

PROCREATION ETHICS SERIES

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God's work. Our hands.

In Vitro Fertilization Paul Jersild

[1] The expression "test-tube babies" has become familiar to most Americans since the birth of Louise Brown in 1978. It is a popular expression for in vitro fertilization (IVF), which literally means fertilization "in glass," or in a dish outside the mother's womb. This is the way in which Louise was conceived, and now some seven years later the world has witnessed hundreds more births through I'VE It is a procedure which is apparently becoming routine as a way in which infertile couples can have their own children.

[2] What exactly occurs in this laboratory procedure in which new life comes into being? What kind of theological and moral questions does it raise for the Christian? Ought we agree that it is a gift from God made possible by the breathtaking advances in medical technology? Or should we be having second thoughts about a procedure which circumvents the natural way of procreation?

[3] In the pages that follow, we will briefly describe IVF as a medical procedure and then consider theological and moral issues which it raises. IVF is but one of many medical procedures which today are challenging us to rethink the morality of medical care, particularly at the beginning and the end of life.

Why IVF?

[4] The National Center for Health Statistics has reported that one of every ten American couples is incapable of bearing children. About 4.3 million women of child-bearing age appear to be infertile for one reason or another, and at least two million of them desire children. IVF is a possible answer for women who are in this predicament.

[5] There are various reasons for a couple's infertility. IVF is an option in meeting the following problems:

- When a woman's Fallopian tubes (which bear the egg from the ovary to the uterus) are damaged or blocked, and tubal surgery is unsuccessful. This is the common reason for IVF.
- When the number, movement, or structure of the husband's sperm is abnormal and fails to respond to treatment. In the controlled environment of IVF some of these problems can be overcome.

- When the reason for infertility is unknown (accounting for approximately 10 percent of infertility cases). There may be undetected abnormalities in the eggs or sperm, or other factors which inhibit fertilization.

IVF as a Medical Procedure

[6] IVF involves a surgical procedure called laparoscopy. At the proper time in the woman's egg-producing cycle, an incision is made in her abdominal wall and a forceps is used to secure the ovaries. A laparoscope, or small telescope with a light, is used to give the physician a picture of the internal organs and the collection of eggs from the ovaries. With a long, hollow needle, one or more egg follicles in the ovaries are gently punctured and the eggs drawn into a collecting tube. The eggs remain in their follicular fluid and relatively little damage occurs. Only about 10 percent of the eggs are lost in this procedure.

[7] The eggs are often allowed to mature for five to six hours and are then inseminated. Twelve to twenty-three hours later one can see with a microscope the fertilization taking place. After approximately forty to sixty hours, a four- or eight-cell embryo has developed; it is time now to implant the embryo in the woman's uterus. This stage in the IVF procedure is described as "embryo transfer" (ET).

[8] A transparent plastic tube is used to transfer the embryo through the vagina and cervix into the uterus. This is a relatively simple procedure, taking but a few minutes and requiring no anesthetic. The chances of a successful pregnancy are not good, however. At the Eastern Virginia Medical School in Norfolk, where IVF was first successfully performed in the United States, the rate of success has been just 10 percent when one embryo is transferred. If three embryos are implanted, the possibility of having a baby is increased to approximately 50 percent.

[9] Variations in the Procedure What we have just described is the usual case of IVF involving the egg and sperm of a married couple. Some couples, however, confront situations which are leading to variations in the usual procedure. These variations have, in turn, raised additional theological and moral questions.

[10] For example, there are cases in which a woman has no functional ovaries. In such cases the egg of another woman can be used. This would be the female version of AID (artificial insemination by donor) in which another male's sperm is used when the husband's sperm is defective. A further variation of this practice, just recently proposed, actually avoids IVF; its particular appeal is that it makes surgery (laparoscopy) unnecessary. Woman A is artificially inseminated with the sperm of woman B's husband; at the proper time the fertilized egg is flushed from her uterine cavity and implanted in the uterus of woman B. This is called an ovum (egg) transfer. Also possible is embryo adoption, in which neither the sperm nor the egg are from the couple, but she bears the child.

[11] Another variation which has received considerable publicity is proposed when a woman is unable to bear her own child. In this procedure the embryo resulting from

her own egg and her husband's sperm is transferred to the uterus of another woman who serves as a "surrogate mother," or substitute bearer of the child. However, there can be considerable legal problems involved in this procedure.

[12] The practice of freezing embryos has become common in the IVF procedure, but it has also raised objections. Should the woman be feverish at the time of embryo transfer, or should problems arise in passing a catheter through the neck of the womb, the embryo can be stored and transferred at a later time if it is frozen. Freeze-storing is also done when two or more eggs have been fertilized. This enables the woman to receive an ET at a later time without submitting to another laparoscopy, should the first ET fail in producing a successful pregnancy. Those embryos not preserved are disposed of according to the wishes of the parents.

Theological Considerations

[13] What help can we receive from the Bible on this subject? While the Bible is authoritative for us, we must be careful how we understand that authority. For example, some Christians believe that every social issue can be resolved by referring to appropriate verses. Unfortunately this often results in an irresponsible use of Scripture. The world of advanced medical technology raises issues which the biblical writers never addressed, nor even imagined. Scripture is important in providing us with a variety of moral paradigms and a basic moral orientation as we address issues of this kind, but even here Christians will disagree over what specific principles one should infer from the biblical witness.

