation, embryo donation, commercial surrogacy, Pre-implantation Genetic Diagnosis (PGD), sex selection and fertility preservation.

In literature, few studies were specifically performed to analyze the volume and scope of Cross Border Reproductive Care (CBRC) and fertility tourism dilemma. Some of these studies focused on the related medical, legal, economical, ethical, social, and religious perspectives of CBRC/fertility tourism, while the others focused on countries perspectives especially in Europe, North America, Asia, and the Middle East.

In fact, several terms exist for Cross Border Reproductive Care (CBRC) or ‘Fertility Tourism’. It is also known as reproductive tourism, procreative tourism, or reproductive exile. The general definition for Cross Border Reproductive Care (CBRC) or Fertility Tourism is the practice of traveling to another country for fertility treatments. In many countries, some forms of fertility treatments are not allowed by law or not accepted ethically and religiously by the society. Also in many countries, most of fertility treatments are inadequately reimbursed or not reimbursed at all, and hence offered as out-of-pocket services with high prices. Therefore, many patients travel abroad for fertility treatments in order to reduce costs, protect their privacy, access higher quality care, or even to circumvent law.

From a global perspective, the main reasons for CBRC/fertility tourism are easier legal conditions and lower prices in the host country. Practically, a host country could be considered ready for CBRC/fertility tourism and its all implications if it has high quality medical and reproductive care, less-restrictive legislations, affordable prices, and liberal social, ethical and religious views. The major global markets or hubs for CBRC/fertility tourism industry are: Belgium for IVF, Denmark for sperm donation, Spain and Czech Republic for egg and embryo donation, India, Russia and USA for commercial surrogacy, USA for PGD and sex selection, Denmark, Belgium, and USA for fertility preservation and freezing of sperms, eggs, embryos, ovarian and testicular tissues.

Worldwide, there are huge differences in the medical, legal, economical, ethical, social, and religious conditions of CBRC/fertility tourism. In Europe and the United States, there are higher quality medical and reproductive care, specific legislations, higher prices, and liberal social, ethical and religious views. In India, there are less-adequate medical and reproductive care, less-specific legislations, affordable prices, and quite liberal social, ethical and religious views. In the Middle East, there are less-adequate medical and reproductive care, non-specific legislations, affordable prices, and very strict and conservative social, ethical and religious views.

Consequently, it becomes very important to regulate the global market of CBRC/fertility tourism on all medical, legal, economical, ethical, social, and religious basis in order to increase harmonization and reduce any kind of harm or exploitation. That is why some international organizations have been recently concerned to set general guidelines for the global CBRC/fertility tourism industry. Examples of such international organizations are the European Society of Human Reproduction and Embryology (ESHRE), the American Society for Reproductive Medicine (ASRM), and the International Committee Monitoring Assisted Reproductive Technologies (ICMART).

However, establishment of national registries and standardization of data collection are urgently needed to generate reliable quantitative data about the volume and scope of CBRC/fertility tourism worldwide. Also more international studies and further regulations are still required for a better governance of global CBRC/fertility tourism industry.

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Conflict of interest

The authors declare that no conflict of interest.

References


