

Transparency of hope

Ethical issues in marketing cross border reproductive care: a multi-region content analysis of clinic websites

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Abstract

Purpose – The purpose of this paper is to examine marketing tactics used in the clinic websites of cross-border reproductive care (CBRC) providers and analyse what ethical implications exist when targeting the vulnerable consumer group of infertility sufferers.

Design/methodology/approach – The sampling design was to collect clinic websites from regions known to be popular destinations for CBRC, and who were marketing directly to US-based consumers through their online websites. There were three stages of data collection: organic Google search that displayed Google AdWords of clinics who advertised; organic Google search results; and searching via the WhatClinic.com database for additional private clinics with websites. The websites were then audited for their marketing tactics according to the best practice guidelines from the American Medical Association, American College of Obstetricians and Gynaecologists, ethics committee of the American Society for Reproductive Medicine (ASRM).

Findings – Through this analysis, it was confirmed that these clinics are attempting to establish their credibility and attract foreign consumers through their promised rates of success, years of experience and use of testimonials. In total, 32 of the 35 sites contained at least one factor considered misleading by ASRM guidelines, such as the publishing of inaccurate or non-transparent success rates, the use of sales promotions and guarantees often used in consumer products, or the use of misleading language. Out of the 24 sites that posted success rates, 17 of those rates would be considered deceptive by not clarifying the source of the numbers or by being so far from the global averages of 30 per cent.

Research limitations/implications – Marketing practitioners have a specific responsibility to recognise vulnerable market segments; therefore this initial study seeks to add to the understanding of consumer vulnerability through an intersectional view of global reproductive service consumption.

Practical implications – A global standard of marketing guidelines specific to CBRC clinics needs to be implemented across all regional/countries in order to communicate ethically, improve credibility, reputation and trust among consumer and international bodies. Counselling services need to be integrated within all assisted reproductive technology services. Service-country to home-country continued care protocols should be created for patients travelling home in order to collect data on CRBC experiences.

Originality/value – This study contributes to the CBRC literature in providing new insights into current clinic marketing trends and highlights ethical implications to industry stakeholders.

Keywords Online marketing, Ethics, Vulnerability, Infertility, Medical tourism, Cross-border reproductive care

Paper type Research paper

The global IVF market is expected to reach \$11.3 billion by 2021, at a CAGR of 7.0% from 2015 to 2021. Reduction in conception rates mainly in women aged 40 years or above, delayed pregnancy in women suffering from gynecological conditions, changing lifestyle and fertility disorders are the major factors that drive the market growth. Other factors responsible for the market growth are favorable reimbursement scenario and the delayed parenthood opted by couples due to professional and financial constraints (Allied Market Research, 2015).



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Introduction

While once thought of only as a social issue, the medicalisation of infertility (Brennan *et al.*, 2010) and the evolution of assisted reproductive technology (ART) have literally birthed a billion dollar market via the commodification of reproduction, sometimes known as the fertility-industrial complex (Hudson *et al.*, 2011; Spar, 2006). The infertility services market is consumer driven and rapidly growing due to age-related infertility and its associated failures at conceiving naturally. The international demand of ART services is large, with reports of 1.5 million In-Vitro Fertilisation (IVF) procedures performed across 3,000 IVF clinics worldwide each year (European Society of Human Reproduction and Embryology, 2014). Cross-border reproductive care (CBRC), or “reproductive tourism”, is the relatively new phenomenon of consumers travelling from one country to another in order to access and consume ART services (American Society for Reproductive Medicine (ASRM), 2013).

Marketing scholars have previously developed research agendas on the ethics of marketing to vulnerable populations which have highlighted areas of deceptive or manipulative practices. As a result, public policy and industry guidelines have been created to support practitioners in ethical marketing practices, and ultimately protect consumers. Who has been deemed a “vulnerable consumer” has also evolved over the years. While it may be easier to identify consumer groups suffering from physical and cognitive vulnerabilities (Palmer and Hedberg, 2013), consumers with issues of social, cultural or motivational vulnerabilities are of equal concern, and worthy of research.

Consumer vulnerability and market interactions within the context of health services are areas that require further attention and investigation, due to the knowledge imbalance between the consumer and medical provider. Unlike many other consumer services, the average consumer does not have the ability to judge the quality or value (Berry and Bendapudi, 2007) of the medical service experience, nor is the consumer aware of how to access credible information, from various sources, about medical conditions and treatments (Brennan *et al.*, 2010). Consumer vulnerability through disease can be temporary, as experienced through periods of illness, or permanent, such as those who experience a faulty or “failing body” part (Mason and Pavia, 2015, p. 144).

By exploring how health providers communicate to vulnerable consumers, researchers can contribute to the improvement of individual and collective well-being through the practice of transformative service research (TSR) (Anderson *et al.*, 2013; Zayer *et al.*, 2015). TSR has been defined as an “integration of consumer and service research that focuses on creating positive changes and improvements in the well-being of individuals (e.g. consumers and employees), communities, and ecosystems” (Anderson *et al.*, 2013; Rosenbaum, 2015) and, in particular has been highlighted by researchers as an outline in the study of healthcare, public policy measures and social justice (Anderson *et al.*, 2013; Blumenthal and Yancey, 2004; Ozanne and Anderson 2010; Zayer *et al.*, 2015).

