



**Media release - International Federation of Fertility Societies**

## **New International survey shows that your access to fertility treatment often depends on where you live.**

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A new international survey has shown the wide variation in international laws relating to IVF and assisted reproduction. The survey, which will be presented at the World Congress on Fertility and Sterility (in Munich) on 14 September, shows that even countries with broadly similar social attitudes, such as countries within Europe or the USA, can take a very different attitude when it comes to the practicalities of legislating for IVF. These differences in national laws are the main factors driving people to go abroad for fertility treatment.

The survey, which is produced every 3 years by the International Federation of Fertility Societies, also shows that the numbers of IVF clinics vary substantially from country to country. Taking similarly sized countries, the UK has 66 clinics (a similar number to countries with smaller populations, such as Australia and Greece), whereas Germany has 120, Spain 200, and Italy 360 (approximate figures). There has also been an explosion in IVF in the developing world, with over 500 clinics in India. This globalisation of IVF has also seen a doubling in the number of countries included in the survey. Many developing world countries have only recently introduced IVF and were keen to be involved.

Presenting the results of the survey, Professor Ian Cooke, Education Director of the IFFS, said:

*“This survey shows that IVF is undergoing a huge expansion, especially in the developing world. Often in those countries, not being able to have a baby carries a great social stigma with significant physical and emotional trauma, so IVF can be a real benefit. However the resources available for IVF vary considerably with lack of state support or insurance in the developed world and lack of family means in low resource economies.*

*What is considered acceptable varies from country to country. These great differences in clinical practice don't show up in other fields of medicine, indicating that social or religious attitudes, rather than the best-practice of medicine, often drive what is allowed. In Europe, an example of this is in Italy, where the need to replace all fertilised embryos went against the best clinical thinking. This is true throughout the world, but we also see changes in these attitudes over time, as in the identity of donors and attitudes to freezing and to stem cell research.”*

*Professor Cooke also highlighted the difficulties which cause people to want to travel for fertility treatment, by saying that “For example in some countries, such as the UK, the removal of donor anonymity has led to problems in finding sperm donors. Gamete donation is generally forbidden in Islamic countries, and Turkey has recently banned anyone from going abroad to receive donated sperm or eggs”.*

Some of the main points in the survey are:

- The survey consists of 227 questions and attempts were made to recruit 2 representatives from each country to answer the questions. This year we covered 105 countries, an increase from the 59 countries in the last issue (in 2007).
- There are over 500 clinics in India and about 615 in Japan. 43 countries have legislation in place to control assisted reproductive practice and 35 have professional guidelines; 35 have neither. IVF is only prohibited in Costa Rica. Restrictions lead to cross-border activities.
- Freezing of embryos is prohibited in Germany, Italy and Croatia, but freezing of eggs before fertilisation is allowed.
- Who can receive donor sperm and eggs, and when they can receive them, varies from country to country. For example, lesbians in France are not allowed access to donor sperm, and in Iceland frozen sperm must be destroyed when the donor dies.
- In the UK there has been recent change in the view of “the welfare of the child”. However in New Zealand there has been recognition of a family structure more open than the nuclear family and other countries are beginning to appreciate that.
- One third of countries do not permit surrogacy and cross-border care may lead to significant legal problems when couples return to their own country. Some countries legislate to ensure this, for example in South Africa you need to be resident to participate in surrogacy, whereas Brazil requires a familial relationship.
- Attitudes to the status of the embryo vary widely. For example, in many Catholic countries such as Panama or Poland personhood may be attributable from the time of fertilisation. Islamic countries tend to define personhood as occurring between 40 and 120 days, depending on Koranic interpretation, whereas in the USA personhood is defined as ‘at viability’, and in the UK as ‘at birth’. These views, influencing a country’s regulations, often derive from strong religious or cultural traditions.

- Gamete donation is forbidden in Islamic countries and in others the loss of anonymity has led to decreased availability.

The report, which will be available online for embargoed journalist access on 9 September at: [www.iffs-reproduction.org/](http://www.iffs-reproduction.org/) also considers a variety of other topics such as cloning and gender selection. The report will simultaneously be published in the peer-reviewed journal, Fertility and Sterility, <http://www.fertstert.org/>

## **ENDS**

### **Notes for Editors**

This work is being presented during the 20<sup>th</sup> World Congress on Fertility and Sterility, which is taking place in Munich from 12-16 September, <http://www.iffs2010.com/>

The World Congress on Fertility and Sterility is organised by the International Federation of Fertility Societies (IFFS), which represents national fertility societies from all parts of the world. We have more than 70 member societies from all parts of the World. The IFFS website is <http://www.iffs-reproduction.org/>. The next World Congress will take place in Boston in 2013. We can assist with press comment on any assisted reproduction matters, especially in an international context.

### **PLEASE MENTION THE INTERNATIONAL FEDERATION OF FERTILITY SOCIETIES IN ANY STORY**

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