

Catholic Principles and In Vitro Fertilization

Rev. Kevin D. O'Rourke, OP

Abstract. In the 2008 Instruction *Dignitas personae* (The Dignity of the Person), the Congregation for the Doctrine of the Faith presented once again the teaching of the Church on in vitro fertilization. Much of this teaching was contained in the earlier Instruction *Donum vitae* (The Gift of Life, 1987), but the new document brings the teaching of the Church up to date. Because the teaching is not accepted in the secular scientific community and is often unknown in the Catholic community, this article explores the process of IVF, the view of the Church concerning it, and the fundamental principles underlying the Church's teaching. *National Catholic Bioethics Quarterly* 10.4 (Winter 2010): 709–722.

In the recent Instruction *Dignitas personae* (The Dignity of the Person), the Holy See presented once again the teaching of the Church on in vitro fertilization.¹ Much of this teaching was contained in a prior instruction on bioethics, *Donum vitae* (The Gift of Life), but the new document brings the teaching of the Church up to date.² Because the teaching is not accepted in the secular scientific community and is often unknown in the Catholic community, it will be helpful to explore here the process of IVF, the view of the Church concerning it, and the fundamental principles underlying this teaching.

Rev. Kevin D. O'Rourke, OP, JCD, STM, is a professor of bioethics at the Neiswanger Institute for Bioethics and Health Policy at the Loyola University Chicago Stritch School of Medicine, and a consultant for many Catholic health care corporations.

¹Congregation for the Doctrine of the Faith, *Dignitas personae* (September 8, 2008).

²CDF, *Donum vitae* (February 22, 1987).

In Vitro Fertilization and Embryo Transfer

In a conversation we had well before he died, Rev. Albert Moraczewski, OP, the first president of the Pope John XXIII Medical-Moral Research and Education Center (now The National Catholic Bioethics Center), told me that there were more than twenty different ways in which a child can be generated, depending on the source of the gametes, whether they are “fresh” or frozen, and whether a surrogate carries the child to term. For our purposes we shall concentrate on the biological process that occurs no matter what the source or carrier of the child.

The Latin term *in vitro* means “in glass,” as in a test tube or Petri dish. The Centers for Disease Control and Prevention (CDC) define IVF as an assisted reproductive procedure “that involves removing ova from a woman’s ovaries and fertilizing them outside her body.”³ When the purpose of the process is to produce a living person, IVF is followed by transfer of the zygote to the uterus, a medical procedure called embryo transfer. If the purpose of IVF is not the generation of a new human person—if it is to provide embryos for research or for the harvesting of embryonic stem cells, for example—the process may not involve embryo transfer.

Initially, IVF and embryo transfer (IVF-ET) was used for women who had damaged fallopian tubes, but it has been extended to cases of infertility due to other causes, known and unknown, because it has a comparatively high success rate.⁴ As described in the *Encyclopedia of Bioethics*, “IVF treatment is both physically and emotionally demanding. Several visits for hormone determinations and ultrasound are required. Ovum recovery, although relatively safe, is not without complications.”⁵ The procedure is expensive and seldom covered by insurance—an issue we shall discuss later.

When IVF is used to produce a living child, the procedure, which involves several steps, is referred to as a cycle. A cycle begins when a woman starts to take fertility drugs or have her ovaries monitored for follicle production.⁶ In the United States, more than four hundred assisted reproductive technology (ART) clinics performed over one hundred and forty thousand cycles in 2007, the last year for

³Centers for Disease Control and Prevention, *2007 Assisted Reproductive Technology Success Rates: National Summary and Fertility Clinic Reports* (Atlanta: CDC, 2009), 532, http://www.cdc.gov/art/ART2007/PDF/COMPLETE_2007_ART.pdf. This report is published yearly by mandate of the U.S. Congress “to help potential ART users to make informed decisions about ART.” The latest data are from 2007.

⁴*Ibid.*, 21. Success rates vary, mainly due to the woman’s age and the number of cycles in which she participates. Clinics report success rates as high as 75 percent for younger women who undergo a number of cycles. See also Julie Irwin Zimmerman, “Science and the Path to Parenthood,” *America* 201.1 (July 6, 2009): 13–15, http://www.americamagazine.org/content/article.cfm?article_id=11743.

⁵Luigi Mastroianni Jr., “Reproductive Technologies: Introduction,” in *Encyclopedia of Bioethics*, vol. 4, rev.ed., ed. Warren T. Reich (New York: Simon and Schuster Macmillan, 1995), 2209.

⁶CDC, *2007 Assisted Reproductive Technology*, 531.

which there are reliable figures.⁷ A cycle does not always lead to a pregnancy, and pregnancies do not always lead to live births. Hence, outcomes must be carefully studied to provide accurate success rates.

