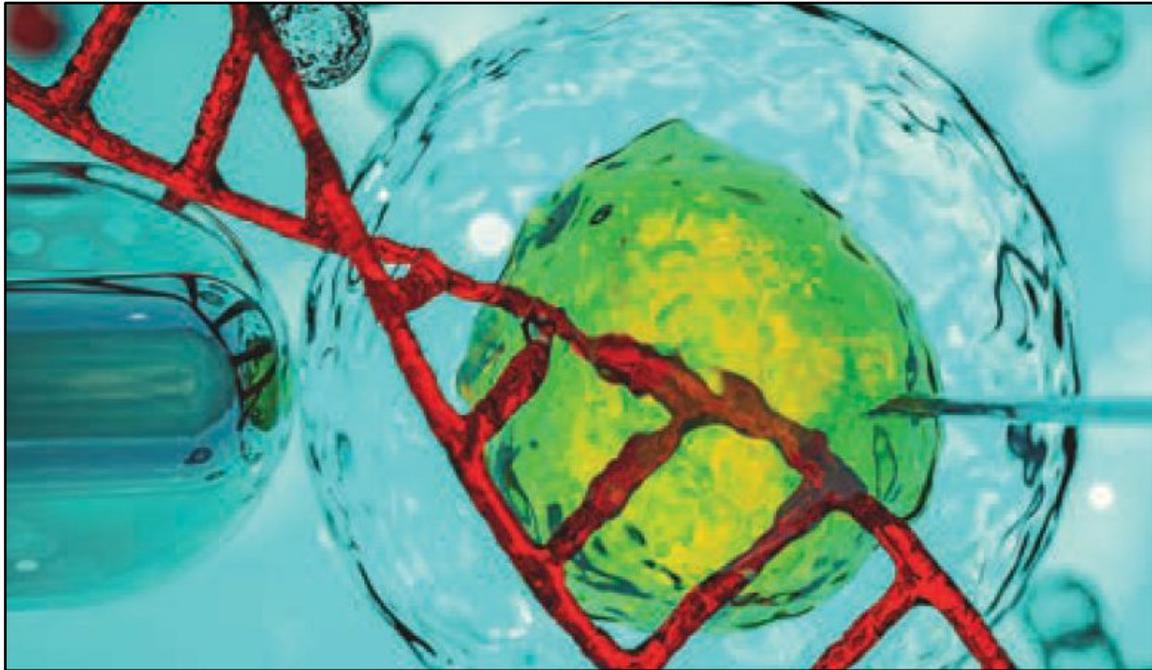


Our Sunday Visitor's

DeaconDigest

Serving deacons as they serve the Church



Technological Reproduction and Human Dignity

Understanding what the Church teaches — and why it matters

DEACON THOMAS DAVIS JR.

The birth of a child is a defining event in family life. It usually is marked by cultural and religious ritual. Catholic families often begin preparation for baptism before a child's birth: selecting godparents and Scripture readings, setting dates and planning the celebration. Yet reliable data suggests that at least 10 percent of couples experience difficulty in conceiving a child, and rates increase with

age as fertility declines. In their 30s, women are about half as fertile as they are in their early 20s, and their chances for conception decline significantly after age 35. Male fertility also declines with age, but more gradually.

In our technological society, spouses experiencing infertility understandably seek assistance from medical professionals. And why not? Popular media is awash with reports of family members or friends acting as surrogate mothers or bearing someone else's *in vitro* conceived child. But it's more complicated than it looks from TV or film. The options, costs and, at times, dehumanizing modalities offered may cause confusion and reticence for couples.

A host of medical, legal, psychological and moral issues arise with assisted reproductive technology (ART). This article will focus on the moral issues, some of which overlap with the other categories. In clearly presenting Catholic teaching on ART, deacons are offered a graced opportunity for ministry.

Technological Reproduction

Popular media is awash with reports of family members or friends acting as surrogate mothers, bearing someone else's *in vitro* conceived child. The smash hit television show *Friends* famously had the character Phoebe Buffay carry her half brother Frank's child to term. In season four, several *in vitro* fertilized (IVF) embryos were transferred to Phoebe's womb resulting in implantation with triplets. The pregnancy was successfully carried to term in season five and three darling children were born. The story offers valuable lessons as well as opportunity to address moral issues overlooked in the show.

Gamete Donation

In vitro fertilization (IVF) requires donor sperm and egg. Typically the man is asked to masturbate into a receptacle, while the woman undergoes hormonal treatment to mature multiple eggs that are then

harvested from her ovaries. Donor gametes often are obtained from strangers, raising additional issues. While these issues are not addressed in TV shows, they are directly addressed by Catholic doctrine.

