

The ethics of assisted reproduction technology: A catholic perspective

La ética de la técnica de reproducción asistida: una perspectiva católica

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Abstract

This paper looks at the ethics of assisted reproductive technology (ART) from the perspective of the Catholic Church. The three criteria of evaluation of the ethics of ART are the right to life and physical integrity of human beings, the unity of marriage, and the value of human sexuality. The paper examines the arguments based on these criteria carefully, as they apply to in vitro fertilization which is the most common ART method. It concludes that most ART methods would be unacceptable, but there are new alternatives like NaProTechnology that is promising for infertile couples.

Key words: Assisted reproductive technology. In vitro fertilization. Catholicism. Medical ethics. Dignitas Personae.

Resumen

Este artículo analiza la ética de la tecnología de reproducción asistida (TAR) desde la perspectiva de la Iglesia católica. Los tres criterios de evaluación de la ética de la TAR son el derecho a la vida y la integridad física de los seres humanos, la unidad del matrimonio y el valor de la sexualidad humana. El artículo examina cuidadosamente los argumentos basados en estos criterios, ya que se aplican a la fecundación in vitro y transferencia de embriones, que es el método de TAR más común. Concluye que la mayoría de los métodos de la TAR serían inaceptables, pero existen nuevas alternativas, como la NaProTechnology, que son prometedoras para las parejas infértiles.

Palabras clave: Tecnología de reproducción asistida. FIV. Catolicismo. Ética médica. Dignitas personae.

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In the life of husband and wife together, fatherhood and motherhood represent such a sublime “novelty” and richness as can only be approached “on one’s knees.”
John Paul II, *Letter to Families*

Even though the title refers to the Catholic perspective regarding this bioethical issue, its approach does not start from faith or Church pronouncements but argues from reason and philosophy. The Catholic tradition favors an interpretation of reality according to the natural law and confirms through the official Church’s magisterial pronouncements that carry with it different levels of adherence¹.

The Catholic Church espouses natural law reasoning because of its continuing validity and realist metaphysical worldview. It believes that there is a common moral sense inherent in all persons regardless of race, gender, age, culture, religion, or status. This common morality allows us to discern what is right and wrong and to strive to do good and avoid evil. This knowledge is discoverable because of our shared human nature and it obliges us as if there was an internal law written within our hearts. The origin of such natural law is ultimately traceable to the Creator, even though its obligation is universal, whether we acknowledge him or not. This system offers the possibility of global ethics despite cultural diversities among individuals².

A human act’s moral specification depends on three elements – the object, the intention, and the circumstances. All three aspects need to be fulfilled for an action to be correct. The intention, no matter how good, can never justify the act if the object is immoral. As the saying goes, the end (intention) never justifies the means (object of the act). Hence, in the questions on reproduction, even though the desire to have children is good, not every means employed is necessarily acceptable. We need to evaluate each means according to their conformity with human nature and the integral human good.

According to this reasoning, the Church has pronounced on reproduction techniques in *Donum Vitae*³, with a later update in *Dignitas Personae*⁴. As a summary of judging the ethical soundness of any infertility treatment, the instruction *Dignitas Personae* lists three criteria.

With regard to the treatment of infertility, new medical techniques must respect three fundamental goods: (a) the right to life and to physical integrity of every human being from conception to natural death; (b) the unity of marriage, which means reciprocal respect for the right within marriage to become a father or mother only together with the other spouse; (c) the specifically human values of sexuality which require “that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses (n. 12)⁴.

