Abandoned by the State, betrayed by the Church: Italian experiences of cross-border reproductive care

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Abstract This paper investigates the case of Italians travelling abroad for fertility treatments as a reaction to the restrictive Italian law regulating medically assisted procreation. The acknowledgement of legal limitations provokes special feelings of abandonment while the decision to leave the country represents intentions that oppose institutional positions and results in an embodied dissent against them. The choice of destination considers legal, medical, economic, logistic and cultural matters and pertains to the re-elaboration of one’s own way of understanding reproduction and interpreting restrictive rules on the matter. This paper first presents the Italian law concerning assisted reproduction and the political, moral and cultural context in which this law has been approved, contested and partially modified. Then, the experiences of Italians undertaking cross-border reproductive care (CBRC) are analysed, focusing on feelings that people develop in the face of restrictive legislation and on the meaning that CBRC acquires in their reproductive stories. Finally, the criteria that lead people to take specific decisions concerning destinations are explored in order to show which kind of expectations and needs they have with regard to CBRC and which elements they deem important to consider their experience fulfilling and successful.

Introduction

Cross-border reproductive care (CBRC) is a reality for Italians who want to undergo specific treatments of assisted reproduction that are not allowed within Italy. The Italian case is especially interesting as the first Italian law concerning medically assisted procreation, known as law 40 and issued in 2004 (Law 40/2004), has radically transformed Italy from what was perceived as an unregulated ‘wild west’
of European assisted reproductive practice to a country with one of the most restrictive laws in Europe (Boggio, 2005; Frosini and Casonato, 2006; Inhorn et al., 2010; Picciocchi, 2005). In its original version, the law restricted assisted reproductive technology to heterosexual infertile couples, established that three was the highest number of embryos that could be produced during any cycle, imposed that all these embryos immediately be transferred, limited research on embryos and banned cryopreservation of embryos, donation and surrogacy.

The promulgation of law 40 provoked an increase in the number of Italians who chose to be treated abroad (Bertolucci, 2008). The Osservatorio Turismo Procreativo (Observatory of Procreative Tourism), a project started in 2005 by the Italian CECOS, Centre d’Etude et de Conservation des Oeufs et du Sperme (Centre for Study and Preservation of Eggs and Sperm) that aimed to monitor the effects of law 40 in terms of CBRC, reports that the number of couples treated abroad in 2005 was almost four times more than in 2003 (Osservatorio Turismo Procreativo, 2005). In 2010, a study by the European Society of Human Reproduction and Embryology, based on a survey administered to foreign patients in 46 clinics in six European countries, found that 31.8% of returned forms were filled in by patients from Italy and that 70.6% of these Italian patients mentioned legal reasons as the predominant motive for CBRC (Shenfield et al., 2010).

Conducted between October 2008 and March 2009, the above-mentioned study reveals that Italian CBRC patients used to be seeking different kind of treatments, including intrauterine insemination, IVF, gametes and embryo donation and preimplantation genetic diagnosis (PGD). The situation is probably slightly changed from February 2009, when the limit of the three embryos and the immediate transfer fixed by law 40 were cancelled. Currently, Italians certainly use CBRC for treatments with donated gametes and embryos and surrogacy and they are likely to do so for PGD in some cases, because of the perception that they have of the national legal framework as rather confusing and the low number of fertility centres where this technique is currently applied.

According to the existing literature, there are several reasons why people may leave their country of residence to undergo reproductive treatments abroad: high cost of treatments, lack or low quality of specific services, mistrust in local medical services and waiting lists are just a few (Blyth and Farrand, 2005; Deech, 2003; Ferraretti et al., 2010; Inhorn, 2011; Inhorn and Patrizio, 2009; Pennings, 2002, 2004, 2008; Pennings et al., 2008; Shenfield et al., 2010). Italian citizens seeking reproductive assistance abroad, however, seem to principally respond to a given legal framework, which is perceived as too strict and not corresponding to their procreative needs. Among people who seek assistance abroad, there are infertile and subfertile heterosexual couples, single women and men and same-sex couples. Spain, Switzerland, Belgium, Czech Republic, Denmark, Slovenia, Austria, Greece and Ukraine are the most popular destination countries among Italians embarking on a CBRC experience (reported in Osservatorio Turismo Procreativo Italian conference 2006), together with the USA, Canada and India, especially chosen for surrogacy.

