



The Child:

Begotten Not Manmade

Catholic Teaching on In Vitro Fertilization



Kathleen Curran Sweeney

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The Child: Begotten Not Manmade

Catholic Teaching on In Vitro Fertilization

by
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A mother to her seven sons: “I do not know how you came into existence in my womb; it was not I who gave you the breath of life, nor was it I who set in order the elements of which each of you is composed.... It is the Creator of the universe who shapes each man’s beginning.”

Maccabees 7:22-23

A CONTEMPORARY TRAGEDY

The pain of infertile couples who desire a child arouses deep sympathy. Such couples suffer a great deal as they long for a baby to bless their marriages, and which expresses their love as a couple. This situation calls for a compassionate love which is grounded in truth. Unfortunately, couples may make a decision without having been adequately informed of the truths surrounding *in vitro* fertilization which are important for them, for their children and for society.

While abortion and embryonic stem cell research have captured much public attention, the issue of *in vitro* fertilization (IVF), which is positioned precisely between these two, and is directly related to each, has not shared their limelight. The IVF procedure depends upon the use of abortion for the success of its method, and it provides human embryos to research centers that kill them for the sake of embryonic stem cell research. IVF calls for more intense scrutiny than it has thus far received.

IVF is a contemporary tragedy unfolding in our country and elsewhere in the world. This tragedy could be entitled “The Technical Child.” It is produced and directed by medical and research scientists and technicians. The main characters are the infertile couple, embryonic children, a doctor and his team of medical technicians, the scientific research community and God, the Creator. To uncover the tragedy it is necessary to see each of these characters as they are: personal subjects—actors—and to examine the role each takes as well as the actions for which each is responsible.

As each character is examined, some of the realities of the IVF process will be described, and the moral, theological and human issues, and the controversy which surrounds them, will be discussed.

WHY DO COUPLES SEEK IVF?¹

Usually an infertile couple will seek IVF only after other infertility treatments have failed. The medical conditions that cause infertility are various, and may include ovulation problems, loss or blockage of both fallopian tubes—a result of ectopic pregnancies or of the sexually-transmitted disease chlamydia, endometriosis (uterine lining growing outside the uterus), severe problems with the cervix of the uterus, cysts on the ovaries, sperm allergy, and low sperm count. It is important to note, however, that IVF does nothing to treat the many sources of infertility.

When a married couple has recourse to IVF, without use of extra-marital egg or sperm donors, this is called homologous IVF. To simplify the issue and the process, the discussion following will deal only with homologous IVF and leave aside the other uses of IVF, which involve additional moral problems.

HOW DOES THE PROCESS WORK?²

The first step in the process of IVF is to stimulate hyperovulation in the wife, because timing the release and retrieval of eggs using the natural cycle is difficult. In order to increase the possibility of successful pregnancy, multiple eggs are needed with which to develop several embryos for possible transfer to the womb.

Next, about four to six eggs per cycle are recruited between days three and five of a 28-day cycle. After the eggs are retrieved, they must be evaluated for maturity and morphology. On the day of the wife's surgery, about 50,000 motile sperm are obtained, usually through masturbation. The inseminated eggs are evaluated daily for evidence of fertilization, and the resulting embryos are evaluated for healthy structure. Healthy embryos which have divided into the two-to-four cell

stage are then implanted, using a small catheter inserted through the cervix, into the woman's uterus. Usually this is done 48 to 72 hours after egg retrieval. Since several embryos may be implanted, there is frequently a need to abort one or more to ensure that at least one will survive until birth. Risks include a 20 to 40% chance of having twins or more, and an increased risk of ectopic pregnancy.³ Some studies show that babies conceived in IVF treatments are more likely to be born at low birth weight and with birth defects. Furthermore, the live birth rate decreases with an increase in the age of the woman.

There are numerous factors that affect the IVF rate of live births per cycle, which ranges from 10% to 39%.⁴ Because of this low rate, often several cycles of treatment are recommended, and each cycle could cost around \$10,000 to \$15,000, with a possible total of \$20,000 to \$60,000 or more to achieve pregnancy. In 2001, 85% of embryos implanted did not result in a live birth.⁵ This number did not include the embryos which were discarded during evaluation, those not deemed suitable for freezing and those lost during the thaw period afterwards. Some assert that this is not widely different from the natural miscarriage rate. However, even if this is true, and some assert that it is not, it raises important moral questions which will be touched on below.

