Reproductive exile versus reproductive tourism

Sir,

In recent years the term ‘reproductive tourism’ has been increasingly used to refer to couples travelling from their country of residence to another in order to receive specific infertility treatment not allowed or not available in their own country (e.g. Pennings, 2004). On some occasions travelling is due to legal restrictions (for instance oocyte donation or sperm donation are not allowed in some countries, and surrogate motherhood in many others) or due to a shortage of resources (long waiting lists).

The aim of this letter is not to discuss controversial topics associated with ethical aspects related to human reproduction and especially with assisted reproductive technologies. We agree that such aspects deserve social attention and need a dispassionate debate where scientific criteria are adopted as far as possible.

However, we find the term ‘reproductive tourism’ both inaccurate and inappropriate as we have previously discussed elsewhere (Matorras, 2005).

It is inaccurate because ‘tourism’ means travelling by pleasure, and by no means do infertile couples travel by pleasure. Obviously it is not comparable with one kind of tourism to which one could be tempted to relate it: ‘sex tourism’, where the ‘pleasure’ traveller dedicates a part of his time to an activity which is also pleasant to him or to her.

‘Reproductive tourism’ is also inappropriate because it trivializes infertility problems. In fact the term could seem frivolous and offensive for couples seeking reproductive assistance abroad, and also for professionals involved in assisted reproductive techniques. I would find more accurate the term ‘reproductive exile’, since exile means leaving one’s country, usually for political reasons.

In an age when a number of words have been replaced by euphemisms, in order to speak politically correctly, one wonders why the term reproductive tourism is used, both in scientific publications and the lay press. Nobody uses the term ‘labour tourism’ with reference to immigrants, or oncological tourism or cardiological tourism for those patients travelling to another country to be assisted in better conditions.

In Spain, we have had a lot of experience with such reproductive exile: when oral contraceptives were banned, Spanish women acquired them in France; when termination of pregnancy was illegal, they went to England. Now, it is our turn to receive infertile patients living in countries with restrictive legislation regarding assisted reproduction.

Finally, we agree that there are a number of controversial and even polemic aspects in reproductive medicine. However, employing terms such as reproductive tourism can trivialize the problem and predispose the reader against reproductive problems. The term ‘reproductive exile’, in our opinion, is more sensitive with infertility patients.

Reference


Roberto Matorras
President of the Spanish Society of Fertility
(Sociedad Española de Fertilidad)

E-mail: rmatorras@hruc.osakidetza.net
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Reply: Reproductive exile versus reproductive tourism

Sir,

Concepts, like definitions, play a crucial role in debates. The original term ‘medical tourism’ was used when people went on vacation to exotic places and took advantage of the opportunity to obtain some medical treatment. Tourism was their primary motive. However, this clearly has changed in recent years. Travelling is now mainly motivated by the medical treatment; the exotic and recreational aspect is thrown in as a nice extra.

‘Tourism’ is a derogatory term when used in the medical context. It implies that the desire for which people travel is insignificant or negligible. Moreover, it suggests that these people are looking for something strange and exceptional. Obviously, the term is very much preferred by journalists and opponents of liberal legislations when presenting what are considered as ‘bizarre’ cases. However, a closer look at the movements within Europe reveals that for the overwhelming majority this is not the case. The largest part of the movements can be explained by long waiting lists, lower costs or treatments such as oocyte donation and IVF (Pennings, 2004).

The term ‘reproductive exile’ proposed by Prof. Matorras is interesting but overemphasizes the opposite position: people are sent or forced into exile as a form of punishment. While this could be correct, it depends on the interpretation. I propose to replace the term ‘reproductive tourism’ by ‘cross-border reproductive care’. This term has a number of advantages: (i) it avoids the negative connotations of ‘tourism’; (ii) it is objective and descriptive since it holds no value judgment regarding the movements; and (iii) it links with the more general term ‘cross-border health care’ that is commonly used when other