The typical IVF-ET cycle consists of three stages: (1) ovarian stimulation and collection of semen (containing spermatozoa) and oocytes (ova or eggs); (2) the uniting of ova and semen in a Petri dish in a solution designed to enhance fertilization, hopefully resulting in fertilized ova (zygotes); and (3) transfer of one or more zygotes into the womb of the woman who will carry the child to birth. At all stages of a cycle, the process is observed through instruments capable of microscopic magnification.

Collection of Ova and Spermatozoa

A cycle begins with ovarian stimulation of the woman into whom the embryo will be transferred—unless a frozen embryo is to be utilized, oocytes have been donated by a woman not involved in the birth process, or a surrogate will carry the child. The ovaries of most women contain numerous oocytes, not yet fully developed, nesting in follicles. On the third day of the menstrual cycle, drugs (oral or injected) are used to stimulate development of the follicles to produce mature ova.

Through the years, various forms of stimulation have been used to develop follicles and harvest ova mature enough to receive a spermatozoon and generate a zygote.⁸ The methods of stimulation have changed because some forms caused women discomfort and some even caused pathological conditions.⁹ Typically, ten days of injections are needed. When follicular development is adequate, about ten to thirty ova are removed from the ovaries. Surgery is no longer needed to harvest mature ova; rather “a needle . . . is inserted through the vaginal wall and into the mature ovarian follicles.”¹⁰

Semen, the fluid that contains spermatozoa (sperm), is usually collected by means of masturbation. If the man who wishes to generate a child is unable to provide sperm, another man may donate the necessary sperm. In contemporary ART, this is referred to as *donor insemination*. In papal documents it is referred to as *heterologous artificial insemination* when either the ovum or the sperm is provided by a third party. *Homologous artificial insemination* occurs when the spouses wishing to generate a child provide the ova and sperm necessary to begin the gestation process.

In the form of ART known as GIFT (gamete intrafallopian transfer), the ova are placed with the man's sperm in the woman's fallopian tubes; to avoid masturbation,

⁷Ibid., 5.

⁸Only one of the spermatozoa will penetrate the coating (zona pellucida) of the ovum. See Maureen Condit, “When Does Human Life Begin? A Scientific Perspective,” *Westchester Institute White Paper Series* 1.1 (October 2008), reprinted in *National Catholic Bioethics Quarterly* 9.1 (Spring 2009): 135. See also President's Council on Bioethics, *Reproduction and Responsibility* (Washington, DC: PCB, 2004), 23–35.

⁹R. G. Edwards, R. Lobo, and P. Bouchard, “Time to Revolutionize Ovarian Stimulation,” *Human Reproduction* 11.5 (May 1996): 917–919.

¹⁰President's Council on Bioethics, *Reproduction and Responsibility*, 25.

the couple may collect semen from a perforated silastic condom after the marital act has been performed.¹¹

Fertilization of Ova and Sperm

To increase the chances of fertilization, a number of the mature ova collected from a woman's stimulated ovaries are placed in a Petri dish together with semen. In the dish is a chemical solution designed to mimic the temperature and conditions of the human body, which promotes penetration of the outer membrane (the *zona pellucida*) of the ovum by a single spermatozoan. In about eighteen to twenty-four hours, fertilization should take place. If the mingling of ova and spermatozoa is successful, fertilization—that is, conception—occurs. Fertilization can be detected microscopically by the joining of the pronuclei of the ovum and sperm and by cell division. The zygotes (fertilized ova) are then placed in another solution, which promotes their continuing development.

If the cause of infertility is low sperm count or lack of sperm motility, the process of fertilization may take place by the injection of a single spermatozoon into an ovum. This process is known as intracytoplasmic sperm injection. In the United States ICSI is used frequently as part of the IVF process even in cases where the cause of infertility is something other than low sperm count or motility, because it seems to increase the chance of fertilization.¹² Fertilization of only one ovum could obviate the problem of creating “spare” embryos, which are later destroyed or frozen. But usually more than one ovum is fertilized even in the ICSI process, so the problem of “spare” embryos remains.

In GIFT, the sperm and unfertilized ova are put in a catheter and then placed in a woman's fallopian tube. If fertilization takes place, it thus occurs in the woman's body. According to CDC data for 2007, less than 1 percent of ART cycles performed in the United States involve GIFT, and less than 20 of 430 ART clinics provide this process.¹³ GIFT is more complicated than IVF-ET, and it has a lower rate of success.¹⁴

Embryo Transfer

Although the developing child is called an embryo in descriptions of the IVF process, it is usually transferred before it reaches the embryonic stage of development, strictly speaking. The fertilized ovum may be transferred as early as three days after fertilization, at the *zygote* stage, or five or six days after fertilization, at the *blastocyst* stage. Some authors refer to zygotes and blastocysts as “pre-embryos,” maintaining that since individuation has not yet occurred, the child could not be human at this early stage of development.¹⁵ Proponents of this terminology prefer to look on the newly formed zygote as a potential person rather than a person with potential.

