The Dignity of the Person
An Overview and Commentary on Dignitas personae

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Abstract. This article provides a detailed overview and critical commentary on the Instruction Dignitas personae from the Congregation for the Doctrine of the Faith, a document that updates Donum vitae. First, it situates the Instruction in the context of modern society’s reliance on biotechnology to overcome infertility, while also examining technology’s wider impact on human persons—for example, on their relationship with God. It then examines the teaching of the document while at the same time offering critical comments on it, pointing out both strengths and weaknesses in, for example, its treatment of the issue of human embryo adoption. It concludes with some general comments on how the Instruction will influence Catholic bioethics in both theory and practice. Throughout the article, it is often noted how Dignitas personae compares with its predecessor, Donum vitae. National Catholic Bioethics Quarterly 10.2 (Summer 2010): 283–305.

My goal in this article is to provide a comprehensive overview and evaluation of the Congregation for the Doctrine of the Faith’s important doctrinal Instruction Dignitas personae (DP) from the perspective of a Catholic American theologian. To achieve this aim, I will first offer some brief reflections on infertility and technology, with particular attention given to assisted reproductive technology in the context

1Congregation for the Doctrine of the Faith, Instruction Dignitas personae on Certain Bioethical Questions (September 8, 2008). As with any magisterial document, both the title

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of American culture. These reflections will place DP in a context in which it can be read and better understood. I will then, following the tripartite structure of the Instruction, offer a three-part critical analysis of what the document teaches as a whole, keeping in mind my earlier reflections. Finally, I will sum up and offer some brief remarks on the possible impact of this Instruction on the Catholic bioethics and health care communities.

It is not my intention to focus in depth on any one of the many specific issues covered in the document, although I will comment more or less extensively on most of these. Other contributors to this and the previous issue of the NCBQ have already accomplished this work. Rather, I will “size up” the document by offering some comments on the strengths and weaknesses of certain aspects of its moral teaching. Therefore, my commentary on DP will ask and try to answer, in no particular order, such questions as the following: What are DP’s strong points? What are the document’s weaknesses? What issues need clarification? What issues should have been addressed by the Instruction but were not? Does the document deal adequately with the problem of infertility? How does the Instruction understand biomedical technology? How does the document compare with its 1987 predecessor, Donum vitae? In what way will DP influence Catholic bioethics in theory and in practice?

My criticisms of the document, when put forth, should be taken in the spirit of someone who fully assents to the Catholic Church’s teaching on matters of faith and morals—whether that teaching is expressed by the ordinary or extraordinary magisterium. And I fully accept that this particular Instruction falls within the category of documents that “participate in the ordinary Magisterium of the successor of Peter” and is therefore to be received by Catholics “with the religious assent of their spirit.”

2 Thus, I put forth these thoughts on improving the Instruction to make what I believe to be a good document, in many respects, an even better one when revisions in any possible follow-up document are planned.

(The Dignity of the Person) and the release date (the Feast of the Nativity of the Blessed Virgin Mary) is significant and not incidental to understanding its meaning. They can serve as hermeneutical keys for a sound reading of the document. For an earlier commentary on the Instruction, see E. Christian Brugger, ed., “Symposium on Dignitas personae,” National Catholic Bioethics Quarterly 9.3 (Autumn 2009): 461–464. Brugger’s introduction to the symposium provides helpful background information on the Instruction. His concluding section, “Strengths and Weaknesses of Dignitas personae,” is also quite informative (481–483). The National Catholic Bioethics Center has the full text of Dignitas personae, along with their very brief analysis and commentary on each part of the document, available at: http://www.ncbcenter.org/NetCommunity/Page.aspx?pid=1012. See also William E. May, “Summary and Reflections on Dignitas personae,” available on the Culture of Life Foundation Web site at http://culture-of-life.org/content/view/536/111/.

2 Congregation for the Doctrine of the Faith, Donum veritatis (May 24, 1990), n. 18; and CDF, Dignitas personae, n. 37. See also, Congregation for the Doctrine of the Faith, “Regarding the Instruction Dignitas personae” (December 12, 2008); and the fine commentary from the U.S. Conference of Catholic Bishops, “Questions and Answers: The Instruction ‘Dignitas personae)—On Certain Bioethical Questions,’” (December 9, 2008), http://www.usccb.org/comm/Dignitaspersonae/Q_and_A.pdf.
Infertility, Technology, and Assisted Reproductive Technology

It has become common to hear the following argument from inconsistency raised against the Catholic Church’s teaching on assisted reproductive technology: How can the Church, which claims to be pro-life and pro-child, oppose a technology which would enable infertile couples (or singles) to have children of their own? But another argument that is less often heard and maybe just as relevant is the following: We moderns or postmoderns rely on technology every day to function better and to enhance our lives. We have pacemakers and stents placed in our bodies. We use computers, iPods, iPhones, scanners, GPS devices, and so on. Technology has become both ubiquitous and familiar—an extension in some cases of one’s personality, indeed, of one’s very bodily self. Just watching my three teenage children text their friends and communicate on Facebook is my proof of this! So when couples today discover that they are infertile, modern reproductive technology is often first on their list of saviors. From a moral perspective, there really does not seem to be any “big deal” in their minds about having recourse to assisted reproductive technology. In their view, this technology—like the everyday technology that improves their work or overcomes their suffering, pain, boredom, or inconvenience—helps them achieve something worthwhile. In this case, assisted reproductive technology is simply an instrument and extension of an infertile couple’s hope to have a child of their own together.

But we are also all too familiar with the schizophrenic attitude of our secular culture when it comes to children: just as we lament the infertility of couples and encourage recourse to infertility clinics, we moderns are also willing to impede procreation by using contraception and willing to kill unborn human beings in abortion clinics; indeed with Roe v. Wade (1973), the latter has been sanctified as a “legal procedure” in the United States. While many couples will spend thousands and thousands of dollars on grueling infertility treatments to have a prized and “perfect” baby of their own, many others will abort their babies as unwanted or inconvenient burdens. In hospitals we can find that the doctor who delivers a baby on one wing is the same doctor who aborts a baby on another wing. So, too, as our reliance on technology for controlling births has increased, infertility has soared as one of its consequences, and couples have found themselves, like the characters in P. D. James’ novel The Children of Men, powerless to overcome it when they “decide” the time is right to have the requisite two “biological” children of their own (and no more!).

The two-edged sword that is technology is illustrated by the fact that the same technology that gave us IVF—purportedly a pro-“baby-making” technology—has

3P. D. James’ The Children of Men (New York: Alfred A. Knopf, 1992) is a dystopian novel set in England in the year 2021 amid mysterious worldwide mass sterility. Interestingly, the reality of universal infertility does not make sex a more pleasurable activity, but rather leads people to be bored by it! Thus, the state must induce its citizens to have sex by opening “pornography centers.” There is also a form of genetic testing that takes place: women and men are examined to see if their gametes might be the ones that keep alive the hope that human life on the planet is not dying out for good. A good summary of the novel can be found at http://en.wikipedia.org/wiki/The_Children_of_Men.
also enabled us to clone embryos (or use the “excess” or “spare” embryos left over after IVF), kill them to retrieve their stem cells, or perform pre-implantation diagnosis on them to weed out “defective” ones, among other horrors of the culture of death. So we can now with technology split the atom for nuclear power, but we can also more efficiently split skulls.

