Oocyte donation in Italy: effect on Spanish scenario

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Cross border reproductive care in Italy

Cross-border reproductive care (CBRC) is a reality for Italians who want to undergo specific treatments of assisted reproduction that are not allowed within Italy. The Italian case is especially interesting as the first Italian law concerning medically assisted procreation, known as law 40 and issued in 2004 (Law 40/2004), has radically transformed Italy from what was perceived as an unregulated ‘wild west’ of European assisted reproductive practice to a country with one of the most restrictive laws in Europe (1). In its original version, the law restricted assisted reproductive technology to heterosexual infertile couples, established that three was the highest number of embryos that could be produced during any cycle, imposed that all these embryos immediately be transferred, limited research on embryos and banned cryopreservation of embryos, donation and surrogacy. The promulgation of law 40 provoked an increase in the number of Italians who chose to be treated abroad. Since then, cross border reproductive care (CBRC) is a reality for Italians who want to undergo oocyte donation. The Osservatorio Turismo Procreativo (Observatory of Procreative Tourism), a project started in 2005 by the Italian CECOS, Centre d’Etude et de Conservation des Oeufs et du Sperm (Centre for Study and Preservation of Eggs and Sperm) that aimed to monitor the effects of law 40 in terms of CBRC, reports that the number of couples treated abroad in 2005 was almost four times more than in 2003.

Task Force of the European Society of Human Reproduction and Embryology (ESHRE) defines CBRC as “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” (2). CBRC is considered as a worldwide and growing phenomenon (3).

In 2010, a study by the European Society of Human Reproduction and Embryology, based on a survey administered to foreign patients in 46 clinics in six European countries, found that 31.8% of returned forms were filled in by patients from Italy and that 70.6% of these Italian patients mentioned legal reasons as the predominant motive for CBRC (4).

According to the existing literature, there are several reasons why people may leave their country of residence to undergo reproductive treatments abroad: high cost of treatments, lack or low quality of specific services, mistrust in local medical services and waiting lists are just a few (4). Italian citizens seeking reproductive assistance abroad, however, seem to principally respond to a given legal framework, which is perceived as too strict and not corresponding to
their procreative needs. However, the number of persons who actually seek CBRC remained difficult to estimate, even inside Europe.

In April 2014, the Italian Constitutional Court ruled that Italy’s prohibition on gamete donation in assisted reproduction treatments was unconstitutional. This was for three main reasons: first, the ban on gamete donation violated couples’ fundamental right to have children; second, it also violated couples’ fundamental right to self-determination, as a couple’s decision to have a child is an expression of their right to self-determination; and third, it violated their right to health, which includes, according to the World Health Organization’s definition, a right to psychic health.

Nevertheless, the problem is not finish yet: in the absence of compensation, egg sharers (i.e. patient donors seeking reduced fee treatment in return for donating a proportion of their eggs) are the predominant source of donor eggs.

Spain as an egg donation destination

Spain is one of the world’s leaders in egg donation with people travelling from all over the world to its clinics. Or to put in another way: 40% of the Cross Border Reproductive Care in Europe is performed in Spain (± 10,000 - 15,000 treatments/year) and 60% using donated sperm or oocytes.

The European results published by the European IVF Monitoring-Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE) in 2016, showed that in Spain were carried out 15,600 oocyte donation cycles against 14,598 in the rest of Europe, during 2013 (5).

The data published by the Spanish Fertility Society Register showed that in 2014, 1632 italian patients carried out oocyte donation cycles.

There are several reasons because Spain is the most suitable destination: according to ESHRE (6), Spanish clinics have an excellent reputation, because the quality of their assistance and their success rate (above the European average). On the other hand, access to egg donation in Spain is protected by a very clear and rigorous law: egg donation is voluntary, anonymous and altruistic, accessible to any women, regardless of their marital status or sexual choice and is allowed double donation (sperm + egg donation). Moreover, there is a lot of available egg donors in Spain: the fact that donor compensation is higher than in other European countries together with the fact that egg donation is anonymous in Spain, probably help to keep the number of donors available so high. Another benefit of egg donation in Spain, in addition to the abundance of donors, is the variety of donors available… there are many different ethnicities, genetic makeups, and physical looks. The Spanish people do not have one “common” look.

What has changed in Spain as a result of Italian law?

1. Before 2014:
First, the number of egg donation cycles: there is an upward trend in the number of egg donation cycles. Conversely, there is a drop in the number of patients with unknown evolution after pregnancy.

2. After 2014:
There is an increase in the number of egg donation cycles with vitrified oocytes against the fresh oocytes. The latest data published show that in 2014 were carried out more than 6,000 egg donation cycles with vitrified oocytes.

3. Ethical aspects:
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. For this reason, several groups have been committed with ethical aspects in CBRC both in Europe and USA. Thus, in Spain, we have also got committed with ethical aspects and we published the first European ethical code on the use of reproductive medicine and was highlighted the responsibility in healthcare for patients residing in other countries.

4. Information and communication:
Social media communication and relevant patient information (waiting times, treatment costs, and live birth rates) will all support a patient-focused approach driven by the Internet. Just as online access to clinics made patients better informed about the relative availability
and costs of treatment abroad, so it is now enabling the greater choices available to patients at home.

5. Test performed on donors:
It is essential to follow the recommendations of the EU tissues directive, with special regard to the screening process and the non-commercialization conditions. Even though all of us must comply with the European law, there are some tests that are only mandatory in Italy.

6. Competition:
There are over 255 specialized centers in Spain, increasingly commercial and competitive global fertility market. Sometimes, this leads to a quite a variation in the cost for egg donation between fertility clinics in Spain. Initial headline prices may not reveal the full cost.

But, what problems have arisen?

1. Multiple pregnancies:
When donor oocytes are used, embryo transfer must be limited as much as two embryos. In the blastocyst transfer, only one. 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. Couples may be even more reluctant to accept that because of the extra cost and stress of travelling several times. This is a serious issue not just for the individual but also a problem of public health due to the resource implications of providing the highly specialized intensive care required for very premature infants.

2. Embryo accumulation and forgetting frozen embryos:
Sometimes more oocytes are offered to increase the pregnancy. This leads to the accumulation of more frozen embryos and to the fact that sometimes the patients disregard them.

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

4. Nº couples registered:
Data collection systems in ART must follow the pace of change in clinical practice (7).

5. Financial interest:
Brokers’ interests are purely financial, but doctors must be governed by higher ethical principles, and those involved in treating patients undergoing CBRC need to distinguish them by the provision of impartial information and advice, which may on occasion’s conflict with the desires of the patient. However, that is their role and in an increasingly commercial and competitive global fertility market they would be wise to remember this.

Conclusions

Italian law has implicated changes in Spanish clinics as:
- International departments: Italian language, translation of informed consent;
- Ethical commitment: responsibility in health-care;
- Social media communication;
- Screening to the donors;
- Increasing Oocytes banks.

But, unfortunately also:
- Multiple pregnancy;
- Embryo accumulation;
- Financial interest.

References