In *Persona Humana* (1975) the Congregation for the Doctrine of the Faith affirmed the perennial teaching that solitary sexual acts are immoral. The principal reason is that “the deliberate use of the sexual faculty outside normal conjugal relations essentially contradicts the finality of the faculty. ... It lacks the sexual relationship called for by the moral order, namely the relationship which realizes ‘the full sense of mutual self-giving and human procreation in the context of true love’” that are central elements of marriage. In other words, the sexual faculty was made for marriage, where it is to be shared by a man and woman who have committed themselves to a lifelong union of mutual self-donation and sacrifice. Masturbation, regardless of the end pursued, directly contradicts that meaning.

Perhaps more startling is the practice of gamete donation. Typically it is not a donation at all, but a fee-based commercial transaction, often involving participants with vastly unequal bargaining power, telltale indicia of exploitation. In some cases, persons possessing a desired feature, such as high IQ or athleticism, or a certain color of skin, hair or eyes, or otherwise perceived by society as physically attractive, are recruited for the process. Obviously this feeds the troubling prospect of designer babies and is imbued with a utilitarian value system alien to authentic Christianity.

Frequently women of modest or even destitute means are lured into the practice by promises of cash payments without adequate understanding of the medical risks involved.

The superb documentary film [Eggsploitation](#) thoroughly explores the dark side of these practices, including the health and safety risks to which women are subjected. Ova harvesting, preceded by intramuscular administration of powerful hormones, may result in serious complications. Ovarian Hyperstimulation Syndrome may induce life-threatening complications requiring hospitalization

associated with severe abdominal pain, severe nausea and vomiting, very low blood pressure, extremely low urine output, or other anomalies. Less serious unpleasant side effects are common. When successful, hyperstimulation is followed transvaginal ultrasound guided aspiration or laparoscopic abdominal surgery, each reliant on an aspirating needle to collect eggs and laparoscopy requiring an incision in the abdomen. Both require sedation and pain medication and additional risks arise if general anesthesia is utilized. The use of an aspirating needle may cause bleeding, infection or damage to the bowel, bladder or a blood vessel.

Little is known about the long-term health effects of hyperstimulation. There are growing concerns that such treatments may impair a woman's future fertility and increase the risk of other disorders, including cancer. The absence of longitudinal studies highlights the hidden unknowns that were well presented in a July 2017 New York Times article [Do Egg Donor's Face Long Term Risks?](#)

Jessica Wing, "a tall, lean, attractive, athletic and musically talented Stanford University student ... decided to donate her eggs to help pay for her education." She was assured that egg donation was safe. "What she did not know at the time was that no one had ever looked beyond the short-term effects of the many hormone injections needed to stimulate the release of multiple eggs at one time." At age 29, after her third donation, she was diagnosed with metastatic colon cancer and died from the disease at age 31.

Ms. Wing's cancer may have been totally unrelated to her egg donations. But given that Ms. Wing had been a health-conscious young woman with no family history of colon cancer or genes associated with this disease, [her physician mother] wondered if the extensive hormone treatments her daughter had undergone might have stimulated growth of the cancer and if other egg donors might also be at risk.

Alas, she soon discovered, it was impossible to know because no one was keeping track of the medical or

psychological fate of egg donors. Once donors walk out the door, they are essentially lost to medical history.

Infertility: Examination, Treatment and Options

Directly related to gamete donation is the question of its purpose. Sometimes it might be related to fertility examination of seminal fluid and sperm when a couple is experiencing prolonged difficulty in conceiving. In such cases, practices are available that do not involve masturbation, principally use of a perforated seminal collection device during sexual intercourse. No violation of the moral law is involved in that situation. And a solitary female gamete can be harvested as well without exposure to hormonal hyperstimulation. Excellent and morally sound resources are readily available for those experiencing difficulty in conceiving through NaPro Technology, a holistic, science-based approach best known through the work of the [Saint Paul VI Institute for the Study of Human Reproduction](#), located in Omaha, Nebraska.

Helpful advice and resources on infertility also are offered by the [USCCB](#). Critical distinctions between various natural and technological reproductive interventions are made between those compatible with the Catholic faith, those inconsistent with Catholic teaching and those about which legitimate debate exists.

In the first category are natural family planning, medical evaluation of both spouses for infertility, post-coital tests to assess sperm number and viability in fertile mucus, treatment of male factor deficiency, assessment of uterine and tubal structural competence by imaging techniques, treatment of ovulatory dysfunction and even surgical correction of blocked fallopian tubes.

