A Catholic Perspective on Moral Issues in the Health and Life Sciences

Assisting The Infertile Couple

Part One: Male Fertility Testing

Older statistics indicated that 10% of married couples could not have children. Newer studies indicate that one out of five American couples are now infertile. In approximately 40% of the cases, male infertility is involved. This first article will deal with the medical and moral aspects of male infertility testing, while an article next month will deal with therapy.

Moral Objections To Masturbation

Finding a medically and morally acceptable method of male infertility testing has presented problems not encountered in female infertility testing. A main reason is that masturbation is the means preferred by most fertility experts for collecting semen for such testing.

Why do medical experts prefer masturbation as a technique for such male fertility tests? And why do moralists object to its use?

The medical preference seems based on an entrenched assumption that any morally acceptable alternative to masturbation is less accurate. Some male fertility experts now advise, however, that this no longer need be the case, at least for most needs. For clinical comparisons of the masturbation technique and of a newer technique (the Silastic sheath method treated below) show that in the latter procedure, the two most important factors of semen analysis (sperm count and percentage of viable sperm) can be more than adequately analyzed. In fact, a clinical sequential study comparing sperm count and viability each hour for four hours indicates that data from the newer technique is more reliable than data collected by other techniques including masturbation with samples collected in a glass jar, and semen samples collected during intercourse in a latex condom and a Milex polyethylene sheath (Cy Shoenfeld, et al. Evaluation of a New Silastic Seminal Fluid Collection Device, Fertility and Sterility, 1978, p. 320). Professional evaluation indicates also that other important factors (sperm motility, and semen volume, viscosity, coagulation and liquefaction) can be adequately analyzed by this newer technique.

The Catholic Church holds that masturbation is an intrinsically and seriously disordered act. The Church judges that "the deliberate use of the sexual faculty outside normal conjugal relations essentially contradicts the finality of the faculty" (Declaration on Certain Questions Concerning Sexual Ethics, Sacred Congregation for the Doctrine of the Faith, December 29, 1975, paragraph 9). This finality or purpose of the conjugal act is that it be a unitive sign (that is, it is to express, by its very physiological structure, the love relationship of the married couple) and a procreative sign (that is, it is to express an openness to any gift of new life God may want to give from out of this unitive sign).

Alternate Methods Of Collecting Semen

While rejecting masturbation, most Catholic theologians in the past have admitted the liceity of obtaining semen samples for diagnostic purposes by such methods as prostatic massage or aspiration from the testicles or epididymis. Such techniques, however, are judged medically unacceptable, being impractical or otherwise ineffective.

Many Catholic theologians also have accepted as licit those methods (and only those methods) of semen collection that are somehow a part of the natural conjugal act, which includes the depositing of some semen in the vagina. Since this type of semen collection seems to offer the only potential for a method acceptable medically and morally, possible ways of doing it will now be examined.

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One such method involves extracting "... some semen from the vagina or cervix after one to three hours have elapsed since normal and natural marital intercourse" (McPadden, S.J., Medical Ethics, 1967, page 91). Medical professionals generally reject this method, however, because essentially all the sperm will be dead within thirty minutes of intravaginal ejaculation. The normal vaginal environment is very acid and lethal to the sperm. Though the prostatic and other highly alkaline seminal fluids neutralize this acidity for a while (experts estimate a half hour) after coital ejaculation, those spermatozoa that are unable to reach quickly the more hospitable environment of the cervix generally are rapidly destroyed as the vagina returns to its pre-ejaculation acidity.

Also the most motile of all the sperm would be expected to enter the cervix within minutes of ejaculation. Thus at least two important factors (count and motility) of male fertility analysis would not be adequately determined by this method of collecting semen from the vagina or cervix.

To protect the semen from the above-mentioned vaginal acidity, some proposed that a concave lucite spoon be placed under the cervix in the vagina. However, at least one fertility expert is of the opinion that this method has no advantage over collection from the vaginal vault following normal coitus (Thomas Nabors, M.D., "Clinical Treatment of the Infertile Couple," in Technological Powers and the Person, Pope John Center, 1983, page 387).