THE INFERTILE COUPLE

The Church does not overlook the suffering that infertility brings. There is great temptation to turn to artificial reproduction techniques for couples who are suffering the pain of infertility, and who are aching to have a child to cherish as their own. Yet there is more to this question than desire. The Church does not overlook the suffering that infertility brings, and She understands that the desire to have a child runs deep in the human heart. The serious nature of the question is why it is necessary to examine what the husband and wife are choosing to do to realize their desire for a child.

A child is a gift from the hand of God. A married couple is called to welcome children as a blessing: the fruit of the love they offer each other in the conjugal act. This conjugal act expresses the self-gift of husband and wife to each other through their sexual bodies. It is not an act of “making a baby.” The expression “making a baby” focuses on the thing made, and its quality as a product, with the presupposition that that which does not measure up to our standards can be discarded. Actions, however, express the person, and form his character. The doer of a good act becomes a good person.⁶

In marriage, the couple loves each other and become lovers. In the marital act, they are not making an object, but in the total self-giving of their conjugal act they are capacitated for procreation. It is precisely through this loving act that God’s design for a new human life is realized. When there is a physical block preventing procreation, the couple can seek medical help to remove this block and to heal their infertility. However, this does not mean that they should seek to manufacture a baby through technical manipulation outside of their loving conjugal act. The husband and wife’s actions in this regard have a moral weight which affects not only external situations but also their internal beings. A couple who have decided that they will do anything to have a child of their own express a willfulness and possessiveness over the child’s existence. Married couples cannot say that they have a right to a child. A child is not a piece of property to be possessed by his parents, but is a human person of equal dignity to the parents, and as such, cannot be considered an object to be desired and possessed.

THE STORY OF TOM AND KAREN

In this particular case, a Catholic couple, Tom and Karen O’Meara, knew the Church does not approve IVF, yet when all else failed, they accepted the suggestion to try it.⁷ Of course, the couple had the best intentions, and were resolved to be as ethical as possible while still resorting to IVF. Their treatment resulted in 18 embryos, three of which were implanted in Karen’s uterus. The remaining 15 were kept frozen

(cryopreserved). Karen gave birth to healthy twins, and a year later, another embryo was successfully implanted. A year after Karen's second pregnancy, three more embryos were implanted, and a fourth child was born. The O'Mearas, now with four children under the age of five, were faced with the predicament of having 11 frozen embryos remaining, which they considered human lives to be preserved. Should they risk further pregnancies with Karen in her late thirties? Should they offer the embryos to another infertile couple? Would they have to destroy these embryonic children of theirs? The latter seemed intolerably wrong to them, and the alternative of offering the embryos for research or experimentation was even more unsettling.

The O'Mearas did not feel comfortable asking their parish priest about this ethical dilemma, for they had told no one in their parish or in their families about the circumstances of their children's births. They were upset that the physicians of the clinic had not told them clearly of the long-range consequences of the treatment. They consulted with an expert in medical ethics, but this left them no clearer about what to do, and more conscious of the tragic dimensions of their choice to use IVF treatment. Even with an exceptionally successful treatment, only four of 18 embryos lived to be born, three died *in utero* and the other 11 embryos may die the undignified death of a thawed embryo. The O'Mearas were more conscientious than some couples, yet they have participated in purposely bringing into life 14 embryonic children whom they cannot protect from dying. They have separated themselves from their spiritual community. They have achieved their original goal but now are desperately conflicted.

BASIC MISUNDERSTANDINGS

There are several assumptions and attitudes that contribute to a couple's decision to choose IVF treatment. One of these is an instrumental sense of the body and of one's sexuality. Sexuality, in this understanding, is used for a purpose rather than being viewed as a constituent part of a person that expresses one's humanity. It is false to think that one's sexual biology can be separated from one's human and spiritual life. Such

thinking is an attempt to separate the human good of the marital act from the human good of procreation. The Church's teaching is clear: "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."⁸ The capacity for motherhood and fatherhood is intrinsic to marital intercourse, and is not something to be manufactured and controlled outside of the marital act. Human persons are incarnated spiritual beings whose physical acts express their humanity, and whose intellectual intentions cannot be separated from their physical acts. It is interesting that those who dissent from Church teaching on IVF use the same arguments as those used against *Humanae Vitae's* prohibition of contraception. They appeal to "pre-moral" goods as though a person's "biological acts" have no moral meaning, and assert that only the "total marital relationship" has meaning. However, every intentional act by a human person is a moral act with meaning. Marital intercourse is one of the deepest and most meaningful of human acts because of its participation in God's creation and love.