With TSR in mind, this paper utilises a novel, web-based methodology to explore the ethical implications of marketing ART services directly to consumers in an unregulated international market. As the prices for domestic fertility services rise, and subsequent travel for CBRC increases, consumer behaviour, public policy and ethical marketing researchers have the opportunity to make an important social impact through research on this global and growing phenomenon. Given that the typical scenario is for a domestic, usually Western, middle-class consumer looking for treatment abroad, this paper builds on previous work, by providing data on what the typical American

consumer can experience online. In contributing to the study of consumer vulnerability, this paper aims to highlight the major and sometimes debilitating factors found by consumers seeking infertility services; emphasise the responsibility of marketing/medical practitioners when communicating to this vulnerable group of people; and demonstrate the need and the importance of introducing global marketing communication guidelines for CBRC clinics. The findings highlight the global nature of the industry, how it problematically interacts with vulnerable consumers, and also provides a potential method of studying cross-border marketing efforts.

Literature review and background

The vulnerable consumer

Prior studies in marketing and transformative consumer research have focused on vulnerable consumers as an important theme in ethical marketing practice. Definitions of a vulnerable consumer have expanded from the original susceptible or “disadvantaged” consumer (Brenkert 1998; Jackson *et al.*, 2015), that was often related to socioeconomic, demographic or situational categorisation of the individual, to the state of the individual, such as when in particular life stages or when experiencing grief (Ostrom *et al.*, 2014).

Emotionally charged service contexts, such as life insurance settlements (Gabel and Scott, 2009) and funeral services (Gentry *et al.*, 1995), where consumers are inherently at a high risk of experiencing vulnerability, have been studied with papers highlighting the inadequacies of industry regulation and “ethically or legally questionable industry marketing practices” (Gabel and Scott, 2009, p. 163).

In the context of disease diagnoses, a “failing body part” can challenge the notion of self-control and the subsequent internalisation can assault the agency and character of the individual (Mason and Pavia, 2015). By acknowledging non-optimum health ailments as a risk for consumer vulnerability, marketing practices of health service providers can communicate in a more ethical manner.

Globalisation of healthcare

Medical tourism or health tourism has been a steadily growing industry for more than a decade, with countries in parts of Europe and Asia showing increased growth due to their ability to offer services at a fraction of the cost compared to services available in high-cost healthcare countries such as the USA (Gan and Frederick, 2015). Countries taking advantage of the trend of increased medical tourism consumers are the Southern and Eastern European nations such as Spain, Greece, Hungary and the Czech Republic, but also South and East Asian countries such as Thailand and India (Connell, 2006; Speier, 2011).

The types of treatment and surgeries sought have mostly been elective in nature, such as with dental procedures or plastic surgery, but a growing number of countries and their medical establishments have responded to the increased global demand for fertility services from Western consumers with tailored services/travel offerings. There are over 3,000 clinics in more than 150 countries that make up the global ART service industry, according to the latest surveillance report from the International Federation of Fertility Societies (IFFS) (2013), but the actual number of clinics that position themselves to overseas patients is unknown.

The International Federation of Fertility Societies (IFFS) conducts surveys assessing worldwide ART clinic service offerings, their results, and their related legal and regulatory environments. In the initial 1998 data, IFFS reported clinics from only

Western nations, but by 2010, there was a substantial increase in countries of the periphery such as the Middle East and Latin America, and with India alone reporting over 500 clinics (Inhorn and Patrizio, 2015).

Infertility

Affecting consumers emotionally, through shame, stigma, and identity issues (Cook and Dickens, 2014; Mason and Pavia, 2015), the impact of an infertility diagnosis is profound, along with the potential for serious financial impact via the cost of repeated treatment failures. The depth to which some infertility sufferers experience psychological distress has not previously been a part of the discourse on vulnerable consumers. As it is a physical or genetic impairment, it is an unseen condition and, not being life threatening, is often hidden from the community, causing sufferers to experience it in isolation. Often seen as a cultural taboo, the inability to bear children has historically, through religion and mythology, resulted in placement of blame and fault within the female partner (Cousineau and Domar, 2007) although causes are equal between men and women.

In the Johnson and MacGregor study of 112 women experiencing infertility, 40 per cent interviewed prior to their first medical visit were deemed to have a psychiatric disorder such as anxiety. In total, 73 per cent of patients undergoing IVF treatment had mild to moderate/severe depressive symptoms and after a failed IVF attempt, 66 per cent of women showed depression symptoms, with 13 per cent experiencing passive suicidal ideation. Women experienced a defeat in their personal agency and lost sense of control, where other parts of their lives were no longer priorities and becoming pregnant was an all-consuming focus (Johnson and MacGregor, 2014).