All three criteria must be fulfilled for a reproductive technique to be acceptable. Before explaining each of these criteria in detail, we should clarify some common misconceptions. First, the Catholic Church is not against science, as some detractors seem to claim. Science and technology, in general, can help humanity advance in many areas and are positive, as *Gaudium et Spes* of the Second Vatican Council concurs⁵. However, as the atomic bomb has shown, technology can also be employed negatively. Hence, *Donum Vitae* succinctly recalls that “What is technically possible is not for that very reason morally admissible.” (Introduction, 4) Another common misconception is that we reject technology because it is artificial. However, we know that medicine performs many

unnatural procedures that are perfectly good and appropriate. From a Catholic perspective, the artificiality or naturality of a method is not a criterion of judgment. Instead, as *Dignitas Personae* indicates, the techniques are judged in conformity to the integral good of human life, family, and sexuality:

The Church recognizes the legitimacy of the desire for a child and understands the suffering of couples struggling with problems of fertility. Such a desire, however, should not override the dignity of every human life to the point of absolute supremacy. The desire for a child cannot justify the “production” of offspring, just as the desire not to have a child cannot justify the abandonment or destruction of a child once he or she has been conceived (n. 16)⁴.

This paper will primarily focus on *in vitro* fertilization (IVF) reproductive technology with embryo transfer, being the most widely employed and known method. Other techniques of assisted reproductive technology (ART) not addressed here include Artificial Insemination Homologous, Artificial Insemination Donor, Low Tubal Ovum Transfer, Gametes Intrafallopian Transfer, and Gametes Intrauterine Transfer. They have different levels of acceptability depending on how they are applied^{6,7}.

Life and physical integrity

Regarding the first criterion, we need to safeguard the embryo's life and integrity as a human family member⁸. We should avoid any ART that can harm the embryo's life or health. A technique that includes part of its process destruction and loss of embryos, manipulation, or experimentation that put embryos at risk, or causes an increased incidence of miscarriages or malformed fetuses is ethically unacceptable. In principle, we cannot cause one individual's death, even if it may bring about another's birth. In the case of IVF, it is well-known that embryo death occurs at a higher rate than natural conception, especially when they are provoked intentionally through the creation of supernumerary embryos, and not all of them are eventually implanted in the womb. Many left-over embryos are frozen or discarded. For every successful live birth, an average of 8-10 embryos might die⁹. Besides, it is well-recognized that children born of IVF is at greater health risks than natural childbirth due to a higher incidence of congenital disabilities, multiple births, prematurity, and lower birth weight¹⁰⁻¹⁴.

With the creation of extra embryos to increase IVF's success rate, many unused embryos are cryopreserved. According to *Donum Vitae* I, 1.5, the fate of frozen embryos with inherent dignity as a member of the human family is exposed to an absurd fate³. *Dignitas Personae* deplores this practice,

Cryopreservation is *incompatible with the respect owed to human embryos*; it presupposes their production *in vitro*; puts them at serious risk of death or harm to their physical integrity since a high percentage does not survive the process of freezing and thawing; deprives them at least temporarily of maternal reception and gestation; puts them in a situation susceptible to further offense and manipulation (n. 18)⁴.

In many countries, these embryos are further instrumentalized for scientific knowledge, derivation cell-lines for stem cells, and reproductive or therapeutic cloning. Besides, with Preimplantation Genetic Diagnosis (PGD) technique, multiple embryos are created, and only those that are disease-free, of a particular sex, or with chosen genetics characteristics¹⁵. With the recent advance of gene-editing technology, the prospect of creating new classes of people, designer babies, eugenics, and enhancement appears on the horizon¹⁶.

Unity of marriage

The second criterion of respecting marital unity means that the biological mother and father should conceive and parent the child within the family unit. Mother and father figures are essential for the development of the child in his or her proper socialization. The child should ideally be born and grow up within a healthy, stable marriage that engenders psychosocial stability and well-being. There could be less than an ideal situation when a naturally born child is adopted or orphaned when they are not biologically related to their parents. However, there is a moral difference between “managing” a difficult accommodation of orphans and voluntarily “causing” this negative situation through ART. Hence, the use of donor sperms, donor eggs, or surrogate mothers is highly problematic. In these cases, the new life is no longer the fruit of conjugal love, and the child might not know the identity of his or her biological parent(s). The intervention of a “third person” in the parentage disrupts marital unity and deforms the relationship between children and their parents.

