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## SYMPOSIUM: CROSS-BORDER REPRODUCTIVE CARE ARTICLE

# Reproductive agency and projects: Germans searching for egg donation in Spain and the Czech Republic

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**Abstract** German patients in search of IVF with egg donation (which is prohibited by German law) are increasingly deciding to travel to clinics in other countries (mostly to the Czech Republic and Spain) that are able to provide them with the eggs of other women. Through three case studies of German couples who crossed international borders for IVF with egg donation, this article provides insight into these transnational practices aiming to circumvent restrictions in reproduction, whatever they may be. The material for this article is based on ethnographic fieldwork and interviews conducted in Germany, Spain and the Czech Republic, as well as research undertaken on IVF internet bulletin boards. The concepts of 'reproductive agency' and 'reproductive projects' are used to analyse the ways in which people search for information about treatments and clinics in other countries, how they embed the practice into their daily lives and how they deal with and position themselves regarding the need for reproductive travel. 

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## Introduction

European patients search for reproductive treatments outside their national boundaries for quite diverse reasons, in part because regulations among countries differ widely. There exists a wide range of motives for travelling to other countries for treatment: evading national bans on certain techniques (e.g., gamete donation or preimplantation genetic diagnosis (PGD)), avoiding waiting lists, searching for higher quality services and lower prices and avoiding limitations on the choice of donors or access for unmarried couples, single mothers and homosexual couples. This

article explores the transnational practice of searching for IVF treatment with egg donation from the perspective of German patients. It is based on research undertaken on the practice of gamete donation in a number of different European countries. Data were collected through ethnographic fieldwork, specifically participant observation and in-depth interviews. Substantial fieldwork in a Spanish IVF clinic was undertaken in 2006 (with a follow-up in 2011) and in a Czech IVF clinic in 2007; additionally, six other Spanish and Czech clinics and one Spanish and two Danish sperm banks were sites of ethnographic research.

## The German regulatory situation

In the clinics in Spain and the Czech Republic where this research was conducted, German patients primarily sought egg donation, which is strictly forbidden by German law. Some German patients were seeking PGD and, only in a few cases, conventional IVF. In Germany, egg donation is prohibited by the Embryo Protection Act (1990) which states (for cases of practitioners, not patients): 'Anyone will be punished with up to three years imprisonment or a fine, who: 1. transfers into a woman an unfertilized egg cell produced by another woman, 2. attempts to fertilize an egg cell artificially for any purpose other than bringing about a pregnancy of the woman from whom the egg cell originated [...]'.<sup>1</sup>

The intent of this German law is not to protect egg donors, but is instead concerned with the prohibition of research on embryos and the prevention of so-called 'fragmented motherhood' (Hieb, 2005). While sperm donation is legal and not viewed as interfering with concepts of kinship and nature, German regulation draws upon the old Roman law principle *mater semper certa est*. When a third party is involved, e.g. the donor of reproductive materials, then the naturalized definition of genetic lineage, in which at least the mother can be determined with certainty, becomes complicated (Strathern, 2005, pp. 67–71). Because IVF challenges legal definitions of kinship that are based on naturalized assumptions, it has become such a controversial issue and an area full of state-regulated interventions.

Although patients in search of reproductive treatments form only a small percentage of those seeking medical treatments abroad (Carrera and Lunt, 2010), they draw a lot of national media attention as they are part of an ethically contested field. National prohibition of certain practices has triggered transnational and circumventive treatment-seeking practices of patients. Indeed, mobility in reproductive affairs is nothing new in Europe and in Germany: for example, similar to an ongoing Irish case (Gilmartin and White, 2011), many German women went to The Netherlands to get abortions since the 1970ies. In both cases of reproductive travelling, there is a tendency of morally scandalizing the mobility of patients (or its national causes), much in the same way that practices such as organ trafficking are viewed. Other fields of biomedical mobilities as dental treatment or cosmetic surgery do not raise such public interest.

While the increasing travel for reproductive medicine is seen as an 'unsolvable moral dilemma' (Beck, 2007, p. 132) and a threat for the state in German bioethical discourse, patient mobility via circumvention of (national) regulative and ethical 'containers' can also be regarded as 'moral pluralism in motion' (Pennings, 2002). However, the patients whom I have interviewed often lamented about having to travel for reproduction. In contrast to survey results in other European countries which found unambiguous support of egg donation, a German study detected rather split attitudes: of the slight majority (50.8%) of participants who approved (of) a legalization of egg donation in Germany, 36.9% did so only for medial reasons, in contrast to only 2% for age reasons (Stöbel-Richter et al., 2009, pp.

126–127). Through data from recent studies (Shenfield et al., 2010) and own observations in internet forums, it has been revealed that German patients often choose the neighbouring Czech Republic for treatment with egg donation, followed by Spain and after that by Poland, Russia, the Ukraine, South Africa and the USA.

## Egg donation in Spain and the Czech Republic

Why have Spain and the Czech Republic become the most important destinations for egg donation inside the European Union (Shenfield et al., 2010, p. 1367)? Cities like Prague and Barcelona have become 'global cities' of reproduction because they possess tourism, business and technology amenities ranging from international airports and telecommunication infrastructures to skilled lab technicians. Tourism infrastructure still matters for medical mobilities, which are built upon these long-established tourism platforms, in Spain for more than 40 years and in the Czech Republic since the 'Velvet Revolution' in 1989. According to the World Tourism Organization Spain is among the 'top international destinations', ranging from place 2 to 4 during the last years (UNWTO website), and Prague is the 20th most important destination in the world (euromonitor.com ranking). But without having an established donor system and a large pool of donors, Spanish and Czech clinics would not have become such important IVF destinations for foreign patients. Some of the bigger and more well-known clinics in Spain and the Czech Republic have installed waiting lists up to several months for egg donation, as they are overrun by patients. For some patients, particularly the British who often want to circumvent their national waiting lists, this has become unattractive. In effect, new players have entered the market over the last years, among them smaller clinics and also clinics that now only concentrate on the core business of egg donation.

Whereas in countries like Denmark, Sweden and the UK, egg donation is possible but has to be performed non-anonymously and only with low reimbursement rates for donors, in countries like Spain and the Czech Republic egg donation is strictly anonymous for donors and recipients (the clinics act as brokers of reproductive substances and keep personal data private). Although in Spain and the Czech Republic the donation of gametes is regulated and marketed as 'altruistic', the compensation rate for donors is much higher than what is paid in other countries.

Recruitment of gamete donors in Spain is done by advertisements on the radio, in popular free daily newspapers and via placards and flyers on university campuses. Recruitment strategies invoke altruism and solidarity, but also in some cases address reproductive capacity and the potency of potential donors. Whereas posters do not display monetary information, on clinical websites there is a notice about the usual 'compensation rate' of 900 Euros. Clinicians said that, in fact, the majority of donors were informed by word-of-mouth from people who already donated.

In the course of the current research in the Czech Republic, not a lot of public advertisements were noted. Some clinics display information on their website. A clinic in Prague uses another strategy, working closely with gynaecologists in rural areas of the country who inform their

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