Those incompatible with Catholic teaching include artificial insemination with sperm donated by a nonspouse or with a husband's sperm obtained by immoral means, IVF, zygote intra-fallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSI),

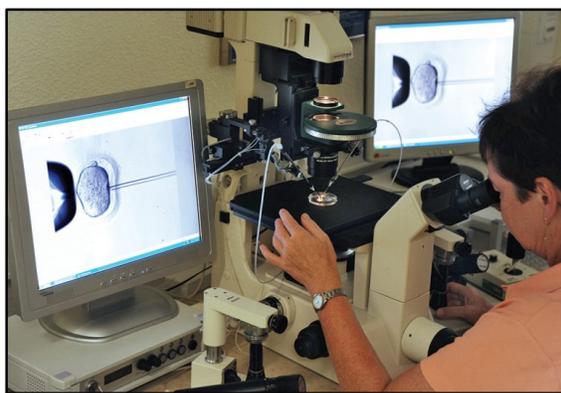
ovum donation or utilization of a surrogate mother.

Techniques open to debate include gamete intra-fallopian transfer (GIFT) (an aspirated ovum, separated by an air bubble from licitly obtained and prepared seminal fluid, are then reinserted into the woman's fallopian tube, where conception may occur within her body), and intrauterine insemination (IUI) of semen obtained through normal sexual intercourse but technologically prepared for injection into the uterine cavity, bypassing the cervix, where testing has identified "hostile" cervical mucus that induces an adverse immunological reaction to sperm.

The rule of thumb offered by the USCCB is procedures that assist marital intercourse in reaching its procreative potential are moral; those that add a third party to the act of conception, or which substitute a laboratory procedure for intercourse, are not acceptable.

In Vitro Fertilization

The intention usually associated with gamete harvesting is to participate in IVF, the most popular method of assisted reproductive technology, and something many faithful Catholics are unaware directly contradicts Church doctrine.



A laboratory director inspects the microinjection of sperm into an egg cell using a microscope at an in vitro fertilization clinic in Leipzig, Germany, in this 2011 file photo. CNS photo

Central to any analysis of IVF is the recognition that a human embryo is a human being, with its own genetic code and who is an independent member of the human family. While some intra-Catholic debate remains as to whether a single cell or primitive embryo of only a few cells possesses an immortal soul, it is unquestionable that any doubt regarding that issue demands

the presumption of ensoulment and all of the respect due a person, a firmly established magisterial teaching that is decisive for the

resolution of the moral question. It means that certain duties of parents to their children arise once the embryo comes into being, including the duty to love, protect, nurture and cherish their child. And there also arises at the same time the inalienable right of the child to life.

Almost all IVF procedures are designed to produce multiple embryos. Two reasons drive that reality. First, there is a presumption that some embryos will be defective. Typically all IVF embryos are subjected to pre-implantation diagnostic testing, and those showing indications of certain deficiencies are discarded as wastage. Put less obscurely, they are killed. Hyperovulation and consent to the creation of multiple embryos usually carries with it the conditional intention to kill any that do not satisfy predetermined criteria. That in itself constitutes grave matter implicating the Fifth Commandment, as well as the transformative command to “love one another.”

Similar concerns arise when multiple embryos are transferred (ET) into the womb. Multiple transfer increases likelihood of multiple implantations, and that means a greater chance of twins, triplets or more, as in the celebrated case of Nadya Suleman (“Octomom”), who gave birth to octuplets in January 2009, after ET of twelve IVF embryos.

Multiple implantations following ET of IVF embryos was precisely the surprise awaiting Phoebe Buffay in *Friends*, but an ominous potential consequence was not addressed. When multiple pregnancies develop, the prospect of selective reduction arises. Selective reduction is another name for abortion. It is a standard option offered a mother carrying multiple children as a consequence of multiple ET and, in some cases, is strongly recommended by the medical professionals involved.

Surrogacy

Sometimes IVF is pursued with the engagement of a surrogate mother. At the moral level, the practice is evil. It is predicated on a contractual relationship, the terms of which may require multiple ET

and selective reduction if multiple implantations occur. Birth mother-baby bonding is highly likely but will be interrupted by the surrender of the child to the contracting parent(s). Again, the fictitious case of Phoebe Buffay provides a valuable lesson. Prior to agreeing to surrogacy Phoebe sought out the advice of her mother, who had surrendered her for adoption. She cautions Phoebe that the pain of giving up a child is excruciating, telling her “how terrible it is to give up babies.” To approximate the experience she gives Phoebe an adorable puppy but explains that she will have to give it up in three days. The plot devices veer to the absurd but the point is well made. The psychological and emotional issues may be immediate or may arise years down the road. And those consequences may affect not only the surrogate, but other family members, such as a future husband or children. Her own self-image may be adversely affected by the experience, reinforcing a mistaken idea that she is somehow a separate psychological or “spiritual” being of which her body is merely an instrumentality.

The idea that the real “me” is an affective nonmaterial reality essentially distinguishable from one’s corporeal form is widely evident in modern culture. It denies the nature of the human person as a communion of body and soul — a central teaching of the Catholic faith. The divorce of those dual aspects of human nature is even more strikingly adopted by the transgender movement and its supporters who thereby reject, perhaps without full understanding, the prerogative of God as creator and his fashioning of a soul suited to the masculine or feminine identity of each individual.