Since contraception became socially accepted, society has communicated the assumption that procreation is totally controlled by man, a "choice" which may be implemented by external medical-technical input. The domination of the scientific manipulation of nature has created the illusion that human procreation can be approached in the same manner as reproduction in plants and animals. This thinking fails to recognize the special nature of the transmission of human life which derives from the special nature of human persons.⁹

GOD, THE CREATOR

The origin of a human person, as a matter of fact, is not some kind of chance biological happening, but is the result of a creative act, that is, a deliberate and free choice on the part of God to do something He is no way obliged to do.... The act of creation is, to the contrary, the fruit of a love which in God is therefore free and gratuitous in a sovereign way unique

to Him. Also, therefore, the human act of procreation...must proceed from this same kind of source, an act of love. ¹⁰

Those who participate in IVF procedures fail to respect the truth that the act of procreation is an act of collaboration with God, who is intimately involved with the origin of the lives of every human person. This reality of cooperating with God's creation indicates a much deeper spiritual responsibility than an instrumental-technical approach to procreation. Man has been created in the image of God. God has designed the human male and female to procreate within the free act of the self-giving love of a husband and wife. They must recognize God's creative act in bringing to life a child as a fruit of their love, and also must recognize that a child is a gift from the hand of God. The unitive and procreative aspects of the marital act, therefore, may not be separated.

Couples do not have the right to involve third parties in an external construction of their parenthood, which is their responsibility and privilege alone, and a capacity internal to marriage. In the external process of IVF, the origin of the child loses its direct connection with the love of the parents and the love of God. The medical-technical team "makes" the embryo, and has control over it, which severs the couple's subordination and obedience to God, and introduces the problem of man alone as master, rather than as a collaborator with God. The reality of the human person is that he is not the Creator. He is a servant of God. Man is called to gratitude for God's gifts which cannot be demanded, but which must wait upon God's initiative. If their infertility cannot be healed, the couple who seek to act in conformity with the dignity of their spiritual beings can consider spiritual parenting, or the possibility of adopting children who need a home. Insisting on biological parenthood as though it were separate from their physical reality, and their relationship with God, is an expression of self-centered willfulness, although the couple may not have reflected sufficiently to realize this. These moral and spiritual realities need to be communicated, not in order to pass judgment on particular couples, but to help them avoid tragic consequences they will later regret.

THE CHILD

When friends show pictures of their beautiful children, it is very hard to criticize the IVF procedure which helped the couple to give birth. Certainly, we are called to love such children and their parents, however, there are aspects about the IVF procedure which are rarely talked about, but which must be considered.

The IVF process actually results in a “dilution of parenthood,” according to an analysis by Donald DeMarco.¹¹ When their baby is in a petri dish or is a freeze-dried embryo, parents lose the ability to think of themselves as the mother and father of their embryonic children, and thereby lose the ability to act responsibly toward them. They come to think of these embryos as possessions, rather than as persons with dignity and rights equal to their own.

The case of *Davis v. Davis*, in Tennessee in 1992, is revealing in this respect. The Davis couple were the divorced parents of seven frozen embryos. The wife-mother wanted to preserve their lives and donate them to another couple. The husband-father wanted them destroyed. The final decision handed down by the Tennessee Supreme Court was that the embryos could be destroyed: the parents were called “gamete providers” who were “not yet parents.” The father’s desire to destroy life overrode the mother’s desire to protect life because the “party wishing to avoid parenthood should prevail over the other party who had a reasonable possibility of achieving parenthood by means other than the use of the pre-embryos in question.”¹² It is instructive to note the terminology which speaks of “achieving parenthood,” by “gamete providers” and “the use of the pre-embryos.” These terms depersonalize parenthood, view the children as objects of use, dehumanize the embryonic child by use of the term “pre-embryo,” and speak of procreation as an achievement. What does this do to the child? Most obviously it refuses legal status to embryonic children and treats them as things to be possessed or destroyed. It further assumes that a court can decide when someone becomes a human being with his own inherent rights.

