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by

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Introduction

This paper presents a brief history of in vitro fertilization (IVF) and a review of the various technologies utilized to accomplish human reproduction begun in a glass dish. The remarkable improvement in the success rate achieved by this artificial reproductive technique will be demonstrated. Next the teaching of the Roman Catholic Church will be presented in some detail. This teaching is essentially the flip side of her instruction on contraception which is condemned because of the artificial separation of the two goods obviously contained in a voluntary act of coitus – the love given and received by husband and wife, and the procreative good. In IVF, technology is utilized to obtain the procreative good while robbing the couple and the child-to-be of the conception resulting from a coital act as designed by God. In IVF technology the procreative good is attained through an act that severs the bond meant to exist between the unitive and procreative meanings of the conjugal act by substituting for the conjugal act a technological procedure "using," in most instances, gametic material provided by the couple to "make" a baby. Next a review of the medical literature citing the evils generated by this technology is presented. Most notable among these is the problem of multiple gestations – and the resolution of this problem practiced by IVF physicians. This is followed by a few examples of clinical errors and abuse of patients desperate for a child and illicit embryo experimentation. These are reported primarily in the secular media, print and electronic. The theme of this paper is what may be called "the imperative"– the principle that if it is technically possible, it should be tried, even when there are "ethically sensitive" issues that have not even been discussed, much less resolved.

On July 25, 2006 Louise Brown, the world's first "test-tube" baby celebrated the 28th anniversary of her birth. There were no scientific papers describing this event and news reports contained no details of how this remarkable birth was accomplished. Louise was not the first successful human conceptus to occur outside a human body. That was accomplished by John Rock and Miriam Menkin in 1944.[1] Louise Brown's birth was the result of a lengthy and frustrating series of experiments conducted by Robert Edwards, a physiologist, who had spent the 1960s working with bits of human ovaries removed at surgeries and attempting human conception outside the body. Edwards first succeeded in 1967. At the same time Patrick Steptoe, a gynecologist in Great Britain, was spending these years developing the new surgical procedure called laparoscopy, which allowed exploration of the pelvic organs through a small incision at the umbilicus. Steptoe and Edwards joined forces in 1971. They did not use any hormonal stimulation of the ovaries. They learned how to monitor the mother's natural cycle and retrieved only one egg for fertilization and embryo transfer. More time was spent learning to time optimum mature ovum retrieval and to improve culturing techniques. In the mid 1970s they began to attempt a human pregnancy. Unfortunately, their first success was an ectopic pregnancy in 1976. Then came the birth of Louise in 1978, on July 25, remarkably the 10th anniversary of Paul VI's encyclical, *Humanae Vitae* in which he set forth the principle of the inseparability of the unitive and procreative meaning of the conjugal act.[2] With regards to in vitro fertilization, this initiated "the imperative" principle, a totally secular and humanist guide line as we shall see.

The history of IVF has demonstrated remarkable improvement since that initial success. The first big improvement in increasing the odds of having a take-home baby came to us from Australia. Investigators there found that hyperstimulation of the ovaries with retrieval and fertilization of many eggs improved the success rate considerably. This advance also brought the necessity of refining freezing and thawing techniques for embryos for the excess numbers which could not be transferred into the mother's uterus. Virtually all IVF clinics utilize this approach today. Current estimates hold that anywhere between 200,000 and 1,000,000 human embryos are in cold storage in fertility clinics nationwide, frozen in vats of liquid nitrogen.[3] The 1980s brought improved culturing media, improved embryological evaluation of the zygote, and most importantly from the maternal patient's point of view, increased safety by the use of a vaginal ultrasound probe to allow egg retrieval by needle insertion through the vagina. The 1990s brought more relief for severe male factor infertility with the advance of intracytoplasmic sperm injection (ICSI). The first baby

born as a by-product of this technique arrived among us in January, 1992.[4] Only a handful of clinics nationally are capable of offering this service, which runs the risk of injecting a diseased sperm. In 1996, at least 20,659 babies were conceived using IVF technology in the U.S.; 8% of IVF procedures used donated eggs, resulting in approximately 1600 donated-egg births.[5] This is appropriately called technological adultery, another example of "the imperative" principle at work. There are also embryo donor programs. More on this later. These technological advances raised the success rate for the better centers to 20-25%, where it remains today.