Existing technologies, including assisted reproductive technologies, must of course conform to sound moral principles and moral norms. Even if the remote end is good—and helping couples overcome infertility is a good end—the morality of the means, the proximate end, for how we go about achieving this noble end is just as important. Because the means must be morally good, the Church is not inconsistent to condemn certain assisted reproductive technologies as a violation of the child’s dignity and yet maintain her pro-child teaching. And this she does eloquently in both Donum vitae and DP.

But the Church must be also forever on the watch as new technologies are developed—not limited to biomedicine—to see whether they are in keeping with respect for human dignity and genuine human goods and whether we can, to the best of our ability, determine what their positive and negative consequences might be. Good consequences will not make an intrinsically evil act or technology (e.g., human embryonic stem cell research) moral, but an intrinsically immoral act or technology will tend to have bad consequences that flow, like water from melting snow, from the nature of the kind of immoral act that it is.

Finally, we need to notice how technology, although providing the human family with many blessings, which most of us would not want to forgo, also has a tendency to distance us from God the Creator, since we have less of a sense of cooperating with him than people had in past ages. DP itself speaks of how man “has abused and can continue to abuse the power and capabilities which God has entrusted to him” (e.g., the abuse of scientific research). Thus, DP continues, man becomes “his own worst


4Dignitas personae n. 16 perceptively argues, “The blithe acceptance of the enormous number of abortions involved in the process of in vitro fertilization vividly illustrates how the replacement of the conjugal act by technical procedure—in addition to being in contradiction with the respect that is due to procreation as something that cannot be reduced to mere reproduction—leads to a weakening of the respect owed to every human being.” See also Francis S. Collins, The Language of Life: DNA and the Revolution in Personalized Medicine (New York: HarperCollins, 2010), 262–263, on how IVF has led us down this road. Collins, let it be noted, is in favor of using the “leftover” human embryos for research purposes.

5Germain Grisez rightly argues, “To achieve benefits, the technology must be used properly, in accord with sound judgments which take into account the whole good of all the persons and communities affected. Yet fascination with technology tends to focus attention on it, while distracting attention from other aspects of a complete human act: its moral sources in the heart and its contribution or detriment to the fulfillment of persons. In a culture pervaded by technology, even Christians often overlook the fact that they can do nothing to achieve any good except by cooperating with God, in accord with the law which he has written on the human heart.” The Way of the Lord Jesus, vol. 2, Living a Christian Life (Quincy, IL: Franciscan Press, 1993), 774–775.

6Ibid., 774.
enemy by losing the awareness of his lofty and specific vocation to collaborate in the creative work of God.” This collaboration with God is a form of stewardship.

In modern secular societies like our own, where technology is most prevalent, reliance on it is often substituted for reliance on God. This obviously is not always done in a conscious, purposeful way, but the point, I think, is shown even in the way in which we refer to assisted reproductive technologies. IVF, for example, is described as a “reproductive” or “baby-making” technology. The Church’s judgment is that this description is correct: assisted reproductive technology involves infertility doctors reproducing human life, not spouses procreating it (n. 16). And this has special moral significance. Even if the spouses themselves were the infertility doctors joining their own gametes via IVF in a bedroom laboratory, the act would still be not a person-to-person act of procreation but one of technical artifice. The act would not, therefore, be a marital act; it would be a technical act of reproduction that happened to be performed by a married couple. The child “produced” would possess inherent dignity and value, to be sure, but the means of its generation would de facto place the child in a relationship of inequality to its parents, as car is to the car-maker or as any product is to its producer.

The word “procreation,” however, reminds us that God’s power to give life is creation ex nihilo. The human power to generate life is not creation in this sense, but rather cooperation with God, a participation in his creative act. And as for technology in general, Germain Grisez has noted its “instruments and processes not only presuppose created nature but remain part of it, entirely dependent on God’s providence and conserving power.” Of course, the same dependence applies to the natural act of sexual intercourse: the parents provide the material sources of life (the gametes), but only God infuses the immortal, spiritual soul.

**What Does Dignitas personae Teach?**

**Sizing up Its Strengths and Weaknesses**

Before commenting on the three parts of *DP*, I want to briefly note four key points about the document’s introduction. First, it is important to emphasize that *DP* is intended to update *Donum vitae*, while at the same time addressing recent bioethical problems in light of its criteria (see *DP*, nn. 1 and 11). *DP* is explicit in noting that *Donum vitae*’s teaching “remains completely valid”—both its principles and the moral judgments which express those principles (n. 1). Further, *DP*’s theoretical and practical teaching are informed by two post-Donum vitae encyclicals—Pope

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7CDF, *Dignitas personae*, n. 36.
9See Paul VI, *Humanae vitae* (July 25, 1968), n. 8; CDF, *Dignitas personae*, nn. 6 and 9.
11Pius XII, *Humani generis* (August 12, 1950), n. 36.
John Paul II’s *Veritatis splendor* on the foundations of the moral life and *Evangelium vitae* on the life issues (n. 1). Both these encyclicals affirm and emphasize absolute moral norms, and this view finds its way into the moral theology of *DP*, although not in a fully developed way.

Second, it is significant that the document recognizes the two “visions” of medical science in play today: one vision, what we can call the “constrained,” sees biomedicine as a way to cure disease, relieve suffering, and maintain health; the other vision, what we can call the “unconstrained,” sees biomedical technology as a way to remake and weed out undesirable persons (i.e., it is eugenic) (nn. 2 and 4).

Third, it is also noteworthy that the Instruction addresses itself to the culture of modern science, seeing science as “an invaluable service to the integral good of the life and dignity of every human being” (n. 3, original emphasis; see also n. 37). The document makes clear that the Church is on the side of science when science is practiced for the integral good of the human person. Because of the misconception that the Church is anti-science, however, she must over and over again express her love and encouragement for a truly humanistic science. Hence, it is good to see these strong words in *DP*, similar to those found in *Donum vitae*.

Fourth, the Instruction announces that the Church is in solidarity with all who suffer, whether physically or mentally, seeing in these sufferings opportunities for a deepening of Resurrection faith (see n. 3). The Instruction might have made explicit reference here to the sufferings of the infertile and the many virtues such as patience and perseverance that they need to bear their Cross and deal with their infertility. In fairness, *DP* does mention later the trials of the infertile in n. 16, while at the same time noting that the desire for a child cannot justify producing offspring, as if one had a “right” to child.

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12 John Paul II, *Veritatis splendor* (August 6, 1993) and *Evangelium vitae* (March 25, 1995).

13 If we adapt the economist and social philosopher Thomas Sowell’s language of the “constrained” and “unconstrained” visions as it is employed by him in *A Conflict of Visions: Ideological Origins of Political Struggles* (rev. ed.; New York: Basic Books, 2007) to describe the nature of man according to various sociopolitical ideologies, we can say that the “constrained” vision of biomedicine would see it as tied to certain traditions and practices (e.g., the Hippocratic Oath) and not as an instrument to perfect man. The “unconstrained” vision, on the other hand, would view biomedicine not only as a means for battling illness and maintaining health but as a means of refashioning man, eliminating imperfections at all cost since man is indeed perfectible in this view.