¹¹ CDC, *2007 Assisted Reproductive Technology*, 532.

¹² *Ibid.*, 41.

¹³ *Ibid.*, 84, 93–522.

¹⁴ *Ibid.*, 42.

¹⁵ Richard A. McCormick, “Who and What Is the Pre-embryo,” *Kennedy Institute of Ethics Journal* 1.1 (March 1991), 1–15; and Mastroianni, “Reproductive Technology,” 2210.

From both theological and scientific points of view, “pre-embryo” is not a valid description of the newly conceived child. The teaching of the Church does not accept the term “pre-embryo” to describe the developing human person.¹⁶

The number of embryos (zygotes or blastocysts) transferred varies from one cycle to another, usually depending on the age of the woman. In some countries, such as Great Britain, laws regulate the number of embryos that may be transferred. In the United States there are no laws in this regard. As a result, more multiple births result from the IVF process in the United States.¹⁷ At first glance, couples seeking a remedy to the problem of infertility might be expected to welcome multiple births, and some do, but there are increased risks to the mother and children in any multifetal pregnancy, especially when it involves four or more babies. The risks for illness and death are substantially greater for twins than for singletons, and even greater for triplets and more.¹⁸

According to the CDC, “multiple infant births are associated with greater problems for both mothers and infants, including higher rates of cesarean section, pre-maturity, low birth weight, and infant disability or death.”¹⁹ In some multiple gestations, the number of fetuses is reduced by selective abortion after the pregnancy is under way. It can be particularly traumatic for a woman who has been trying to conceive to be asked to abort some of the fetuses.²⁰

Once the embryo is embedded, or implants, in the endometrium of the uterus, the pregnancy can be discerned; this occurs about fourteen days after embryo transfer. In IVF procedures, embryos that are not transferred to a womb are either destroyed or frozen; if frozen, they may be used in the future if, for example, the current cycle does not result in a pregnancy. In 2002, the number of frozen embryos in the United States was nearly four hundred thousand; the number is likely to be much higher now.²¹

A growing practice in the United States is pre-implantation genetic diagnosis (PGD), which is utilized to detect genetic abnormalities or determine the sex of the embryo before implantation. One cell of the developing embryo is extracted and

¹⁶See Benedict Ashley and Albert Moraczewski, “Cloning, Aquinas, and the Embryonic Person,” *National Catholic Bioethics Quarterly* 1.2 (Summer 2001): 189–201; and R. O’Rahilly and Fabiola Muller, *Human Embryology and Teratology* (New York: John Wiley and Sons, 1994), 55. It is true that the Church stops short of defining the developing zygote as a person. CDF, *Dignitas personae*, n. 5. Personally, “even though the human soul cannot be observed experimentally,” it seems to me that the presence of the human soul in the initial stages of human development can be discerned as the *form* of the developing entity (*operatio sequitur esse*). See Thomas Aquinas, *Summa theologiae*, I, q. 76, a. 1.

¹⁷CDC, *2007 Assisted Reproductive Technology*, 78.

¹⁸“Multiples: Twins, Triplets, and Beyond,” December 2009, March of Dimes Web site, http://www.marchofdimmes.com/Pregnancy/trying_multiples.html.

¹⁹CDC, *2007 Assisted Reproductive Technology*, 76.

²⁰C. M. Little, “Nursing Considerations in the Case of Multifetal Pregnancy Reduction,” abstract, MCN: *American Journal of Maternal Child Nursing* 35.3 (May–June 2010): 166.

²¹D. Hoffman et al., “Cryopreserved Embryos in the United States and Their Availability for Research,” *Fertility and Sterility* 79.5 (May 2003): 1063–1069.

analyzed.²² If the cell, and hence the developing embryo, does not meet the standards desired by the couple, the embryo is destroyed. Most recent data show that less than 5 percent of IVF procedures make use of PGD,²³ but predictions are that in the near future there will be no IVF without PGD.

Moral Teaching of the Church, in General

As a preface to the more specific teachings of the Church in regard to various forms of assisted reproduction, this section will consider the basic concepts that underlie the moral teaching of the Church.

