The majority of CB patients was from Italy (97.3%, 71/73) and came for legal reasons (64.4%) and expected improvement of quality of care (23.3%). Thirty two point nine percent (24/73) referred to psychological discomfort related to travelling and being treated abroad, problems related to financial expenses (36, 5%, 26/73) and job related problems (11%, 8/73).

Twenty one point nine percent of the CB patients showed depression (mostly low and moderate) vs. 35.6% of the local patients, without significant differences.

The average level of anxiety was significantly higher in CB patients (STAI-E:24.9 ± 8.6 vs. 19.9 ± 10.2; $p < 0.05$). Specifically, CB oocyte recipients showed a STAI-E average significantly higher than local recipients (27.1 ± 6.8 vs. 18.7 ± 10.5;$p < 0.05$).

In the personality profile, significant differences were found only in the activity scale this being higher in CB patients.

Conclusions: Our findings show that 1/3 of CB patients refer to psychological discomfort related to financial problems and absence at work. This fact together with reproductive background, as well as the need for donors' oocytes, could explain a higher level of anxiety in CB patients. Depression is found in a considerable percentage in both groups of patients.

It seems necessary to develop psychopathological screening methods for CB patients in order to increase the safety and quality of CBRC.

Reference

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P-067 Prosecuting for cross-border reproductive care: the morality of extraterritorial legislation

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Introduction: Turkey has recently become the first state to ban reproductive travel in pursuit of donor gametes. Several states in Australia have enacted or are considering laws that prohibit international commercial surrogacy. The only widespread extraterritorial regulation of private life concerns female genital cutting (FGC), sex with children and (largely in the past) abortion. We consider whether such regulation is morally justifiable in the case of cross-border reproductive care (CBRC). In general, extraterritoriality is only justifiable if an act causes significant harm or violates a fundamental right.

Material and Methods: We rely on a double consistency argument. 1) When a state issues a law to prohibit a certain act because it causes significant harm or because it violates a fundamental right, it should try to prevent and/or punish these acts when performed abroad by its citizens. 2) When the state adopts certain measures to prevent cross-border crimes, it should do the same for other acts that share the same morally relevant dimensions.

The second consistency argument is developed through analogical reasoning. There are important reasons to regulate medically assisted reproduction, including the welfare of the future offspring, the commercialisation of bodies or body material, the protection of and respect for the embryo and the moral view on family formation and reproduction. We found extraterritorial laws that are justified by similar reasons: 1) abortion laws express respect for the embryo and foetus, 2) sex with children laws intend to protect children from abuse, and 3) female genital cutting involves respect for women and their rights. If we can establish that an ART application shares some relevant characteristics with the paradigm, the rule of the paradigm (i.e., extraterritoriality) should also be applied to the ART case.

However, there are significant dissimilarities as well. Sex with children and the extensive forms of FGC are never acceptable because they always cause significant harm or violate fundamental rights. In the case of CBRC, there is a possibility for good regulation which minimizes possible harms and there are on-going disputes about whether fundamental rights are violated. Unlike FGC and sex with children, practices like commercial surrogacy, gamete donation and other instances of CBRC are not intrinsically wrong.

Conclusions: Our first consistency argument identifies extraterritorial legislation as a justifiable tool to regulate conduct: if an act is morally wrong, it does not matter where it takes place. However, the dissimilarity in the analogies we scrutinise for our second consistency argument shows that extraterritoriality is a radical position that is inappropriate in the case of CBRC. While the majority in a democratic society may have the political right to impose legislation on private life (e.g. no gamete donation because of religious beliefs), such restrictions may still be morally unjustifiable. Rather than turning to extraterritorial measures against CBRC, territoriality and legal diversity can ensure the presence of a safety valve for the minority. As long as CBRC does not cause unavoidable harm or violate fundamental rights, it is recommendable for a state to be tolerant.

P-068 Legal regulation of medically assisted reproduction treatment in the C.I.S. (former USSR) countries and cross-border reproductive care

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The comparative study of legislation of 11 C.I.S. republics shows that new independent states that emerged after the collapse of the USSR share common "soviet" history, but nevertheless reveal considerable differences in approach towards legal regulation of assisted reproductive technologies (ART).

5 countries (Armenia, Kazakhstan, Kirgizia, Moldova, Tajikistan) view assisted reproduction through a wider context of reproductive rights and reproductive health. Special legislation regulating most, but not all aspects of ART is in place.

In 5 countries (Azerbaijan, Belarus, Russian Federation, Turkmenistan, Ukraine) there are no any specific laws on ART. Assisted reproduction to some extent is regulated by various laws – i.e. Family Code, Health law and directives of Health ministries, leaving some "grey" areas. In Turkmenistan for instance egg/sperm/embryo donation, as well as genetic material storage are not covered by law, surrogacy is considered human trafficking.

One country (Uzbekistan) still lacks any legislation concerning ART, it's not mentioned in the law at all.

There are no specific regulating authorities, registries for ART procedures – if any – are voluntary.

The legislation varies widely from one country to another, leaving sometimes blank areas (i.e. legal status of embryo, sex selection, gametes ownership issue, surrogacy for single intended parents, post-mortem reproduction), avoiding these potentially conflictive issues.

In spite of lack of a "special" law on ART the country with most liberal related law-applying practice is Russia, where courts follow the rule "what's not prohibited, is permitted", making it possible to become parents through surrogacy even for unmarried couples and single men and women. Russia is working on a special bill to make its liberal legislation on ART more clear.

There might be some controversies in national legislation. Surrogacy is perfectly legal in Azerbaijan according to the Family Code, but according to the law against human trafficking the same surrogacy is considered exploitation and so is against the law.

Unclear legal situation, differences in legal regulation of ART lead to cross-border reproductive travel. Patients have to cross national borders trying to get access to techniques prohibited or not available for them in their native countries because of their sex, marital status or age. So, intended parents from the countries where surrogacy is not regulated (e.g. Moldova, Tajikistan, Uzbekistan) or is against the law (Turkmenistan) go to the states where it's legal to become parents through surrogacy, preferring countries where a gestational surrogate can't legally keep the child she delivered (Armenia, Belarus, Kazakhstan, Kirgizia, Ukraine).

Reproductive tourism exists even between countries with similar legislation. Some Russian couples head for Ukraine to arrange for their surrogacy program as a Ukrainian surrogate by law can't keep the child. At the same time Ukrainian couples who need surrogacy in combination with embryo donation, couples who are not officially married and single Ukrainians of both sexes who want to become parents through surrogacy come to Russia as genetic link, marital status and sex are irrelevant when arranging a surrogacy program there.

Intended parents who would like to save on egg donation when arranging a surrogacy program might go to Armenia where it's explicitly allowed to use surrogate's eggs.

There is a clear need for harmonization of legislation and equal standards, as all patients willing to become parents through ART should have equal access to required techniques at home. The patients should have at least access to information as for possibilities existing in neighboring countries, as well as legal peculiarities and disadvantages in the country where their reproductive program might take place.

Legislators should do their best to save their compatriots travelling abroad from potential dangers and to avoid any harm for the children born through ART.

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