

Assisted Reproductive Technology

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Infertility is a great tragedy. Most young couples when they marry expect to have children. These days, it is often the decision to attempt to have children that actually precipitates the decision to marry in order to give the children and each other the security of that commitment when the unity is likely to find expression in the relationship being fruitful in that very permanent way.

Not being able to have a child is thus very hurtful bringing with it not only the frustration of being childless and being denied the joys of parenthood, but also feelings of inadequacy in not being able to achieve something that most people find relatively easy to achieve and spend a good part of their lives trying to avoid. The hurt is not restricted to the couple as often their families, the would be grandparents especially are also affected.

Many couples if they have been unsuccessful for more than twelve months are likely to be referred to in vitro fertilization (IVF). The Church has expressed strong reservations about using reproductive technology. Basically the Church approves measures that are aimed at assisting a couple to conceive a child through their marital intimacy, but rejects those procedures that replace the marriage act in the origin of the child.

Very simply, there are three principles that the Church suggests are relevant to assisted reproduction:

- a) the right to life and to physical integrity of every human being from conception to natural death;
- b) the specifically human values of sexuality which require “that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses”; and
- c) the unity of marriage, which means reciprocal respect for the right within marriage to become a father or mother only together with the other spouse.¹

IVF is firstly of concern because of the enormous and deliberate wastage of human embryos. Few places require data to be kept on embryos produced by in vitro fertilization, but in the Australian State of Victoria IVF centres are required to be licensed and to submit their data to a Government authority. From 6220 women treated in 2007/8, 1651(26%) gave since given birth and 49,389 IVF embryos formed of whom 3.6% survived to be born. It is routine to discard embryos when they are first formed on the

¹ Congregation for the Doctrine of the Faith *Dignitatis Personae* Vatican City 8th September 2008, n. 12. Accessed from http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html

basis of a judgement about their development after fertilization and to make a further judgement after freeze-thawing. Often pre-implantation genetic diagnosis is also used in order to discard embryos that are considered abnormal. Finally, the embryo transfer process is not very safe for embryos and many do not survive after transfer. There is there concern about violation of the right to life of embryos produced through IVF.

A second issue involved in IVF is the way in which the child comes to be. Normally a child comes to be as a result of the celebration of love between his or her parents and the child is therefore an embodiment of their love and an equal third party to their love. That he or she results from their love preserves his or her right to equal respect as a person. In the normal practice of IVF the parents contribute eggs and sperm to a process in which they are then very interested bystanders. The child actually comes to be not as a result of an act of love, but as the product of a process managed in the laboratory. The relationship formed between the technologist and the child is not a relationship between equals, but a relationship of producer to product in which the producer exercises quality control – hence the selection of embryos during the process with some being discarded as failing the quality control measures. The child looks back to an origin not in the celebration of love between the parents but to being a product of a process subject to domination by those in the laboratory. This is what the Church means when it refers to IVF violating the specifically human values of sexuality which require “that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses”. The problem with the context of IVF is that it is not an act of love, but a production of a product. The embryo is essentially treated as an object, as a product.

The third issue particularly applies to the use of donor sperm or donor eggs. When a couple enters into marriage, they give themselves completely to each other in sexual intimacy, including the ability to become a mother or a father. The gift is fully human, total, exclusive and faithful for life. All others are thereby excluded. Using donor sperm or donor eggs involves bringing someone else into the marriage. That other person also becomes a parent to the child as a genetic parent. Parenthood then becomes separable into genetic, gestational and social or nurturing. For the child that involves a fragmentation of parenthood raising questions about who really are the child’s natural parents, whatever the law may say in terms of recognizing the birth mother or the genetic mother, depending on the jurisdiction and whatever has been contracted between the parties. The Church considers that using donor sperm or donor eggs violates the unity of marriage. The unity of marriage means reciprocal respect for the right within marriage to become a father or mother only together with the other spouse. That excludes involving another person as a genetic parent of the child.²

In practice this fragmentation of the parental roles into genetic, gestational and social or nurturing parents has implications for the child. Psychologists often refer to the issue of

² Congregation for the Doctrine of the Faith *Donum Vitae* Vatican 1987, See especially “Section II Interventions Upon Human Procreation”.
http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html

genealogical bewilderment as children, perhaps later in life, seek to discover their origins and to identify their own identity in circumstances in which the genetic parents may be completely unknown to them or become known to them at a later stage. The relationship between a child and his or her parents is complex. So much of our sense of identity is based upon that relationship. When it is fragmented that can be quite hurtful and confusing.

One of the things to bear in mind in all this is that most couples (74%) who go on IVF programs do not succeed in giving birth to a child. For most the procedure fails them. Second the pain of infertility is not just a matter of being childless. Even if IVF manages to produce a child for them, the couple still remains infertile and that pain will stay with them. Either way the pain of infertility will remain with them. Counselling for infertility is an important step to take to assist a couple to come to terms with the tragedy of infertility, whether or not they subsequently seek to have a child via the technology.

Finally it is important that couples seek to explore whether they can conceive naturally. One of the failures of medical approached to infertility is that doctors can be too ready to go to the technology and do not adequately explain how best to make use of a couple's natural fertility. The evidence indicates that being instructed in how to recognize when peak fertility occurs in the woman's cycle may increase the probability of natural pregnancy, though no random controlled trials appear to have been done to assess how much greater the probability is.

However in a study by the Ovulation Method Research and Reference Centre of Australia, of 182 women trying unsuccessfully to achieve pregnancy for more than 12 months, 60% achieved pregnancy after Billings instruction within an average of 4.7 months. Twenty of the couples had previously been unsuccessful with IVF, and 8 of those couples achieved pregnancy after Billings instruction. That is a success rate of around 40% compared to the IVF success rate of around 26%. The comparison is complicated however by the fact that the samples may be different in that it is unlikely that couples who were shown to be absolutely infertile would seek Billings Instruction.