Church Teaching Distinct from Secular Teaching

To understand the moral teaching of the Church, we need to differentiate it from the moral theories prevalent in our society. Catholic moral theology is not similar to emotivism or consequentialism.²⁴ Emotivism is a form of moral decision making based on the feelings of the person or persons involved in the decision. Some modern ethicists hold that an ethics based on feelings or emotions is the only one possible, because any discussion of values involves subjective emotional attitudes. If we consider any modern moral issue, such as abortion or capital punishment, it is true that the way people feel will often govern their behavior. But while human emotions are involved in every moral decision, in the Catholic tradition they are not determinative of the final decision. In the Catholic tradition, good and evil are discerned on a more extensive analysis of the human act being performed.

Consequentialism determines whether human actions are good or bad by measuring the pain or pleasure resulting from them. Thus, consequentialism is concerned primarily with the effects of an action. The measure of pain or pleasure may involve a single person (egoism) or a group of persons (utilitarianism). Frequently, consequentialism is described as a moral system that seeks to “provide the most good for the most people.” In the United States, it is the most popular form of ethical reasoning for those who wish to avoid emotivism. Clearly, the effects of an action are important, but the object or species of the act is even more important. Hence, consequentialism falls short of a complete examination of human morality.

Both emotivism and consequentialism do not admit of actions that are always morally unacceptable. Rather, they will find that the motive of an act or the circumstances of an act may justify what is usually considered immoral. By emotivist or consequentialist reasoning, for example, even the killing of an innocent person may be justified by the good that may result for the agent of the action or for the community at large. In the Catholic tradition, some actions are considered evil no

²²President’s Council on Bioethics, *Beyond Therapy, Biotechnology and the Pursuit of Happiness* (Washington, DC: PCOB, 2003), 40.

²³CDC, *2007 Assisted Reproductive Technology*, 91.

²⁴For a more complete examination of these moral systems in relation to Catholic moral theology, see Benedict M. Ashley, Jean DeBlois, and Kevin D. O’Rourke, *Health Care Ethics: A Catholic Theological Analysis*, 5th ed. (Washington DC: Georgetown University Press, 2006), 14.

matter what the circumstances and no matter who performs them. These are known as actions that are *intrinsically evil*.²⁵

For a time at the end of the last century, some Catholic theologians seeking to find pastoral exceptions for moral norms that seemed too rigid, such as the teaching of the Church on contraception, maintained that a sufficient motive might justify an action that under most circumstances would be evil. This theory, called proportionalism, was rejected by Pope John Paul II.²⁶ As we shall see, the motive of the person performing an action is a significant element in Catholic morality, but the “the morality of the human act depends primarily and fundamentally on the ‘object.’”²⁷ Thus, the object or species of the act (its purpose or goal) is more important in determining its morality than is the motive or any circumstance.

Church Teaching Founded on Faith and Reason

Catholic teaching in regard to morality is founded on faith and reason.²⁸ The relationship between faith and reason in Catholic moral thinking is interactive. Faith does not contradict or supplant human reasoning, but provides principles and goals for reasoning and also supernatural light leading to sound conclusions. Faith provides many truths that are foundational in bioethics, such as the truth that God wishes to share his life with us as a result of our free choices. Thus, choosing actions that lead us to God—that is, choosing actions that are good instead of evil—is the first principle of moral decision making.²⁹

The faculty that enables human beings to decide whether an act is good or evil is conscience. Conscience is not a separate human faculty but rather the intellect and will working together to determine what is good or evil, that is, whether an act will lead toward or away from God. Conscience “is a judgment of reason whereby the human person recognizes the moral quality of a concrete act that he is going to perform, is in the process of performing, or has already completed.”³⁰

Conscience relies on principles implanted in human beings by God the Creator, principles that are inherent in Divine Wisdom. Through these principles human beings participate in Divine Wisdom. Taken together, the principles or moral

²⁵ John Paul II, *Veritatis splendor* (August 6, 1993), n. 79.

²⁶ *Ibid.*, n. 82.

²⁷ *Ibid.*, n. 78.

²⁸ There are several sources that provide help in understanding Catholic moral teaching. See, for example, *Catechism of the Catholic Church*, 2nd ed., trans. U.S. Conference of Catholic Bishops (Vatican City: Libreria Editrice Vaticana, 1997), part 3; John Paul II, *Veritatis splendor*; Aquinas, *Summa theologiae*, I-II, q. 1–18; and textbooks on moral theology such as William E. May, *An Introduction to Moral Theology*, 2nd ed. (Huntington, IN: Our Sunday Visitor, 2003); Romanus Caesario, *Introduction to Moral Theology* (Washington, DC: Catholic University of America Press, 2001); and Ronald Lawler, Joseph Boyle, and William E. May, *Catholic Sexual Ethics*, 2nd ed. (Huntington, IN: Our Sunday Visitor, 1998).