[14] There are those who find scriptural support for the idea of a "natural order," that is, divine sanction of the natural way in which procreation occurs, and that it should not be subverted by such procedures as I'VE There is a divine wisdom in linking the loving embrace of husband and wife with the act of procreation. Anything that threatens this unity of love and life threatens to undo a God-given order.

[15] Others maintain that the Scriptures do not testify to a God who is the master designer of a static order, but to a God of history who continually summons human beings to be co-workers in fashioning a more humane order. If medical science and technology enable childless couples to realize the blessings of parenthood we should rejoice that such advances are possible, and recognize that we are fulfilling our God-given role in gaining dominion over the world (Genesis 1:28).

[16] A third theological orientation leads neither to a categorical "yes" or "no" to IVF, but questions whether IVF should have a high priority. This view asks, "Why have children?" in an effort to determine the implications of the Christian message for IVF. It concludes that the responsibility of parents before God is centered not in child-bearing but in child-rearing. Here is where faith, hope, and love are daily exercised and where one's parental stewardship to God and community is carried out. Because the experience of pregnancy is not essential to child-rearing, and because IVF may constitute a considerable demand on our medical resources (a moral argument), adoption should be regarded very seriously as an inviting alternative to

IVF.

Moral Arguments Opposing IVF

[17] The moral concern most often raised about IVF is whether it dehumanizes procreation. The point is made that introducing human manipulation brings the techniques of cattle breeding into the human realm, turning procreation into reproduction. Images from Aldous Huxley's *Brave New World* come to mind, in which factories are busily producing human specimens to suit the desires of a consumer society; It is argued further that human manipulation tends to make us view the embryo as a means towards the happiness of the t parents rather than an end in itself. This is a pragmatic attitude which loses the I sense of ultimate worth in new life.

[18] Another primary moral concern is the destruction of new life that occurs , whenever an embryo is disposed of instead of being implanted in the womb. Many Christians would regard this as abortion. The practice of freeze-storing is also regarded as particularly dehumanizing. A stored embryo becomes an object which is "shelved," to be used at our convenience. A further concern is whether we are fully aware of the risk of abnormalities to the future child.

[19] Many moral concerns about IVF are directed at anticipated abuses. For example, will its use be restricted to married couples, or to anyone who desires a child in this manner? Will there not be single persons who insist upon parenting as a right, and request the services of sperm, ova, or embryo banks for themselves?

[20] A scientific advance is usually a two-edged sword that must be utilized carefully on the basis of an enlightened public morality. Many are fearful that we do not have a sufficient moral consensus to maintain the necessary restrictions on I'VE Not every scientific and technological achievement we are capable of is something that ought to be implemented.

Moral Arguments Supporting IVF

[21] The overriding value that would justify IVF for many Christians is that it makes parenthood possible for couples who otherwise could not have their own child. Thus it is a "life-serving" procedure which may well result in great blessing for those families. The fact that there is human manipulation is not seen as morally objectionable when it is intended to enhance family life.

[22] It is argued, furthermore, that possible abuse of any practice which serves a good purpose is insufficient reason for discontinuing its use. To be sure, we must exercise the necessary restrictions that would safeguard the proper use of IVF but whatever the risks at this point, the good it accomplishes amply justifies its practice.

[23] Christians will disagree over the seriousness of embryo disposal. Those who find it necessary to justify abortion under certain circumstances will probably conclude that the loss of a limited number of embryos is acceptable when the purpose is to help a woman bring new life into the world. Others would insist that every embryo produced

in vitro ought to be implanted in the womb.

Conclusion

[24] How does one weigh the value of a couple gaining their long-desired child through IVF against the possible dehumanizing effects of human manipulation in the procreative process? It is not only a matter of competing values, but also a question of what is likely to happen in the future - and no one knows for sure. This is but one of the dilemmas posed by IVF and it is no wonder that Christians will disagree as they attempt to determine what weight should be given to these opposing factors.

[25] Since the practice of IVF has already been established and is clearly growing, it is not likely that it will be prohibited unless future developments clearly show that the procedure is detrimental to the child. But most people would probably agree that it should at least be strictly regulated. One possibility, for example, would be to restrict it to cases where an infertile, married woman is enabled to bear a child of her own lineage and that of her husband.

[26] All variations which simply enable a couple to have a child - of whatever parentage - would be prohibited. This would mean that ova and sperm banks and surrogate wombs would not be utilized in IVF nor would the procedure serve the single person or a non-married couple.

[27] Christian couples with the problem of infertility may find themselves considering IVF. They deserve the support and guidance of their church in arriving at a decision. Clergy should help them to examine carefully their motives in desiring IVF and to assess their stability as a couple and their emotional resiliency in view of the fact that this procedure is no guarantee of success. The end result may leave them in greater despair than before. In making up their minds they will want to give serious consideration to other alternatives, such as adoption.

[28] The above discussion does not exhaust the factors which people will find important in evaluating IVF but it does point to some major considerations. A continuing discussion of IVF on the part of the church and the larger society is necessary if those values important to us are going to influence the public policies that emerge.