Far from being described only as a global reproductive marketplace, CBRC has recently been investigated in its
special ethical and social implication. In particular, Pennings (2004, 2006) and Ferraretti et al. (2010) have introduced the definition of CBRC as a ‘safety valve’ both for people and governments, since it keeps moral conflict down, allowing the ‘peaceful coexistence of different moral and religious views’ and the preservation of existing local restrictive laws.

This paper investigates the meaning of this expression by looking at subjective experiences of people who decide to cross borders especially for escaping a non-supportive legal and moral environment. In particular, it investigates how Italians facing a restrictive legal and moral national context consider the option of receiving reproductive assistance abroad, what feelings characterize this choice and what meaning CBRC acquires in their reproductive stories. The criteria that lead people to take specific decisions concerning destinations are then explored in order to show which kind of expectations and needs they have regarding CBRC and which elements they deem important in order to consider their CBRC experience satisfactory.

Legal restrictions and moral constraints in the Italian context

The first Italian law regulating assisted reproduction was issued in 2004. A formal claim for a proper law arose in the 1990s, when Italy became internationally famous for the sensational work of some doctors in the private sector and started to be called ‘the wild west’ of procreation by neo-conservative politicians and columnists (Cirant, 2005; Hanafin, 2006; Inhorn et al., 2010). The difficulties that Italy had in promoting a law regulating assisted reproductive technology were clear, as it took years for the draft law to be presented to the Parliament. In 1997 the news of the birth of Dolly the sheep, the first mammal to be cloned from an existing adult somatic cell, and the catastrophic predictions of those who were afraid that cloning would soon threaten human dignity, speeded up the process of institutionally regulating assisted reproductive technology (Inhorn et al., 2010; Valentini, 2004). In 1998 a first draft law was thus presented to the Parliament, but only a final draft presented in 2002 eventually passed 2 years later as law 40.

Since its promulgation, this law has been continuously challenged and modified. Currently, it considers assisted reproductive technology a remedy for medically certified infertility of married or cohabiting heterosexual partners over the age of 18, who seek assistance in their fertile age, and excludes singles and same-sex couples from the treatments. The condition of men affected by HIV or hepatitis B or hepatitis C virus is considered analogous to infertility.

The first article of the law assures the rights of all the ‘subjects who are involved [in the reproductive process], including the conceptus,’ (Law 40/2004, comma 1, Art. 1), a ‘broad term that encompasses all stages of pre-natal development including both the embryo and the fetus’ (Hanafin, 2006, p. 340). Initially the law established that no more than three embryos could be produced during any cycle and that all of them had to be immediately and contemporaneously transferred, unless serious complications occurred. Speaking against this rule, in February 2009, the Constitutional Court finally entrusted medical professionals
with the task of deciding how many embryos to produce and transfer, according to scientific knowledge and adequate clinical practice in respect of each patient’s health. These provisions practically repealed the prohibition of cryopreservation still formally existent in the text of the law (Law 40/2004, comma 1, Art. 14) and effectively opened the way to PGD. However, it was only in January 2010 that for the first time an Italian Court allowed a non-infertile couple to be treated with PGD because of the high risk of transmitting a genetic disease to their offspring. This sentence has been warmly welcomed as well as harshly criticized and the outcome of other prospective trials on the same subject is not predictable. The use of donated gametes and embryos is strictly forbidden, as well as surrogacy.

As a result, the current regulation of assisted reproductive technology is the outcome of multiple legal actions, both by inferior courts and the Constitutional Court, leading to a slow partial demolition of the original text (Fineschi and Turillazzi, 2008). The abolition of the limited number of embryos to be created, the erasing of the compulsory immediate and unique transfer and the consequent opening to cryopreservation and PGD have constituted an evident progressive crumbling of the whole structure of the law.