As Sydney Callahan eloquently warns, “The assumption seems to be that why and how one gets a baby makes no difference in what happens afterwards. They may be true of hens or cows, but it is hardly true of complex, thinking, emoting, and imaginative human beings functioning within social systems”¹⁷. The psychological traumas of children born of sperm donation are quite revealing. In a 2010 study, *My Daddy’s Name is Donor: A New Study of Young Adults Conceived through Sperm Donation*, those born of donor sperm compared to controls feels more hurt, confusion, and isolation. They feel betrayed because their own family never told them the truth of their origins. Many of them agree with the statement, “My sperm donor is half of who I am.” Some are disturbed that their conception involved monetary exchange. A majority of them wonder if they are related to someone who looks like them. They have fears dating or having incestuous relationships with someone who might turn out to be their siblings. There is also an increased incidence of delinquency, alcohol, and drug problems in this population¹⁸.

With the advance of gamete donors and surrogacy, a variety of parenthood is now possible: genetic, birth, legal, donor, surrogate, and plus numerous different combinations. Recent advances are even more disturbing for the family structure. Science may 1 day render sex unnecessary in reproduction¹⁹. The BBC reports how a transgender person gave birth first as a woman, then a 2nd time as a “man” after the transition²⁰. The UK has recently permitted the creation of a child with genetic materials of three parents²¹. All these possibilities brought on by ART are creating confusion in society by proffering new paradigms of family, marriage, and kinship.

The creation of different types of parentage has resulted in legal quagmires. Some issues regard ownership of the embryos after marital breakups²². There are stories of mixed-up identities of these

children. There are proposals to involve family members as a third party to assisted reproduction, further complicating the kinship relations²³. Moreover, there are legal disputes regarding the surrogate mother's rights to keep the child, not undergo forced abortions, or the responsibility towards defective "products"²⁴. The anonymity of donors has also been hotly debated concerning the offspring's rights to obtain knowledge about their biologic origins. As a result, several countries, including the UK, have done away with anonymity, allowing donor children to receive information about their genetic parents when they reach adulthood²⁵.

Assisted reproductive technologies have become a full-blown industry. In this process, the production logic dictates human procreation, with calculated cost-effectiveness based on business models. Human eggs, sperms, and embryos soon become commodity items, and women's wombs are up for rent. Fertility becomes a profit-making enterprise, and in today's globalized reality, there is a widespread phenomenon of fertility tourism provided in third world countries for first-world customers, as the docudrama *Google Baby* demonstrates²⁶. In the end, it is hard to see how bringing forth a new human life can be a gift of the loving relationship between spouses and not a technical product of desire and control.

Sexuality and procreation

It is possible that with the use of intracytoplasmic sperm injection (ICSI), there are no supernumerary embryos created and that no donor parentage was involved. Hence, perhaps they might not have infringed the first two criteria mentioned above. Nevertheless, they may not satisfy the third ethical criterion of *Dignitas Personae* which appeals to respect the specific value of human sexuality – a child should be a fruit of the conjugal union between the two sexes. A new member of the human family coming into the world through sexual union and the love of a married couple has been the bedrock of all cultures. Through technological means, it is now possible to separate the sex act from reproduction. With contraception, a couple can have non-generative sex. With ART, it is also possible to create life without sex between two persons. As Protestant theologian and bioethicist Gilbert Meilaender recalls,

A child, who is thus begotten, not made, embodies the union of his father and mother. They have not simply reproduced themselves, nor are they merely a cause of which the child is an effect. Rather, the power of their mutual love has given rise to another who, though different from them and equal in dignity to them, manifests in his person the love that unites them. Their love-giving has been life-giving; it is truly procreation²⁷.

