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## A PASTORAL QUESTION ON IVF AND EMBRYO ADOPTION

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A faithful Catholic couple I know who have been married for nine years but are unable to have children asked me recently about embryonic adoption. I was a bit caught in the dark about that one, but I understand that it involves the legal adoption of an “unused” embryo (a product of *in vitro* fertilization or some such process) which is then implanted in a woman. Please can you tell me about the situation regarding IVF and update me on the opinion of the Catholic Church on adopting frozen embryos?<sup>1</sup>

**T**he IVF (*in vitro* fertilization) industry continues to expand at an accelerated rate with over five million live IVF babies born since the process was introduced in 1978. Success rates vary between different clinics and hospitals and depend on various factors, most especially the age of the mother (younger women have a higher success rate). Overall, IVF is probably successful around 15–30% of the time. The procedure is expensive, however, with the average total cost ranging anywhere from \$25,000 to \$60,000, depending on the country in which the procedure is carried out.<sup>2</sup> The high profits at stake have led some IVF clinics toward rather unethical practices, thus

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<sup>1</sup>Question posed by one Sr. R. in personal correspondence with the author.

<sup>2</sup>The Asian Hospital and Medical Center in Metro Manila quotes a price between PhP 200,000 and PhP 400,000 per cycle of IVF. See <http://www.>

leading researchers to comment that “the benefits of some technologies already established for routine use are currently dubious and there are clear ethical concerns with providing them to patients when their scientific basis is not clear.”<sup>3</sup>

Part I of this essay gives an outline of the technique of IVF (including the recently introduced “3 parent IVF”) along with a moral evaluation. Part II focuses on the morality of embryo adoption in an attempt to answer the pastoral question posed above.

## **I: The Technique of IVF and a Moral Evaluation**

There are generally four major steps in the process of IVF:

1. Eggs are collected from the woman.
2. Sperm cells are obtained from the man.
3. The eggs and sperm cells are placed together in the laboratory via intra-cytoplasmic sperm injection (ICSI) to allow for fertilization and create embryos. This method has been used since the 1990s.
4. The embryos are transferred into the uterus of the woman.

### **MORAL ISSUES INVOLVED IN IVF**

- a. Collecting eggs from the woman

The woman is given drugs to hyper-ovulate (produce many eggs). These drugs can cause side effects such as abdominal pain, nausea, etc.

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[asianhospital.com/health-digest/pregnancy-ivf-revolution/](http://asianhospital.com/health-digest/pregnancy-ivf-revolution/) (accessed February 11, 2015).

<sup>3</sup>Rachel Brown & Joyce Harper, “The Clinical Benefit and Safety of Current and Future Assisted Reproductive Technology,” *Reproductive Biomedicine Online* 25 (2012): 108–117.

b. Obtaining sperm from the man

Obtaining sperm by masturbation may be morally objectionable.<sup>4</sup> Moreover, donor sperm which is not from the husband may sometimes be used.

c. Placing the eggs and sperm cells together to allow for fertilization and create embryos

Embryos are created in the laboratory (“in the test tube”); human fertilization thus occurs apart from sexual intercourse and outside the human body.

In addition, many embryos are created in excess of what is required. The healthy ones are kept but defective embryos are destroyed. Healthy embryos can then be transferred to the woman or they can be frozen for use at a later date. Sometimes they are experimented on. In the United States alone, there are more than 500,000 frozen embryonic persons;<sup>5</sup> 50% of them will die upon being thawed.

d. Transferring embryos into the uterus of the woman

Two to four embryos are usually implanted in the mother’s womb to increase the chances of pregnancy. Some of these implanted embryos will spontaneously abort, and so many embryos are lost for every child born. Moreover, multiple pregnancies are common and may affect the mother’s health. If an IVF child makes it to birth, he or she is more likely to have a birth defect or handicap.<sup>6</sup>

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<sup>4</sup>Is masturbation to provide a medical sample a different act from masturbation for pleasure? Some moralists believe the two are not the same and that their moral evaluation is different.