14 See CDF, *Donum vitae*, Introduction, 2.

15 I believe that the Instruction’s treatment of infertility and the sufferings that accompany it could be strengthened by referring to the biblical stories of the seven women who were said to be barren in both the Old and New Testaments (e.g., Sarah and Elizabeth). On this, see Laura A. Cristiano, “How the Biblical Theme of the Barren Woman Helps Illuminate the Church’s Teaching on Infertility and Reproductive Technologies” (master’s thesis, Sacred Heart Major Seminary, 2010). Cristiano relates these ancient stories to modern assisted reproductive technology in order to shed light on this technology and the problem of infertility.
The authors of the Instruction might have also noted how the Church carries on the healing ministry of Christ Himself; that this is part of her very mission: “to embody our Savior’s concern for the sick.” But here too the CDF’s explicit mention of compassion for all who are afflicted with suffering is heartening. For unfortunately there are many who wrongly believe that the Church’s theology actually requires people to suffer—whether from sickness or some other cause. Therefore they think that one reason the Church is allegedly against science is because it is working precisely to find cures for people’s afflictions. This misconception obviously seriously hinders the Church’s evangelization efforts.

*Anthropological, Theological, and Ethical Aspects of Human Life and Procreation*

Like its predecessor, *DP* wisely begins with anthropological foundations in part 1. In n. 4, *DP* posits the same basic ethical principle expressed by *Donum vitae*: that from the first moment of his or her conception, a human being must be respected and treated as a person. The document points out, however, that *Donum vitae* avoided committing itself to a position on the precise moment of animation, or ensoulment. It did not, in other words, define the human embryo as a person. *Donum vitae* did affirm, nonetheless, that the conclusions of modern science regarding the embryo gave good reasons for affirming a personal presence (but not a person) at conception. *DP* seems to go just a bit further than *Donum vitae*, in my view, when, in recognition of the recent advances in embryology and medical science (see n. 4), its authors assert that the human embryo has “from the very beginning, the dignity proper to a person” (n. 5). Indeed, as further indication of this, the Instruction affirms that the human being throughout all stages of its existence “possesses full anthropological and ethical status” (n. 5, original emphasis; see also n. 8). Granted, the Instruction does not say that the embryo is a person with dignity, but rather that the embryo has “the dignity proper to a person.” But if the embryo has the dignity proper to a person, then it must be a person. The data provided by modern embryology in the twenty-one years between the promulgations of *Donum vitae* and *DP* have only strengthened the evidence needed to go beyond the tentative formulation of the first Instruction and make this claim. *DP*, it seems to me, is on solid footing on this point.

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17 It might be more proper to speak of this as an anthropological principle that has ethical dimensions. Compare with *Donum vitae*, I.1, and *Evangelium vitae*, n. 60.


19 For an excellent discussion of the most recent biological evidence that the human embryo is both a human being and a human person, see Robert P. George and Christopher Tollefsen, *Embryo: A Defense of Human Life* (New York: Doubleday, 2008). Chapter 1 gives the most up-to-date scientific facts about the early embryo, and chapter 3 defends the proposition that human embryos are human persons.
In nn. 7 through 9, DP notes that a Christian bioethics must begin its ethical reflection on biomedicine with the truth that the interrelationship between the human and the divine or the natural and the supernatural is fully compatible. The Instruction argues that this truth—central to the doctrine of the Incarnation, we should note—helps us understand better why man has not only dignity but sacredness (see n. 7). It helps us to grasp better that man has an eternal destiny and is called to share in the love of the Trinity (see n. 8). It also helps us to better comprehend that the marital act is itself “a reflection of trinitarian love” (n. 9, original emphasis). The idea that the marital act, and not only the communion of the married couple, mirrors God’s tri-personal love is a new feature of magisterial teaching, at least in the area of bioethics, it seems to me.  

Finally, DP n. 10 makes it clear that the Church’s moral judgments—negative or otherwise—in the area of biomedicine do not imply that she has a particular expertise in the area of medical science. Rather, as the magisterium makes clear in her social teaching, most recently in Pope Benedict XVI’s encyclical Caritas in veritate, the Church’s mission is a moral and evangelical one, not a technical one of economics or medicine or such: she preaches the truths of the natural law (reason) and of the Gospel (revelation) so that the faithful might form their consciences in the light of these truths. The truths that determine the moral soundness of biomedicine

20 We do see, however, a trace of the affirmation in Donum vitae, Introduction, 3. St. Thomas Aquinas taught, following Genesis 1:26–27, that the human person (meaning only his spiritual nature), male and female, is in the image and likeness of God. See Summa theologiae I, q. 93, a. 6. John Paul II went beyond the classical Augustinian-Thomistic tradition and taught that the communion of persons that is man and woman in marriage (“the unity of the two”) also belongs to the image of God, as does human sexuality. See, for example, John Paul II, Mulieris dignitatem (August 15, 1988), nn. 6–8. If I understand it correctly, DP is teaching that even the marital act is a direct reflection of Trinitarian love, not simply the imago Dei, since it brings into being a person who is called to image the Trinity. Angelo Cardinal Scola summarizes this history very concisely in The Nuptial Mystery (Grand Rapids, MI: Eerdmans, 2005), 21–52. See also Marc Cardinal Ouellet, Divine Likeness: Toward a Trinitarian Anthropology of the Family (Grand Rapids, MI: Eerdmans, 2006), 20–37. Donald Asci, in The Conjugal Act, 292–299, develops the notion of how “the conjugal act most perfectly symbolizes the personal loving communion of the Trinity” (295).

21 Compare with Donum vitae, Introduction, 1. Of course, the laity may have expertise in the area of medicine as well as other areas and offer that expertise as a service to the Church.

22 See Benedict XVI, Caritas in veritate (June 29, 2009), n. 9.

23 See Christopher Kaczor, “Anthropological, Theological and Ethical Aspects of Human Life and Procreation,” in E. Christian Brugger, ed., “Symposium,” 464–467. In his commentary on the Introduction and Part 1, nn. 1–10 of DP, Christopher Kaczor cites the document’s affirmation about the embryo’s personhood as its most important clarification (466). Its greatest weaknesses, according to Kaczor, are its lack of a fully developed philosophical rationale for shared basic human dignity and its lack of arguments in the context of the stem cell debate in support of the proposition that the embryo has a human body and is not a mere aggregation of cells (466–467). The claim that the concept of human dignity is
include “the unconditional respect owed to every human being at every moment of his or her existence, and the defense of the specific character of the personal act which transmits life” (n. 10).

New Problems concerning Procreation

Part 2 of the Instruction begins with a brief section devoted to “techniques for assisting fertility.” It might have been better to speak of “techniques for overcoming infertility,” since not every technique discussed in this section actually assists fertilization; some of them in fact substitute for it. Be that as it may, the document essentially repeats the teaching of Donum vitae on basic moral principles and their application. DP teaches that new medical treatments for infertility must respect “three fundamental goods”: (1) the right to life and the physical integrity of every human being from conception to natural death; (2) the unity of marriage, which means that spouses have a right to become a father and mother only together with each other; and (3) the human values of sexuality, which require that a human person be the fruit of a loving, natural conjugal act (see n. 12). The Instruction proceeds to repeat Donum vitae’s condemnations of both heterologous and homologous artificial fertilization as substitutions for the conjugal act. Yet it also notes that just because a method is “artificial” does not necessarily mean that the Church will object to it. If the fertility technique truly assists or facilitates the conjugal act in achieving its natural end after the act has been naturally performed, then it is morally licit.

DP n. 13 gives examples of techniques aimed at removing obstacles to natural fertilization that do not involve the direct interference of the doctor (e.g., hormonal treatments for infertility, surgery for endometriosis, and the unblocking of fallopian tubes or their surgical repair). It also encourages adoption for infertile couples and calls for research into and financing for the prevention of sterility. (It might have also called for the same response to the treatment of those who are already sterile, as did Donum vitae before it.) Although Donum vitae said more in regard to the suffering of the infertile, it gave only a cursory mention of adoption as a response to the problem. DP devotes a full sentence to it in n. 13. I think that DP, however, should have given adoption (as well as foster care) an even more extensive discussion, possibly devoting several paragraphs to it, given the importance of adoption and the many different challenges couples face who go through the process.