CBRC and research context

Extant research on how consumers choose a fertility clinic has been examined in North America, the UK and Europe (Lass and Brinsden, 2001; Marcus *et al.*, 2005), while other studies have surveyed the experiences of CBRC consumers from Europe, North America, UK, the Middle East, and Australia/New Zealand (Bergmann, 2011; Hudson *et al.*, 2011; Hughes and DeJean, 2010; Inhorn and Patrizio, 2012; Pennings *et al.*, 2009; Rodino *et al.*, 2014; Shenfield *et al.*, 2010; Whittaker, 2011; Zanini, 2011). Reasons consumers seek CBRC have been identified as: legal and ethical prohibitions; denial of access to certain categories of persons (based on age, marital status or sexual orientation); high costs; absence of assisted reproduction services in resource-poor countries due to lack of expertise and equipment; long waiting times due to resource shortages; safety concerns; low-quality care and/or success rates; desires for cultural understanding (e.g. language and religion); proximity to support networks and family members; and concerns around privacy (Hudson *et al.*, 2011; Inhorn, 2011; Inhorn and Patrizio, 2009; Inhorn and Gurtin, 2011; Pennings *et al.*, 2009; Shenfield *et al.*, 2010; cited in Inhorn and Gurtin, 2011).

Online marketing is the principal method to target potential consumers, with the majority of consumers selecting a clinic via an online website search or referrals from online discussion forums (Inhorn and Patrizio, 2012; Hudson *et al.*, 2011; Rodino *et al.*, 2014; Shenfield *et al.*, 2010; Steuber and Solomon, 2008) and published success rates of treatments are cited as being the most relevant information to help inform consumers on their clinic selection decision after prices (Lass and Brinsden, 2001; Marcus *et al.*, 2005).

Locations most frequented for CBRC services are India/Asia, Europe and Latin America, for US residents (Hughes and DeJean, 2010), while the IFFSs report Spain and the Czech Republic as the most common destinations for UK couples (Mashta, 2010).

However, efforts at attaining CBRC-specific data have proven difficult due to minimal international monitoring (Inhorn and Patrizio, 2012). In 2010, Shenfield *et al.* concluded that 24,000-30,000 IVF cycles involving 11,000-14,000 CBRC consumers were taking place annually just in Europe, but this has recently been identified as a gross underestimation by half (fundaciogrifols, 2014).

Drivers of demand

The demographic shift of postponing marriage and family creation has been seen across all developed countries with infertility cited as a growing epidemic due to society and individuals shifting childbirth forward a decade. Infertility is often experienced as a cultural taboo across many if not all societies with involuntary childlessness seen as a failed cultural norm (Nachtigall and Mehren, 1991). By pursuing medical treatment, consumers find an offer of some hope – a return to normalcy (Becker and Nachtigall, 1992).

The largest segment of the IVF consumer market is women of advanced maternal age (< 35) who, for a number of reasons, delayed their first or second child 10-20 years after what would be deemed a physiologically optimal time. Across all ages, men and women are equal in known causes of infertility such as sperm count/motility or tubal factors, but in age-related infertility, men's quality of sperm lowers after 45 years of age and in women, egg quality decrease is seen at 35 years of age (Mivf.com.au, 2016). This invasive treatment, involving daily hormone injections and egg retrieval under general anaesthetic, has high failure rates, with more than 70 per cent of women undergoing an IVF cycle not achieving a live birth and more than 90 per cent failure in women older than 40 (Bewley *et al.*, 2005).

The USA is the most expensive country for ART services compared to global offerings, with an average round of three cycles (most common number to see success) having a US \$36,000 price tag (US\$12,000 per standard IVF cycle) – and this is not necessarily covered by health insurance. In the USA, there are 15 states (out of 51) that have legal mandates to offer some sort of ART coverage, relating to only 25 per cent of health insurance plans in the USA actually covering infertility treatment (Bitler and Schmidt, 2012). This leaves the USA a mostly private medical market for ART services with expensive fees. Although the WHO considers infertility a disease, its treatment is not considered medically necessary, by the standard medical model, therefore allowing insurance companies to deny coverage. While in countries that offer fertility services through their public health systems, such as the NHS in the UK, there are potentially long waiting lists for treatment, so time is a motivating factor, which has resulted in a migration of treatment seekers (Connell, 2006). Other reasons as listed previously may be seeking treatment to avoid ethical, religious or legal restrictions, in the home-country (ReproductiveFacts.org, 2015).

Research methods

A textual content analysis of ART clinic websites was completed, as initial consumer-clinic interaction takes place primarily online (Inhorn and Patrizio, 2012; Hudson *et al.*, 2011; Rodino *et al.*, 2014; Shenfield *et al.*, 2010; Steuber and Solomon, 2008). By viewing a number of websites from clinics in each geographic region known to be a CBRC destination, marketing and communication tactics were collected for comparison. As stated previously, prior studies have identified India/Asia, Latin America and Europe (specifically Spain and the Czech Republic) as the most common ART destinations for US and UK residents (Hughes and DeJean, 2010; Mashta, 2010).

After reviewing the ethical advertising guidelines, considered best practice, from US reproductive authoritative bodies, the research was set out to review how a cross-section of various clinics marketed themselves online and what, if any, were issues of ethical concern, considering the vulnerability of these consumers.

