

Urging clinics to take responsibility for IVF add-ons

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A new study by Queen Mary University of London, published in *Social Science and Medicine* warns both private and publicly funded clinics should take responsibility for what IVF add-on treatments they offer and how these are framed to patients.

Those that do not do so could cause increased emotional and [financial](#)

[burden](#), during an already extremely difficult time according to these [patients](#) themselves.

The research drew on 42 interviews with IVF patients - including 34 women going through IVF, seven male partners and one female partner. It investigated the role of hope in patients' decision-making on treatment, and how they decided whether to include any add-ons in their treatment.

It found that the nature of receiving IVF meant patients were often in a context that calls for them to consider all relevant options, with this being particularly true for those who sought the treatment privately. Patients reported being willing to "try anything possible" in the hope of conceiving and preventing future regret, which had a major influence on their decision to opt for these treatments.

Patients would seek to find the one treatment or combination of treatments that would "work" for them. In fact, some of these treatments were even considered by patients to be "clinically-speaking, nonsense."

This is one of the main reasons why add-ons have received heavy criticism from both the fertility sector and the general public – clinics are often perceived to taking advantage of 'desperate' couples. This is combined with the lack of scientific proof that these add-ons increase the likelihood of conceiving a child.

The study reinforces the argument that the commercialisation of fertility treatments requires careful control to protect patients from the allure of the market, amid concerns that some clinics might put profit ahead of [patient care](#). In other Western countries where treatment is largely funded publicly, in the Netherlands or France for example, add-ons are relatively uncommon.

Delegating treatment decision to IVF patients can mean they spend far more money than they need to, and feel the emotional strains to a greater degree than they might otherwise in their journey. While giving patients complete autonomy over their treatment options will be a permanent fixture while the private route exists, there needs to be greater awareness of the implications. Clinics need to adopt a more ethical form of care if they don't already, meaning providing accurate and clear information to patients rather than peddling false hope. Additionally, they should also consider how add-ons are charged to avoid leaving couples out of pocket without any benefit to their fertility.

Dr Manuela Perrotta from Queen Mary University of London, and the study's lead author, says that their "findings show in perhaps the clearest ever detail the problems of privatizing healthcare and the damage it can cause to [public health](#) – in this case through overwhelming stress, potential heartbreak and financial harm."

"The problem is certainly exacerbated by the NHS being severely underfunded, meaning the allure for couples to go private if they have the means to do so is even greater."

"Clinics need to ensure they're acting responsibly. Patient care should always come first, and all steps should be taken so that couples' journeys are not made harder than they already are."

More information: Manuela Perrotta et al, The crafting of hope: Contextualising add-ons in the treatment trajectories of IVF patients, *Social Science & Medicine* (2021). [DOI: 10.1016/j.socscimed.2021.114317](https://doi.org/10.1016/j.socscimed.2021.114317)

Provided by Queen Mary, University of London

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