

HIGH-TECH BABIES...

Exploring New Challenges To Human Dignity

When David and Stephanie got married, like most newlyweds they hoped to have children one day. They soon began compiling a list of their favorite baby names. But month after month, their disappointment and anxiety grew as each pregnancy test showed only a minus sign.

Having children seems like the most natural thing in the world, and it comes easily to most people. But for about one in six couples, the road to parenthood isn't easy. Doctors may present couples like David and Stephanie with a range of options. These may include fertility drugs, in-vitro fertilization, donated sperm or eggs (ova), or even surrogacy.



*"Each person is unique,
precious and sacred."*

Jean Vanier



Catholic Organization
for Life and Family

Life Matters



What is God's plan for procreation?

God created man and woman in His image and likeness. We were made by Love; we were made *for* love! Each of us has a natural desire to love and be loved.

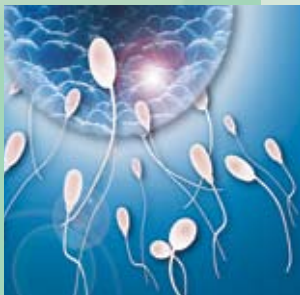
Ultimately, love is a call to *self-giving*. Our bodies bear witness that we are meant to become gifts to one another. Men and women can freely give themselves to one another in the total, faithful, and permanent union of marriage. They can become “one flesh”.

Such a union is *intended* to be fruitful! God invites the married couple to cooperate with him as co-creators. Their union is called to mirror the generative love of God. The exchange of love between the mother and father brings forth fruit in the child that appears. Each person has a right to be conceived in this beautiful way.¹



Assisted procreation (AP) was science fiction up until the birth of Louise Brown, the first test tube baby, in 1978. Today, these options are a multi-billion dollar industry around the world. Their promise is irresistible: the couple could bring home a baby. Many couples use these technologies in good faith. But many, including David and Stephanie, wonder: are all of these options ethically acceptable? Are there ethical ways to combat infertility? What does the Catholic Church teach about so-called *medically assisted procreation*?

What causes infertility?



A couple is considered infertile after one year of well-timed intercourse without pregnancy. Infertility affects men and women about equally. Many causes are natural, but they can include some medical treatments, exposure to toxins (for example, pollution from birth control pills may indirectly cause infertility in men), and even lifestyle choices like smoking.

One of the most common preventable causes of infertility is pelvic inflammatory disease, which may result from some sexually transmitted infections. Abortion and some methods of contraception, especially intrauterine devices (IUDs), can also lead to complications that cause infertility.

A leading cause of infertility is a woman's age. Many women delay having children without considering their biological clock. A woman's average fertility drops by about half between the ages of 35 and 40, and is almost gone by 45.





Health focus: fertility drugs and IVF

Many women take fertility drugs as a stand-alone fertility treatment or as part of IVF. These drugs carry serious health risks, including a risk of overstimulating the ovaries and causing injury or death.

Fertility drugs and IVF both tend to result in pregnancies with multiples. From 1974 to 1990, with the rising use of fertility drugs and IVF, triplet births increased by nearly 300% and quadruplet births by over 400% in Canada.* Studies show that twins and other multiples have higher risks of many birth defects, developmental disabilities and health problems. A woman pregnant with multiples also has a higher likelihood of serious pregnancy complications.

IVF also places the mother at risk of pelvic infection and ectopic pregnancy. Women who undergo IVF are more likely to have post-partum depression and to experience early parenting difficulties.

How effective is IVF?

IVF is not as successful as many believe. Many women repeatedly pay thousands of dollars and endure physical and emotional stresses without success. A woman in her mid-twenties has less than a 40% chance of success with one IVF cycle; in her late thirties the chances drop to under 25%, and by her mid-forties they drop to about 1%.

* Multiple Births Canada,
<http://www.multiplebirthscanada.org/english/article7.php>

It is natural and good for married couples to want children. So why do many couples experience fertility problems? These couples encounter the mystery of human suffering. They need compassion and loving support from friends and family.

