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REVIEW

Cross-border reproductive care: a review of the literature

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Abstract Cross-border reproductive care (CBRC) has attracted considerable attention in media and professional publications. The aim of this review is to present a critical narrative overview of the published evidence on CBRC. A systematic search of key academic databases was undertaken with no time restrictions set for publication. This was supplemented by additional searches of key websites, reference chaining and enquiries to people working in the field. A total of 54 items are included in the review, including both empirical research studies (18) and debate papers (36). The key themes discussed are: terminology and definitions; incidence; experiences; explanations; implications; and policy responses. Significant methodological limitations and gaps in the literature are identified. Evidence on incidence is scant, though it suggests that CBRC is increasing. The literature suggests legal, social and political drivers, which vary in importance geographically and between individuals. Limited findings on patient perceptions suggest a broadly positive patient experience. Suggested policy responses include prohibition, regulatory harmonization and harm minimization. There is a need for better international data collection tools and both quantitative and qualitative work which encompasses views of patients, donors, surrogates and professionals and which explores the implications for healthcare services in sending countries.



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Introduction

Seeking assisted reproduction technologies across borders appears to be a growing phenomenon, part of a wider trend

of what is often termed 'medical tourism' (Gray and Poland, 2008). The globalization of assisted reproduction technology has paralleled the growth of a 'consumer culture' in health care more generally (Slater, 1997). Technical

advances in treatment have accompanied a growth in the commodification of reproduction, producing a highly lucrative 'fertility–industrial complex' (Spar, 2006) operating in a global market that transcends national boundaries. This phenomenon has attracted a steady increase in public, professional and academic discourse. A review of the evidence base and emergent academic debates in the context of these developments was therefore considered timely. This review of the current state of knowledge on cross-border reproductive care (CBRC) in the English-language literature was conducted as part of a research project exploring the experiences of UK residents who are seeking travel abroad for fertility treatment, the results of which will be published separately.

Materials and methods

Database search

Given the new and contested nature of the topic and the fragmented nature of the literature on CBRC, a conventional systematic review was not considered appropriate. Instead, this study undertook a systematic search of academic databases, combined with additional searches to

Table 1 Search terms.

Cross-border egg/sperm donation
Cross-border in/fertility treatment
Cross-border IVF
Cross-border reproduction
Cross-border reproductive care
Cross-border reproductive treatment
Cross-border surrogacy
Egg donor/donation abroad/overseas
Fertility tourism
Fertility travel
Health tourism
Health travel
Infertility treatment abroad/overseas
International egg/sperm donor/donation
International in/fertility treatment
International IVF
International reproduction
International surrogacy
IVF abroad/overseas
Medical tourism
Medical travel
Overseas in/fertility treatment
Overseas reproductive care
PGD abroad/overseas
Procreative tourism
Reproductive exile
Reproductive tourism
Reproductive travel
Single-embryo transfer
Sperm donor/donation abroad/overseas
Surrogacy abroad/overseas
Transnational reproduction

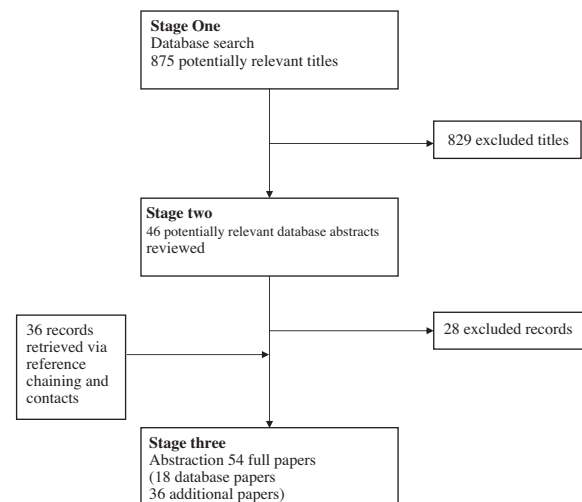


Figure 1 Study selection process.

produce a critical narrative overview of the current state of knowledge, rather than attempting to 'rank' individual research papers (Dixon-Woods et al., 2006). Given the fact that the phenomenon of travelling across borders for fertility treatment has been variously described (see later), a large number of search terms were employed in the database search (Table 1).

The databases searched were Academic Search Premier, ASSIA, BHI, British Nursing Index, CINAHL, HMIC, IBSS, Ingenta Connect, Medline, NRR, PsycINFO, Science Direct, Science Citation Index, Scopus and COPAC using the terms in Table 1. This generated 875 papers (see Figure 1), of which 829 papers were excluded because they did not contain a discussion of CBRC, were duplicate titles, were not available in English or were press reports. Of the remaining 46, a further 28 were excluded because they were about a related issue (e.g. medical tourism more generally) ($n = 22$), were commentaries with only a secondary focus on CBRC ($n = 5$) or were further duplicates ($n = 1$). This left 18 full text papers from the database search for inclusion in the review.

Additional searches

To access other potentially important literature in this emerging field of enquiry, the database search was complemented with reference chaining, searches of key websites and contacts in the field to identify additional papers (Dixon-Woods et al., 2006). This yielded an additional 36 items which were included in the review following assessment. It is noteworthy that these searches produced a number of papers that were recently published, partially published or in press and this was regarded as a particular strength of the study's approach.

Results

The strategy described above yielded 54 papers to be included in the review. To assist the presentation of the review the papers are grouped according to their focus, publication status and whether or not they are based on

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