²⁹ Aquinas, *Summa theologiae*, I-II, q. 94, a. 2.

³⁰ *Catechism*, n. 1778. Aquinas focuses on the virtue of prudence as the operative guide to conscience.

mandates are known as natural law, because the fundamental norms are found in the nature of each person.³¹

In the Catholic tradition, moral decision making involves three factors, which were mentioned briefly above: (1) the object of the act, (2) the motive of the person performing the act, and (3) the circumstances of the act.

The *object of the act* in question is the purpose or goal (*finis*, or end) of the action. “Whatever your ulterior aims, what one is here and now doing on purpose . . . is called the object of the moral act.”³² In stealing, for example, the object or purpose of the act is to take something of value from another person without the permission of the owner. The object of a human action involves more than its physical effect, because every human action also involves psychic and spiritual elements.³³ In Latin, the object of the act is referred to as the *finis operis*, as opposed to the *finis operantis*, which refers to the motive of the person performing the action.

The *motive, or ulterior intention, of the person performing the act* is the most significant of the circumstances surrounding the object of the human act. Aquinas, following Aristotle, distinguished between these two elements of morality by describing a person who robbed another (robbery being object of the act) in order to commit adultery (the motive of the agent) as being more of an adulterer than a thief.³⁴ Not infrequently, even in Vatican documents, the word “intention” is used without modifiers. Hence, it is uncertain whether the term refers to the object of the act or the motive for acting. To avoid confusion then, it seems more accurate to refer to the object as the intention of the act and to the motive as the intention of the agent.

Finally, conscience must consider the other *circumstances of the action*, which might affect or even change the morality of an act. There are many circumstances that may be considered, such as who, what, when, and so on. Circumstances are not usually significant unless they change the nature or the gravity of the act in question. Thus, it would be a more serious sin to rob a poor man of a hundred dollars than to rob a rich man of the same amount. It would be a more serious sin to steal a chalice than a valuable drinking vessel, since stealing a chalice would be a sacrilege as well as a theft.

These three elements—the object of the act, the motive of the person performing the act, and the circumstances of the act—must all be good before a human action can be designated as good. (“Bonum ex integra causa, malum ex quocumque defectu.”)³⁵ Going through an analysis of these three elements every time one has to act is not necessary, because there are collections of moral norms that summarize

³¹ *Catechism*, nn. 1954–1960. The more remote norms of the natural law are discerned by a process of reasoning. Thus, all do not know these more refined norms unless instructed.

³² G. E. M. Anscombe, “Ethics, Religion, and Politics,” in *Collected Philosophical Papers*, vol. 3, *Ethics, Religion and Politics* (Oxford: Blackwell, 1981), 81.

³³ Ashley, DeBlois, and O’Rourke, *Health Care Ethics*, 35, 297.

³⁴ Aquinas, *Summa theologiae*, I-II, q. 18, a. 6.

³⁵ *Catechism*, n. 1755.

the process of moral decision making. The Ten Commandments, for example, or a list for the examination of conscience provides a set of norms that generally help distinguish good actions from bad.

Defined and Authentic Church Teaching

Another significant distinction in Catholic moral teaching is the difference between infallible (defined) teaching and irreformable (authentic) teaching. About forty years ago, during a speaking tour after the Second Vatican Council, the French priest (later Cardinal) Yves Congar, OP, said in a conversation with several Dominican priests, “Emphasis on infallibility will do to the truth what emphasis on probabilism did to moral theology.” At the time, I did not understand his meaning, but now I think I do: the emphasis on infallibility leads to legalism in Church teaching just as the emphasis on probabilism led to legalism in moral theology.

Many theologians, succumbing to legalism, claim that if a statement is not clearly infallible, one may dissent from it. Congar was not denying the ability of the Church to make statements that are presented as an expression of divine revelation and thus infallible or defined, but he did see that emphasizing the infallible teaching of the Church would weaken the effect of noninfallible teaching.

The Church responded to this tendency in 1990 in the Instruction *Donum veritatis*, from the Congregation for the Doctrine of the Faith: “Magisterial decisions . . . even if they are not guaranteed by the charism of infallibility, are not without divine assistance and call for the adherence of the faithful. . . . When the Magisterium, not intending to teach ‘definitively,’ teaches a doctrine . . . the response called for is that of the religious submission of will and intellect.”³⁶ The Instruction concedes that some statements “in the prudential order” may contain contingent and conjectural elements that may give rise to questions or even be reversed in later teaching. But the theologian’s manner of responding to such statements as outlined in the Instruction does not amount to dissent; perhaps a better description would be “the inability to assent due to objective evidence.” Clearly, ability to assent to noninfallible teaching must be founded on more than the fact that the teaching is difficult to follow.