Despite the changes, the Under Secretary of Health, Eugenia Roccella, declared in 2009 that the general architecture of the law and its fundamental principles were not modified, thus signalling the intention from the side of the government to reaffirm the righteousness and efficacy of the original text of law 40. Her reaction revealed as well the purpose of avoiding further political and media contentions such as those that had characterized the promulgation of law 40. At that time, a public clash of different ethical stances made the complex moral and political relations between a supposed non-religious state and the Vatican evident and questionable.

In the Italian Parliament, the common intention of putting an end to the existing chaotic situation took the form of a conflict among religious-inspired restrictive positions, scientifically informed moderate suggestions and feminist claims. Generally, right, centre-right and Catholic parties voted in favour of the law, contrary to the left and centre-left. However, some deputies decided to vote differently from the assignment of their party and eventually, the law was passed with more or less clear cross-party votes. On the one hand, the principles on which law 40 was finally constructed were often accused of being the result of the influence of Catholic lobbies and the Roman Catholic Church’s representatives, who were especially committed to promoting the protection of the embryo and to avoiding the admission of third-party procreation. On the other hand, the Vatican declined every accusation of interference in the legislative process, maintaining that the official position of the Roman Church was to oppose any form of immoral practice, including assisted reproductive technology (Donovan, 2003).

The presence of Roman Catholic Church in the public debate and its role in defining the terms of contention became much more evident on the occasion of the referendum that was called by the Radical Party in 2005 to repeal law 40. In that case, the Catholic committee ‘Science and Life’ organized an intense anti-referendum campaign, calling for voters to abstain in order to invalidate the referendum. The strong and shocking tones of this campaign combined with a weaker diffusion of scientific information, a less aggressive and capillary promotion by supporters of the referendum, a rather low interest of the population in assisted reproductive technology issues resulting in a probable ‘fatigue on the part of the electorate in relation to the use of the referendum’ (Hanafin, 2006, p. 348) led to an insufficient voter turnout.

Even if the Vatican may not be depicted as directly responsible for the promulgation of law 40 and of the failure of the referendum, its position as a moral guide is taken into serious consideration by conservatives. Furthermore, the special configuration of Catholicism in Italy made it possible for the Church and Catholic groups to ‘mobilize broad sectors of public opinion on topics that are now decisive in terms of civil coexistence and social regulation’ (Garelli, 2007, p. 3). However, the complex structure of Italian Catholic realities gives room to a religious pluralism within Catholicism (Garelli, 2007), allowing the development of different ways of feeling ‘Catholic’, varying in forms and levels of intensity and entering sometimes in contradiction with each other.

The analysis of the reaction of Italian citizens affected by this legal context and of their response to official religious positions gives insight into the phenomenon of Italian CBRC, which increased drastically after the promulgation of law 40. In the next sections of this paper, the feelings that Italian CBRC patients may display in relation to law 40 and the Vatican’s stance is described, the meaning that CBRC acquires is discussed and the process of decision making that leads people to specific CBRC destinations is presented.

Methodology

Quantitative data about cross-border reproductive flows are difficult to collect, especially when these occur as a reaction to national legal restrictions (Ferraretti et al., 2010; Shenfield et al., 2010). The contribution of qualitative studies to the understanding of this phenomenon is to provide the appreciation of how national laws affect people’s perception of their life and possibilities and, specifically, what kind of knowledge, skills, economic, social and cultural resources they activate in order to relate to the existing restrictions and react to them. Anthropological research looking at Italians’ private responses to the conservative and restrictive Italian law on assisted reproductive technology provides critical information regarding people’s feelings, preferences, reactions and experiences about local prohibitions and reveals how CBRC becomes a desirable option.