IVF is a highly sophisticated, and in my view, experimental undertaking involving the following steps at which failure can and does occur.[6] Step one is ovulation induction, which carries a 20% failure rate. Step two is egg retrieval. In the past, this was the most physically challenging part of the procedure when laparoscopy was required. Now ultrasound-guided needle retrieval through the vagina has made this less burdensome. This is because the amount of sedation required is much different, deep endotracheal anesthesia for laparoscopy, and only intravenous analgesia for the vaginal approach. Step three is semen collection. On the day of egg retrieval, the husband (or significant other or anonymous "vendor") provides a semen sample through masturbation. The sample undergoes a standard analysis with selection of the healthiest sperm for insemination in a dish. Step four is egg fertilization. For each retrieved egg placed in a nutritive media and incubated, the embryologist or another technician adds 50,000-100,000 of the most motile sperm, resulting in a 60-80% fertilization rate. Step five, embryo transfer, is the most difficult. Thus, most IVF centers transfer three or four embryos, which increases the likelihood of a multiple pregnancy. IVF centers are increasingly using larger numbers of embryos to maximize their pregnancy rates, partly because of the pressure of competition to maintain high pregnancy rates.

Recent years have also brought considerable improvement in the ability to preserve embryos for future use. This ability has brought two major benefits to the infertile couple. Because of no need to repeat the entire IVF cycle, the cost is lowered. Secondly, after a month or more recovery period, the woman's natural menstrual cycle can be used to determine the optimum time for embryo transfer when the woman's uterus is naturally ready for implantation. Sad to report, but essential to know, only about 50% of frozen embryos survive thawing, and less than 20% lead to pregnancies. One can only imagine the emotional stress of the two weeks following fresh or frozen embryo transfer. The patient's hormonal levels are closely monitored to see if she requires additional progesterone injections or hCG (human chorionic gonadotropin) support. Fourteen days after transfer she returns for a pregnancy test. Even if the test is positive, she still has a 15 -20% chance of miscarrying, even higher if she is over 40.

There is also a 5% risk of an ectopic pregnancy, much greater than the risk with conception achieved the normal way. Two weeks after a positive test she returns for an obstetrical ultrasound to determine if the baby's heart is beating and to determine how many pregnancies she is carrying. Genetic counseling and amniocentesis are usually recommended for any woman over 35, but because genetic defects can occur at any age, genetic screening is generally encouraged for all patients. Those with moral objections to these search and destroy missions can opt out. For IVF practitioners, they are important. They have no desire to put an abnormal baby out on the street. It is important to remember that the chances of success in any one IVF cycle, even at the best clinics, are no higher than 30-33% once embryo transfer has taken place. Of all couples who start treatment, only 15-20% take home a baby or babies.

Chorionic villus sampling (CVS) allows for genetic defect diagnosis in the first trimester of pregnancy but carries a higher miscarriage risk than amniocentesis which is performed at 14-18 weeks of pregnancy. Geneticists have learned to culture cells from amniotic fluid and study their chromosomal makeup.[7] It takes approximately four weeks to get the results of these studies. Thus the mother of an IVF baby will learn if her child has Down syndrome or any other untreatable genetic disease at 18-22 weeks of pregnancy, at a time when she has likely felt her child move within her. In the late 1990s early diagnosis became possible via Preimplantation Genetic Diagnosis (PGD).[8] PGD was primarily developed in response to requests from potential parents to avoid passing on to their children a serious genetic illness known to run in the family. It is a two-stage process in which IVF is used to create embryos which are then tested for a particular genetic illness or to establish their sex where the disorder is sex linked. Healthy embryos or embryos of the proper sex can then be transferred to the mother's womb, and their unhealthy sisters or brothers destroyed. This is clearly an example of eugenic selection and another demonstration of "the imperative" principle at work.

In Vitro Fertilization as a Business

IVF has become one of the fastest growing modalities of infertility treatment, and thus has become ripe for exploitation. Couples desperate for a baby may be lured by IVF clinics promising results that they cannot deliver. Entrepreneurs are cashing in on this surging fertility industry which, by some estimates noted on the Internet, has reached the $100 million per year income mark. This figure is misleadingly low. According to RESOLVE, The National Infertility Association, the average cost per cycle of IVF attempts is $15,000-20,000. If one factors in the number of cycles noted below in the 1999 report on IVF success rates by the lower

estimate, the income generated comes to approximately $1,300,000,000. For this reason in 1992, Congress passed the Fertility Clinic Success Rate and Certification Act.[9] It turns out that the bulk of IVF births come from a small number of large programs. And this adventure is not cheap, either in money, loss of personal dignity, or emotional distress. Infertile couples can spend tens of thousands of dollars or more, experience days or weeks of anxiety and most likely still end up childless. The 1999 Assisted Reproductive Technology Success Rates National Report, based on returns from 370 fertility clinics, reported 86,882 assisted reproductive technology cycles performed by these reporting clinics resulting in 21,501 live births (deliveries of one or more living infants), a 24.7% successful pregnancy rate.