The struggle of infertile couples does not mean that God has abandoned them. Like Simon of Cyrene they are carrying a cross they did not choose - but the companion on their Way of the Cross is Christ himself. The Church also walks alongside such couples, embracing them with a special love and accompanying them with prayers of intercession. The Church strongly supports all ethical ways of helping to restore fertility.

Is the human embryo a something or a someone?

Some people consider the embryo to be human only if the parents want it to be born. If not, then the embryo can be destroyed like an unwanted object. But science tells us, and every biology textbook confirms, that when an egg and sperm join together a new and unique human being is formed, with its own DNA. This living individual will go through many stages of development, both in the womb and afterwards, all the way until death.

As Christians we also know that from the moment of conception, each human being is to be respected and treated as a *person*, not as a thing. The inherent dignity of this human being gives him or her basic human rights, which include above all the right to life. A child

*"Before
I formed you
in the womb
I knew you,
and
before
you were born
I consecrated
you."*

(Jer. 1:5)





is always a gift given freely by God. There is no “right” to another human being, and there is no “right” to a child at any cost.

What about artificial insemination and in vitro fertilization?

Artificial insemination (AI) and *in vitro fertilization* (IVF) have made it possible to have children without any act of intercourse. In AI, a man’s sperm is collected in a clinic and placed into the woman by the doctor. To produce the semen for this process, the man is usually obliged to perform acts that, according to the moral teaching of the Church, are not in keeping with his dignity.

In IVF, the woman takes drugs to stimulate her ovaries so that multiple eggs can be extracted and mixed with sperm in the laboratory, creating several embryos. The embryos are examined for “quality” and one or more of the “best” are placed into the womb. Doctors often transfer multiple embryos to increase the chances of a successful pregnancy. Even when only one is transferred, these lab-created embryos tend to “split” into twins more frequently than in natural conception. As a result, women who use IVF often end up pregnant with more than one child.

But when three or more embryos begin to develop in the womb, doctors often advise a “*selective reduction*” to increase the odds of a healthy

Embryo adoption

There are hundreds of thousands of embryos left over from IVF and frozen in clinics around the world. Some of these are now being offered for adoption.

Embryo adoption is often motivated by the good intention of saving the life of an embryonic human being. However, this kind of adoption continues to present many of the ethical problems of other reproductive technologies, including surrogate motherhood, the use of donor gametes, and IVF. Like these other methods, it is likely to lead to various medical, psychological and legal problems.

For this reason, “there seems to be no morally acceptable solution” regarding the fate of the many frozen embryos. Faced with this “situation of injustice which in fact cannot be resolved”,** the Church once again emphatically calls for an end to the in vitro production and freezing of human embryos.

** Congregation for the Doctrine of the Faith, Instruction *Dignitas Personae* (2008), no. 19.



pregnancy for the rest. This involves killing one or more of the developing embryos. Some women who chose this option have reported serious long-term psychological consequences, including depression, after the birth of the surviving embryos. The surviving children are also at risk of “*survivor’s syndrome*”, a psychological disorder that may cause feelings of guilt because sibling embryos died to save their life, or feelings of invincibility because they were selected over their siblings.

An important new IVF technique is *intracytoplasmic sperm injection* (ICSI). In this process, a single sperm is injected directly into the egg, producing only a single embryo. ICSI is celebrated for making fathers out of men who are genetically infertile or who produce almost no sperm or poor quality sperm. But this procedure is also revolutionary because it eliminates the natural selection process where only one of the fittest sperm fertilized the egg. ICSI is known to pass on genetic infertility to male children.

By separating procreation from the marital act, these reproductive technologies *depersonalize* and *dehumanize* procreation. The child is no longer a miraculous gift flowing from a couple’s complete and mutual surrender of love. Instead, it becomes the product of a technical procedure. The result is a domination of technology over human origin and destiny and a weakening of the respect owed to the embryonic human being. This loss of respect is visible in the massive destruction of embryos that accompanies



Unexpected half-siblings

Many anonymous sperm donors have fathered dozens of children, and some are known to have fathered hundreds. But estimates suggest that up to 90% of donor-conceived children are not told of their origins. These children are not aware of their heightened risk of becoming romantically involved with a half-sibling.

