

THE NATIONAL CATHOLIC BIOETHICS CENTER



INFERTILITY TREATMENTS

PREPARED BY THE ETHICISTS OF THE NCBC
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“When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.”
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 38.

❖ SUMMARY ❖

Morally Unacceptable Technologies for Addressing Fertility Problems within Marriage

In *in vitro* fertilization (IVF), sperm is collected and used to fertilize eggs in vitro. At least one embryo is then transferred to the uterus. • *Intracytoplasmic sperm injection* (ICSI) is a variant of IVF in which sperm is collected, treated, and micro-injected into eggs, followed by transfer of at least one embryo to the uterus. • *Pronuclear-stage tubal transfer* (PROST) and *zygote intrafallopian tube transfer* (ZIFT) are similar to IVF except that the embryo, either at the fertilized pronuclear stage or the zygote stage, is transferred to the fallopian tube. • In *natural cycle oocyte retrieval intravaginal fertilization* (NORIF), an egg is retrieved during a natural ovulation cycle without ovulatory hyperstimulation and is placed with the sperm in a special vial with culture media. The vial is placed in the vagina for a period of forty-eight hours to allow fertilization to take place. The vial is then removed and the embryo is extracted and transferred into the uterus. • *Cloning* is the popular term for a technique called “somatic cell nuclear transfer,” which replaces the nucleus of an egg cell (ovum) with the nucleus of a body (somatic) cell in order to produce a new individual with a genetic code identical to that of the person who provided the body cell.

Morally Acceptable Technologies for Assessing and Addressing Fertility Problems within Marriage

- Hormonal modulation of menstrual cycle irregularities
- Determination of cervical, uterine, and fallopian tube structural competence by imaging techniques (e.g., ultrasound, hysterosalpingogram)
- Surgical correction of tubal damage or occlusions
- Resolution of endometriosis
- Use of fertility drugs to address anovulation
- Use of Viagra or other agents or approaches to address erectile dysfunction
- Techniques to boost male sperm production in the testis
- Techniques to correct hypospadias or address premature ejaculation
- NFP (natural family planning) to observe naturally occurring signs of fertility during the woman’s cycle so as to time intercourse for family building
- LTOT (low tubal ovum transfer), in which eggs are retrieved and transplanted into the uterus or fallopian tube at a point likely to increase the probability of fertilization following marital relations
- Other NaPro (natural procreative) Technologies

Morally Unresolved Technologies for Addressing Fertility Problems within Marriage

- In *artificial insemination* (AI), sperm is placed into a woman’s uterus (intrauterine insemination, IUI) or cervix (intracervical) by a means (such as a catheter) other than a natural act of intercourse • *Gamete intrafallopian transfer* (GIFT) involves the transfer of sperm and egg, separated by an air bubble, into the fallopian tube, so that fertilization occurs intracorporeally (within the mother’s body).

❖ FAQ ❖

Question 1. If married couples have a right to a child, can't they use any means to become pregnant?

Reply: Married couples do not have a “right to a child,” but only a right (in the sense of something proper and fitting) to those unique bodily acts in marriage that are ordered and disposed to handing on the gift of life. A child is not an entitlement that adults can lay claim to, but a sacred trust and gift from the Lord. If we demand or force a gift (as in choosing to do in vitro fertilization), the child is no longer a gift but something taken. The marital act, in contrast, can be seen as that sacrosanct means by which a married couple “petitions” the Giver of the gift.

Question 2. Is it acceptable to do tests involving the husband's sperm to determine if a couple's infertility may be “male-factor-related”? How can this be done morally?

Reply: For a married man, the use of a perforated condom without spermicide or lubricant (sometimes called a silastic sheath) has generally been considered permissible as an aid to determining whether the couple's infertility might be due, for example, to a low sperm count. Normal marital relations take place so that some of the ejaculate passes through the perforated condom, but a small portion is retained and collected for sperm analysis or counting. In this way, the modified condom functions as a collection device and not a contraceptive.

Question 3. What basic issues need to be considered when making decisions about the moral appropriateness of particular reproductive technologies?

Reply: First and most important, human life ought to be engendered not extracorporeally (outside the mother's body), but only in the marital embrace. Consequently, every medical intervention must be measured by whether it assists the marriage act or replaces it. If a technical means facilitates the conjugal act or helps it reach its natural objectives, the means will generally be morally acceptable. If, on the other hand, the procedure replaces the conjugal act, it will invariably be morally illicit. Several related moral issues may also need to be considered:

- *No spare embryos:* “Spare” embryos should not be produced, nor should they be frozen or discarded. It is also unacceptable to produce multiple embryos when not all can implant and when some are simply being used to maximize the chances of others implanting. Sometimes multiple embryos are transferred to the uterus, and several may end up being aborted.
- *No masturbation:* Sperm should not be obtained by masturbation. Moreover, the marital act itself should not serve merely as a means for gamete procurement in order to initiate another, nonmarital procedure to bring about a pregnancy.
- *No undue risks in gamete procurement:* Ovarian hyperstimulation, yielding potentially dozens of eggs in a single harvesting, poses significant health risks and is morally unacceptable when carried out to create life extracorporeally. Ovarian stimulation (not hyperstimulation) to overcome anovulation and release just one or very few eggs can be acceptable when done to conceive a child through marital relations or LTOT.
- *No gametes from outside the marriage:* Heterologous fertilization (any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is unacceptable because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parent and child.
- *No surrogacy:* Because of the dignity of the child and of marriage, and because of the uniqueness of the mother–child relationship, participation in arrangements for surrogate motherhood is not permitted.

❖ RESOURCES ❖

John Haas, “Begotten, Not Made: A Catholic View of Reproductive Technology,” in *Proclaim the Gospel of Life*, USCCB Respect Life Program 1998–1999. Reproduced by permission.

Renée Mirkes and Chuck Weber, “Anything Goes: Reproductive Medicine Grows Ever More Disturbing,” *Catholic World Report*, November 2011, 12–16. Reproduced by permission.

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