Besides the separation of two intrinsically united acts of love-giving from life-giving, this is producing humans in the so-called "test-tubes." The criteria of *Humanae Vitae*, of not separating the unitive and procreative meaning in every conjugal act, does not precisely apply here in the ethics of IVF. Since there is no sexual act involved, one cannot speak precisely of the separation of the two meanings that ought to be present in each act. Hence, the separation of love and life in IVF is only "analogical" comparing to the separation in contraceptive acts²⁸. There is a vast difference between "procreation" and "production." In the former, the man and the woman unite lovingly, collaborating with the possible advent of a new life. In the latter, they only provide raw materials of sperm or eggs, with which a technician combines and grows in a laboratory before implanting it

back into any uterus. In the procreative sex act, the achievement of conception is not sought as such by the act itself but evolves from the natural course of events, which may or may not result in a new life. In the productive act, the doctors or technicians consciously seek to create life and obtain results with the technique. There is no dominion of the parents over their possible child in the former act. The latter, between the one who “makes” and what is “made,” is a relationship of efficient causality and existential and objective dependency. The former is logic of gift, availability, openness to life, and fruit of love. The latter is a technological logic of control, precision, efficiency, and dominion, where quality control reigns and defective “products” are discarded²⁹. The Catechism of the Catholic Church summarizes the highly dubious nature of ART:

The act which brings the child into existence is no longer an act by which two persons give themselves to one another, but one that “entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children.” “Under the moral aspect procreation is deprived of its proper perfection when it is not willed as the fruit of the conjugal act, that is to say, of the specific act of the spouses’ union... Only respect for the link between the meanings of the conjugal act and respect for the unity of the human being make possible procreation in conformity with the dignity of the person” (n. 2377)³⁰.

Even secular thinkers like Jürgen Habermas are worried about denying a person’s rights in its origin and the possibility of eugenics these technologies bring. He argues that when we allow the manipulation and selection of embryos, we have introduced a new type of discrimination between the maker and the made, between parents and children. He believes that this new bias would eventually undermine the foundation of free and egalitarian societies³¹. There are many worrisome news reports of such technological dominions over life: “IVF doctors to raffle human egg;” “World’s oldest mother, 70, lies dying with baby at her side after risking her life to beat stigma of being barren;” “Gay Male Parents Get Dedicated Fertility Program;” and “Deaf lesbians, designer disability, and the future of medicine”³²⁻³⁵.

Conclusion

Most ART methods such as IVF, ICSI, and PGD would be inadmissible for the Catholic couples because they are injurious to human life and deform the family and deeper meaning of sexuality. However, there are exciting alternatives for infertile couples. For instance, NaProTechnology (NPT) is a method that is more economical, effective, healthier, and ethically acceptable. The basis of this modern science is quite simple. Rather than bypassing infertility and the reproductive apparatus with IVF, NPT meticulously seeks out the causes of infertility, corrects the issues medically or surgically, and restores the couple’s fertility potential to achieve a higher rate of conception than ART³⁶⁻³⁸. It is beyond the scope to delve into this exciting alternative, but there is a great need to discuss its scientific validity and ethical preferability³⁹.

At times, infertility is not curable, and the couples can unite their pain to the suffering of Christ on the cross. The Church understands this,

On the part of the spouses, the desire for a child is natural: it expresses the vocation to fatherhood and motherhood inscribed in conjugal love. This desire can be even stronger if the couple is affected by sterility which appears incurable... 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. (II B8)³.

The cross, when born with faith, hope, and love, is always fruitful. Through it, the couple may grow to accept their unique vocation and may seek fecundity in other ways through adoption or apostolic work. Adoption may give a child a second chance and heal the wound caused by abandonment for whatever reason. Adoptive parents can heal this wound through the example of (sometimes heroic) charity, like a Good Samaritan in the Gospel. The infertile couples may also feel the call to become spiritual fathers or mothers by dedicating their time to service and solidarity. In so doing, they can become a blessing for many children, families, society, and the Church⁴⁰.

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