DP spends the next three numbers, nn. 14 to 16, on the topic of IVF and the deliberate destruction of embryos. This section benefits from the experience of the a fundamental principle that should be at the center of bioethical disputes is one of several contributions in the Instruction that Kaczor mentions (464–465).

I find it disappointing here that the Instruction passed up a real opportunity to describe the NaProTechnology (natural procreative technology) approach developed by Dr. Thomas Hilgers and the Pope Paul VI Institute in Omaha, Nebraska. See http://www.naprotechnology.com/. DP might also have offered a more detailed explanation of the techniques that it does in fact list in n. 13, some of them essential to NaProTechnology.

See CDF, Donum vitae, II.B.8.
twenty-one years between *Donum vitae* and *DP*. The latter document observes that despite the approximately 33 percent success rate of assisted reproductive technology, “the number of embryos sacrificed is extremely high” (n. 14). The Instruction grants that not all the losses of embryos in the process of IVF have “the same relationship to the will of those involved in the procedure” (n. 15). But it is also true, the Instruction continues, that in many cases, “the abandonment, destruction and loss of embryos are foreseen and willed” (n. 15). The Instruction attributes much of this cavalier attitude to the embryo’s being seen merely as a clump of cells or as material to be manipulated in a laboratory (see n. 14).

The practice of IVF with multiple embryo transfer and consequent embryo wastage, *DP* argues, “implies a purely utilitarian treatment of embryos,” where the embryo’s life is unjustly outweighed by the couples’ competing desire for a child (n. 15). This is a form of proportionalistic moral reasoning condemned in chapter 2 of the encyclical *Veritatis splendor*. Note 30 of *DP*, moreover, points out how in recent years many unmarried couples and single persons (including gay men and lesbians) are having recourse to techniques of artificial reproduction such as IVF, thus weakening marriage and placing children in situations objectively harmful to their integral development.27

The next section of *DP* treats the morality of intracytoplasmic sperm injection (ICSI).28 This is another fairly recent assisted reproductive technology whose long name is enough to merit a red squiggly line in Microsoft Word and whose acronym, in this case, resembles the title of a current popular television show! But the reality is no laughing matter. With ICSI, a single sperm is injected into an oocyte, and fertilization occurs in a test tube. *DP* judges that this technique, which is a variety of IVF, is “intrinsically illicit” (n. 17). Surprisingly, the document does not mention that masturbation is often the chosen means for obtaining sperm with this technique as well as the others. It is strange, too, that the document takes out of context a passage from *Donum vitae* condemning IVF and uses it to condemn ICSI—a technique not yet in existence when *Donum vitae* was written (although both techniques share similar features).29

It is further disappointing that the Instruction does not treat the morality of other assisted reproductive technologies such as gamete intrafallopian transfer and

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26This is a bit confusing. I think that the Instruction wants to say that not all human embryonic destruction is directly willed, i.e., that some losses of embryonic life are accepted as a side-effect of doing a good act—at least in the minds of its practitioners—namely, producing a child by assisted reproductive technologies.

27Although it is simply restating the teaching in *Donum vitae*, Peter F. Ryan regards *Dignitas personae’s* explanation of the fundamental wrongness of IVF as its most significant contribution in the sections he comments on, in his “New Problems concerning Procreation (nn. 11–17 and 20–23),” in Brugger, ed., “Symposium,” 469.


29See CDF, *Donum vitae*, II.B.5.
intrauterine insemination.\textsuperscript{30} GIFT has been discussed for many years now, with orthodox moralists lining up on both sides of the debate. (I for one hold it to be incompatible with Catholic morality.)\textsuperscript{31} It would have been helpful for the CDF to give some guidance on the issue, but maybe the Congregation is not ready to render a judgment and is willing to let the debate continue, as seems the case. Intrauterine insemination is a more recent development and is used most often to treat unexplained infertility, but it is also used to treat male factor infertility as well as infertility from other causes. It is an assisted reproductive technology whereby sperm (after being washed) are injected into the uterine cavity, bypassing the cervix to avoid “hostile” mucus.\textsuperscript{32} This technique substitutes for the marital act in my opinion.

One of the most discussed and hotly debated sections of \textit{DP} is the next one, which is devoted to the issue of what to do with the well over four hundred thousand embryos that have been left over after IVF and frozen in liquid nitrogen.\textsuperscript{33} The moral question is, Can these frozen embryos be “rescued” or “adopted”?\textsuperscript{34} What is the moral object of the act? Since other contributors have more than adequately dealt with this issue, I will only make a few comments and then give my own view.

\textsuperscript{30} Some other significant omissions: \textit{DP} does not treat artificial insemination with the husband’s or a donor’s sperm. Neither does it take up low ovum tubal transfer or tubal ovum transfer with sperm (TOTS). Perhaps since these are not as controversial from a moral perspective, the CDF sought not to include them. Artificial insemination has long been condemned by the Church, and TOTS in my view is similar to GIFT and thus immoral.

\textsuperscript{31} For an excellent and comprehensive discussion of the morality of generating human life through the new reproductive technologies, including IVF and GIFT (both of which he rejects), see William E. May, \textit{Catholic Bioethics and the Gift of Human Life}, 2nd ed. (Huntington, IN: Our Sunday Visitor, 2008), 73–95.


\textsuperscript{34} The best and most thorough treatment of this question is that of William E. May, who argues that embryo adoption is morally sound. See May, \textit{Catholic Bioethics}, 95–112. For a fine representative sampling of views, see Thomas V. Berg and Edward J. Furton, eds., \textit{Human Embryo Adoption: Biotechnology, Marriage, and the Right to Life} (Philadelphia, PA, and Thornwood, NY: National Catholic Bioethics Center and Westchester Institute for Ethics and the Human Person, 2006).
Following the moral estimation of *Donum vitae* on the practice of freezing embryos, *DP* teaches that cryopreservation is “incompatible with the respect owed to human embryos” (n. 18). Interestingly, the document does not use the language of “intrinsic evil.” Further revisions of the document might have to allow for the possibility that there could be situations where freezing *naturally* conceived embryos (i.e., where IVF is not involved) might be morally justified (presupposing that it could be done), if it could be guaranteed that no harm would come to them.

*DP* n. 19 deals directly with the issue of the fate of the frozen embryos already in existence from IVF. The document lays out various responses of what to do with them. Proposals for using frozen embryos in research or for the treatment of disease are, it says, immoral. (Obviously, we might add, proposals to directly kill them for no reason at all is also immoral.) So also it is morally wrong to thaw frozen embryos with the intention to then treat them as microscopic cadavers for research. But what if, as some have asked, one were to consider the cryopreservation of embryos as a form of extraordinary or disproportionate treatment and decide to disconnect their “life support,” that is, thaw them without then using them for research as *DP* condemns, and simply let them die of “natural” causes? The Instruction does not mention this possibility. But it would be interesting to get the CDF’s opinion of it in any case.

More controversial and confusing to some is the document’s distinction between putting frozen embryos at the disposal of infertile couples as a “treatment for infertility” and putting them at the disposal of couples (whether fertile or infertile, married or single?) in the form of what it calls “prenatal adoption.” The Instruction says that the former proposal is “not ethically acceptable,” because it has some of the same morally bad features of heterologous procreation and surrogate motherhood, as well as unspecified problems of “a medical, psychological and legal nature” (n. 19). According to *DP*, in this proposal the embryos would be produced by IVF, they would be frozen and placed in cold storage, and then couples could seek to adopt them later.