At the time the Instruction was published, Cardinal Ratzinger (now Pope Benedict XVI) offered some examples of statements that have been reversed, specifically, the teaching in regard to freedom of conscience in choosing a religion and many early statements of the Pontifical Biblical Commission.³⁷ Rev. Avery Dulles, SJ (later a Cardinal), wrote a masterful interpretation of this document and among other things recommended that the Vatican issue statements of doctrine or discipline only occasionally.³⁸ Statements of doctrinal teaching are usually issued in Instructions

³⁶CDF, *Donum veritatis* (May 24, 1990). For a more complete explanation of this Instruction, see Lawler, Boyle, and May, *Catholic Sexual Ethics*, 121–132.

³⁷Joseph Cardinal Ratzinger, “Theology Is Not Private Idea of Theologian” (June 26, 1990), *L’Osservatore Romano* (English), July 2, 1990, 5.

³⁸Avery Dulles, “The Magisterium, Theology, and Dissent,” *Origins* 20.42 (March 28, 1991): 692–696.

of the CDF signed by the Holy Father, but they are also issued at times in papal allocutions. The latter statements are usually “informal” and not as well researched as the documents issued by the CDF.

Statements issued by papal commissions, councils, and study groups have only the authority of the reasoning contained in the documents. In sum, it seems that the noninfallible teachings of the Church are subject to “dissent” only if they are in the prudential order, if they contain or are based on “contingent or conjectural statements,” and if inability to assent is based on objective evidence.

Objective and Subjective Morality

Finally, another important aspect of Catholic moral teaching is the distinction between objective and subjective morality:

Christian moral tradition has always maintained the distinction—not the separation much less the contraposition—between objective disorder and subjective guilt. . . . It is perfectly legitimate to give due consideration to the . . . actions of the individual, not only to his intentions and motivations, but also to the various circumstances of his life, and above all to the causes that might impair his conscience and free will. This subjective situation, which can never change into “order” what is intrinsically “disorder,” can have some bearing on the responsibility of the individual’s behavior.³⁹

In some cases then, a person’s subjective condition may remove the guilt for an objectively evil action; this is especially true if a person is trying at the same time to satisfy conflicting moral obligations. Pope John Paul gave an example of the conflict that may arise in a person seeking to lead a good moral life. “Decisions that go against life sometimes arise from difficult or even tragic situations of profound suffering, loneliness, a total lack of economic prospects, depression and anxiety about the future. Such circumstances can mitigate even to a notable degree subjective responsibility and the consequent culpability of those who make these choices which in themselves are evil.”⁴⁰

The recognition of subjective morality is not an escape from the mandate of leading a good moral life, but it does remind us that judging the guilt of someone who does not follow the teaching of the Church is beyond the competence of anyone save the person who performs the act in question. Moreover, seldom does one acquire the ability to follow the teaching of the Church as soon as one hears about it. At times, the teaching of the Church may seem oppressive and condemnatory, especially for people seeking to live good moral lives. But it must be remembered that the overall purpose of Church teaching is to lead people closer to God.

The acceptance of moral truth is a gradual process. We are historical beings. Making progress in understanding truth and in choosing the truly good “requires

³⁹*L'Osservatore Romano* Commentary Defending *Humanae vitae* (February 16, 1989), *Origins* 18.38 (March 2, 1989): 629–633.

⁴⁰John Paul II, *Evangelium vitae* (March 25, 1995), n. 18.

much patience, understanding, and time.”⁴¹ The role of the Church and the people speaking for the Church should be characterized by a realistic appreciation of the problems people face: in the spirit of the second letter to Timothy (2:25), correction should be proposed with gentleness.

Referring to acts contrary to Church teaching as “morally wicked” or worse seems contrary to the spirit of Catholic morality, because it is a short leap from calling an act “morally wicked” to calling the persons who perform such acts wicked as well. In a perceptive article concerning the Catholic teaching on ART, the recommendation is made to broach the teaching of the Church in regard to IVF in Pre-Cana training “so that couples can start to think about what they would do in case of infertility long before they reach the doctor’s office.”⁴²

Specific Teaching on Assisted Reproduction

The main sources for the Church’s teaching on assisted reproduction are the CDF Instructions *Donum vitae* and *Dignitas personae*, although some of the teaching concerning artificial insemination was presented originally in papal allocutions.⁴³

Infertility

Couples are thought to be sterile if they have had intercourse without using contraception for a year and have not become pregnant. This is a flexible definition, because many couples are married for longer than a year before becoming pregnant. The CDC estimates that about 7 percent of married couples are infertile,⁴⁴ and a small percentage of sterile couples seek help through assisted reproduction. There are several known causes of sterility.⁴⁵

The Church is careful to acknowledge in the analysis of the various forms of assisted reproduction that sterility can be a heavy burden for married couples to endure. The desire for children is an intrinsic element of marital love. But when considering the goals of life, Catholic teaching from New Testament times (Rom. 3:8) has mandated that “the end does not justify the means.” Many people are forced to bear physical or psychological burdens that seem to be unjust because the burdens are not caused by undisciplined personal behavior; these people are not responsible for the evil that besets them.