The Church's Teaching

The morality of assisted reproductive technology has been addressed in the Catholic Church's universal catechism. Speaking of techniques involving only the married couple, it says that these "are perhaps less reprehensible, yet remain morally unacceptable." They dissociate the sexual act from the procreative act. The act which brings the child into existence is no longer an act by which two persons give themselves to one another, but one that "entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children."[167] The instruction *Donum Vitae* makes the same point and carries the argument further. "Under the moral aspect procreation is deprived of its proper perfection when it is not willed as the fruit of the conjugal act, that is to say, of the specific act of the spouses' union. Only respect for the link between the meanings of the conjugal act and respect for the unity of the human being make possible procreation in conformity with the dignity of the person."[168] *Donum Vitae* implies that there is no such thing as a "right to a child" but rather there is a right of married couples to those actions which can lead to conception. A child has a right to be born of such a coital union and experience the plan designed by God of being born into a family. The Catechism makes the point that a child is not a piece of property: no one has a "right to a child." In this area, only the child possesses genuine rights: the right "to be the fruit of the specific act of the conjugal love of his parents," and "the right to be respected as a person from the moment of his conception." [169] (CDF, *Donum Vitae* 11, 8).

Donum Vitae (DV) presents three cogent arguments to show why it is always wrong to generate life outside the conjugal act:

(1) It severs the bond between the unitive and procreative meanings of the conjugal act,

(2) it falsifies the language of the body, and

(3) that it transforms procreation into reproduction, treating the child as a product inferior to his producers and not as a person equal in dignity to her/his parents.

This commodification of our progeny and its implications for all of society has been addressed by several authors, one of whom is Leon Kass, M.D., former Chairman of the President's Council on Bioethics. In a book entitled *Life, Liberty, and the Defense of Liberty* (Encounter Books, 157, 2002), he examines the current status and likely future of the entire biomedical enterprise. He frequently refers to Huxley's *Brave New World,* at one point saying, "For to say 'yes' to asexual reproduction is to say 'no' to the deepest meaning of coupling, namely human *erotic* longing. Whether we know it or not – and we are already well on the way to forgetting it – the severing of procreation from sex, love and intimacy is inherently dehumanizing, no matter how good the product."

Pope John Paul II, in *A Discourse to Priests Participating in a Seminar on Responsible Procreation,* September 17, 1983, Insegnamenti di Giovanni Paolo II, VI, 2 (1983) 562 states: "At the origin of each human person there is a creative act of God: no man comes into existence by chance; he is always the result of the creative love of God."

As the privileged father of nine, it has occurred to me that this reality, this sharing in God's truth and creative power, can provide as much understanding of the Trinity as we mortals might come to enjoy in this space and time. When husband and wife, both healthy and fertile, join in unencumbered intercourse, two literally becoming one flesh at the time of the wife's peak fertility, they have a high probability of joining in God's creative power as He infuses a soul into a totally new, unique human life, a family of two becoming a family of three or more.

Embryo Experimentation

In *Donum Vitae*[13] the question is asked: How is one morally to evaluate research and experimentation on human embryos and fetuses? The answer: *"If the embryos are living, whether viable or not, they must be respected just like any other human person; experimentation on human embryos which is not directly therapeutic is illicit.*[29] (Emphasis in the original. Cf. John Paul II, *Address to the Pontifical Academy of Sciences,*

October 23, 1982: AAS 75 (1983), 37: 'I condemn, in the most explicit and formal way, experimental manipulations of the human embryo, since the human being, from conception to death, cannot be exploited for any purpose whatsoever.')" *DV* continues; "No objective, even though noble in itself, such as a foreseeable advantage to science, to other human beings or to society, can in any way justify experimentation on living human embryos or fetuses, whether viable or not, either inside or outside the mother's womb. The informed consent ordinarily required for clinical experimentation on adults cannot be granted by the parents, who may not freely dispose of the physical integrity or life of the unborn child. Moreover, experimentation on embryos and fetuses always involves risk, and indeed in most cases it involves the certain expectation of harm to their physical integrity or even their death. Here is an example of "the imperative" principle leading to the death of totally innocent human life.