The goal was to collect a purposive sample of private clinic websites from the five regions previously identified in order to have diversity of information for comparison. The sampling design was then to be able view these clinic websites from the perspective of the Western consumer through a type of autonetrnography process. Autonetrnography is an interpretive approach from Kozinets and Kedzior (2009), where the researcher captures their own online experience as a consumer would (as cited in Mkono *et al.*, 2015). This process was to discover private clinics with websites that were actively targeting North American consumers, directly online, through search engine optimisation of their websites and Google AdWords.

There were three stages of data collection: organic Google search that displayed Google AdWords of clinics who advertised; organic Google search results; and searching via the WhatClinic.com database for additional private clinics with websites. The websites were then audited for their marketing tactics according to the best practice guidelines from the American Medical Association (AMA), American College of Obstetricians and Gynaecologists (ACOG), and the Ethics Committee of the American Society for Reproductive Medicine (ASRM) (see the below list). Ethical guidelines in medical and ART marketing coding RUBRIC are as follows.

AMA

Extensive code of ethics committed to ethical issues around providing healthcare.

Opinion 5.02 – Advertising and Publicity: parameters in which physicians are expected to uphold when marketing their practice or themselves:

- risk of public deception when using complex, hard to understand medical terms or images;
- obligatory that the material be communicated in explicit, graspable language;
- implicitly be the truth; and
- Testimonials in particular are emphasised as having increased potential for deception “when they do not reflect the results that patients with conditions comparable to the testimoniant’s condition generally receive” (American Medical Association (AMA), 2015, Opinion 5.02 Advertising and Publicity).

ACOG

- specific outcomes should rarely be advertised because the definition of success rate, the selection of eligible patients for consideration in calculating rates, and the predictive value of rates are all important in accurately assessing outcomes;
- they cannot be interpreted accurately by someone viewing an advertisement;
- may be very confusing or misleading to the patient;
- terms such as “top”, “world famous”, “world famous” or even “pioneer”, usually are misleading and designed to attract vulnerable patients;

- all claims must be supported by valid, reproducible data, must clear state the method used to calculate outcomes; and
- must not lead patients or the public to believe that outcomes are better than they are (ACOG, 2011).

Ethics committee of the ASRM

The practice and medical director is held responsible for the content of all advertisements. If advertising and media releases are outsourced, it is the responsibility of the medical and practice director to educate such personnel of the SART Advertising Guidelines – SART Policy for Advertising ART Programs (2015):

- Criterion of success is clearly specified.
- Patients are fully informed of the costs.
- Informed consent materials clearly inform patients of their chances of success if found eligible and programme is not guaranteeing pregnancy and delivery.
- The practice director is held responsible for the content of all advertisements.
- The advertisement must not lead patients or the public to believe that the chances for success are greater than they really are. The way to avoid misleading patients or the public is to report live birth data per cycle initiated, per egg retrieval procedure and per embryo transfer along with cycle number and the mean number of embryos transferred stratified by SART age categories (ASRM, 2013).
- Strict guidelines around promotional offers when using the word free, two-for-1, guarantee or warrantee (Ethics Committee of the American Society for Reproductive Medicine, 2004).

In the initial stage, the goal was to mimic the consumer search experience so an organic online search was performed within Google. Because the author is based in Australia, Private Internet Access, a Virtual Private Network programme, was used so that the computer IP address was seen to be based in North America. This then allowed for search results to mimic the North American consumer. Included search terms were IVF travel, IVF overseas, IVF abroad, IVF vacation, IVF forum, IVF Mexico. The goal was to see which, if any, clinics were advertising through Google AdWords that targeted US-based consumers, and which clinics' websites would show up on the first page of Google results. The rationale was to analyse what the advertising copy was and how it fit within ethical marketing guidelines.

The criteria for the collected websites were that they have websites in English, and are owned and operated from a private clinic specializing in fertility services; websites of hospitals, fertility agencies and individual doctors were discarded. Once the Google search was exhausted for clinic websites from target regions, a list of 26 clinics was generated. Therefore, to improve the diversity of the analysis, a third source of data were retrieved from WhatClinic.com. Whatclinic.com hosts a medical tourism clinic database claiming 100,000 advertisers for all types of medical tourism services and specialties (WhatClinic.com, 2015). In total, 580 listings were in the IVF subcategory but using our criteria mentioned above, many of these listings were unable to be used. Most of the listings were of individual doctors, clinics without websites or were without English language pages. Within this database, clinics were chosen from countries that

were known to be popular destinations for USA and UK CBRC consumers (India/Asia, Europe and Latin America for US consumers, while Spain and the Czech Republic for the UK and Greece for Australians as mentioned earlier in the paper).

