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SYMPOSIUM: IVF - GLOBAL HISTORIES

Thirty-five years of assisted reproductive technologies in Israel

Daphna Birenbaum-Carmeli

Faculty of Social Welfare and Health Sciences, University of Haifa, Israel
E-mail address: daphna@research.haifa.ac.il.

Daphna Birenbaum-Carmeli is a health sociologist in the Department of Nursing at the University of Haifa, Israel. Her main research is in the domain of women's health, with a focus on reproduction-related issues: assisted reproductive technologies, power relations and reproductive policies. More generally, Birenbaum-Carmeli is interested in the interface of healthcare and international politics, particularly the implications of the Israeli–Palestinian conflict on healthcare in the region. Her current major project (with Marcia C Inhorn) focuses on medical and social egg freezing in Israel and the USA. Birenbaum-Carmeli has published extensively in books and professional journals.

Abstract Israel is known as a pronatalist country. Whether due to the Biblical commandment to 'be fruitful and multiply' or the traumas of the Holocaust and perennial wars, reproduction is a central life goal for most Israelis. Israeli women bear substantially more children than their counterparts in industrialized countries and view child-rearing as a key life accomplishment. These personal world-view and real-life individual quests take place in a context of equally pronatalist state policies and religious openness to assisted reproductive technologies. In this paper, I outline 35 years of assisted reproductive technologies in Israel by tracing a principal axis in the development of three major technologies of assisted reproduction: the proliferation of IVF-ICSI; the globalization of gamete donation; and the privatization of surrogacy. The paper is based on a policy analysis as well as various studies of assisted reproductive technologies, conducted in Israel over this period.

KEYWORDS: Israel, IVF, privatization, reproductive technologies, surrogacy, third-party reproduction

Introduction

Israel is well known as a pronatalist country. Whether due to the Biblical commandment to 'be fruitful and multiply' or the traumas of the Holocaust and perennial wars, reproduction has been a central goal in Israel, some would say a preoccupation, since its foundation. Indeed, Israeli women bear substantially more children than their counterparts in industrialized countries (3.03 versus, for example, 2.01 and 1.56 in the USA and Western Europe, respectively; CIA factbook, 2015a and Eurostat, 2015, respectively) and tend to view child rearing as 'life's greatest joy' (Glickman, 2003). By the same token, barrenness often represents the quintessential female suffering, and voluntary childlessness is strongly condemned (Donath, 2014, 2015). Jewish religious authorities are equally pronatalist and gladly accommodate assisted reproductive technologies. Doctors, for their part, seek to serve the multiparous religious communities and thus accommodate traditional sensitivities in their practice

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(Ivry, 2010). Demography-related ecological concerns are completely absent from Israeli reproductive discourses.

Israel's first 'IVF baby', the world's fifth, was born in 1982, signalling the dawn of a prosperous assisted reproductive technology industry: Israeli women undergo, on average, more IVF cycles than women in any other country. Practically all of the latest reproductive technologies are available to them: intracytoplasmic sperm injection (ICSI) has become integral to IVF; gamete 'donation' freezing and banking, as well as embryo freezing, surrogacy and preimplantation genetic diagnosis, are all practised legally. Whereas some treatments (e.g. surrogacy) entail extremely high costs, others (e.g. donor sperm) are available for relatively affordable sums. A few of these technologies are largely state subsidized. Sex selection is tightly regulated but is also allowed under some circumstances, as is posthumous reproduction. The adjacent field of human embryonic stem cell research is also booming.

In the following, I outline 35 years of assisted reproductive technologies in Israel by tracing a principal axis in the development of three major technologies: the proliferation of IVF-ICSI; the globalization of gamete donation; and the privatization of surrogacy. Evidently, all three axes are present to some degree in the trajectories of each technology. The paper is based on a policy analysis as well as on additional studies of assisted reproductive technologies, which I have conducted in Israel over this period. The latter have all been conducted in accordance with ethical guidelines and have received the required ethics approval. The paper's primary focus on assisted reproductive technology policies highlights the state's role in the shaping of Israel's assisted reproductive technology landscape. While the state's influence appears to be extremely significant, it is crucial to acknowledge that Israeli women have been agential in numerous assisted reproductive technology contexts, ranging from ensuring religion-compatible practice (Ivry, 2010) to withdrawing from treatment (Haelyon, 2007) to actively participating in the formation of the egg donation law (Hashash et al., 2008).