As to prenatal embryo adoption, favored by many theologians loyal to the magisterium, the document does not teach that it is intrinsically evil, nor does it say that it is ethically unacceptable, like using frozen embryos to treat infertility. However, even though it affirms that the proposal is “praiseworthy” for the desire to respect and defend human life, *DP* nonetheless says, muddying the water, that it presents “various problems not dissimilar to those mentioned above.” These problems do not seem to refer to those weighty moral problems associated with heterologous fertilization and surrogacy (i.e., those which place us in the realm of intrinsic evil), which *DP* mentions—at least I do not think that they do—but rather those of “a medical, psychological, and legal nature.”

Many other faithful Catholic theologians (e.g., Nicholas Tonti-Filipini, Mary Geach, and Luke Gormally) have understood *DP* n. 19 to condemn embryo adoption in no uncertain terms—some even arguing that it is intrinsically evil. Although I do not think that the Instruction holds the practice to be intrinsically evil, there is ambiguity as to whether the CDF means to condemn the practice. Does the Congregation condemn it as “ethically unacceptable” only when the specific intention is to have recourse to frozen embryos to overcome infertility? This is very confusing, since the Instruction speaks of heterologous fertilization as being one of the immoral acts...
associated with this proposal. But why speak of heterologous fertilization when the issue is not whether to produce, via IVF, new embryos to be frozen but what to do with the frozen embryos that have been produced already? That is the context of n. 19 set up by the authors of the document. Or have I misunderstood something? In any event, I do not think that the magisterium means to definitively close the door to what they call prenatal embryo adoption. But admittedly, because of the lack of clarity in the document and because of the debate it has generated, the CDF might find itself having to revisit this issue in the near future.

As someone who has sided with the pro-embryo adoption position in the past, I found the last part of the Instruction’s statement that the thousands of “abandoned embryos represent a situation of injustice which in fact cannot be resolved” to be unfortunate (n. 19). As noted, I believe that embryo adoption or rescue can be a morally legitimate solution to this injustice, that is, the injustice of embryos’ being generated by artificial means. But does it violate the norm of Donum vitae that couples are to become parents only through the acts proper to each other? As mentioned above, some Catholic moral theologians have forcefully made this argument. But couples who adopt in the traditional way become parents by means of another couple’s giving up their child for adoption. If one could become a parent only through the conjugal act, as this norm and this argument seem to imply, then adoption (which is approved by the Church) would have to be condemned.

It seems that what the Church means more precisely is that one should not conceive a child outside of marriage (e.g., in adultery, fornication, rape, or incest) or apart from the natural conjugal act (e.g., by IVF or cloning). But again, the embryos that lie in frozen storage have already been conceived, are already in existence, and those who conceived them are already mothers and fathers at least in a biological sense. Embryo adoption and rescue are meant to save frozen embryos from this absurd fate of abandonment in “suspended animation.” The embryonic child already exists, and so now we need to give him, I would argue, a proper gestational “home.” But, as always, I submit my moral-theological opinions to be evaluated and judged by the teaching office of the Church.

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35 The Instruction quotes a May 24, 1996, address by Pope John Paul II saying that “there seems to be no morally licit solution regarding the human destiny of thousands and thousands of ‘frozen’ embryos.” See CDF, Dignitas personae, n. 19, emphasis added.

36 See CDF, Donum vitae, II.A.1.

37 There is no mention of the morality of using an artificial womb, should one be invented that is capable of gestating a child. This will probably be an issue to which the CDF will soon have to give attention, since research is moving at such a fast pace. One might grant that temporary use of an artificial womb could be morally justified as long as it was ordered to in vivo gestation. On the morality of an artificial womb, see Christopher Kaczor, “Artificial Wombs and Embryo Adoption,” in Sarah-Vaughan Brakman and Darlene Fozard Weaver, eds., The Ethics of Embryo Adoption and the Catholic Tradition: Moral Arguments, Economic Reality, Social Analysis (New York: Springer, 2008), 307–322. See also the fascinating essay by Christine Rosen, “Why Not Artificial Wombs?” New Atlantis 3 (Fall 2003): 67–76, http://www.thenewatlantis.com/publications/why-not-artificial-wombs.
It seems, too, that the moral theologians who make the argument that a husband and wife should become parents only through each other have, as John Finnis argued against Luke Gormally in the Autumn 2009 issue of the NCBQ, taken *Donum vitae* II.A.1 out of context—the context being condemnation of the production of embryos through IVF.  

Embryo adoption is not even contemplated in the passage. Moreover, procreation should not, in my view, be understood to include pregnancy, as some of those who are against embryo adoption (e.g., Rev. Tadeusz Pacholczyk) have argued in the debate—a position that E. Christian Brugger has refuted.

Whether or not one agrees that embryo adoption by a stranger (or even a family member—married or single) is morally allowable or is a form of surrogate motherhood, the CDF leaves unanswered the question of whether the genetic mother herself (how careful we have to be with our terms!) could choose to have one or more of her own embryos implanted in her womb. I would accept this option too as a morally legitimate one. But, again, the Instruction is silent on its morality.

In the brief section following, the Instruction goes on to condemn the freezing of oocytes for use in assisted reproductive technology (n. 20). Its formulation does leave the door open, it seems to me, to their freezing for morally legitimate reasons, such as while a woman undergoes chemotherapy treatment for cancer that might harm her ovaries, rendering her sterile. This has already been done successfully.

Another immoral practice betokened by IVF is the targeted “reduction” of embryos (usually the “unfit” ones), a practice not explicitly covered in *Donum vitae*.

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40 For DV’s condemnation of surrogacy, see II, A, 3. Note that in both of *Donum vitae*’s two definitions of surrogacy, the surrender of the child to the party who contracted to have the pregnancy, is involved. Both definitions also speak of the *deliberate production of an embryo by IVF* that the surrogate will carry. This is, by definition, part of how the surrogacy arrangement is carried out.


42 See Ford, *Prenatal Person*, 104.
DP’s treatment of embryo reduction sees through the euphemistic terminology (“selective reduction”) and minces no words: “Embryo reduction is an intentional selective abortion” that no reason or principle can justify (n. 21).

Yet another menacing technology that can trace its origins to IVF is pre-implantation diagnosis. While Donum vitae addressed the morality of prenatal diagnosis, DP takes stock in general of recent techniques (without naming them) which “push back,” as it were, the time when diagnosis is possible: they attempt during assisted reproductive technology to diagnose (“to screen” would be a better term) genetic defects in embryos. As the Instruction observes, “Such diagnosis is done in order to ensure that only embryos free from defects or having the desired sex or other particular qualities are transferred” (n. 22). When, however, presupposing parental consent, prenatal diagnosis safeguards an unborn child, involves no disproportionate risks, and is performed for therapeutic reasons or to help couples prepare for a handicapped child, it is morally legitimate (see Donum vitae, I.2, and DP, n. 22).

In these efforts to eliminate embryos with various anomalies, the Instruction sees a discriminatory attitude against the diseased and disabled, however young or small or out of sight they may be. Thus the document says that pre-implantation diagnosis is in truth “the expression of a eugenic mentality” (n. 22). It is not, then, a true form of medicine, since it has the destruction (i.e., abortion) of embryos as its primary goal, albeit for a so-called “good” motive. And what pressures will be placed on couples to have this testing done once it becomes “routine”! Moreover, the testing will appeal, as it does now, to a couple’s fears of having and caring for a handicapped child. Or, more likely, it will appeal to their sense of “compassion”: How, it will be asked, could you bring a child into the world whose quality of life will be so low?