This paper draws on a 3-year PhD research project (2007–2010) focusing on Italian citizens in different stages of their reproductive experiences abroad. This research was ethically approved by the European University Institute, Florence, Italy. The investigation was based on multi-sited ethnographic work and includes, with the consent of all participants, recorded in-depth interviews and life stories, unrecorded informal conversations, fieldwork notes, blogs, on-line diaries and forums and involves in particular 22 cases, including four lesbian couples, one gay couple, four single women and 13 heterosexual couples from different parts of Italy. Informants were contacted through specialized
Individual reactions: feelings of abandonment and betrayal

The informants presented their approach to assisted reproductive technology as an unplanned experience, given that assisted reproduction was not a part of their reproductive expectations until particular unforeseen circumstances, such as health problems, unexpected singleness and the ‘discovery’ of homosexuality. From this perspective, CBRC constitutes a further step in the process of figuring out how to combine assisted reproduction and specific marital status, sexual orientation and clinical needs. The description of the decision-making process about possibly travelling abroad for reproductive assistance was often combined with the unpleasant feeling of being abandoned by national institutions:

[Knowing that you have to go abroad to do what I did changes] first of all how you feel, because you really feel abandoned, abandoned! When Italy won the Football World Cup and people were celebrating in the streets I wanted to spit on the flags because I really felt that I wasn’t [part of it]. I don’t feel at home here, [...] because I really don’t feel comfortable at all ... I feel as if mentality makes no sense here. [...] I remember the first time I went to Belgium, at the airport there was a huge poster saying: welcome home. I still remember it, when I arrived there I thought: yes, welcome home, I feel more home here than elsewhere.

With these words, Caterina, an Italian woman pregnant with a donor-conceived baby, expressed her disappointment about the necessity of travelling abroad to receive assisted procreation treatment with donation. Her baby was finally conceived in Brno, Czech Republic, where she and her husband undertook their seventh attempt abroad, the fifth using donated gametes. Caterina described CBRC as a second choice after she was unsuccessfully treated in Italy. On the one hand, CBRC was welcomed as a fortunate alternative to discriminating local rules. On the other, Caterina considered it a Hobson’s choice. It provoked a sense of dissatisfaction, unease and disillusion, because of an unpleasant sense of abandonment by the State, which, in its turn, stemmed from her deep feelings of discrimination on the basis of her health condition.

Maddalena, a 38-year-old woman, pregnant with her donor-egg-conceived daughter, reported similar feelings. She combined the difficulty of accepting donated eggs with the necessity of going abroad and described this as a further obstacle to overcome. In particular, she argued that her country ‘forced’ her to travel to clinics abroad, subsequently making her vulnerable to possible mistreatment:

I accept, let’s say … the compromise of welcoming an egg which is not mine […] and it is still uphill? Why? So, I had a breakdown, a very strong nervous breakdown. Anger, again, because I suddenly felt abandoned by my country, you know? Which forces me to go abroad to have such a treatment, and to find myself in the hands of these jackals.

These feelings of abandonment, anger and disappointment reveal how Caterina and Maddalena considered CBRC travelling the result of the Italian ‘government’s inadequate provision of health care […] The assumption is that health care should occur within a country’s delineated geopolitical boundaries’ (Kangas, 2010, p. 14). This is particularly true insofar as both Caterina and Maddalena approached assisted reproductive technology and donation programmes as a consequence of their health problems.

Irene, a 47-year-old woman waiting for her first transfer with egg donation in Kiev (Ukraine), pushed forward the same argument of abandonment and highlighted the lack of the State in domains that are, according to her, the basis of the national low fertility rate and the occurrence of many infertility-related problems. She found the restrictions of law 40 inconsistent not only with her expectations from the national health service, but also with the general pronatal attitudes of the State:

It is not possible that, in order to have my baby, I have to sue the State [...]. I realize that it should be the most natural thing on Earth. Unfortunately there are so many women who are not able to conceive for different reasons, among which there is pollution, [...] so, please, do not bother us and help us to have these children. They always tell us that we should make more babies, how can I do it if you forbid me to make them? Because now,
unfortunately you finish studying late, you start working late. [...] You can’t make it to study and then work if you have a baby, you can’t afford it. You need to wait [...].