<sup>5</sup>See abstract of P. Clark, “Embryo Donation/Adoption: Medical, Legal and Ethical Perspectives,” *The Internet Journal of Law, Healthcare and Ethics* Vol. 5 No. 2 (2008). See <https://ispub.com/IJLHE/5/2/11953> (accessed February 11, 2015).

<sup>6</sup>Michèle Hansen, et al., “Assisted Reproductive Technology and Birth Defects: A Systematic Review and Meta-analysis,” *Human Reproduction Update* 19:4 (July–Aug. 2013): 330–353. See <http://humupd.oxfordjournals.org/content/19/4/330.full.pdf+html> (accessed February 11, 2015).

### THREE REASONS WHY THE CHURCH SAYS “NO” TO IVF

#### 1. Massive destruction of human life.

Many embryos are created in the procedure. The healthy ones are kept but defective embryos are destroyed. The healthy embryos can then be transferred to the woman or they can be frozen for use at a later date.

What is done with the frozen embryos? Several of them are implanted in the mother’s womb to increase the chances of pregnancy. Should too large a number of embryos start to grow, the “excess” embryos are usually aborted (called “pregnancy reduction”). At present, the number of embryos deliberately destroyed in this way hovers above 80% even in the most technically advanced centers of artificial fertilization.<sup>7</sup>

#### 2. Separation of the procreative from the unitive dimension of the conjugal act.

In IVF, the fertilization occurs in a scientific laboratory outside the human body. This means that the unitive and procreative dimensions of the marriage act are separated.

The Church’s teaching on marriage and human procreation affirms the inseparable connection, willed by God and not to be broken by man, between the two meanings of the conjugal act: the unitive and the procreative. “The reason is that the fundamental nature of the marriage act, while uniting husband and wife in the closest intimacy, also renders them capable of generating new life—and this as a result of laws written into the actual nature of man and of woman.”<sup>8</sup> The Church also teaches that the child has the right “to be the fruit of the specific act of the conjugal love of his parents.”<sup>9</sup> By safeguarding both of these essential aspects, the unitive and the procreative, the

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<sup>7</sup>*Dignitas personae* (Instruction on Certain Bioethical Questions) (Congregation for the Doctrine of the Faith, 2008), footnote 27.

<sup>8</sup>*Humanae vitae* 12.

<sup>9</sup>*Catechism of the Catholic Church* 2378.

conjugal act preserves in its fullness the sense of true mutual love and its ordination towards the couple's exalted vocation to parenthood.<sup>10</sup>

3. The child is treated as a product rather than as a gift.

A child

cannot be desired or conceived as the product of an intervention of medical or biological techniques; that would be equivalent to reducing him to an object of scientific technology. No one may subject the coming of a child into the world to conditions of technical efficiency which are to be evaluated according to standards of control and dominion.<sup>11</sup>

### “THREE-PARENT” IVF

There are new techniques being introduced in order to help combat inherited diseases of that part of the body called the mitochondria. The mitochondria are like the cell's battery as they produce energy. They also contain some DNA which if defective can lead to mitochondrial disorders which can cause major health problems like liver or heart disease. If the mother in the IVF process has defective mitochondria and does not want to pass on the defective DNA to her child, the mitochondrial DNA of a third person, the “third parent,” can be used. This would mean the resulting child would have the genetic materials of 3 people—the majority of which are still from the mother and father but a small amount comes from a donor.

What can we say about the morality of such techniques? Let us seek an expert opinion from the Anscombe Bioethics Centre, a Roman Catholic academic institute in the UK that engages with the moral questions arising from clinical practice and biomedical research. Dr. Helen Watt, the Centre's Senior Research Fellow, made the following comment on the HFEA consultation:

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<sup>10</sup>See *Humanae vitae* 12.

<sup>11</sup>*Donum vitae* (Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation) (Congregation for the Doctrine of the Faith, 1987), Part II, B, 4c.