IVF - currently, more than 80% of embryos are sacrificed even in the most advanced clinics. This destruction is sometimes due to the risks of the procedures themselves, but often it is intentional, and it is viewed as an acceptable cost to be paid for positive results, because the desire for children is considered more worthy of respect than the life of the embryo.²

What’s the scoop on genetic screening?

Genetic screening, also known as *pre-implantation genetic diagnosis* (PGD), can already screen an embryo’s DNA for over a hundred genetic conditions, including pre-dispositions to Alzheimer’s, cancer, arthritis and even obesity. The parents can then decide whether to transfer the embryo to the womb or destroy it. A mistaken diagnosis can mean death for a perfectly healthy embryo.





PGD allows parents to have children that fit their preferences and even their prejudices. In some countries, parents have used it to select “saviour siblings” whose tissues could be used to cure ill brothers or sisters. In other extreme cases, PGD has been used by parents with dwarfism and deafness to have children with the same impairments.

There is no doubt that PGD opens the door to a new form of eugenics. It could allow our society, already so obsessed with efficiency and productivity, to discriminate still more against those who are judged unfit. Already, some 90% of fetuses with Downs Syndrome are being aborted. Could

parents begin to feel a social pressure to have only healthy children?

PGD also illustrates how reproductive technologies increasingly tempt us towards exercising the ultimate control over human life. One set of human beings now make the decisions over which other human beings will live or die, as well as selecting the genetic makeup of those who will live. This is not the kind of control that our Creator intended us to have, because it destroys our real equality as human beings, all created in the image of God. We are no longer equal when some people have the power to eliminate others or predetermine their genetic makeup.

What about adoption?

Every child, no matter how it is conceived or born, has the same value and dignity as any human person. Children are often not born into ideal situations. Sometimes their biological parents can't or won't take care of them. But there is a big difference between responding to these already existing situations and intentionally creating them.

Parents who use donor gametes are intentionally creating a genetic orphan who will be separated from one or both biological parents. Even before the baby is created, haven't the parents placed their desires ahead of what is in the best interests of the child?

In contrast, adoption is a loving response to an existing difficult situation. The adopting parents are helping a child in need, whose biological parents were not able to provide for that child. They haven't intentionally broken apart the child's biological family. Adoption is an important service to children and to society, and should be strongly encouraged, promoted and facilitated by our legislation and culture.

Today, many infertile couples spend years on adoption waiting lists because there are few babies available, even as there are about 100,000 abortions each year in Canada. This is why it is important to encourage pregnant mothers who are considering abortion to choose a future of life and love for their babies through adoption.



How about using donor gametes?

Growing numbers of people are having babies using donated gametes (sperm or eggs). Gametes may come from family members or friends, or from clinics, commercial sperm banks or egg donation agencies. These businesses typically allow clients to select a donor based on attributes such as physical features, education, personality, and even hobbies.

The UN Convention on the Rights of the Child, ratified by Canada, says that the child “shall have the right from birth...as far as possible...to know and be cared for by his or her parents.” Donor conception violates this natural right to know our biological origins, and interferes with the natural bonds between parents and children.

Using donor gametes is also contrary to our Creator’s plan for procreation. When a woman and a man marry, they make the commitment to procreate only and exclusively together and through each other.



How do donor-conceived children feel about their origins?

As many donor-conceived children come of age, they are beginning to speak out in the media and on the Internet, and to form groups and organizations. Many are critical of the way they were created. They describe themselves as “guinea pigs”, “genetically bewildered”, and “some kind of odd social experiment”.

Their struggles are often similar to those of adopted children. Lacking basic information about their identity that most of us take for granted, they may face challenges in their emotional and psychological development. One donor-conceived man writes: “I feel like a tree that has half of its roots missing. And without them, I can hardly stand up.”³ Many search for their donors and half-siblings.