The same sense of abandonment by the State for reasons that are not only medical was expressed by those who were excluded from reproductive treatments on the basis of their marital status and sexual orientation. Beatrice, who was about to leave for Denmark with her girlfriend for sperm donation, underlined that the reason why she felt discriminated was that she is considered a citizen for what concerns duties, but not rights:

The fact that you must go to another country to get reproductive assistance makes you think. [...] This is unfair. Really unfair. It makes me so angry, because I am considered an Italian citizen, I must pay taxes and when I’ll send my child to kindergarten we’ll be both considered in the household, from the point of view of our incomes. So why should they consider my partner’s income, if we don’t even have the right to be a couple? These things drive me crazy. Don’t you want me as an Italian citizen? Fair, then you don’t want me at all, and I go abroad to have my baby and [...] I move somewhere else. But now I am here, I pay my taxes like the others and when I need something I will not get anything.

Beatrice was concerned about governmental duties towards homosexual citizens and blamed Italian institutions for neither recognizing her rights to medical care, nor her rights to partnership, reproduction and parenthood. Together with Irene, she enlarged on the topic that Caterina and Maddalena previously restricted to medical travels and governmental duties about health care of its citizens. The feeling of abandonment, which is intimately linked to a deep sense of discrimination on the one hand and of institutional incoherence on the other, may challenge people's feelings of national affiliation.

Furthermore, Irene, Beatrice, Caterina and Maddalena developed their discourses about state responsibility by identifying the interference of Catholic lobbies in the process of the promulgation of law 40 as the reason that such a restrictive regulation on reproductive assistance exists. The political and electoral advantages that politicians could gain by pleasing the Vatican on these topics were pointed to as the motives for why these choices have been made by Parliament. Although deeming it inappropriate for a secular state to take on the suggestion of the Roman Catholic Church and dissociating themselves from the rigid measures that have been proposed, these women did not renounce their Catholic affiliation (if they had one) or their faith in Catholic values. Maddalena, in particular, was very precise on this point:

I think that Jesus is very much in favour of assisted reproduction. I think that when something is born, why should he be against? Just because I accepted the egg of another woman? [...] In my opinion he is in favour [...] and these morons who represent him [...] let’s say that I believe, I believe that there is something. But I don’t believe in the Church. I believe in God. [...] But I don’t go to church.

Maddalena did not agree with the Roman Catholic Church’s official position, which considers assisted reproductive technology morally unacceptable. She did not question her belief in God but felt that the Roman Catholic Church does not represent her approach to faith and her moral values. On the contrary, she thought that its restrictive standpoints distort Jesus’ appreciation for newborns, no matter how they are conceived. Later on, Maddalena explained that she did not see how the Catholic protection of the family and of life may go against the wish of Catholics to have babies and be helped in order to conceive these babies if any kind of problem occur. The same argument was presented by Irene, who defined herself and her husband as Catholics, but ‘contrary to lots of things of the Church.’ Irene found the arguments of the Roman Catholic Church against assisted reproductive technology inconsistent with the support given by the church to family formation and life protection. Particularly, she found that trying to make a baby is congruent with Catholic tradition.

Both Irene and Maddalena blamed the Vatican for not representing the Catholic people as a whole and for letting them down when they need help in forming the family that they wish, according to Catholic principles. As a result, they not only emphasized the sense of abandonment by a care­less state, which they shared with Beatrice and Caterina, but they also underlined the detachment that characterizes their relation to the Roman Catholic Church on this topic.

These stories reveal that legal restriction may be experienced as a form of abandonment by national institutions. Moreover, the impression that law 40 has been inspired by Vatican recommendations on assisted reproductive technology does not necessarily relieve Catholic citizens, who may judge these suggestions not representative of their Catholic feelings and values and express a further sense of abandon­ment and betrayal by the Church. In this context, the possibility of addressing CBRC comes to people’s mind not only as the discovery of a global medical marketplace (Kangas, 2010), but also as a possibility to find what they are denied by their own country, where they expected to be supported. CBRC represents the opportunity to face different public moralities, expressed in various local rules and warranties.