Mitochondrial replacement has been called “3-parent IVF”, but only one technique being considered would in fact produce 3-parent babies. The other technique involves a form of cloning from an early IVF embryo, using a second embryo as a shell, to produce a third, clone embryo who might then be transferred to the womb of the first embryo’s mother to be born. The first and second embryo would be killed to create the third, clone embryo .... One technique would split genetic motherhood and give the child three genetic parents. The other technique would produce a child with no genetic parents: a child cloned instead from “spare parts” harvested from earlier living embryos .... Both techniques would affect not only individuals conceived and born but also their descendants. Both should be urgently opposed.<sup>12</sup>

## REACTING IN FRONT OF AN EXISTING IVF CHILD

In front of an existing IVF child or in relating to their parents once the child is already born, *Donum vitae* teaches: “although the manner in which human conception is achieved with IVF and ET [Embryo Transfer] cannot be approved, every child which comes into the world must in any case be accepted as a living gift of the divine Goodness and must be brought up with love.”<sup>13</sup>

## THE NEED FOR A PASTORAL APPROACH TO INFERTILITY

Many infertile couples suffer tremendously—from their aching desire to have their own child to the challenge of having to accept their condition. Sometimes even the tests for infertility can be a little humiliating. It should be remembered thus that the child is a gift from God and that no one has a “right” to a child. The one who has the rights is the child to be born.

The reasons for infertility are not always known. This should not always be explained away as “the will of God.” If the infertility is the result of previous sexual promiscuity with subsequent infection then it

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<sup>12</sup>See “Clones and Three-Parent Babies—Anscombe Centre Guidance,” [www.indcatholicnews.com/news.php?viewStory=21387](http://www.indcatholicnews.com/news.php?viewStory=21387) (accessed August 4, 2014).

<sup>13</sup>*Donum vitae* Part II, B. 5.

would be imprudent to label such as God's will. Neither should every couple who is infertile be counselled with insensitive advice such as: "Well, as a priest I cannot have children either." If a celibate has no children it is because of free choice, not infertility. The Congregation for the Doctrine of the Faith gives this advice on how to deal with suffering caused by infertility in marriage:

The community of believers is called to shed light upon and support the suffering of those who are unable to fulfill their legitimate aspiration to motherhood and fatherhood. Spouses who find themselves in this sad situation are called to find in it an opportunity for sharing in a particular way in the Lord's Cross, the source of spiritual fruitfulness .... Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children.<sup>14</sup>

As Church, we note the increasing number of cases of infertility. We caution against seeking recourse to IVF and commit ourselves to accompany couples to help carry this cross. Perhaps with medical intervention the couple may discover that the cause of infertility is treatable. In the whole process the couple should be encouraged to pray and not lose faith in their loving God:

Early the next morning they worshiped before the LORD, and then returned to their home. When Elkanah had relations with his wife Hannah, the Lord remembered her. She conceived, and at the end of her term bore a son whom she called Samuel, since she had asked the Lord for him. (1 Sam. 1:19–20)

## **THE CHURCH ANNOUNCES A "NO" TO IVF AND A BIG "YES" TO LIFE!**

The Church must courageously oppose anything that threatens human life like IVF. In saying "no" to IVF, she is announcing a big "yes" to life. As she teaches in *Dignitas personae*, the Church's mission to protect the poor

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<sup>14</sup>See *Donum vitae* Part II, B. 8.

implies courageous opposition to all those practices which result in grave and unjust discrimination against unborn human beings, who have the dignity of a person, created like others in the image of God. Behind every “no” in the difficult task of discerning between good and evil, there shines a great “yes” to the recognition of the dignity and inalienable value of every single and unique human being called into existence.<sup>15</sup>

## II: The Morality of Embryo Adoption

### CREATION OF EXCESS EMBRYOS

One by-product of the IVF process is the creation of excess or spare embryos. These additional embryos are commonly produced as backup in case the procedure fails, or if in the future the couple would like to try to have another child. At present, there are estimated to be one million frozen human embryos worldwide awaiting their fate.<sup>16</sup> Fr. Tad Pacholczyk, the Director of Education at the National Catholic Bioethics Center in Philadelphia, USA, stated that the “infertility industry has become an embryo mass-production line with virtually no legal oversight or national regulation. Catering to strong parental desires, it is a multibillion dollar business aptly described as the ‘wild west of infertility.’”<sup>17</sup> So what do we do with the vast number of human embryos frozen in ice (liquid nitrogen actually) and in a state of “suspended animation”?