Surrogacy might not involve IVF at all, but might employ artificial insemination or another dehumanizing practice euphemistically termed “natural insemination.” That is simply sexual intercourse to generate pregnancy by someone who will remain a stranger to the child. While the practice might occur between anonymous strangers or friends, and be fee-based or not, it needs little moral analysis. Extramarital sex cannot be reconciled with Catholic teaching and the words of sacred Scripture (cf. 1 Cor 6:9; Eph 5:5).

Whether surrogacy arises through natural or artificial insemination, it likely will generate psychological trauma. The famous case of Mary

Beth Whitehead in 1986 involved an artificial insemination surrogacy contract. After turning her own biological child over to the contracting biological father, Whitehead reportedly kidnapped the baby back, and a protracted legal fight ensued, resulting in the award of custody to the father. That Whitehead should develop a strong maternal bond with her own child is no surprise, nor would such a bond be unexpected even when the child is a genetic stranger.

A Thought Experiment About Being Human

Many of the sinister aspects of IVF may be avoided. For example, a couple may decide to never permit the destruction of a pre-implantation embryo or abortion. They may limit IVF to a single embryo and theoretically require prompt ET without cryopreservation, thereby avoiding the malice associated with freezing a human being. Gametes may be obtained by moral means as described above. Yet the practice remains immoral. Why? The answer is best explained through a thought experiment.

Let us assume that a married couple, unsuccessful in their efforts to conceive, consists of an embryologist whose work on non-human mammalian embryos has made her capable of successfully engineering human IVF. Her husband is an obstetrician-gynecologist. They have access to a state-of-the-art IVF facility. They propose to harvest one ovum and sperm cells by morally acceptable means and proceed to IVF. No pre-implantation diagnostic tests will be performed and they will not permit any form of embryocide. No third party, such as other medical personnel, will participate in any stage of the process. For the purposes of the thought experiment, assume that the likelihood of a successful live birth is the same as that for a fertile couple engaging in marital intercourse. What answer may be given to their objection that they are not engaged in any act harming a human being and all their actions take place in the context of a loving marital relationship?

The truth about being human provides the answer. A person has the right to be brought into existence only through a human act of love by which a man and a woman co-create in union with our heavenly Father. That act must correspond to the total self-donation, both physical and spiritual, that occurs in authentic sexual intimacy between husband and wife. Anything else denies the meaning, purpose, and design of sexual union as the image of intra-Trinitarian self-donation that is the communion of persons in the Blessed Trinity. Moreover, extracorporeal reproduction reduces the child to an object of parental aspiration. While such aspirations are understandable, they cannot justify the objectification of a child. A child exists not for the glory of the parents or to satisfy their desires, but as a person with her own significance and meaning, whose essential purpose is to know, love and worship God and to enjoy His presence through eternity.

CHURCH DOCUMENTS

Donum Vitae: [Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation – Replies to Certain Questions of the Day \(1987\).](#)

Dignitas Personae: [Instruction of Certain Bioethical Questions \(2008\).](#)

Dignitas Personae: [Summary Regarding the Instruction Dignitas Personae \(2008\).](#)

Evangelium Vitae: [Encyclical Letter of Pope St. John Paul II \(1995\).](#)

Humanae Vitae: [Encyclical Letter of Pope St. Paul VI \(1968\).](#)

Declaration on Procured Abortion: [Declaration on Procured Abortion \(1974\).](#)

Persona Humana: [Declaration on Certain Questions Concerning Sexual Relations \(1975\).](#)

Conclusion

IVF separates the child from the unitive and procreative intimacy of the parents to which he or she is entitled. This is explained in [Donum Vitae](#), the 1987 teaching from the CDF, which states:

Procreation is deprived of its proper perfection when it is not desired as the fruit of the conjugal act. ... In order to respect the language of their bodies and their natural generosity, the conjugal union must take place with respect for its openness to procreation; and the procreation of a person must be the fruit and the result of married love. ... Fertilization achieved outside the bodies of the couple remains by this very fact deprived of the meanings and the values which are expressed in the language of the body and in the union of human persons (No. 4).

It should be evident that the rejection of the Church's teaching on contraception has paved the way for acceptance of IVF and other techniques that produce human beings outside of the mother's body. The failure of the Church to communicate in an effective way the essential moral nexus between marital sexual union and openness to procreation has had disastrous consequences. One small remedial step is honest presentation of the teaching on technological reproduction.

DEACON THOMAS DAVIS JR. is a deacon of the Melkite Eparchy of Newton, Massachusetts. He is the director of the [St. John Paul II Bioethics Center](#) at Liberty Institute for Faith & Ethics (L.I.F.E.) <https://liberty4life.org>.