**Decision making in CBRC**

In this context, the decision to seek reproductive assistance abroad constitutes for some a viable way to affirm individual choice and determination with regard to reproduction. CBRC represents not only the expression of people’s disagreement in relation to local restrictive norms, but people’s special agency against them, including law evasion and the ability to follow different moral rules than those proposed by the national legislation. With CBRC, people choose to pursue their wish of becoming parents and to affirm the moral legitimacy of these practices.

In particular, Italian patients undertaking CBRC make disappointment part of their own reproductive story and put into effect a proper embodied dissent against reproductive limitations and body control enacted by the existing Italian law. By choosing to cross borders in order to offer their bodies to treatments abroad, they thus embody dissent through conception. From this perspective, the meaning of CBRC becomes much more intense as the success of treatments do not only concern fulfilment of previous wishes of parenthood, but it represents, to a larger extent,
the success of a personal moral order, which is not supported in their own country of residence. The very conception of ‘CBRC babies’ represents, for these people, evidence of the validity of their ideas about reproduction as well as a pay-off for their psychological, moral, economic and logistic efforts in conceiving a child. Given that people do not properly engage in a public, organized protest, through living their experience as a private dissension, the recusant nature of their act gets usually missed.

The feeling of discrimination and the decision to undertake CBRC against local national law go together with a sense of insecurity because of the major risks connected to CBRC, including ‘money venture, difficulty in selecting the foreign centre, given the myriad of choices available (i.e. through internet advertisement), poor ability to evaluate the quality and safety standards of the centres, unsatisfactory counselling and information due to language differences, no psychological/social assistance and limited [ability to have] recourse to local courts in case of malpractice’ (Ferraretti et al., 2010, p. 264). In the process of decision making about CBRC destinations, people deem it important to collect information about: other countries’ laws, other people’s experiences, and programmes and services offered by different clinics; economic means that they can allocate to seeking CBRC; the logistic availability and job and time flexibility, as well as the linguistic and communication skills on which they can rely. Finally, they need to morally evaluate all of these issues in order to consider their CBRC choice acceptable and appropriate.

In many cases, important advice about CBRC destinations were informally offered by Italian doctors. These suggestions were deemed precious by those who considered such information a warranty of medical and legal reliability. In particular, people expected high quality in treatments suggested by their Italian doctors and were thus inclined to value these over other options. This relieved people of the feelings of uncertainty and confusion provoked by the combination of a sense of abandonment in their own country and the multiple and various choices available abroad. Irene and her husband had been treated in Italy for 3 years before considering egg donation abroad as appropriate for their case. Some informal suggestions by Italian doctors informed and determined their choice of Ukraine as CBRC destination:

They recommended us one centre in Ukraine. They happened to know people there. […] There are probably other cheaper places and more expensive places too, but they told me that people are very good there, that they are particularly well prepared […] so, I go there.

Maddalena referred to the fact that the proposal of an Italian doctor to personally take care of her in the clinic where she worked in Spain convinced her and her husband to be treated in Spain for the second time, even if she tended to link this country to unpleasant memories, because of previous uncomfortable experiences there:

What struck me and pushed me to rely on her [the doctor] was that she was periodically coming back to Rome. She leaned on a centre in Rome and I felt comfortable, right? […] I wanted a direct and constant contact with the doctor.

Along with the advice of doctors, recommendations by other Italian CBRC patients were deemed extremely important to making a good choice. Beatrice and her partner chose Denmark as they liked the description given by other women more than what they heard about Spain:

Then we decided for Denmark.[…] because, from the stories I have heard, Spain has become a bit too industrialized […] We looked around also following what some girls who were there told us, and we liked this clinic in Copenhagen […] I chose the environment that seemed less industrialized according to the stories. I must say that I have never seen Spain, so I don’t know.

Furthermore, economic evaluations were needed as CBRC is not refunded by the Italian national health service. These included an estimation of how many further attempts were affordable in case of failure, as well as generally aiming to figure out which choices best met one’s expectations within one’s given budget. On this basis, all those who considered the possibility of undertaking CBRC made a point about how much CBRC is financially discriminatory. Filippo, Maddalena’s husband, described how socioeconomic position determines whether one can go against national rules and affirm different reproductive conceptions through law evasion or not:

We have the possibility that we can afford it … and we try as many times as we can. Those who are not so lucky and cannot afford it, they will not have children, just because the Italian law tell them that they cannot have children.