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<sup>15</sup>See *Dignitas personae* 37 (Conclusions).

<sup>16</sup>Some countries, such as Italy and Germany, have virtually no spare embryos as they strictly permit only 3 embryos to be produced for each cycle of infertility treatment and require all 3 to be implanted in the mother. See Fr. Tadeusz Pacholczyk, “What Should We Do with the Frozen Embryos?” National Catholic Bioethics Center (Philadelphia, USA), [www.ncbcenter.org/page.aspx?pid=478](http://www.ncbcenter.org/page.aspx?pid=478) (accessed February 11, 2015).

<sup>17</sup>Pacholczyk, “What Should We Do with the Frozen Embryos?”



## NO TO THE PRODUCTION OF “SPARE” EMBRYOS

The Catholic Church objects to the production of spare or supernumerary embryos and their subsequent cryopreservation which in itself is an offence against human dignity. Spare embryos are kept frozen until they are used for implantation in a uterus or for scientific research in a laboratory (where 50% would die in the process of thawing); otherwise, they would simply be disposed of.

## EMBRYO ADOPTION

A solution suggested is to adopt these embryos and thereby “rescue” them. Some consider embryo adoption a quasi-heroic action whereas others consider it a form of cooperation with and perpetuation of the evils of the IVF trade. What are Catholic couples to decide on? The issue becomes more pressing as the number of frozen embryos rises.

When Britain announced that 3,300 embryos were to be discarded (having passed the limit of five years of storage), a group of 200 women banded together in Italy and requested to adopt prenatally these embryos.<sup>18</sup> Even some nuns asked the Vatican if they could offer their wombs to rescue these frozen little ones!

## NO OFFICIAL PRONOUNCEMENT

There has been no specific pronouncement from the Magisterium regarding the licitness of embryo adoption. As early as 1987, however, the Church had this to say in *Donum vitae*:

In consequence of the fact that they have been produced *in vitro*, those embryos that are not transferred into the body of the mother and are called “spare” are exposed to an absurd fate, with no possibility of their being offered safe means of survival which can be licitly pursued.<sup>19</sup>

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<sup>18</sup>Francesco Demartis, “Mass Pre-Embryo Adoption,” *Cambridge Quarterly of Healthcare Ethics* 7 (1998): 101–103.

<sup>19</sup>*Donum vitae* Part I, 5.

Later in 2008, the Congregation for the Doctrine of the Faith published an Instruction on Certain Bioethical Questions with the Latin title *Dignitas personae*. In number 19 of this document, we find that it

has also been proposed, solely in order to allow human beings to be born who are otherwise condemned to destruction, that there could be a form of “prenatal adoption.” This proposal, praiseworthy with regard to the intention of respecting and defending human life, presents however various problems not dissimilar to those mentioned above.<sup>20</sup>

It is important to note that the Magisterium to date neither advocates nor categorically denounces the possibility of embryo adoption. Technically it remains an open question.<sup>21</sup>

## POSITION OF THEOLOGIANS

Various well-respected moral theologians (e.g., C. Brugger, P. Cataldo, E. Furton, W. E. May, G. Grisez, J. Smith, among others) have put forward arguments in favor of embryo adoption, and yet others of similar caliber are against it (e.g., T. Pacholczyk).

### *Arguments for embryo adoption*

Dr. Edward Furton, the current editor-in-chief at the National Catholic Bioethics Center, believes that the “least worst” solution is for the IVF parents to bring their existing embryos to birth; however, if this is not possible, then the embryos should be offered for adoption as this “is far preferable to allowing them to die. These embryos have as much of a right to life as any other human being.”<sup>22</sup>

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<sup>20</sup>*Dignitas personae* 19.