Through the process of viewing, locating and filtering websites, it was clear that a plethora of websites are not actually owned and controlled by individual clinics, but are managed through a medical travel agency. Similar to a comparative quote website for moving services or insurance programmes, these agencies provide information and funnel consumers to the relevant clinics, depending on what service the consumer is seeking or by preferred location. Some of these agencies are based in the clinic country and may even offer ancillary services such as travel support and/or accommodation booking, while others are websites owned and governed by US medical organisations (in the case of some Mexican clinic websites). For the purpose of this analysis, only information from private fertility clinic websites, owned and managed by the organisation, were collected. The websites also had to be clearly positioning themselves as CBRC providers with the site written in English, or have a detailed English section of the site dedicated to travellers from abroad. Data that were discarded were clinics that were duplicates or secondary branches, hospitals, or if the clinic was listed on the database but did not have a website. In the end, a purposive sample of 35 CBRC provider sites across 15 countries and seven geographical regions (according to CIA World Fact Book classifications) was analysed.

Coding

Using the advertising and publicity guidelines from the AMA, the ACOG, IRH and the ethics committee of the ASRM as a rubric (see the above list), a spreadsheet was created in Dedoose[1] with the following categories to track tactics employed and how they fit into recommended marketing practices:

- (1) success rates: if the site promoted their success rates, how they were described and explained (as per guidelines);
- (2) testimonials: the use and nature of testimonials and appearance of any disclosures;
- (3) sales promotions: the use of sales promotions, money-back guarantees or warranties;
- (4) price: were prices per treatment listed and transparency of costs;
- (5) psychological: was support offered as part of their service;
- (6) regulating/certifying bodies: any evidence of third party certification; and
- (7) misleading language: any language that should be considered false, misleading or deceptive (according to guidelines).

Findings

Google AdWords

In the initial Google.com search, the researcher found clinics advertising through Google AdWords, where the advertising copy and link to the clinic sat upfront and above the fold on the results page. Eight clinic websites in the sample were found to be advertising through Google AdWords to target English speaking US-based consumers. There were similar recurrent themes of demonstrating credibility through success rates

and expertise, with four in particular including copy that would be considered misleading, according to stated ethical guidelines: Transparency of hope

The Best Fertility Clinic, Highest success rates in the world (22.UAE).

Fertility Clinic in Spain, 90% Pregnancy Rates no Waiting List Request your appointment now! (12.Spain).

IVF Clinic Pregnancy, Leading Gynecology clinic in EU for infertility, reproductive process (5.Czech Republic).

IVF in Greece, 40-70% success, £1500 No waiting list for Donor Egg IVF! (19.Greece).

CBRC websites

In total, 35 clinic websites were represented from the following regions: Europe, North America, East/Southeast Asia, the Middle East, South Africa, South America and South Asia (country details in Table I). Similarities across all websites were in the positioning of premium medical expertise and the latest innovative IVF technology. Images were not coded but a majority of websites had stock photography of smiling pregnant women, couples and happy babies – with the overwhelming majority using Caucasian models. Only a few had images of the actual clinic, physicians and/or staff.

Success rates

The concern for cross-border reproductive consumption is whether consumers have been given a realistic picture of their chances of success. Considering the average success rate for IVF is 25-30 per cent for the majority of patients (Resolve.org, 2015),

Region	No.	Success rates	Regulating bodies	Testimonials	Years in practice
<i>Africa</i>	2				
South Africa	2	2	1	1	2
<i>East and Southeast Asia</i>	3				
Thailand	3	2	–	2	1
<i>Europe</i>	17				
Bulgaria	1	1	–	–	–
Czech Republic	4	4	2	3	4
Denmark	2	2	2	–	2
Greece	2	2	1	2	–
Spain	7	4	3	1	5
Switzerland	1	1	–	–	1
<i>Middle East</i>	3				
Egypt	1	1	–	1	1
Israel	1	1	–	1	1
UAE	1	–	–	1	1
<i>North America</i>	6				
Mexico	6	3	1	5	1
<i>South America</i>	2				
Colombia	1	–	1	1	1
Panama	1	–	–	–	–
<i>South Asia</i>	2				
India	2	1	1	2	1
Total clinic websites	35	24	12	20	21

Table I.
Data and credibility evidence overview

promises of success that are significantly higher can be problematic. In addition, average rates are compiled from many different conditions, so, much like an actuarial table, rates will vary across these conditions. For these reasons the existing SART/ASRM guidelines are important in auditing the published rates.

In the study, 24 of the 35 clinic sites did publish a success rate, but varied in the disclosure of detailed sources. Over half of the clinics promoted success rates much higher than the average 30 per cent – some as high as 65 - 90 per cent (see Figure 1). Totally, 11 of the clinic sites did not allude to a rate or include a section on success rates. Of those 24 that did include success rates, 19 did not meet the SART and international guidelines when referring to their statistics:

We are by far the most trained fertility clinic in Cancun, granting you a summed succeed rate of up to 95% per cycle (23.Mexico).

[...] (our) clinic is approached by 2/3 of patients after unsuccessful treatment at other clinics and after our treatment 65% of them achieve pregnancy (4.Czech Republic).

70% is a Success Rate. This One Belly is Happiness! (19.Greece).