Consequently, economic evaluations about costs of CBRC and optimization of attempts is crucial as it not only represents the possible fulfilment of one’s reproductive dreams but it also constitutes the fundamental means through which unsatisfied citizens may express and embody their dissent to national restrictions.

Beatrice and Caterina also underlined the importance of being economically self-sufficient in the experience of CBRC. This desire reveals a need to bring reproduction back to the private sphere in response to the State’s interference in reproductive choices and needs on the one hand, and as a consequence of the discomfort of law evasion on the other. Moreover, it represents the commitment that people take in approaching CBRC, as it deeply affects the way in which they perceive and organize their life, not only for the meaning that reproductive plans acquire in the imagination of their future, but also with regard to the management of their economic resources.

Logistic issues, such as proximity, easy and convenient connections, comfortable and economical accommodation and personal support by trusted people, constituted some of the elements that may make the difference between destinations that display the same characteristics in terms of legal, medical and economic matters. Maddalena explained how she decided to be treated in Greece after a first bad experience in Spain:

I tried to find another centre, always consulting the website and the forum and then checking […] with women who were in the same situation as I was. […] My brother moved to Athens in the meantime and he was very often
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telling me: 'Why don’t you come here? You know that
Greece is much more highly civilized than Italy' (laugh-
ing), in the sense that in Greece egg donation, sperm
donation are easily allowed and even surrogacy for resi-
dents, which is something that here in Italy ... it will
never happen. So he was always saying: 'Why don’t you
come to Greece? There are very good centres here!' and [...] I bumped into one centre and I discovered that
it was very famous [...] in Athens.

The way in which people take diverse elements into
account varies and reveals different evaluations that people
make about their skills, values, time, as well as their eco-

nomic resources and the understanding that they have of
their previous and forthcoming reproductive experiences
abroad. Different evaluations and choices, nevertheless,
seem to respond to the common goal of finding high-quality
treatments, care and support at affordable prices.

With this aim, people may display further impressions,
suspicions and images that depend on general ideas that
they have of potential destinations. Caterina, for example,
admitted that she would not feel comfortable being treated
in Turkey, because she perceived that Belgium represents
better than Turkey the homely atmosphere and the comfort
that she expects in CBRC. This attitude is not new to litera-
ture about medical travel notably '[the] expression of fanta-
sies regarding foreign lands, nature, friendly locals, and
even gendered interaction patterns in consuming offshore
care' (Sobo, 2009, p. 333).

Beatrice and her partner, in contrast, were more con-
cerned about the environment in the clinic. Provided that
legal and medical parameters were met, they eventually
chose to be treated in a cosy small clinic in Denmark, where
they thought that conception took place in a low-
medicalized context.

As a result, the necessity to face law restrictions, the
sense of abandonment that people feel, the number of dif-
ferent existing options and the anxiety that assisted repro-
duction generally produces in people (Bonaccorso, 2008;
Gribaldo, 2005) make the whole process of decision making
about CBRC destinations extremely difficult and uncertain.
Suggestions by Italian doctors, stories by other patients,
economic evaluations, logistical issues and personal ideas
about different destinations all drive people’s choices.

Conclusions

The legal restrictions imposed by Italian law on assisted
reproductive technology, the way in which law 40 has been
voted upon and then treated in the public space, the smear
campaign of Catholic groups against the repeal referendum,
the heated tones of public debates and the poor diffusion of
scientific information about assisted reproduction have all
contributed to creating in Italy a negative reputation of
law 40 and a climate of ignorance, disinterest and distrust
regarding assisted reproductive technology. Since the pro-
mulgation of law 40, many Italians seek reproductive assis-
tance through CBRC mainly as a reaction to local national
restrictions.