THE HUMAN EMBRYO IS A HUMAN SUBJECT

Such decisions flagrantly ignore what we know about the human embryo: that it is a self-organizing, self-directing living organism whose 46 chromosomes determine his human nature, and whose genetic make-up is that of a unique individual. This is a living, human subject, whose “I” will be the same throughout his life from conception until death. To have a human nature and to be alive necessarily means to be a human being. This human being has a spiritual destiny that transcends the universe, as well as the capacity to know and to love God, and to be with Him eternally. As a human being, he is an end in himself, an inviolable and autonomous subject demanding respect from all others.¹³

The IVF process turns this human subject into an object manufactured out of the raw materials provided by a couple. The child is subjected to quality controls by technicians, and the arbitrary decisions of others. He is made subordinate in value to his producers. He experiences the “same degree of domination as used to produce fruit flies and clone mice.”¹⁴ This is inappropriate to the child’s worth and dignity. It is, according to *Donum Vitae*, “a dynamic of violence and domination.”¹⁵

IVF makes this violence possible because the embryo comes to be outside of a mother’s womb and therefore outside of her protection. Even though it is true that embryos die in natural miscarriage, it is not a death brought about by human intervention. John Fleming has asserted that IVF is morally worse than abortion, because, in the case of abortion, a woman does not get pregnant in order to abort, whereas in IVF, embryos are purposely allowed to be brought into life by parents who know that the majority will be deliberately destroyed.¹⁶

It is critical to the child that he be directly the fruit of his parents’ love, rather than being reduced to an object manufactured to satisfy their desire. He is a person equal in dignity to them and should not be placed in a position of manipulation for their sakes. “Only if conception is the fruit of human love and not of a deterministic technique will the human being attain liberty, free from biotechnical influence.”¹⁷ The child must be

able to know that he is directly willed and created by God, so that he can turn to Him in gratitude for his existence. It is this reality that gives the child freedom and inviolable dignity.

Jesus Christ, the Word of God, has shown us what human nature is, and to what destiny each human person is called. He revealed to us that He and the Father are of the same Substance, equal in nature and dignity, yet distinct as Persons. The Father begets the Son; He does not create Him. The language of generation, conception and birth are used in Scripture to reveal how the human family reflects the Trinity. Human parenthood mirrors the divine relationships of begetting in self-giving love. Each human child is begotten of human parents and created by God as a unique, unrepeatably body-spirit person, in the image of God. One must truly stand in awe before such a reality.

IVE, however, submits the child to a secular governance of his identity. His humanity is decided by arbitrary criteria determined by others. These may be biological, psychological or sociological criteria. The necessity of seeing a neural streak, for example, assumes that a visible nervous system must begin to form before the embryo is accepted into the human community. Someone makes a decision based on the prediction of a certain “quality of life” for the child. Any of the many, varied criteria depend on a subjective dominance of a strong adult over a weak and dependent child. But human identity needs to be “above all the systems,” otherwise the person enters into a “master-slave dialectic,” as Dr. Stanislaw Grygiel has said.¹⁸

THE DOCTOR/TECHNICIAN

The doctors, medical technicians and researchers are also human subjects whose acts have moral content. The physician who heads up a group of doctors and medical technicians sees himself as a member of a team who is helping would-be parents. He and his group are, above all, “servants of technique.” H.A. Nielsen, in analyzing this problem, quotes from Jacques Ellul’s *The Technological Society*: “The servant of technique

must be completely unconscious of himself.” Nielsen comments that this is “a horrendous price: it costs him his awareness of whom and what he essentially is.”¹⁹ As a “servant of technique,” the doctor must focus on methods and efficiency. Four or five embryos must be produced so that if one implant fails, others are immediately available. Embryos who are not needed are deemed “leftovers” and are disposed of. To accomplish this efficiency, the doctor cannot see these embryos as human beings equal to himself. He must look upon them as products. He does not even consider that he produced them, but believes that it is the “IVF technique” that produced them. But who is the acting person? He is and his team members are. Who is it that decides some embryonic children are unworthy and orders them trashed? Is it “technique” that kills them? “Technique appears in some undefined sense to be the sole responsible party among all the parties involved in the complex of IVF practice.”²⁰ Scientific training develops the habit of this impersonal attitude.