Clinic (34.Spain) lists success rates in age categories and not whether fresh or frozen embryos were used (as recommended by industry standards), and others offered general statements that often leaned on the higher than average global success rate. Language issues were another concern. For example, clinic (31.Spain) displayed graphs for a results page, but the page was not in English, and lacked identifying information and referencing with regard to where the statistics had been sourced. Clinic (1.Switzerland) listed their “Probability of Cumulative Pregnancies” section in presenting success rates by the per cent of patients who became pregnant. There was no consistency in the transparency of their success rates and whether it was a fresh cycle or thawed embryo, or whether they were speaking to the past year or a

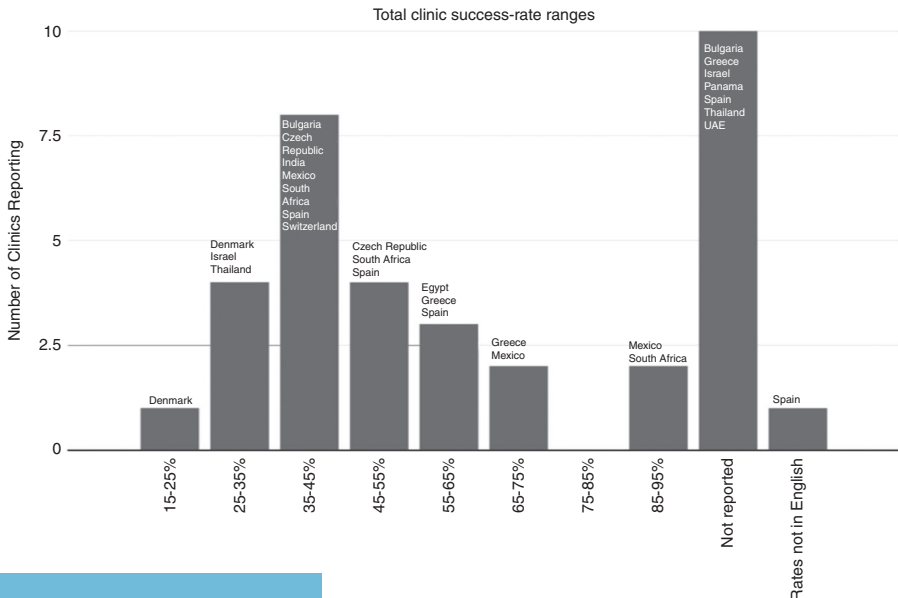


Figure 1.
Reported success rates by clinic

combination of all their treatments combined such as including success rates from the use of donor eggs:

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44% of couples that come to the (our) centre succeed in getting pregnant within the first three attempts, with either fresh or frozen embryos obtained from the same cycle, regardless of the woman's age (1.Switzerland).

953

Testimonials

Arguably the most common tactic used in persuasive marketing communications is the power of testimonials. As referred to in the Ethical Guidelines Rubric (see the above list), the AMA discourages the use of testimonials in medical practice marketing, as it is considered deceptive. In total, 20 of the clinic websites viewed in this study used some form of testimonial. They varied from typed paragraph copy, to scanned handwritten letters, to video testimonials, with some of the videos having been edited professionally and with music added. As the consumer is not privy to the testimoniant's health condition, they, therefore, cannot determine if the success alluded to is achievable for them or if the testimonial is an extreme case (AMA, 2015). On clinic (26.India) testimonials section of their website, the image and story linked to Carole Hobson, the 58-year-old UK woman who became pregnant with twins are included. It is not clear if she was an actual patient or not.

Quality standards and accreditation

The credibility of certification from third party regulators promotes trust with key stakeholders and, in the medical sector in particular, consumers from developed nations expect a level of rigorous accreditation from medical practitioners. A service provider who is accredited or certified by an industry best practices body supports the organisation in providing a message of trust that is fundamental to its reputation and credibility. The ISO 9001 standard is an independent international standard for quality measurement that is used across all industries and sectors and although general, some IVF clinics have sought and achieved the certification. In the website analysis, any evidence that the clinic was including a certified body was searched for. Evidence was found in 12 of the websites, whether as part of a paragraph in the "About Us" section or the use of a logo of the associated certifier. The issue with this is that it gives a false sense of trust, since the consumer is not fully aware of what the certification means and that in general, there is a lack of international regulating bodies on CBRC. Most countries or regions do have their own fertility associations such as the Sociedad Espanol de Fertilidad (Spain) or RedLARA (Latin America), but the overseeing they do varies greatly. The ISO 9001 was mentioned in five of the clinic sites and, while it is important, as it demonstrates a commitment to quality management principles, it does not relate to an overall outcome or success rate nor to offering transparency as to what the country's regulations are. Two of the websites, one in Greece and one in Mexico, touted ASRM on their websites and this is prohibited from ASRM, as stated in their advertising guidelines. Use of the SART logo is permitted, with an annual request with date stamp provided. None of the websites included this logo.