Lindsay, a donor-conceived young woman, writes on her blog, *Confessions of a Cryokid*⁴: “On May 24th, 1984 ... I





was conceived. There was no candlelit dinner or even conversation between my parents that day. In fact, they had never even met. My father had no idea that 1,000 miles away his own biological daughter was being conceived in a doctor's office."

Lindsay continues to search for her father. Her blog includes a huge sign: "Are You Xytex Donor 2035?" She says: "Being deliberately denied the right to know half our genesis is of the utmost importance. We are human beings, not products of a financial transaction without thoughts and feelings, and we deserve to be respected as much as every other person."

Can surrogacy be a solution?

Some couples use the services of a surrogate mother who carries their baby to term. Surrogates can be friends or family members who volunteer to help, or strangers who may seek to be paid. Some surrogates carry a baby that was created with the couple's gametes or donated gametes; others are artificially inseminated and are the genetic mothers, but give up the child at birth.

Surrogates surrender their bodies to the intended parents for nine months. Whether voluntary or paid, this kind of servitude uses the woman as an object and goes against her deepest nature, as well as her dignity. The surrogate's body naturally prepares to love and feed a baby, but she is not allowed to



establish a natural bond with it and to nurture it after birth. Surrogacy also disregards the right of each child to be carried in the womb and brought into the world by his or her biological mother.⁵

Wealthy Westerners are increasingly seeking surrogates in foreign countries such as India, where women may feel pressured by poverty into renting their wombs. These circumstances clearly show that surrogacy is progressively making more common a new way of exploiting women.



What impact is assisted procreation having on the family?

Assisted procreation risks complicating family relationships. Among other things, it ignores the importance of biological ties between parents and children. We hear that children don't need a biological connection; they only need to feel loved and wanted. But many studies have shown that children generally do best when raised by their married biological parents.⁶

Some are now even questioning the importance of having both a mother and a father, and same-sex parenting is presented as equally good for the child. However, studies have confirmed the importance of both a father and a mother for a child's emotional and psychological development. Men



Whenever the AHR Act comes under review by Parliament, Canadians have the opportunity to call for a law that recognizes and protects the basic human rights of all children, including the unborn.

and women act differently as parents and role-models, and they are neither dispensable nor interchangeable.

Courts are being asked to make sense of the confusion by redefining the family. In 2007 the Ontario Court of Appeal took a major step by recognizing three legal parents for a donor-conceived boy: the sperm donor, the biological mother and her lesbian partner. If three parents, why not more? Today a child could have up to five parents: two gamete donors, a surrogate, and two "intended" parents who raise the child.

We have embarked on a serious social upheaval without having any idea of its outcomes. We can't yet know the consequences of radically redefining the family. But we do know that we are tampering with a natural institution that has always been central to society. This re-engineering can be expected to result in more family instability, and more suffering and confusion for children and adults.

What is the law in Canada?

In 2004, Parliament enacted the Assisted Human Reproduction Act (AHR) to regulate this area, but many of the regulations under this Act have yet to be developed. Still the Act does set some limits:





- Couples, same-sex couples and single people can use reproductive technologies.
- Sperm and egg donors can stay anonymous. Donor-conceived children can ask for health-related information about the donor, and they can find out whether they are related to another donor-conceived person.
- Parents don't have to tell their children that they are donor-conceived.
- It is illegal to sell sperm and eggs, and to rent wombs, but donors and surrogates can be reimbursed for their expenses.
- Human embryos can't be created for research, but they can be frozen, destroyed, or donated for research if they are left over from IVF.
- Sex-selection of embryos is not allowed, and the DNA of embryos can't be altered. Humans can't be cloned.
- Embryos can be created with the gamete of a deceased person who previously consented.

Are any fertility treatments ethically acceptable?