There is no way to explain the problem of evil, save to say that in some mysterious way God seeks to draw suffering persons closer to Himself. The example of

⁴¹ John Paul II, “The Apostolic Exhortation on the Family” [*Familiaris consortio*] (November 22, 1981), n. 34, *Origins* 11.28–29 (December 24, 1981): 437–468.

⁴² Zimmerman, “Science and the Path to Parenthood.” See also Janet Smith, *Catholics and Infertility* (Huntington, IN: Our Sunday Visitor, 2008).

⁴³ Specifically, Pius XII, “Christian Norms of Morality” (September 29, 1949), in *The Human Body: Papal Teachings*, ed. Monks of Solesmes (Boston: St. Paul, 1960), 117.

⁴⁴ CDC, *2007 Assisted Reproductive Technology*, 3.

⁴⁵ *Ibid.*, 31.

the suffering Christ is a reality for infertile couples to imitate. Moreover, adopting infants without families, caring for foster children, or helping others in need may help couples who are sterile find ways to alleviate or obviate their suffering.

Fundamental Goods

Three fundamental goods must be respected in the treatment of infertility: (1) the right to life and physical integrity of every human being from conception to natural death; (2) the unity of marriage, which means that a woman and man become a mother and father only through each other; and (3) the procreation of a human person brought about through an act specific to the love between spouses.⁴⁶

The right to life and physical integrity. In response to the first principle, it is clear that IVF-ET must be rejected because of the destruction or freezing of live human persons that occurs in this process. Although the embryo does not resemble an adult human person, as a living being it has the active potential to develop and possess all the faculties that characterize personhood, intellect, will, and emotions. The human genome (chromosomes and genes) is the basis for its future development. The genome contains, in potency, all the matter and teleological impetus needed for its development into a mature, conscious adult.⁴⁷

The freezing, or cryopreservation, of embryos that have not been transferred to the womb is done on the supposition that if the first implantation is not successful, another may be attempted without harvesting gametes again. Nonetheless, why there are more than four hundred thousand frozen embryos in the United States is difficult to explain. The Instruction *Dignitas personae* considers what might be done with these embryos. It rejects their use for research or surrogate motherhood, and raises concerns about “prenatal adoption,” which has been advocated by some Catholic theologians.⁴⁸ While not declaring embryo adoption to be intrinsically evil, the document does express reservations. Even if embryo adoption is judged acceptable, it is likely that most fertility clinics in the United States would be reluctant to practice this procedure, owing to the general acceptance of IVF.⁴⁹ *Dignitas personae* declares that “thousands of abandoned embryos represent a situation of injustice which in fact cannot be resolved.”⁵⁰

The unity of marriage. Because of the second principle, all forms of donor insemination are immoral, whether gametes from one or two persons other than the

⁴⁶CDF, *Dignitas personae*, n. 12.

⁴⁷President’s Council on Bioethics, “Notes on Early Human Development,” Appendix A, in *Monitoring Stem Cell Research* (Washington, DC: PCB, 2004), 157–181; and Condic, “When Does Human Life Begin?”

⁴⁸See E. Christian Brugger, “In Defense of Transferring Heterologous Embryos,” and William E. May, “On ‘Rescuing’ Frozen Embryos: Why the Decision to Do So Is Moral,” *National Catholic Bioethics Quarterly* 5.1 (Spring 2005): 51–58, 95–112.

⁴⁹John S. Grabowski and Christopher Gross, “*Dignitas personae* and the Adoption of Frozen Embryos: A New Chill Factor,” and Edward J. Furton, “Embryo Adoption Reconsidered,” *National Catholic Bioethics Quarterly* 10.2 (Summer 2010): 307–328, 329–347.

⁵⁰CDF, *Dignitas personae*, n. 19.

married couple are used. In Vatican terms, these are *heterologus forms* of insemination and are judged to endanger the dignity of the mother and father as well as that of the child. "The unity of marriage involves reciprocal respect of their right to become father and mother only through each other. The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage. . . . The vitality and stability of society require that children come into the world within a family."⁵¹ In nonscientific terms, donor insemination resembles adultery.