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43See the discussion in Collins, Language of Life, 54–56. Collins is in favor of this, i.e., what he calls pre-implantation genetic diagnosis (PGD), although he does not dismiss the moral concerns about it. Chapter 7 of Ford, The Prenatal Person, 121–143, also has an extensive discussion of the various methods of prenatal screening and diagnosis such as ultrasound, amniocentesis, and chorionic villus sampling.

44May, Catholic Bioethics, 245 cites a London case of therapeutic gene therapy being successfully performed on a pre-implantation embryo that was the result of IVF. May asks, “Would it be immoral to remove an early, pre-implantation embryo from the womb by uterine lavage [i.e., washing] if there is serious reason to think that it suffers from a serious genetic malady that could be cured by the introduction of the ‘right’ gene through gene somatic cell therapy?” (245–246). May argues tentatively that it would not seem to be and notes that the magisterium has not treated this issue—neither Donum vitae nor Dignitas personae address it.

45The Jewish bioethicist Eric Cohen has insightful things to say about pre-implantation genetic diagnosis: “By making reproduction into a process of division by class, we transform the welcoming attitude of unconditional love into a eugenic attitude of conditional acceptance.” Eric Cohen, In the Shadow of Progress: Being Human in the Age of Technology (New York: Encounter Books, 2008), 92.
The last paragraph of Part 2 is n. 23, and its focus is on new forms of what it calls “interception” and “contragestation.” Methods that are interceptive (e.g., the IUD and “morning-after pills”) interfere with the embryo before implantation, and those that are contragestative (e.g., RU-486 and methotrexate) cause the elimination of the embryo after implantation. The Instruction notes that although we do not have complete knowledge of how interceptives work, “scientific studies indicate that the effect of inhibiting implantation is certainly present.”

Because both methods have the potential to abort an embryo, DP teaches that their use falls “within the sin of abortion and [is] gravely immoral” (n. 23).

The document does not, regrettably, pronounce on the morality of using the drug methotrexate in the management of ectopic pregnancies. Catholic theologians and medical doctors are divided on the issue, with some (notably William E. May, Rev. Benedict Ashley, O.P., and the late Rev. Albert Moraczewski, O.P.) in favor of its moral liceity, and others (notably Charles Cavagnaro, M.D., Thomas W. Hilgers, M.D., and Bernard Nathanson, M.D.) who reject its use as a form of treatment in these situations.

Nor does the Instruction take up the morality of using salpingostomy as a treatment for ectopic pregnancy.

New Treatments That Involve the Manipulation of the Embryo or the Human Genetic Patrimony

Part 3 of the Instruction deals with a number of biomedical technologies that were either mentioned in passing in Donum vitae or not mentioned at all because they were not available then, although some were on the horizon. These include

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47 It should go without saying that for a mortal sin to be committed three conditions must be satisfied: grave matter, sufficient reflection, and full consent of the will. Moreover, not all use of interceptives is morally wrong, as this passage seems to imply. This would then rule out a woman preventing (not contracepting!) as an act of self-defense a rapist’s sperm from uniting with her ovum—something that the Church has morally permitted. As long as the interceptive would not harm the embryo by inhibiting implantation (DP’s definition of an interceptive), then use of the interceptive could be morally permitted. Ryan argues that the Instruction’s treatment of interceptives is its weakest feature while its treatment of contragestatives is its most important clarification. On this criticism, see Ryan, “New Problems concerning Procreation,” 469–470.

48 See Christopher Kaczor, “The Ethics of Ectopic Pregnancy: A Critical Reconsideration of Salpingostomy and Methotrexate,” Linacre Quarterly 76.3 (August 2009): 265–282. See also page 292 note 19 for the names of some of those in favor and against. Kaczor now favors the use of methotrexate to treat tubal pregnancies. Like May, who had once rejected its use, Kaczor now accepts it. Kaczor, however, neglects to note his own change of mind in this article, although he notes May’s reversal.

49 The title of part 3 of the Instruction, “New Treatments Which Involve the Manipulation of the Embryo or the Human Genetic Patrimony,” is somewhat misleading, in my view,
gene therapy, human cloning, the therapeutic use of stem cells (embryonic and adult), hybridization, and the use of “biological material” of illicit origin (e.g., vaccine production using cell lines derived from aborted fetuses). \textit{DP} n. 24 sets the context for its analysis: “Knowledge acquired in recent years has opened new perspectives for both regenerative medicine and for the treatment of genetically based diseases.” Because some maintain that embryonic stem cells (whose use involves manipulating and destroying embryos) can lead to therapies for diseases, the document offers its “attentive moral discernment” on these urgent questions (n. 24).

In a relatively lengthy section, nn. 25, 26, and 27 pronounce on the morality of the two kinds of gene therapy—somatic cell gene therapy and germ line cell therapy—both of which can be undertaken either before or after birth.\textsuperscript{50} Without going into depth or detail, we note that the Instruction teaches that somatic cell gene therapy “for strictly therapeutic purposes [is] in principle morally licit” (n. 25). Germ line cell therapy is different, according to \textit{DP}, because its uncertain effects will be passed on to succeeding generations. \textit{DP} gives two reasons why this kind of gene therapy should not, then, be used on humans. First, “because the risks connected to any genetic manipulation are considerable and as yet not fully controllable, in the present state of research, it is not morally permissible to act in a way that may cause possible harm to the resulting progeny” (n. 26). Second, the Instruction points out that germ line cell therapy takes place in the context of IVF and thus encounters the ethical objections to such procedures, which separate the unitive and procreative aspects of the marital act. Thus, the document judges this form of genetic engineering, in its current state, to be “morally illicit” (n. 26).

In n. 27, the Instruction also touches on the use of genetic engineering for what it calls “purposes other than medical treatment.”\textsuperscript{51} Although it does not use the term “enhancement,” that is essentially what it is talking about here. This number, although helpful as far as it goes, could have been longer and more sophisticated in its treatment of the issue, in my opinion. It makes all the right points (about the dangers and threats of genetic discrimination and gross inequalities among human beings posed by this genetic tampering, for example), but it does not provide any practical moral guidance for ordinary Catholics or scholars on how to think about questions in this area of research—questions that will become more numerous and complicated in the coming years. The magisterium would benefit, if it has not done in that it speaks of treatments that involve the “manipulation” of the embryo or man’s genetic patrimony. The term “manipulation” seems to imply something rather sinister. Yet not all the measures described in this part are of such character. A number of them are in indeed morally upright (e.g., the use of adult stem cells). Even substituting the term “genetic engineering” can seem to imply something immoral. A better, more neutral term might be “genetic modification.” See the commentary on this part by William E. May, “New Treatments,” 478–481.

\textsuperscript{50}To read further on the morality of gene therapy, see May, \textit{Catholic Bioethics}, 237–241. See also Collins, \textit{Language of Life}, 253–260, for technical description of the therapies.