If the doctor and his teammates indulged in the personalist view, it would be impossible for them to carry out this procedure. If a doctor did not obscure his sense of responsibility, he would experience “severe inner discord at the thought that he helped launch lives like his own without looking after them as he had been looked after at the embryonic stage.”²¹ Nielsen raises the interesting question of what such a doctor or medical technician might tell family and friends about his work. Does he mention the leftover embryos and their fate? Are the abortions described as “fetal reduction?” Does it create tension in him to talk about these aspects in a personal setting? When he is at work, the technician-doctor can step into his impersonal shoes. He perhaps persuades himself that he is only the servant of the parents, and soothes himself with visions of happy parents cuddling a perfect infant. The reality is that he and his team “produce” the children and choose which shall live and which shall die. Part of him has to care and part of him not care. Nielsen questions whether silencing his critical judgment will do something to the doctor’s inner core of selfhood. There is a lack of integration that can leave him psychologically vulnerable and dehumanized.

Human beings are unique in carrying on an interior conversation with themselves about what they are doing and thinking, criticizing themselves at times, creating strategies for improvement and so on. But the physician and medical technicians of IVF must censor any thoughts of critical self-examination of what they are doing. “A systematic forgetting of the dark side of IVF technique has unknown consequences for the forgetter” Nielsen concludes.²² Does this mean IVF personnel must necessarily ignore God in their life? Dr. Grygiel speaks of the scientist who has not reflected that the embryonic human being comes into existence because God has thought of him and wanted him to exist.²³

THE SCIENTIFIC RESEARCH INDUSTRY

The doctors and medical technicians are not involved with procreation solely out of selfless empathy for infertile couples. They are being paid by private firms that charge couples enormous fees, as noted earlier. Often such firms are closely associated with universities or hospitals that have research interests. In fact, it is accurate to describe IVF as a lucrative production that is part of a huge scientific research industry.

The Tennessee legal case cited above is illustrative in this regard. The first trial judge in *Davis v. Davis* accepted testimony by geneticist Dr. Jerome LeJeune, which gave clear scientific evidence that human life begins at the moment of conception. This judge said the statements made by the embryologist and by the endocrinologist were “not entirely clear that a human embryo is a unique individual,” and were insufficient to rebut Dr. LeJeune’s testimony. However, Tennessee’s Supreme Court overturned this decision:

The Tennessee high court accepted without question the assertions made by the opposing witnesses, who as representatives of an industry dealing in the creation and potentially involving the destruction of ‘left over’ embryos, had their own stake in the question of when, as a matter of law, human life begins. The court acknowledged that a decision affording legal personal status and

cognizable rights to embryos ‘would doubtless have...the effect of outlawing IVF programs in the state of Tennessee.’ Nonetheless, the court deferred to the fertility industry’s view, as if it were beyond reproach....²⁴

In other words, the power of the fertility industry to impose on the court its own definitions of human life, in the interests of its own economic industry, seems to be a naked exercise of money and influence. The decisions of directors in this industry have lethal consequences for countless embryonic children, and a devastating influence on our society, yet they seem blind to the inhumanity of their work.

WHAT IS THE MONEY CONNECTION?

A revealing analysis of monetary and institutional involvement in procreation was provided by Richard Doerflinger, associate director of the U.S. Catholic Bishops’ Secretariat for Pro-Life Activities.²⁵ After noting the enormous amount of money spent on family planning and abortion, he records the ironic fact that millions of couples are plagued with infertility, and thousands choose to pay staggering fees for IVF procedures in spite of the low chance for a successful pregnancy. However, most revealing are the causal and institutional links between the anti-natal and pro-natal technologies which Doerflinger lists. The first connection is created by the contraceptive and abortive technologies—IUDs, STDs, sterilization and previous abortions—that contribute to infertility and thus to the demand for IVF.

Secondly, surrogate mothers for IVF procedures were disproportionately those women who were coping with past abortion. Furthermore, abortion itself is a procedure important to the IVF process, since “fetal reduction” is usually necessary to ensure a live birth. Doerflinger comments that if one “looks only at the statistics, (4 to 5% of live births per one hundred fertilizations in the most successful programs), one would have to call the IVF procedure a fairly efficient method of

abortion, with a 95 to 96% success rate.”²⁶ Most disturbing is the link between IVF and embryo-destructive research:

Pro-natalist technologies provide the research material and the funding for development of new anti-natalist technologies. Many directors of IVF programs are researchers first and clinicians second; and many of these programs have their headquarters at university medical centers that are principally research institutions. The treatment of infertile couples, however inefficient in producing live births it may be, not only provides a great deal of money for research on embryos but also provides the embryos themselves for laboratory evaluation and experimentation.²⁷

There are political and religious links as well. The same ethicists and politicians who promote abortion also promote IVF and research on embryos. Theologians who dissent from Church teaching on contraception and abortion are the same ones who dissent on the issue of IVF. Obviously there are two very different understandings of procreation underlying these opposing positions: “procreation as commerce and procreation as sacred trust.”²⁸ The Church welcomes the child as a gift from God. A Christian cannot look upon a child as a possession to demand, or which can be had for the right amount of money. Couples who succumb to this attitude are vulnerable to the exploitation of the fertility industry. The doctors and researchers involved in this industry need to examine their own attitudes as well. Is the practice of medicine being reduced to a business or to a consumer service that is part of a medical-industrial complex? What is happening to the personal doctor-patient relationship? Doctors are called to serve the common good of human beings, not treat them as impersonal objects.

CREATED IN THE IMAGE OF THE TRINITY

Biotechnology is assuming a more predominant role in the generation of human offspring at the price of diluting our notion of man as a procreating being.... Man begins to see himself more and more as an

*individual who stands apart from what he produces, rather than as a being who is created in the image of a Triune God whose inner life is dynamically procreative.*²⁹

Science serves the interests of the scientific industry, and the criteria that dominate there are driven by technical possibilities and research discoveries. These interests may or may not be good and beneficial to mankind. Discovering how to make an atom bomb unleashed a potential which now, most agree, provides an intolerable level of destruction. Manipulation of human procreation might be equally destructive to humankind. Ethical, personal or religious viewpoints are seen as blocking progress. Leaders in this industry fail to understand the importance of considering what man is as man, and on the fact that as responsible human subjects, they themselves, as well as society as a whole, would benefit from such consideration.

Ethical utilitarianism is at the root of this problem, according to Bishop Elio Sgreccia, President of the Pontifical Academy of Life. This philosophy ignores the anthropology of the person and of nature, and emphasizes mere social consent and utility, he says.³⁰ Who is the arbiter of this social consent and what are the criteria which govern these decisions? Utility is defined by those who have power to define it, to manage consents, to estimate worth. These will be adults in positions of decision-making power, and neither God nor the child will be considered. The value of a personal life cannot be judged in a way which causes a human being to be treated as raw material for technical manipulation. Technology deals with what can be reduced to measurable, material quantities. Technological tyranny results in a rigid, impersonal control, and the human subjects ultimately become the slaves of technology. Society must recognize that science is not neutral: it must be grounded in ethics.

Science and technology require, for their own intrinsic meaning, an unconditional respect for the fundamental criteria of the moral law: that is to say, they must be at the service of the human person, of his inalienable rights, and his true and integral good according to the design and will of God.³¹

This focus on the personal moral subject enables us to see the moral, spiritual, human reality and consequences of the IVF procedure. The choices made by each person involved in the procedure lead to a dehumanization of procreation. Instead of an openness to and cooperation with God's initiative, the conception of a child becomes a technological project. Doctors are paying less attention to healing infertility or researching its causes, and seem to find it easier to defer to technological ways of skirting the issue of infertility. This misuse of technology entails a certain callous and superficial attitude toward both the human embryo and the dignity of human procreation within the marital embrace. There is clearly a view of the child as a product and of the couple as clients to whom a company is marketing. Medical technicians insert themselves between the husband and wife, breaking apart the unity of conjugal intercourse and procreation. The couple's responsibility before God for cooperation with Him in child-bearing is diluted and unclear. Our society must seriously address this problem of deconstructing the marital act's openness to procreation into a corrupted and degraded act of child manufacture.

