

IVF 30th Anniversary Survey

This survey was conducted by the British Fertility Society, the Science Media Centre and the European Society of Human Reproduction and Embryology to mark the 30th anniversary of the birth of the first IVF baby, Louise Brown. The survey was conducted by means of a questionnaire sent out to the BFS membership and SMC's database of experts as well as delegates at the recent European Society of Human Reproduction and Embryology 2008 conference in Barcelona. The survey is not intended to be a scientific survey – more an attempt to get an insight into views of IVF experts on some of the big controversial questions around routine IVF today. 182 experts completed the survey.

1. Society membership and profession

	Number of Responses	Percentage
Society Membership		
British Fertility Society	189	82.5
ESHRE	100	43.7
None	5	2.2
Other	94	41
Profession		
Doctor	118	51.8
Nurse	36	15.8
Embryologist	42	18.4
Andrologist	4	1.8
Other scientist	13	5.7
Counsellor	5	2.2
Other profession	10	4.4

2. Participants were asked to state whether they strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with a series of statements in three parts. 214 people answered part A, 212 part B and 209 for part C.

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Part A					
IVF is now such a routine procedure that it can be regulated in the same way as other medical procedures without any need for country or EU specific fertility laws	11.2% (24)	23.8% (51)	8.4% (18)	42.5% (91)	14.0% (30)
The current regulatory burden surrounding IVF and associated technologies is too much.	20.1% (43)	32.2% (69)	13.1% (28)	30.4% (65)	4.2% (9)
New clinical or embryological procedures are offered to patients far too quickly and before trials have adequately assessed their efficacy	12.1% (26)	34.1% (73)	27.1% (58)	22.9% (49)	3.7% (8)
We should have more clinical trials to assess the efficacy of new procedures in infertility treatment	25.7% (55)	59.3% (127)	9.8% (21)	4.2% (9)	0.9% (2)
Too many infertility couples are being asked to pay for their own fertility treatment	43.5% (93)	36.9% (79)	8.4% (18)	9.3% (20)	1.9% (4)
Part B					
All infertile couples across Europe should be offered funded IVF treatment as part of national healthcare systems	35.4% (75)	36.8% (78)	9.0% (19)	16.0% (34)	2.8% (6)
Access to IVF should be conditional on criteria based on lifestyle choices (e.g. denying access to smokers)	9.0% (19)	37.7% (80)	22.2% (47)	25.9% (55)	5.2% (11)
Access to IVF should be offered to all regardless of lifestyle	3.8% (8)	25.0% (53)	11.8% (25)	45.3% (96)	14.2% (30)

Infertility rates across Europe will rise in the next 30 years	15.1% (32)	65.1% (138)	17.0% (36)	2.4% (5)	0.5% (1)
We will still be doing the same number of IVF cycles in 30 years time as we are today	1.4% (3)	2.8% (6)	16.0% (34)	60.8% (129)	18.9% (40)
Part C					
Cross border infertility treatment within Europe is beneficial to patients and National Healthcare Systems	5.3% (11)	27.3% (57)	32.5% (68)	27.8% (58)	7.2% (15)
Infertility cross border treatment should be discouraged and couples should only be treated in the country where they live	5.3% (11)	23.0% (48)	20.1% (42)	41.1% (86)	10.5% (22)
Sperm, egg and embryo donors should be anonymous and not have their identities revealed	30.6% (64)	29.2% (61)	12.0% (25)	19.6% (41)	8.6% (18)
Individuals conceived from donated sperm, egg or embryos have a right to know who the donor was	13.9% (29)	20.1% (42)	18.2% (38)	36.4% (76)	11.5% (24)
Infertility is a major problem in developing countries	17.2% (36)	40.2% (84)	31.6% (66)	9.6% (20)	1.4% (3)
We should do more to make IVF and infertility treatments available to infertile couples in developing countries	16.7% (35)	42.6% (89)	30.6% (64)	7.2% (15)	2.9% (6)