

**Import and export of gametes and embryos**  
**Consultation meeting with Dr Kirsten Lovelock, Dunedin School of Medicine,**  
**Otago University**  
**22 May 2013**

**Present**

Dr Kirsten Lovelock, Senior Research Fellow, Dunedin School of Medicine

Dr John Angus, Chair of ACART

Alison Douglass, member of ACART

**In attendance**

Betty-Ann Kelly, ACART Secretariat

**Background**

- Dr Lovelock is a medical anthropologist. She is undertaking with Dr Brent Lovelock (Department of Tourism) a small scale qualitative research project looking at medical tourism (including travel for fertility treatment). At present, there are around 35 respondents.
- The research aims to describe what is happening and the reasons.
- Much of the research is focused on India. A further stage will involve travel to India to investigate local perspectives.

**Travel to India**

- Indians in New Zealand are able to use family networks back in India.
- A primary reason for travelling for fertility treatment is financial. If people do not qualify for public funding in New Zealand, treatment here is very expensive.
- The other main reason is because people know that they will not meet New Zealand requirements e.g. criteria related to age for access to publicly funded treatment.
- People tend to return to New Zealand with multiple pregnancies, to avoid a return trip. Stored surplus embryos remain in India.
- Most people going to India have had some prior assessment at a New Zealand clinic.

**Other travel for ART**

- There is a global marketplace. New Zealand clinics participate in this by offering services to people in other countries, as well as by supporting people travelling overseas.
- Japanese come to New Zealand at times. ART treatment in another country is a way to preserve privacy.

- Travel for medical reasons is firmly within the framework of tourism e.g. associated marketing of hotels, local trips, discourses generally associated with tourism.
- Ethical and policy issues associated with travel for medical reasons include:
  - A global division of labour
  - Receiving countries: first world treatment for first world patients – at the potential expense of a quality local public health system for people living within a country
  - Patients' countries of origin: defuses demand for capacity in own country.

#### **Access to identifying information for donor offspring**

- Evidence indicates that in all societies, people have a strong interest in information about their origins.