ESHRE’s good practice guide for cross-border reproductive care for centers and practitioners†

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ABSTRACT: This paper outlines ESHRE’s guidance for centers and physicians providing fertility treatment to foreign patients. This guide aims to ensure high-quality and safe assisted reproduction treatment, taking into account the patients, their future child and the interests of third-party collaborators such as gametes donors and surrogates. This is achieved by including considerations of equity, safety, efficiency, effectiveness (including evidence-based care), timeliness and patient centeredness.

Key words: cross-border reproductive care (CBRC) / equity / patient centeredness / safety / welfare of the child(ren)

Introduction and background

Cross-border reproductive care (CBRC) refers to a widespread phenomenon where infertile patients or collaborators (such as egg donors or potential surrogates) cross international borders in order to obtain or provide reproductive treatment outside their home country.

The reasons for traveling vary between countries, but the most common reason is law evasion when the technique is either forbidden per se or when a particular group is excluded from treatment. There may be other access limitations at home such as long waiting lists. Other reasons for travelling are better quality of care and cheaper treatment (Pennings et al., 2008a; Shenfield et al., 2010).

The ideal is fair access to fertility treatment at home for all patients. This ideal should be promoted at all levels (Pennings et al., 2008b). However, when for some reason, treatment at home is not possible or not available, CBRC is a solution that enhances patient’s autonomy. Furthermore, it fits with the principle of freedom of movement of patients within Europe (EU proposal directive, 2008).

This Good Practice Guide (GPG) provides guidance for centers and physicians treating foreign patients. The guidelines included here can help regulators and policy-makers create a framework to enable centers to abide by these rules. Although in principle, the care of foreign and local patients should be the same, and fit the best possible standards, there is evidence that this is not always the case.

The aim is to ensure high-quality assisted reproduction treatment, as defined by the European Union criteria for good quality medical treatment (European Union Council, 2006), and the ESHRE position paper on Good Clinical Treatment in Assisted Reproduction (ESHRE, 2008, www.eshre.eu).

This GPG focuses on the relevant principles for respectively patients, donors, future children, surrogates and professionals. The operational principles to be considered include equity, safety, efficiency, effectiveness (including evidence-based care), timeliness and patient centeredness. These principles are all equally important and have no fixed order of priority.

I. Equity in CBRC

1.1 Patients

Equity implies that similar protocols and fees are applied and that the same information, counseling and psychological support is provided for foreign as for national patients. Any difference between local and foreign patients should be justified—for instance, the extra cost for interpreters.

Crossing borders may also lead to increased shortage of scarce resources in the visited country to the detriment of local citizens. Clinics may want to introduce a system for fair allocation of scarce resources that takes into account the local needs such as a...
establish national registers of gametes donors, and secondly for centers to participate in the collection of national or international data.

In order to prevent the abuse of donors coming from abroad, one should avoid using intermediate agencies, which may lead to violations of the rules of good clinical practice and, in the worst case, to trafficking. Post-donation care should be provided to the best possible standards at home or abroad.

Screening for sexually transmitted disease and genetic disease should be similar to national patients (application of the EU Tissue directive).

2.3 Surrogacy

Single embryo transfer is the only acceptable option. Continuity of care during pregnancy and childbirth must be planned prior to starting the surrogacy cycle.

The provision of legal advice about local rules is the remit of the local practitioner, or if not possible, through referral to appropriate local legal advisors. The intended parents should try to obtain accurate information about their own national situation before embarking on the process. Known legal problems or possible conflicts with the law in the home country should be explained to the patients.

2.4 Children

Treatment should abide by the rules of "good clinical treatment in ART" (ESHRE, 2008, www.eshre.eu). These rules state that "the decline in the number of multiple births can be regulated only with a reduction of the number of embryos transferred. This restrictive embryo transfer policy could be accepted as the only means of eliminating high order multiple gestations". Indeed, in spite of the mounting evidence that repeated single embryo transfer gives the same accumulated chance of pregnancy as multiple embryo transfer, many couples find it difficult to accept. Travelling couples may be even more reluctant to accept that because of the extra cost and stress of travelling several times. This endangers the welfare of the future child(ren).

Foreign patients should have the same stimulation protocol as local patients, taking into account age and previous stimulations. When donor oocytes are used, embryo transfer must be limited to two embryos.

Follow up of ART children, whether conceived after treatment at home or abroad, should be encouraged.

2.5 Professionals

Collaboration between doctors: If a home practitioner refers the patient to a specific clinic, the practitioner shares a responsibility for the general standards used in that center (such as the complication rate). The specific treatment of the individual patient abroad remains the responsibility of the local professional team.

Collaboration between the home practitioner and the receiving center offers the best chance of optimal care for the cross border patient. The only countries where this may pose a problem is where it is forbidden for doctors to give information about alternatives that are not legal in the country of residence of the patient.

Good communication in both directions includes details of previous investigations and treatment (stimulation dose, response, etc.). Patients should be given copies of their medical files both by the home practitioners when they go abroad and by the practitioners abroad when they return home.
3. Patient involvement

Professionals should take into consideration the specific circumstances of foreign patients by adapting their practical management. It may be difficult to ensure that patients understand enough to give appropriate consent. This may be particularly difficult when there is no common language. Given the number of nationalities of the foreign patients, it is impossible to have translators in all possible languages. This notwithstanding, counseling and psychological support should be available in a language understood by the patients. If a reasonable understanding cannot be guaranteed, it is recommended not to treat the patient.

Due to the extra pressure on foreign patients, there is an increased risk of ill-considered decisions. For instance, a rapid shift to third party conception in case of failed fertilization, or the acceptance of double rather than single embryo transfer. In all instances, however, we recommend that treatment offered is compatible with ESHRE ‘good clinical treatment’ position paper’s recommendations.

Doctors in receiving centers should ask patients to obtain the relevant details of their previous investigations and care, especially when there is no possibility of direct exchange of information between the doctors.

Similarly, professionals abroad should provide the appropriate relevant information to the patients returning home in order to optimize their care at home.

4. Redress

The clinic should provide the name of their ombudsman or the person to whom complaints should be addressed.

References