\textsuperscript{51}See also John Paul II, “The Dangers of Genetic Manipulation,” address to the World Medical Association (October 29, 1983), \textit{L’Osservatore Romano} (English), December 5, 1983, 10–11.
so already, from the work of many Catholic and non-Catholic scholars, such as Leon Kass, who have thought long and deeply about these questions.\textsuperscript{52}

Human cloning is then treated in nn. 28 to 30.\textsuperscript{53} The Instruction condemns cloning as “intrinsically illicit” because it seeks “to give rise to a new human being without a connection to the act of reciprocal self-giving between the spouses and, more radically, without any link to sexuality” (n. 28). The document correctly identifies the two main reasons proposed for cloning human beings: for the purpose of reproduction and for the purpose of research. But it is crucial to point out that, whether we clone humans for reproductive or therapeutic purposes, cloning of either kind involves \textit{making} an embryo apart from sexual congress, the major difference being that one embryo will be allowed to come to birth and the other one will be killed. Thus, the distinction between reproductive and therapeutic cloning is (as many emphasize) a distinction without a real moral difference, at least with respect to the fact that both involve cloning as the technique of choice. As John Finnis has argued, the terminology is politicized and manipulative: “Production of embryos by cloning is \textit{always} reproductive ... and de facto is \textit{never} therapeutic [for the embryo].”\textsuperscript{54}

With respect to reproductive cloning, \textit{DP} views it as a form of “biological slavery.” Thus, the Instruction convincingly and eloquently argues, “The originality of every person is a consequence of the particular relationship that exists between

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\textsuperscript{53}Note 47 of the Instruction describes the two methods of human cloning: artificial embryo twinning and cell nuclear transfer. The latter is usually referred to as somatic cell nuclear transfer. What \textit{Dignitas personae} calls “artificial embryo twinning” is, I think, what \textit{Donum vitae} spoke of as “twin fission” in I.5 and again in I.6, saying, “Attempts or hypotheses for obtaining a human being without any connection with sexuality through ‘twin fission,’ cloning or parthenogenesis are to be considered contrary to the moral law, since they are in opposition to the dignity both of human procreation and of the conjugal union.” See also two documents from the Pontifical Academy for Life, “Reflections on Cloning” (September 30, 1997) and “Declaration on the Production and the Scientific and Therapeutic Use of Embryonic Stem Cells” (August 25, 2000), as well as John Finnis, “Some Fundamental Evils in Generating Human Embryos by Cloning,” in \textit{Ethics and Law in Biological Research}, ed. Cosimo Marco Mazzoni (The Hague: Kluwer Law International, 2002), 99–106.
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God and a human being from the first moment of his existence and carries with it the obligation to respect the singularity and integrity of each person, even on the biological and genetic levels” (n. 29).

Therapeutic cloning is, of the two, actually the more sinister, in that it proposes to clone embryos for the sole purpose of retrieving their stem cells. In the process of doing so, the human embryo, or blastocyst, is destroyed. These embryonic stem cells will then be used, it is hoped, in therapies to help the sick and diseased. DP says that, even though the intention of overcoming suffering is good, this form of cloning is also incompatible with human dignity because “it makes the existence of a human being at the embryonic stage nothing more than a means to be used and destroyed. It is gravely immoral to sacrifice a human life for therapeutic ends” (n. 30).

Also noted in n. 30 are alternative techniques for producing “stem cells of an embryonic type”—pluripotent stem cells—that have been put forth recently as a result of the moral concerns about therapeutic cloning and the use of “spare” embryos produced by IVF. In note 49, the Instruction mentions some of these techniques (all with numerous variations) without describing them: human parthenogenesis, altered nuclear transfer (ANT), and oocyte-assisted reprogramming (OAR). The Instruction further observes that these proposals have raised scientific and ethical questions “regarding above all the ontological status of the ‘product’ obtained in this way” (n. 30). Therefore, the proverbial sixty-four-thousand-dollar question that needs to be answered is the following: Are these so-called products simply “biological artifacts” (i.e., not human beings), or are they in fact disabled human beings with severe defects “programmed” into them ab initio?

I, along with many other Catholic scholars, believe that ANT, OAR, and ANT-OAR (but not parthenogenesis) are promising techniques that seem to avoid the many moral problems associated with therapeutic cloning and the use of IVF embryos for research. I wish the Instruction said more about the morality of these techniques, other than simply, “Until these doubts [about the product’s ontological status] have been clarified … ‘the mere probability that a human person is involved would suffice to justify an absolutely clear prohibition of any intervention aimed at killing a human embryo” (n. 30, quoting Evangelium vitae, n. 60). Maybe my wish is unfair, given the complexity of these issues, but nonetheless I was left wanting more guidance

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54 Finnis, “Some Fundamental Evils,” 100, the first emphasis added.

55 I argued in these pages that the product of parthenogenesis, a “parthenote,” should be considered a human being, albeit possibly a radically disabled one. See Mark S. Latkovic, “The Science and Ethics of Parthenogenesis,” National Catholics Bioethics Quarterly 2.2 (Summer 2002): 245–255.

56 See the official altered nuclear transfer (ANT) Web site at http://www.alterednucleardtransfer.com/. For a good sampling of articles arguing for and against the technique, which were originally published in Communio, see http://www.communio-icr.com/ant.htm.

57 May has a good and much more comprehensive discussion of these new alternative techniques and their morality in his Catholic Bioethics, 232–237.
from the CDF. William E. May, who has argued in favor of proceeding ahead with ANT-OAR,\textsuperscript{58} agrees with this view, saying that the main weakness of the third part of the Instruction is its “lack of clarity in discussing ANT-OAR.”\textsuperscript{59}

The section on the therapeutic use of stem cells begins in n. 31 and continues in n. 32. It briefly describes stem cells and their characteristics, what they are being proposed for, the different kinds of stem cells (embryonic and adult), and where they are found. Although the Instruction says that adult stem cells do have a “certain versatility,” it also says that they “do not seem to have the same capacity for renewal or the same plasticity as stem cells taken from embryos” (n. 31). Recent studies indicate, however, that this may not be quite accurate. In November 2007, it was announced that two teams of scientists had accomplished the feat of turning human skin cells into cells that behave like embryonic stem cells without producing or killing human embryos.\textsuperscript{60} The director of the National Institutes for Health, celebrated geneticist Francis Collins, remarks that this new cell type, the induced pluripotent stem cell, “has opened a new window for research and potential clinical applications.”\textsuperscript{61} The Instruction should have made mention of this astounding development—one that qualifies, in the words of Collins, “as a true revolution.”\textsuperscript{62}

The Instruction also points out that adult stem cells “give more positive results than embryonic stem cells” (n. 31) without the ethical problems associated with obtaining embryonic stem cells, which again involves destroying embryos (see n. 32). Missing, however, is explicit recognition that stem cells from adults have been involved in the treatment of more than seventy diseases, whereas embryonic

\textsuperscript{58}This research, as May and other supporters affirm, should proceed first with animals to conclusively show that embryogenesis does not occur with OAR. See May, Catholic Bioethics, 233–236.

\textsuperscript{59}May adds that Dignitas personae’s other weakness is its analysis of the use of biological material of illicit origin. May, “New Treatments that Involve the Manipulation of the Embryo or the Human Genetic Patrimony, and Conclusion (nn. 24–37),” in Brugger, “Symposium,” 481, 479.


\textsuperscript{61}Collins also informs us that now “this can be achieved using cells from a single human hair!” Collins, Language of Life, 266.

\textsuperscript{62}Ibid., 266. Collins, who is in favor of human embryonic stem cell research, says that the therapeutic application of iPSC cells is “still very uncertain, but holds great promise” (267).