Proliferation: IVF-ICSI

Fertility treatments have been state funded in Israel since their establishment. The introduction of IVF by local doctors, in 1981, was welcomed as a ground-breaking addition to the existing, publicly funded fertility treatments and the birth of the first local 'IVF baby' was celebrated in the media as a collective national accomplishment, led by saviour local experts (Birenbaum-Carmeli, 1997, Birenbaum-Carmeli et al., 2000). In the subsequent two decades, IVF units opened in most Israeli hospitals. Politicians, service providers, rabbis, doctors, feminists and laypersons all praised the innovative technology.

State support for assisted reproductive technologies was swiftly inscribed into Ministry of Health (MOH) regulations that entitled every Israeli woman aged 18 to 45, irrespective of her family status or sexual orientation, to unlimited, funded treatment up to the birth of two live children with her current partner, if applicable. Attempts to ration IVF have all resulted in an outcry from politicians, professionals, consumers and feminists (Birenbaum-Carmeli, 2004), leaving the unlimited funding intact. Conservative estimates assess IVF expenditure, without concomitant costs (e.g. associated with twin births), at 2% of Israel's health budget.

Maintaining the world's highest rate of clinics per capita for some two decades (Collins, 2002), Israel's 25 IVF clinics constantly expand their activity (MOH, 2015a). As shown in Fig. 1, the number of IVF cycles performed annually rose from 5000 in 1990 to 40,000 in 2012, visibly outpacing the local population growth.

The steep rise in IVF use in 1996 reflects the fast adoption of ICSI in Israel, which turned IVF-ICSI into the standard treatment for male infertility as well. Given the presence of male factor in roughly half of all infertility cases in Israel (Berman et al., 2012), the endorsement of ICSI practically doubled the number of IVF clientele. The expansion continued, however. Between 2000 and 2012, the rate of treatment cycles rose by 82.7% (MOH, 2015a). Israeli women are the world's greatest consumers of IVF (see Table 1), undergoing twice as many cycles per capita as Danish women, who are in second place. Israel's usage of IVF is over five times the European average and ten times the international average (Sullivan et al., 2013).

Accordingly, IVF live births rose from 1.7% of Israel's total live births in 1995 to 4.3% in 2013 (Haklai, 2015). The mean live births per delivery has slightly dropped, from 1.3 to 1.2 from 2003 onward (ibid), reflecting the limited implementation of the single embryo transfer policy, possibly due to the relatively advanced age of Israeli IVF users (Israeli Fertility Association, 2010).

The exceptional usage is linked to the high age limit (45 years) of eligibility for funded IVF, as reproductively older women normally require more treatment cycles to conceive. Indeed, a third of IVF treatments in Israel are delivered to women above 40 (Sela et al., 2013). Israeli fertility doctors are well aware of the reduced success rate of IVF-assisted delivery in advanced age. When asked, they attribute their practice to women's insistence, which is bolstered by the state's funding policy.

Notably, the potential health risks posed by multiple IVF cycles are hardly discussed, or systematically researched, even though Israeli doctors have unique access to the subject, due to the exceptional local usage. Doctors explain the research lacunae by the lack of a national IVF registry, which was founded only in 2012, three decades after the technology arrived and spread in the country.

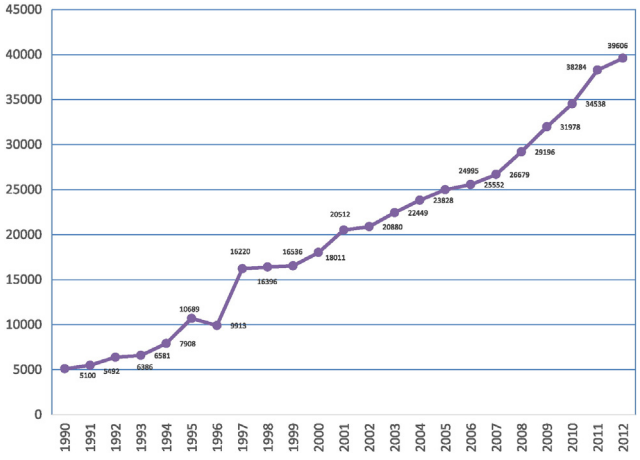

Fig. 1 Number of IVF cycles per year in Israel.