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Introduction

Infertility is a significant problem for many couples. Estimates suggest that one in six married couples experiences difficulty in conceiving or carrying a child to term. Statistically, the causes of this infertility are roughly evenly split between issues in the reproductive system of the man and that of the woman. The underlying causes are many and varied: low sperm counts due to environmental factors; congenital abnormalities in the reproductive system; past injuries to the uterus, ovaries, or fallopian tubes due to previous surgeries, abortions or chemical contraceptive use; the normal decline of the woman's fertility in the years approaching menopause; and other factors that are being investigated. Identifying the likely cause or causes of infertility is a first step in knowing whether procreating a child is possible.

The longing to have a child of one's own as the expression and fruit of the love of a married couple is a beautiful and natural desire. It is implanted within us by God, the Giver of all life, in Whose image we are created. However, this longing is not always fulfilled. In recent years, science has advanced greatly in its understanding of how procreation takes place and how the miracle of life is handed on. Discoveries in genetics, embryology, endocrinology, imaging, and other medical fields have allowed the development of technological interventions upon human procreation that can increasingly bypass obstacles to fertility. However, what is technologically possible is not therefore automatically right, moral, or ethical. Science and technology must remain at the service of the human family, and their accomplishments and abilities need to be assessed in light of moral criteria. As history has demonstrated so often, not every scientific advance leads to true human progress.

The Catholic moral tradition recognizes the goodness of the gift of life and children, and the goodness of parents' desire to have a child whom they can love and raise to maturity. This same tradition also recognizes that because the values at stake are so central to human life and dignity, not every means to achieve this good end is equally justified. There is a danger that scientific achievements which manipulate the very sources of life will undermine the respect due to human life as a gift from God, and increasingly view children as a product, a commodity to be created, marketed, and improved upon.

Research into artificial reproductive technologies (ARTs) is vigorously pursued. It is a complex field, both scientifically and ethically. Among these complexities:

- there is a wide variety of techniques and interventions upon the sources of life, and more are being developed regularly

- the ethical evaluation of these techniques varies with the degree to which they substitute for natural means of procreation, the potential harms to embryonic children, the potential harms to women, their impact upon social trends, and other factors

- it is often hard for people to understand why the Church, which is vigorously pro-life, pro-child, and pro-family, would put obstacles before parents who truly want to have a child and are willing to go through much difficulty and expense to realize this desire.

The most detailed examination of the Catholic position on these topics is found in a document from the Congregation for the Doctrine of the Faith entitled ***Donum Vitae*** (The Gift of Life). It is subtitled *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day*.

Issued on February 22, 1987, this rich teaching was far ahead of its time. Its teaching is repeated in the 1994

Catechism of the Catholic Church

(nn. 2373-2379) and in Pope John Paul II's 1995 encyclical

Evangelium Vitae

(The Gospel of Life, n. 14). It also informs the relevant sections of the U.S. Bishops'

Ethical and Religious Directives for Catholic Health Care Services

(Fifth Edition, 2009; see Part Four, Introduction and directives 38-43).

Soon after the twentieth anniversary of ***Donum Vitae***, the Congregation for the Doctrine of the Faith issued an update of sorts: *Dignitas*

Personae

(The Dignity of the Person), subtitled

Instruction on Certain Bioethical Questions

(September 8, 2008). This document is summarized at _____.

Our Sexual Powers: A Great Two-fold Gift

Again, the Catholic Church recognizes the goodness of the natural desire of a married couple to

bring forth new life and have a child of their own. For many couples, the discovery that they are infertile causes deep sorrow and disappointment; not to be able to have children is a form of suffering for them.

In his 1968 encyclical, *Humanae Vitae*, Pope Paul VI enunciated the basic principle that ***there is an inseparable connection, willed by God, between two aspects or “meanings” of sexual intercourse: the unitive and the procreative***

. In other words, for a couple to engage in sexual intercourse is an expression of their mutual love and commitment, and is also the means by which new life is co-created. As intended by the Creator, sexual intercourse both communicates love and communicates life; it says to the other: “I love you” and “I am willing to be a parent with you.”

