

# Consequences of the Italian Laws on Reproductive Health and Abortion on the Neighborhood Swiss Health Care System

Cerutti Bernard, Lazzaro Mario, and Cassis Ignazio  
Department of public health and social welfare, Bellinzona, Switzerland

www.ti.ch/med  
Contact:  
dss-umc@ti.ch  
Tel +41 91 814 40 03  
Fax +41 91 814 44 46



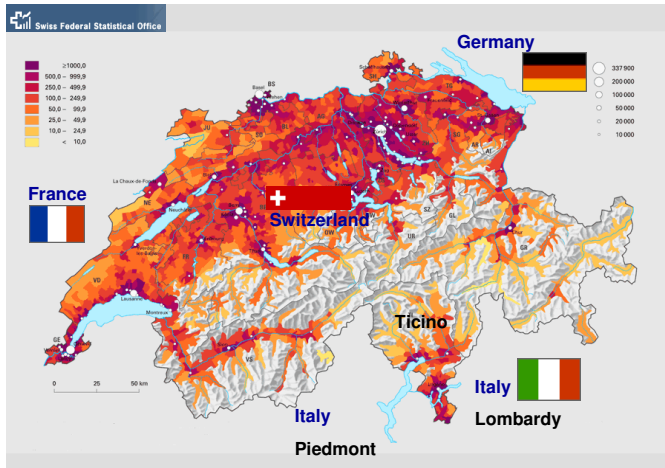
**INTRODUCTION:** Switzerland and Italy have different laws on reproductive health and termination of pregnancy. For example, Myfepristone was introduced in Switzerland in 2000 but its use is not allowed in normal settings in Italy. All cryopreservation of embryos has been forbidden in Italy since 2004, therefore all embryos created after this year must be transferred in uterus. These restrictions are not found in the Swiss regulations.

**STUDY OBJECTIVE:** to evaluate the trend of termination of pregnancy abortion and fertility treatment in Ticino with special regard to the patients resident in Italy.

Since 2000, the number of all terminations has remained constant in Ticino (decreasing trend of 1.3%,  $p=0.193$ ), whereas the proportion of women resident in Italy has increased significantly over the last three years ( $p<0.001$ ), reaching 17.8% of all legal terminations carried out in 2005. The percentage of pharmacological interventions (Myfepristone) has increased from 11.6% in 2000 up to 53.1% by 2005. The use of Myfepristone has been reported for 84.6% of the women resident in Italy and 45.6% for the others ( $p<0.001$ ).

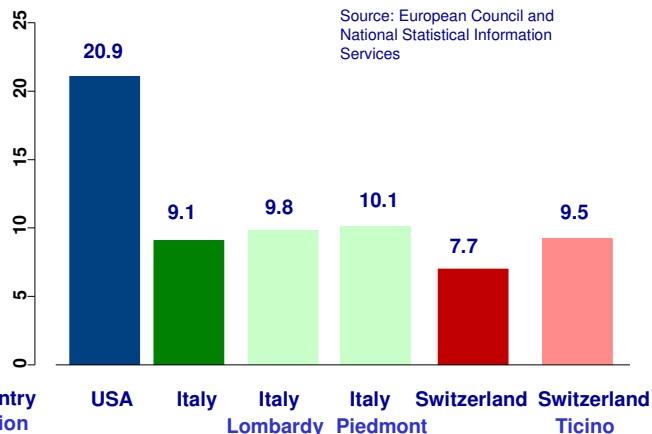
## Comparison of assisted reproduction laws

	Italy	Switzerland
Pickup of mature oocytes per cycle	Unlimited	Unlimited
Insemination of oocytes	Maximum 3	Unlimited
Embryo development per cycle	Maximum 3	Maximum 3
Test of embryos before implantation	No	No
Pre-embryo (zygote) cryopreservation	No	Yes
Embryo cryopreservation	No	No
Cloning	No	No
Use Sperm bank	No	Yes
Oocytes donation	No	No
Access to assisted reproduction techniques	Infertile heterosexual couple in stable relationship	Infertile heterosexual couple in stable relationship

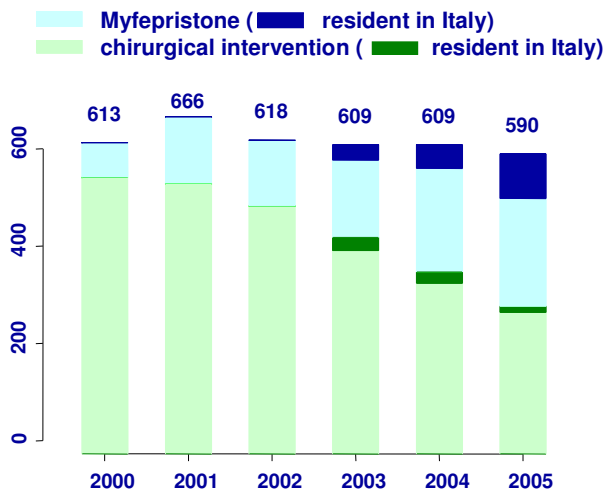


## TERMINATION OF PREGNANCY

Abortion rate per 1'000 women aged 15-44



## Termination of pregnancy in Ticino from 2000 to 2005



## ASSISTED REPRODUCTION

### Patients and assisted reproductive treatment cycles

	2000	2001	2002	2003	2004
<b>Ticino</b>					
Patients	251	194	242	238	293
Cycles	435	344	341	357	412
<b>Switzerland</b>					
Patients	2797	3204	3467	3571	4849
Cycles	4556	5113	5378	5533	5617

In 2004, 3.15 per 1'000 women aged 15 to 45 underwent treatment in Switzerland; this rate is about 45% higher in Ticino ( $p<0.001$ ). In vitro fertilizations without micro insemination represented 54.9% of the cycles initiated in Ticino versus 28.9% in the rest of Switzerland ( $p<0.001$ ).

**CONCLUSION:** Information on the venue of residence of patients has been available since 2003 and routinely collected for the terminations of pregnancy.

- There is a clear increasing trend of women coming from Italy to Switzerland for legal termination of pregnancy;
- The higher percentage of pharmacological interventions suggests that foreign patients may come to Switzerland attracted by alternative intervention to surgery, which not available in Italy;
- The data regarding assisted reproductive treatment does not show a significant increase in the number of treatments, though the local rate is 45% to 115% higher than the national rate, suggesting that many patients are in fact resident in Italy. The 2004 data may be inadequate to evaluate the impact of the Italian law on assisted reproduction dated February 19th, 2004.

The phenomenon of "reproductive tourism" is not uncommon in Europe, as the Irish women traveling to the United Kingdom for terminations of pregnancy or French patients going to Belgium for reproductive medicine. However, it is less common to observe an increase whereas a general decreasing trend would rather be expected, especially in Europe, given the ongoing efforts, in many health areas, to harmonize the different legislations. One of the consequences globalization should be an increased tolerance towards different moral positions, otherwise the "problem" of an over restrictive regulation in one country will automatically induce patients to find their "solutions" in countries with less restrictive laws, thus promoting medical tourism.