\textsuperscript{63}The Instruction does briefly mention in n. 31 “therapeutic protocols” that have opened “new and promising possibilities,” but more should have been said in the document about the successes of adult stem cells. On the therapeutic uses of stem cells, see William L. Saunders et al., “Adult Stem Cell Success Stories 2007 Update,” Family Research Council, http://www.frc.org/content/adult-stem-cell-succes-stories--2007-update.
stem cells have had no successful therapeutic applications to date, and their use is characterized by numerous problems, including tumor formation.63

One last point with respect to the Instruction’s handling of stem cell research: On the issue of using embryonic stem cells that have been provided by other researchers who have killed the embryos, DP teaches that it poses “serious problems from the standpoint of cooperation in evil and scandal” (n. 32). DP nn. 34 and 35, as we will see, formulate some “general principles” to determine degrees of cooperation in evil—formal or material.

A brief section on attempts at human–animal hybridization, or hybrid cloning, is found in DP n. 33. The Instruction makes two valid points about the recent use of animal oocytes in cloning for the purpose of extracting embryonic stem cells. First, such methods “represent an offense against the dignity of human beings on account of the admixture of human and animal genetic elements capable of disrupting the specific identity of man.” Second, because the stem cells taken from these embryos “may also involve additional health risks, as yet unknown,” to human beings, it is morally wrong to expose anyone to such risks (n. 33).64

The final section of part 3, nn. 34 and 35, is relatively long and deals with the issue of using human “biological material” of illicit origin, such as cell lines derived from aborted fetuses for the production of vaccines. In laying out the general principles for thinking about this problem, the Instruction first notes that the category of “abortion” pertains to all interventions on human embryos, such as experimentation, by which the embryos are inevitably killed (n. 34). Secondly, in n. 35 the document essentially argues that when researchers use biological material of illicit origin, it is necessary but not enough to invoke “the criterion of independence.” The CDF pronounces a “duty to refuse to use such ‘biological material’ even when there is no close connection between the researcher and the actions of those who performed the artificial fertilization or the abortion, or when there was no prior agreement with the centers in which the artificial fertilization took place” (DP, n. 35). This duty springs, DP says, “from the necessity to remove oneself, within the area of one’s own research, from a gravely unjust legal situation and to affirm with clarity the value of human life” (n. 35). Finally, DP recognizes that “there exist differing degrees of responsibility” in the use of such “biological material.” The Instruction gives the example of parents who justifiably make use of a vaccine developed from cell lines of illicit origin. But it reminds us that we must make known our disagreement with this situation and clamor for vaccines that do not involve the taking of

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unborn human life (n. 35). This is all part of what it means to witness to the Gospel of life in a culture of death.

*DP* concludes with nn. 36 and 37, which wonderfully show that the Church’s teachings are not just a collection of “thou shall nots.” Rather, every prohibition, whether absolute or not, is based on the need to protect and promote a real good of the human person. Some of these goods (or “gifts,” as *DP* says) include those so important to bioethics: life, knowledge, freedom, and love (n. 36). I would have explicitly added to this list the goods of health, bodily integrity, and the communion of man and woman in marriage.

For its part, n. 37 of the Instruction recalls for us why the CDF has felt obliged to intervene in the field of biomedicine: “to reiterate both the dignity and the fundamental and inalienable rights of every human being, including those in the initial stages of their existence, and to state explicitly the need for protection and respect which this dignity requires of everyone.” I judge that the authors of the Instruction did a commendable job of responding to this obligation, arising from the Congregation’s doctrinal and pastoral mission, but the document could have been, and needs to be, even better next time—for the good of the Church and the world.

**The Impact of *Dignitas personae* on Catholics**

We have seen that *DP* is part of a long tradition of Catholic reflection, teaching, and practice in bioethics. Proximately, it is a sequel to *Donum vitae*. In terms of fundamental moral principles and theories, however, there is not much that is new, but this should not necessarily be surprising. On a few issues, new moral norms are proposed to deal with technical procedures that were not possible when *Donum vitae* was published (e.g., stem cell research). Other procedures it has left still unexamined (e.g., GIFT, the use of methotrexate to treat ectopic pregnancies). And on one moral issue it has rendered a judgment (e.g., adopting frozen embryos to overcome infertility), but its treatment of the issue of so-called altruistic frozen embryo adoption is vague enough to leave the Catholic faithful still without a settled teaching. So the

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66 Thus, “behind every ‘no’ in the difficult task of discerning between good and evil, there shines a great ‘yes’ to the recognition of the dignity and inalienable value of every single and unique human being called into existence.” CDF, *Dignitas personae*, n. 37.

67 This personalist natural law ethic might very well be inspired by John Paul II’s *Veritatis splendor* n. 13, where, in a remarkable passage, he argues, “The different commandments of the Decalogue are really only so many reflections of the one commandment about the good of the person, at the level of the many different goods which characterize his identity as a spiritual and bodily being in relationship with God, with his neighbour and with the material world. … The commandments of which Jesus reminds the [rich] young man [in Matt. 19:18–19] are meant to safeguard the good of the person, the image of God, by protecting his goods. “You shall not murder; You shall not commit adultery; You shall not steal; You shall not bear false witness” are moral rules formulated in terms of prohibitions. These negative precepts express with particular force the ever urgent need to protect human life, the communion of persons in marriage, private property, truthfulness and people’s good name” (original emphasis).
debate on that issue and on the others that still lack magisterial approval or disapproval continues among Catholics. As with any complex subject matter like bioethics, one should expect to undergo a painstaking process of fact gathering before any sort of moral assessment can be made. That can take time.

There is much that is truly good in the Instruction, as I and others have already indicated. No other institution today could issue a document like this or like the previous documents in the field of morality—not with the same truth, depth, beauty, and consistency. Saying this, however, does not cover my many criticisms of the document—both minor and substantial. Some of my disappointment can be attributed to the fact that I expected DP to be an equal successor to Donum vitae in every way, a document that would finally settle many of the issues that have divided faithful Catholics for decades. But apart from the content, the Instruction was not as well organized as its predecessor, nor did it have the same level of consistent intellectual rigor or well-developed arguments. After reading and talking with many other loyal Catholic bioethicists about the Instruction, I found that they had similar reactions. I also wanted to know how it was decided to take up some matters in the document and leave others out.

How will this document be received by Catholics? That is hard to say. I do not have a theological crystal ball, nor can I claim competency as a futurist or prophet. Moreover, as I write in mid June 2010, the Instruction is only twenty-one months old. So it is still too early to tell what impact DP will have on doctors, nurses, bioethicists, ethics committees, the average Catholic, and so on. I do think it safe to predict that the majority of revisionist theologians will not change their minds on the issues that they dissent on because of this document. They will keep on defending, for example, the morality of IVF and embryonic stem cell research. But that, of course, is not the fault of this document. Traditionalist theologians will be happy, obviously, to see that DP has upheld the constant moral teaching of the Church on many bioethical questions and has applied its moral principles to show either the moral goodness or moral badness of certain biomedical technologies—even if without the hoped-for clarity on a few issues. But it does give useful guidance and direction on a number of pressing concerns.

Maybe the document’s most significant and enduring value will be to propose once again—keeping it constantly before our hearts and minds—the Church’s teaching on matters so crucial to advancing “a more human civilization” (n. 37). This is why the Instruction puts so much emphasis, rightly so, on the dignity of every human person (dignitas personae) and its implications for biomedical technologies. A society is worthy of the label “human” only to the extent that it fully respects this dignity. The Church, which has profoundly appropriated this truth, raises it to a higher level: A society is Christian to the extent that it is able to see in every human person, above all in the most vulnerable, the face of Christ himself (n. 37; see also Matt. 25:40). That, to my mind, is the lasting truth and lesson of the Instruction Dignitas personae.