Procreation by the conjugal act of spouses. In regard to the third principle, *Dignitas personae* even more than *Donum vitae* affirms that techniques which assist procreation are not to be rejected on the grounds that they are artificial. But they are to be rejected if they substitute for the conjugal act rather than assisting the conjugal act either "to facilitate its performance or . . . to enable it to achieve its objective once it has been normally performed."⁵² *Dignitas personae* lists some techniques that remove obstacles to natural fertility rather than substitute for it, such as hormonal therapy, surgery for endometriosis, and repair of fallopian tubes. However, the document explicitly rejects IVF-ET and ICSI.⁵³ The document does not condemn all use of artificial insemination. If the method acts "as an aid to the conjugal act and its fertility" rather than substituting for the conjugal act, it is permitted.⁵⁴ Such methods might include the use of a perforated condom to collect semen for analysis and subsequent deposit of the semen in the vagina. Beyond this, there seems to be no method yet developed that simply aids the conjugal act, although some would attribute this quality to the GIFT method.

GIFT is notably absent from the list of rejected techniques.⁵⁵ While it is not explicitly rejected, neither is it accepted. Some Catholic theologians believe that silence indicates approval. Moreover, some doctors and theologians argue that because fertilization occurs within the body of the woman, GIFT does not contradict the teaching of the Church as long as the semen is obtained in an ethical manner, usually through the use of a perforated condom during intercourse.⁵⁶ Other Catholic physicians and theologians, however, believe that GIFT is not acceptable, because the gametes must be collected, prepared, and placed by a technician in the woman's

⁵¹CDF, *Donum vitae*, II, A, 1.

⁵²CDF, *Dignitas personae*, n. 12.

⁵³Artificial insemination, a form of assisted reproduction in which semen is introduced into the body of the woman by means other than intercourse, is not the subject of these Instructions because it has long been rejected by the Church. See Pius XII, "Christian Norms of Morality," 117.

⁵⁴CDF, *Dignitas personae*, n. 12.

⁵⁵Other methods have been used to obviate the ethical issues involved in ART, such as low tubal ovum transfer (LTOT). See Donald G. McCarthy, *Reproductive Technologies, Marriage and the Church* (Braintree, MA: Pope John Center, 1988). These methods have been replaced by IVF-ET.

⁵⁶Peter J. Cataldo, "Reproductive Technologies," *Ethics and Medics* 21.1 (January 1996).

body.⁵⁷ A reputable secular source maintains that “GIFT is certainly a form of assisted reproductive technology and is clearly separated from the coital act.”⁵⁸ In a certain sense, the morality of GIFT is a moot question in the United States, because it is not offered by most ART clinics and is utilized in only 1 percent of all cycles.⁵⁹

The Child as a Gift

To demonstrate the central reason for the rejection of IVF ET, *Donum vitae* considers the “simple case,” that is, a hypothetical case in which semen is obtained by licit means and no embryos are destroyed. Even in the simple case, IVF and ET are morally illicit because the act of transmitting life to another person is not the specific act of love of the parents; rather, the child results from manipulation of the gametes by technicians. Moreover, the actions by which the gametes are obtained are deprived of their unitive meaning. The Instruction adds, however, that children who have been generated through IVF-ET must “be accepted as a living gift of the divine Goodness [of God].”⁶⁰

Matters of Justice

From a social point of view, the various forms of ART are available only for the affluent, because it is very expensive; at present, the average fee for each cycle is more than ten thousand dollars. Moreover, ART does not improve the health of those who utilize it. The most common forms of ART do not remedy infertility but rather substitute for natural human reproduction. Some of the techniques of IVF, such as pre-implantation genetic diagnosis and any method of artificially determining the sex of the child, amount to treating the child as a possession rather than as a human person worthy of respect. Parents have no right to control the talents and careers of their children; PGD carries such efforts at control to unethical extremes.

The Love of Parents

Although the teaching of the Church in regard to assisted reproductive techniques may not be accepted by secular society, it is consistent with Sacred Scripture and traditional theology. It is a firm exposition of the meaning of marriage and the sanctity of human life. A blend of faith and reason, it presents children as the result of the love of parents and as a gift of God. It calls on parents to realize that infants are not possessions to be controlled but human beings with the intrinsic potential to become fully functioning adults like themselves.

⁵⁷See Ashley, DeBlois, and O'Rourke, *Health Care Ethics: A Catholic Theological Analysis*, 87.

⁵⁸Mastroianni, “Reproductive Technologies,” 2211.

⁵⁹CDC, *2007 Assisted Reproductive Technology*, 84

⁶⁰CDF, *Donum vitae*, II.B.5.