This inseparable link between the two meanings inherent in the act of sexual intercourse has various important moral consequences for free human actions that involve our sexual powers. Values that draw us out of ourselves and lead to communion with others are deeply enshrined in our sexuality. In other words, our being sexual is unavoidably tied to our being created by God Who is Love, in love, for love. And this love is most authentic and fulfilling to us when it is true self-giving, through the body, in ways that are creative and life-giving.

This bond between giving love and giving life underlies the Church’s understanding that sexual intercourse belongs only within marriage; and within marriage, it must always be open to communicating both love and the possibility of creating new life. It is this positive vision of the profound goodness and meaning of sex that grounds other Church teachings that reject other uses of our sexual powers that cannot fully realize these meanings. Masturbation is neither open to life nor to a mutual exchange of love. Sex outside of marriage, whether premarital or extramarital sex, lacks sufficiently deep commitment to the other person that makes one available for the long-term stability of family, sharing the whole of life and willing to accept the consequences accompanying sexual activity. The various forms of contraception deliberately seek to frustrate the procreative potential of sexual intercourse and thus also frustrate the full expression of married love. Homosexual activity is naturally incapable of bringing forth new life through sexual exchange. Rape is a violent attack on the integrity of the other person that contrary both to love and to human dignity.

For many persons, the sexual drive can be very powerful. At times its vigor can overwhelm us. The Church accepts the sexual powers of the person as a great gift, with marvelous potential both to express love and to hand on the divine image from generation to generation. Sex is good, indeed sacred, as a means to communicate interpersonal love and bring forth new persons in the process. It is this very power and goodness that leads the Church to teach us

how to use this potent and inherently social energy in a way that truly gives glory to God and enhances our lives, made in God's image.

The Basic Teaching: Assist, Do Not Replace, Natural Sexual Intercourse

It is ultimately this same principle – that there is an inseparable link between the potential for our sexual capacities to communicate love and to communicate life – that grounds the Church's position on artificial reproductive technologies. Interventions upon the procreative process must respect this link.

Thus, ***any means that attempts to assist the act of sexual intercourse to achieve its natural end of procreation while keeping intact the exchange of love is morally acceptable. Any means that replaces, bypasses, or substitutes for sexual intercourse in order to produce a child is morally unacceptable.***

Just as the use of contraception might attempt to create a loving union through sex but intentionally excludes the procreative meaning, so many forms of ARTs might attempt to create a new life but intentionally exclude the unitive meaning. Although it happens in different ways, both of these violate the inseparable link between the two meanings of the gift of human sexuality.

It is important to acknowledge that a couple might have good subjective reasons for pursuing either of these courses, reasons that need to be explored and respected. However, good intentions alone are not sufficient to make an action morally good; the means chosen to achieve the intentions must also be morally acceptable. (This is illustrated in the familiar example of a person who desires money in order to provide food for his or her family. This good and noble end can be achieved by getting a job or by robbing a bank. Clearly, while the end is the same, the means are not ethically equal.)

Although technology is constantly evolving, it is possible here to apply this basic ethical rule (assistance with, but not substitution for, natural marital intercourse) to contemporary interventions to address infertility. The following information is taken largely from the fact sheet "Evaluation and Treatment of Infertility" by Hanna Klaus, MD (developed for the Diocesan Development Program for Natural Family Planning of the United States Conference of Catholic Bishops; 1999).

Interventions Compatible with Catholic Teaching

1. The use of Natural Family Planning to observe the wife's naturally occurring signs of fertility and time intercourse to achieve pregnancy in the fertile periods.
2. General medical evaluations to determine possible biological causes of infertility in either the husband or the wife.
3. After normal intercourse, tests to assess sperm number and viability in "fertile type" mucus or in licitly-obtained seminal fluid. Some argue that if there is no evident cause of infertility in the wife, it can be assumed that the cause is in the husband and proceed accordingly, without the need for sperm testing.
4. Assessment of uterine and tubal structures by imaging techniques like ultrasound, MRI, etc.
5. Appropriate medical treatment of dysfunctions in normal ovulation.
6. Appropriate correction of medical obstacles in the fallopian tubes (usually surgical).