Promotions and guarantees

A number of ART service providers, as found in the study, have implemented such programmes such as "IVF Warranty" and "Money-Back Guarantees" which is not unusual, given that studies have shown that aggressive marketing tactics are being

used in the USA, such as money-back guarantees to attract patients (Cincinnati fertility.com, 2015). Although promotional offers such as when using the word free, two-for-1, guarantee or warranty have strict guidelines as to the inclusion and level of clarity with regard to the qualifications and conditions in any marketing promotions programme. As is not customary to use sales promotions in medical clinic websites, it was surprising to see 12 websites incorporating a sales promotion tactic in their service offerings. When first landing on the (28.Czech Republic) site, a blinking red box promoting a package deal of \$5,290 euro gets you egg donation, accommodation for seven nights and airport transfers to/from Prague. Of these 12, four of them were package type deals, five of them used warranty, guarantee or refund language and only five had written disclaimers. The majority of this type of promotional language was on Mexican (four) and Spanish (five) clinic websites:

Our commitment is with you, therefore we Guarantee your pregnancy with the program: Baby Safe (clinic name) (8.Mexico).

Pregnancy guarantee programme, we make your dreams comes true (27. Spain).

100% IVF-FET Guarantee (30.Mexico).

At (clinic name) we are committed to guaranteeing your pregnancy. Our high pregnancy rate enables us to offer our patients our Pregnancy Guarantee Programme. We assure that either you achieve a pregnancy (confirmed by an ultrasound scan with a positive heartbeat) or receive a refund for the total amount of money invested (27.Spain).

Psychological support

To support consumer well-being in the ART service context, counselling pre-, during- and post-treatment is indicated by other research (Johnson and MacGregor, 2014). In the website analysis of CBRC clinics' service offerings, there was a significant lack of evidence acknowledging the importance of the psychological support or demonstrating a continuing care model. Only eight of the websites viewed included support as part of their service.

Price

Only 13 of the websites viewed listed treatment costs, even though prior studies have reported that transparency of prices is an important factor in consumer decision making of the choosing of a fertility clinic (Marcus *et al.*, 2005) (Figure 2).

General discussion

Through content analysis, marketing communication tactics of IVF service providers are uncovered for comparison and to demonstrate how these organisations see themselves in a global competitive landscape. Establishing credibility through marketing messages is fundamental to persuasive communications and common in online website language. Through this analysis, it was confirmed that these clinics are attempting to establish their credibility and attract foreign consumers through their promised rates of success, years of experience and use of testimonials as seen in Table I.

In total, 32 of the 35 sites contained at least one factor considered misleading by ASRM guidelines, such as the publishing of inaccurate or non-transparent success rates, the use of sales promotions and guarantees often used in consumer products, or the use of misleading language. Out of the 24 sites that posted success rates, 17 of those

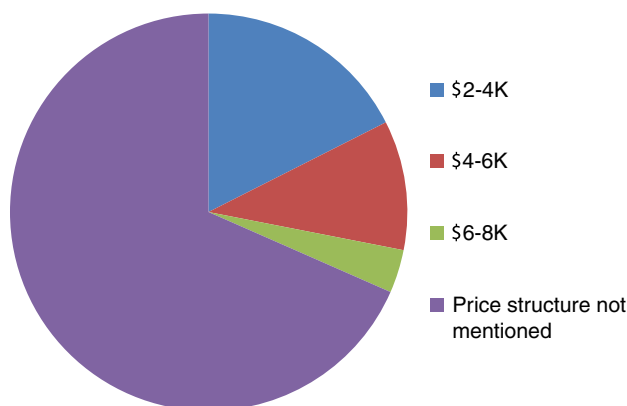


Figure 2.
Price of standard
IVF as published
on website

rates would be considered deceptive by not clarifying the source of the numbers or by being so far from the global averages of 30 per cent.

As the USA has always been a private medical market, providers, clinic managers and marketing consultants are cognisant about marketing to consumers directly (such as with branding, competition and differentiation) – and therefore communication guidelines exist across many sectors. On the contrary, with countries providing services through a public healthcare system, fertility treatments are covered under state insurance and within public health facilities. Therefore, these countries' medical associations and establishments would not typically have a history of advertising and thus the creation of guidelines would not have been top of mind.

Now that the market is global, this lack of guidelines on how organisations communicate to potential consumers and the ability to have a global report containing recordkeeping, dissemination of negative experiences or malpractice reports necessitates further assessment. This study's findings support the goal of achieving global accreditations that industry bodies are working towards (Hudson *et al.*, 2011), but it also highlights the importance of including marketing communication guidelines on a global level.

Recommendations include ethical guidelines of marketing communication for all international and country-specific authorities, similar to the SART guidelines in order to avoid unintentional misleading or deceptive communication. As well as protecting the consumer from possibly being deceived, these guidelines would help clinics improve their transparency and improve their credibility amongst industry peers and potential patients. A vulnerable consumer group such as those suffering from infertility are actively searching for reliable information to support them in their decision making and goal achieving. It is imperative that international governing bodies find a way to universalise best practice website communication and marketing standards.

Implications to theory

The goal of this study is not to imply that CBRC clinics are being intentionally deceptive (deontology), but under a utilitarian consequential view of ethics framework (Eagle, 2015), the evidence highlights the absence of a regard for the consequences (teleology) of marketing to these consumers.