As these various alternatives to masturbation have been proposed and rejected for medical reasons as techniques for collecting semen, the use of some type of perforated sheath covering the penis has gradually been considered by moralists and medical professionals to offer the most hope. However, the latex condom is now medically rejected by most infertility specialists because it contains spermicidal chemicals in the powders and lubricants it is typically packaged with, as well as in the latex of the condom itself. Coverings of biologically inactive materials were developed, including animal intestines and a polyethylene sheath (Milex). While these materials are biologically non-reactive and data on sperm count, motility, and percentage viability are as accurate as in the technique of masturbation, it should also be noted that the apprehensions of male infertility experts advise that if these openings are pinhole size they will be self-sealing by the coagulating semen.

Finally, in the late 1970s Dow-Corning developed a seminal receptacle of silicone material (dimethylpolysiloxane elastomer) registered under the trade name Silastic. Silicone, the principal element in sand and glass, is the most abundant element of the earth's crust, and very inert or non-reactive. The Silastic receptacle clinically tested favorably over the glass jars used in masturbation, over the Milex polyethylene sheath, and over commercial latex condoms in analysis of spermatozoa viability, count, and motility. Patients also found this Silastic collecting device to be "much better" in fit, covering and removing ease, comfort and pleasurability than the Milex polyethylene sheath or animal intestines.

In appearance the Silastic sheath is not greatly different from the standard contraceptive condom. However, the surface of the Silastic sheath is sufficiently smooth and slippery to eliminate the need for spermicidal powders or lubricants that facilitate the use of the commercial latex condom. Again, its non-reactivity to living tissue (in sharp contrast to the latex condom) seems to account for the more reliable data the Silastic sheath supplies. Finally, the Silastic sheath also has calibration lines near the tip for determining volume.

Since the Silastic sheath will need to prove itself against the morally unacceptable but medically preferred technique of masturbation, it should also be noted that the apprehensions of a man attempting to provide a semen specimen by masturbation are often sufficient to abnormally reduce the amount of semen produced and thus give a misleading, low sperm volume and count.

Semen Collection And The Physiologically Integral Conjugal Act

From this brief review of important moral and medical considerations in male fertility testing, it can be argued that the Silastic seminal receptacle is superior to any alternate method available today. There is one moral objection, but it can be overcome with patient and physician cooperation. As presently manufactured, the Silastic seminal receptacle is not perforated. The physiologically integral conjugal act is made possible, however, by placing openings in the closed end of the receptacle to allow semen to pass through. Male infertility experts advise that if these openings are pinhole size they will be self-sealing by the coagulating semen.

The first of the series of ejaculations from a normal ejaculatory act contains the most motile, viable, and highly concentrated sperm. (Richard D. Amelar, M.D., Male Infertility, Saunders, 1977, p. 193) It is this first part of the semen that would pass through the perforation(s) before coagulation seals them off. Normal sperm concentration ranges from 60 million to 150 million per cc. (Data used by St. John's Natural Family Planning Clinic, St. Louis, MO). Fertility experts agree that the amount of such semen passing through pinhole openings before they self-seal would be more than enough to bring about fertilization. Morally, this is a significant point, for to Catholic moralists the critical point at issue here is the principle stated in Humanae Vitae: "... each and every marriage act ... must remain open to the transmission of life" (#11). Deliberate human intervention must not deform the conjugal act by preventing conception. For the very physiological structure of the act must be an expression of the procreative nature of the couple's married love (Familiaris Consortio, #32).

Since some Catholic theologians accept the Silastic method as licit and, more important, arguments drawn from official teaching of the Church can be mustered to defend the method as substantially respectful of human sexuality, it would seem that, in practice, there is no objection to Catholic patients and physicians using the technique. This would seem to be a solidly probable opinion, that is, one respectably defensible within the context of official Church doctrine.

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