Ethical fertility treatments need to respect three fundamental goods: the right to life and the physical integrity of the human being from conception to natural death; the unity of marriage, meaning that the spouses become parents only together and through each other; and the dignity of human procreation, which requires that every



human child be conceived as the fruit of a conjugal act, the reciprocal self-giving surrender of his or her father and mother.⁷

A number of methods have been successful at treating infertility while respecting God's plan for procreation. These methods focus on finding and correcting physical problems and restoring or aiding natural functioning. They often track the woman's natural fertility cycle to help detect any underlying problems. Treatments may include antibiotics, hormones or corrective surgery.

Some fertility treatments are still under examination by the Church, and many believe them to be ethically permissible. Catholics must rely on the above guidelines and their well-formed consciences in considering these options:

- *Intrauterine insemination (IUI)* - only when the husband's sperm is obtained through normal intercourse. It is then prepared in the laboratory and placed inside the uterus or fallopian tubes.

- *Tubal Ovum Transfer (TOT)* - where eggs are removed from the wife's ovaries and immediately placed into her fallopian tube together with prepared sperm (obtained as above through IUD), so that conception happens inside the body.

What comfort can we offer to infertile couples?

"It will be through our wounds that God will give us his strength" (Jean Vanier, *Encountering the Other*).

Some couples are infertile only temporarily, and others are not able to find any treatment to overcome their infertility. Each of these couples experiences profound suffering, and they may feel abandoned by God, like Christ in the Garden of Olives: "Father, if thou art willing, remove this cup from me; nevertheless not my will, but thine, be done." (Lk 22:42)



Fr. Henri Nouwen tells these couples: "Maybe it is impossible to change what has happened to you, but you are still free to choose how to live [this cross]" .⁸Through their faith, many will discover a meaning to their poverty and inborn limits. They will find Jesus walking at their side and inviting them to join him in the Eucharistic celebration, where he takes up their lives to offer them up with his own.

Yes, God does have a plan for infertile couples, just as He has a plan for every married couple. All marriages are called to share and spread His life and love in abundance. Often, infertile couples may find an unexpected invitation hidden in their struggle, a call they would not otherwise have considered. They may begin to explore the many faces of *spiritual* parenthood.

For instance, they may choose to adopt or to become foster parents to children in need. They may be drawn to service of the poor, the elderly, the disabled, or to otherwise becoming more deeply involved in their communities. Their unique vocation is different from what they had expected, but over time it can blossom into a rich blessing.

In the words of renowned Catholic writer Adrienne von Speyr: "Every Christian marriage is blessed by God and is fruitful in him, whether through the blessing of children or the blessing of sacrifice. If God chooses the second alternative, the spiritual fruitfulness of the marriage is increased and widened out invisibly so that it flows into the whole community."⁹



Towards a civilization of love

Reproductive technologies are usually associated with scientific progress. But is every new technique necessarily “progress”? As Christians, we know that true progress is measured by solidarity with and justice for the most powerless members of the human race. Who could be smaller and weaker than the human embryo? We also know that true progress respects the inviolable dignity of each human being at every point in his or her biological development, and assures the protection of his or her human rights, beginning with the right to life.



The reflection in this brochure demonstrates that many infertility treatments are *dehumanizing* and fail these tests of true human progress. It is up to each of us to make choices that will build a civilization of truth, life and love.



Notes

- 1 Congregation for the Doctrine of the Faith, Instruction *Donum Vitae* on respect for human life in its origin and on the dignity of procreation (1987), I.6.
- 2 Congregation for the Doctrine of the Faith, Instruction *Dignitas Personae* (2008), nos. 14 to 17.
- 3 Tom Ellis, “Personal Column: Who am I?”, *The Independent*, July 9, 2006, <http://www.independent.co.uk/news/people/profiles/personal-column-who-am-i-407198.html>
- 4 cryokidconfessions.blogspot.com
- 5 *Donum Vitae*, II.A.1.
- 6 These studies have generally focused on comparing children’s outcomes in families with married, biological parents and families with single, cohabiting, divorced or remarried parents.
- 7 *Dignitas Personae*, no. 12.
- 8 Henri J.M. Nouwen, *With Burning Hearts* (2003).
- 9 Marc Cardinal Ouellet, *Divine Likeness* (2006), 122.



Catholic Organization
for Life and Family

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