<sup>21</sup>From a Magisterial and thus theological point of view, the question has not yet been settled, although some, such as Monsignor Ignacio Barreiro Carambula, interim president of Human Life International (HLI), have stated that they are against it (for Monsignor Carambula, the question of embryo adoption is already closed). See <https://www.lifesitenews.com/news/the-question-of-embryo-adoption-is-closed-msgr-ignacio-barreiro/> (accessed February 11, 2015).

<sup>22</sup>Edward J. Furton, “On the Disposition of Frozen Embryos,” *Ethics and Medics* 26:9 (Sept. 2001): 1–3.

Many consider embryo adoption a heroic act of rescue in favor of an endangered human being who, if not remaining frozen in ice or used in subsequent IVF, may eventually be destroyed through research or by being discarded. Moreover, the adoption of an embryo itself does not violate the conjugal act or separate union and procreation because the child already exists.<sup>23</sup>

### *Arguments against embryo adoption*

Some ethicists hold that embryo adoption is illicit and the good end of saving an embryonic life cannot be justified by an illicit means. When implanted, a pregnancy arises which is not in consonance with God's design.<sup>24</sup> Many are also convinced that embryo adoption merely encourages the IVF industry to propagate and produce more embryos. A new market in making frozen embryos available for adoption could thus arise. By supporting embryo adoption the Church could give a bad example, causing confusion and even scandal among the faithful.

## Conclusion

What is clear is that the creation and production of hundreds of thousands of excess embryos is a great injustice for which no easy solution exists, and in fact the situation "cannot be resolved" in a moral way.<sup>25</sup> For this reason, John Paul II appealed to the scientific world to halt the production of human embryos.<sup>26</sup>

The fate of one million or so *existing* frozen embryos lies hanging in the moral balance, with more and more moral theologians

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<sup>23</sup>Stephen Napier, "Dignitas Personae and the Question of 'Embryo Adoption': A Debate on *Dignitas Personae*, Part Two, nn 18–19," National Catholic Bioethics Center (Philadelphia, USA), [www.ncbcenter.org/page.aspx?pid=1315](http://www.ncbcenter.org/page.aspx?pid=1315) (accessed February 11, 2015).

<sup>24</sup>See Pacholczyk, "What Should We Do with the Frozen Embryos?"

<sup>25</sup>*Dignitas personae* 19.

<sup>26</sup>*Dignitas personae* 19.

supporting their adoption. While some groups such as “Snowflakes” actively promote embryo adoption,<sup>27</sup> Catholic couples should be aware that it is a delicate issue with strong arguments also proposed against this practice. The Magisterium has not yet made a definitive pronouncement, and so couples should do their best to be informed about the arguments on both sides of the debate. They can then make a prayerful and prudent choice, knowing that it is not a decision to be taken lightly, and that some risks may be involved.<sup>28</sup>

If a Catholic couple, following a serious discernment, decides to pursue embryo adoption, they should know that they are supported by some of the most respected and eminent moral theologians in the Church. They, such as Christian Brugger, feel that “making frozen embryos available for adoption would not only serve the urgent good of the embryos, but the interests of couples suffering from infertility.”<sup>29</sup> In agreeing to adopt the embryo, the couple must in no way be supporting the evil of the IVF trade but rather sincerely striving to rectify the injustice of frozen human beings being held in “concentration cans.”

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<sup>27</sup>See [www.embryooption.org](http://www.embryooption.org).

<sup>28</sup>Although the author has not come across specific data for defects in children born through embryo adoption, it should be borne in mind that IVF-conceived babies frequently have a higher incidence of birth defects.

<sup>29</sup>Christian Brugger, “Domestic Adoption: An Approach to the Frozen Embryo Crisis,” Culture of Life Foundation (USA: June 5, 2008). <http://www.culture-of-life.org/domestic-adoption-approach-frozen-embryo-crisis-0> (accessed February 11, 2015).