As always, the Church's teaching comes to the rescue of human dignity in the married couple's high calling to be a partner with God in bearing children for His kingdom. Their love is an image of divine love in the Trinity and their freedom, as well as the child's freedom, is a participation in God's freedom. As Saint Thomas Aquinas said, "The birth of the Son from the Father is the origin of every begetting of another."³²

ENDNOTES

- ¹ The following information is based on a paper by Marian D. Damewood, M.D. "A Current Technology of In Vitro Fertilization and Alternate Forms of Reproduction," *The Gift of Life*, (Washington, DC: Georgetown University Press, 1990) 53-64.
- ² <http://yourtotalhealth.ivillage.com/infertility.html>. This website provides viewers with IVF information, including risks and costs. Costs vary considerably among clinics. Some advertise \$5,000 to \$9,000 per cycle, but this does not include medication which averages \$2,500 to \$3,500. There also may be additional fees that depend on the particular case.
- ³ <http://yourtotalhealth.ivillage.com/infertility.html>
- ⁴ https://www.sartcorsonline.com/rptCSR_PublicMultYear.aspx?ClinicPKID=0
- ⁵ P. Patrizio & G. Kovalesky, "High rates of embryo wastage with use of assisted reproductive technology: a look at the trends between 1995 and 2001." *Fertil Steril*, Aug. 2005; 84(2), 325-30.
- ⁶ William E. May, *Catholic Bioethics and The Gift of Human Life*, (Huntington, IN: Our Sunday Visitor Publishing Division, 2000): 70-71.
- ⁷ This case is excerpted from an article by Herbert Anderson and Thomas Nairn, O.F.M., "A Burdensome Gift: Birth by In Vitro Fertilization," *New Theology Review* 12:75 (May 1999): 75-77.
- ⁸ *Catechism of the Catholic Church* (Washington, DC: United States Catholic Conference Inc. –Libreria Editrice Vaticana, 1997), 2377.
- ⁹ Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and the Dignity of Procreation (Donum Vitae)* (San Francisco: Ignatius Press, 1987): 4.
- ¹⁰ Carlo Cardinal Caffara, "The Moral Problem of Artificial Insemination," *Linacre Quarterly* 55 (Feb. 1988): 37-38.
- ¹¹ Donald DeMarco, "The Preservation of Parenthood," *Homiletic & Pastoral Review* 90 (Jan. 1990): 13-19.
- ¹² Daniel Avila, "The Legal Standing of the Human Embryo," *The National Catholic Bioethics Quarterly* 1:2 (Summer 2001): 203-226.
- ¹³ A positive development is the decision by President Bush's administration to direct the Advisory Committee on Human Research Protections to add embryos to the groups of human research subjects requiring protection. Cybercast News Service, Oct. 31, 2002.
- ¹⁴ John M. Haas, "The Natural and the Human in Procreation," *The Gift of Life*, 111.

- ¹⁵ *Donum Vitae*, 21.
- ¹⁶ John I. Fleming, "A Critical Evaluation of the Vatican's Instruction on Respect for Human Life," *The Linacre Quarterly* 55 (Feb. 1988): 16.
- ¹⁷ Msgr. Elio Sgreccia, "Moral Theology and Artificial Procreation in Light of *Donum Vitae*," *The Gift of Life*, 127.
- ¹⁸ Stanislaw Grygiel, "In the Beginning is the End and in the End is the Beginning," *Anthropotes* 7:1 (May 1990): 27.
- ¹⁹ H.A. Nielsen, "The Human Cost of IVF Technique," *The Canadian Catholic Review* 13 (Jan. 1995): 15.
- ²⁰ Nielsen, 16.
- ²¹ Nielsen
- ²² Nielsen, 18.
- ²³ Grygiel, 31.
- ²⁴ Avila, 217.
- ²⁵ Richard Doerflinger, "The Business of Procreation in America," *Social Justice Review* 81 (January 1990): 18-22.
- ²⁶ Doerflinger, 20.
- ²⁷ Doerflinger, 20.
- ²⁸ Doerflinger, 21.
- ²⁹ DeMarco, 19.
- ³⁰ Sgreccia, 119.
- ³¹ *Donum Vitae*, Intro. 2.
- ³² Thomas Aquinas, *Faith, Reason and Theology: Questions 1-1V of the Commentary on De Trinitate of Boethius*, Translated with introduction and notes by Armand Maurer, (Toronto: Pontifical Institute of Mediaeval Studies, 1987): 4.

ADDITIONAL INFORMATION

Infertility Therapy and Research

The Pope Paul VI Institute offers reparative therapy for infertile couples (see www.popepaulvi.com) and has developed NaProTechnology, a women's health science which is completely consistent with Catholic teaching. This natural procreative technology is available at Fertility Care Centers throughout the United States. Information about these centers can be obtained at www.fertilitycare.org and information about NaProTechnology is available at www.naprotechnology.com.

FOR FURTHER READING

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