Marketing practitioners have a specific responsibility to recognise vulnerable market segments; therefore this initial study seeks to add to the understanding of

consumer vulnerability through an intersectional view of global reproductive service consumption. By examining the international reproductive industry, this paper contributes to further understanding of how healthcare is situated in the globalised economy and provides a lens from which to view possible unintended consequences and a reduction on consumer well-being from cross-border marketing efforts. It could also be replicated in the study of other medical tourism treatment as well as the increasing marketing of stem cell services. Examining the international marketing tactics along with nuances of health consumers, offers an integrated macro view of the issues both patients and providers are experiencing, and supports the practice of TSR.

Implications to practice

Since the odds of IVF success are slim, but increase with every treatment cycle, there is the potential for consumers to desire multiple treatments – if their budgets allow. If success rates are not communicated properly, and intermittent counselling is not available, it is foreseeable that consumers could be driven to keep trying and possibly believe that perhaps one is better than the other based on how the clinic has marketed itself, in combination with the consumers' vulnerable state.

In the health services industry, the general consumer does not possess the specialist knowledge to make informed decisions and is unable to place rational value judgements on services offered (Berry and Bendapudi, 2007; Brennan *et al.*, 2010). Given the vulnerability of this group as demonstrated through the psychosocial effects of infertility, consumers diagnosed as infertile should be acknowledged as their own group within the consumer vulnerability by health definition regardless of socioeconomic status.

Limitations and directions for further research

This study is the first step as an exploratory audit of how CBRC clinics are actively marketing themselves. Limitations exist in the lack of knowledge of managerial marketing objectives and who was employed to create the website content. A secondary study surveying the clinic managers at CBRC clinics, to gather insights into their decision-making process, would complement this research by contributing to our understanding of what could be a principal-agent problem specific to the ART services industry. Additionally, a survey and interview process with consumers who are seeking and who have travelled for CBRC, would support learning around consumer experience and offer ways to improve practice offerings.

In the interest of consumer well-being, another important area of investigation is understanding the public's comprehension on the reality of age-related fertility decline and success/failure rates of ART. From the limited research that exists, it could be argued that there is a place for public health agencies to take this issue under consideration, as age-related infertility is not accurately understood within consumer cognition (Mac Dougall *et al.*, 2013). Due to the advancement of ARTs such as IVF, there is a misperception of the risk, that starting a family later in life will be ok (Bewley *et al.*, 2005), but assisted reproduction treatment success rates cannot offset the decline in fertility rates associated with delaying attempts at conceiving (Baird *et al.*, 2005). Performing a discourse analysis of ART, through mainstream media such as newspapers, magazines, radio and television, could demonstrate general consumer messaging.

Social marketing by public health agencies across all countries could benefit their citizens, first and foremost, by; educating consumers on the realities of fertility, but

then specifically highlighting what is considered good practice for a CBRC clinic. We can see exemplary documents from VARTA in Australia and SART in the USA with patient information.

Further consumer research is also warranted into how minority ethnic groups and lower socioeconomic groups experience infertility and manage their diagnoses and access to treatment. Most, if not all, extant research to date has been done on “middle-class white North Americans” (Cousineau and Domar, 2007).

Medical tourism is also not only a consumer-driven market; it is one that can be supported deliberately by inadequate health insurance coverage and government promotion efforts.

Beyond a consumer-driven market, understanding how government promotion efforts and inadequate health insurance policies in home countries are driving medical tourism is an area necessitating further research. For example, through the trade in services agreement, there are 50 known member countries including the USA, Australia, Canada, Japan, South Korea, Taiwan and the EU (28 member countries) working on promoting offshore healthcare services through their national public health systems (Dorling, 2015). Studies on this developing global market can support TSR and provide impact data on consumer well-being (Table II).

Region	No.	Misleading success rates	Sales promotions	Price not available	Misleading language	Psych support not listed as part of service
<i>Africa</i>	2					
South Africa	2	2	–	1	1	2
<i>East and Southeast</i>						
<i>Asia</i>	3					
Thailand	3	–	–	2	–	3
<i>Europe</i>	17					
Bulgaria	1	1	–	–	–	1
Czech Republic	4	2	1	1	2	4
Denmark	2	–	2	–	–	2
Greece	2	2	–	–	1	2
Spain	7	4	5	7	2	1
Switzerland	1	1	–	–	–	1
<i>Middle East</i>	3					
Egypt	1	1	–	1	–	1
Israel	1	–	–	–	1	1
UAE	1	–	–	1	1	1
<i>North America</i>	6					
Mexico	6	3	4	5	5	5
<i>South America</i>	2					
Colombia	1	–	–	1	–	–
Panama	1	–	–	1	–	1
<i>South Asia</i>	2					
India	2	1	–	2	–	2
Total clinic websites	35	17	12	22	13	27

Table II.
Number of websites with ethical marketing issues

Note

1. Dedoose is a web-based application for mixed-methods research, an alternative to other qualitative data analysis software (www.dedoose.com/).

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