Interventions under Discussion (neither approved nor disapproved by the Church)

1. LTOT (Low Tubal Ovum Transfer): if blockages in the fallopian tubes cannot be corrected, an ovum is surgically transferred past the point of obstruction into the uterine cavity after normal intercourse during the fertile phase. Although probably licit, success rates have been low.
2. GIFT (Gamete Intra-Fallopian Transfer): licitly obtained sperm from intercourse, and an ovum, are transferred to the fallopian tube where fertilization can take place. Some theologians approve GIFT because fertilization will take place within the woman's body, not in a test tube. However, others argue that since the sperm that may actually lead to fertilization is not deposited by the intercourse but by later technical interventions, GIFT is not acceptable.

Interventions Incompatible with Catholic Teaching

1. Obtaining semen by masturbation, even if it will be used for attempted fertilization.
2. AI (Artificial Insemination): whether from the husband (AIH) or from another donor (AID), the semen used is obtained not from intercourse but by some other means (usually masturbation) and thus intercourse and conception are separated.
3. IVF (In Vitro Fertilization), ZIFT (Zygote Intra-Fallopian Transfer), ICSI (Intracytoplasmic Sperm Injection), and variations: these all rely on using a donated ovum, a “surrogate” uterus, or in some other way separate the act of conception from the act of intercourse.

More on IVF

The most common form of intervention is IVF (yielding what are sometimes called “test tube babies.”) Common protocols treat the woman with hormones to stop her natural cycle and stimulate her ovaries to ripen a number of ova. The ova are harvested with a needle (through the vagina or through the bladder). The harvested ova are incubated in the laboratory with treated semen to allow fertilization. Prior to implantation in the woman’s uterus, the resulting embryos (conceived in the Petri dish) are analyzed and the supposed “best” are implanted, although visual inspection has shown no demonstrated predictive value of the embryo’s fitness. Often at least two, and sometimes up to four or more, embryos are implanted, in the hopes of getting at least one live birth. If more embryos thrive than are desired by the couple, the others are aborted (euphemistically called “selective fetal reduction.”)

Again, because the actual conception takes place in a Petri dish and not as the result of an act of marital intercourse, the intrinsic link between the unitive and procreative meanings of sexual intercourse is violated. Further ethical problems with IVF have to do with its costs (\$10,000 to \$15,000 or more per attempt), its relatively low rate of success (40% at best for young women in their 20s to about 10% for women in their 40s, with a much lower chance of survival for any individual embryo; many variables affect the outcome), the possibility of multiple conceptions with resulting abortions, uncertain future health problems for children conceived through IVF, and the problem of “spare embryos” that are created for future attempts at fertilization that never occur, either due to an earlier successful conception or the couple’s decision not to pursue IVF further. These “spare embryos” number in the hundreds of thousands in the U.S. alone, and are the most commonly targeted source for material embryonic stem cell research – research that destroys them and ends a human life.

Further, it is the technology involved in IVF that creates the possibility for genetic manipulations that can affect all future generations. While some of those manipulations have the good intention of eliminating genetic abnormalities that lead to various diseases, we simply do not know enough about the complexities of the human genome and how it guides cellular processes to intervene safely, reliably, or productively.

The Suffering of Infertile Couples

Again, *Donum vitae* recognizes the goodness of the desire of a couple to have a child of their own, and the real emotional suffering that infertility brings to many. It calls upon all of us to be sensitive and supportive to those who face this trial, encourages researchers to continue to find morally acceptable ways to overcome infertility, and suggests alternatives to address the couple's desire to expand their love to reach out in the service of life. In many ways, I believe the Church has yet to respond adequately to this call. The Instruction states:

The community of believers is called to shed light upon and support the suffering of those who are unable to fulfill their legitimate aspiration to motherhood and fatherhood. Spouses who find themselves in this sad situation are called to find in it an opportunity for sharing in a particular way in the Lord's Cross, the source of spiritual fruitfulness. Sterile couples must not forget that "even when procreation is not possible, conjugal life does not for this reason lose its value. Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children."

Many researchers are engaged in the fight against sterility. While fully safeguarding the dignity of human procreation, some have achieved results which previously seemed unattainable. Scientists therefore are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them so that sterile couples will be able to procreate in full respect for their own personal dignity and that of the child to be born.

Conclusion

Science and its achievements can enhance human life, health, and dignity in many ways.

However, science must always be evaluated in its impact upon the human person, considered as a whole: as one made in the image of God, a body-soul unity, called to community here and also in eternal life. The Church seeks to guide us in assessing what is possible in the light of what is truly in keeping with the advancement of human dignity and in accord with the Gospel of Life.