Qualitative anthropological research points out how
CBRC Italian patients may perceive restrictive norms in
assisted reproductive technology as a form of abandonment
by the Italian state, which is accused of not taking care of
people’s needs. These people question what reproductive
practices are supported by the State and which group of
people can access these treatments. In particular, people
feel discriminated against on the basis of health conditions,
marital status and sexual orientation and attach to the State
different faults regarding health and reproductive care,
family and social policies.

Furthermore, they blame the State for lack in moral
autonomy and describe the Roman Catholic Church’s in-
ference in assisted reproduction regulation as an inappropri-
ate invasion into secular institutions. Besides, Vatican
positions are perceived as contradictory and betraying Cath-
olic values, namely the protection of family formation and
the support of life. Those who define themselves Catholics
are necessarily confronted with the hostile official religious
dicta by the Roman Catholic Church and need to negotiate
their own position. Significantly, people’s personal ‘creative
accommodation to this ruling’ (Layne, 2006, p. 538) results
in a sense of betrayal by religious authorities and a con-
firmation of their religious affiliation on principles which are
not in contrast with assisted reproduction. In so doing, these
people resemble what Elizabeth FS Roberts notices in mod-
ern Equadorians ‘hav[ing] their own specific moral
landscape where religious evocation does not have to be
separated from scientific medical practice’ (Roberts, 2006,
p. 530).

This double sense of abandonment does not necessarily
convince people to give up their idea of becoming parents
through forbidden practices; rather, it transforms CBRC into
a form of resistance. In particular, undertaking CBRC entails
the performance of an embodied dissent against existing
local and moral rules. From this perspective, CBRC becomes
not only a ‘safety valve’ for demonstrating ‘moral pluralism
in motion’ (Pennings, 2002) but a proper tool through which
people’s disagreement may be put into practice to claim
reproductive rights. The very act of conceiving abroad and
giving birth to Italian citizens represents a private reprisal,
though secretly performed, and confirms the validity of a
strong personal commitment.

The acknowledgement of legal restrictions and the deci-
sion to undertake CBRC as an act of law evasion, embodied
dissent and the affirmation of a different morality, make
decision making about CBRC destination particularly prob-
lematic. The need to self-navigate within the numerous pos-
sibilities offered by the global assisted reproduction market
and the insecurity provoked by the sense of abandonment
and law evasion lead people to use informal channels to
acquire information about CBRC destinations. Therefore,
they mobilize different competences, notions, acquain-
tances, doubts, images and prejudices, stories and pieces
of advice, all with the goal of making an appropriate deci-
sion about their reproductive care. The analysis of these
informants’ narrations shows that, given the economic com-
mitment that people take in privately addressing CBRC and
the risk that they perceive of possible malpractice abroad,
informal advice by doctors and trustful people plays a cru-
ial role in driving people’s choice.

As shown, the special feelings, images and expectations
that these informants developed during their CBRC experi-
ence enrich the current understanding of CBRC and highlight
how CBRC patients may face such experience not only as
patients and clients but also as discriminated citizens and disappointed religious believers. An account of these feelings, of people’s reproductive agency, oriented to claim their right to reproductive care and of the steps they take towards CBRC, contribute to challenging the definition of CBRC patients as an undistinguished group and recognizing different trajectories, claims and perceptions (Bergmann, 2011; Hudson and Culley, 2011). The acknowledgement of such subjectivities allows a better understanding of CBRC as well as highlighting forms of suffering and discrimination that, although based on a national ground, have transnational effects.

Although attempts have been made to reduce risks and inequalities in the practice of CBRC – the European Society of Human Reproduction and Embryology Taskforce on CBRC has recently published a good practice guide (ESHRE, 2011) that suggests to practitioners and policy makers how CBRC might be fairly approached – the acknowledgement of personal feelings of abandonment and discrimination in front of local restrictions, the special meaning attached to CBRC as a way to claim reproductive rights, the hesitancy to make the protest public and the difficulties to access CBRC for those of limited means still highlight the urgency of further political and ethical reflections about reproductive rights and medical care both at national and transnational level.

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References


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