In a section entitled "What Judgment Should Be Made on Other Procedures of Manipulating Embryos Connected with the Techniques of Human Reproduction," *Donum Vitae* gives this response: *"These procedures are contrary to the human dignity proper to the embryo, and at the same time they are contrary to the right of every person to be conceived and to be born within marriage and from marriage.*[32] (No one, before coming into existence, can claim a subjective right to begin to exist; nevertheless it is legitimate to affirm the right of the child to have a fully human origin through conception through conformity with the personal nature of the human being.) Life, the document affirms, is a gift that must be bestowed in a manner both worthy of the subject receiving it and of the subjects transmitting it. Attempts to obtain a human being without any connection with sexuality through "twin fission," cloning, or parthenogenesis are to be considered contrary to the moral law, since they are in opposition to the dignity both of human procreation and of the conjugal union."

John Paul II makes the same point in *Veritatis Splendor.*[16] (*VS* n. 67) "In point of fact, the morality of human acts is not deduced only from one's intention, orientation or fundamental option... whether or not the deliberate choice of a specific kind of behavior is in conformity with the dignity and integral vocation of the human person." *VS* adds at 65; "It has been rightly pointed out that freedom is not the only choice for one or another particular action; it is also, within that choice, *a decision about oneself* and a setting of one's own life for or against the Good, for or against the Truth, and ultimately for or against God."[17] All of this is presented in ecclesiastical language which can stifle the human spirit, but the beauty of it is that it gives clear moral direction. Here is the way Benedict Ashley, O.P. puts it in his text *Theologies of the Body:* "As for those who practice contraception or who seek to satisfy their longing for children by artificial means

unrelated to their intercourse, they separate their love from its fruitfulness or bring into the world children whose right to be the fruit of the parental love-act has been denied them." The Church's wisdom, logic, and clarity with regard to human reproduction are tremendously impressive.

Medical Literature Data – Multifetal Pregnancy Reduction

What does the medical literature have to say about IVF after over a quarter of a century of experience? Certainly the most egregious data is that which concerns itself with pregnancy reduction resulting from overly aggressive infertility treatment. Mark I. Evans et al reported on a study of a decade of experience from 11 centers in five countries.[19] They concluded that multifetal pregnancy reduction at their centers for both losses and prematurity have improved considerably with experience, with reductions from triplets to twins and now quadruplets to twins carrying outcomes as good as those for unreduced twin gestations.

It is important to understand that these physicians were reporting on 3,513 cases. With total losses of pregnancies with starting numbers of four (7.3 %) and three (4.5%) reflected in the percentages shown, the total number of innocent healthy human lives killed during these medical procedures must surely exceed 7,000. Here we see again "the imperative" principle leading directly to the elective killing of totally innocent healthy human lives. By way of comment the authors add: "During the past 15 years, multifetal pregnancy reduction has become a well-established and integral adjunct to infertility therapy and subsequent attempts to deal with its sequelae. Our multicenter group has allowed us to follow the outcomes of the same physicians across time. In the mid 1980s the risks and benefits of multifetal pregnancy reduction could only be surmised. We now have clear and precise data on the direct risks and benefits of the procedure and an understanding that the risks are increased substantially with increased starting and finishing numbers of fetuses in multifetal pregnancies.... Our data suggest dramatic improvements in outcomes with time and experience, which have continued through the past few years. It is unclear whether these improvements result from either individual experience per se or improved ultrasonography, or both."

In the early years of this study the fetal killing was performed by transabdominal needle injection of potassium chloride into the baby's thorax. In later years, transvaginal and transcervical approaches were also used. The authors add; "Pregnancy loss is not the only poor outcome. Very premature delivery was correlated with the starting number. The data on diminishing birth weight percentile among singletons and discordance between twins are of concern, consistent with the belief that there is perhaps a fundamental 'imprinting' of the uterus early in pregnancy that is

not undone by multifetal pregnancy reduction." Mother nature (God) will not be mocked. Here we encounter a realized technological difficulty costing immense psychological and monetary expense to the parents, but no reason not to carry on following "the imperative" principle.

Selective Pregnancy Reduction

"Selective termination" is the term used to designate a procedure performed because of an abnormality diagnosed in one fetus. (In an article entitled "What Are the Ethical and Technical Problems Associated With Multifetal Pregnancy Reduction" Evans et al identify the difference between Reductive and Selective Termination.[20]) Multiple pregnancy reduction (MFPR) is the term used for a procedure to reduce the number of fetuses without demonstrable fetal defects. In their study of multifetal pregnancy reduction, Evans et al note that many patients undergoing this procedure are candidates for genetic studies based on maternal age. "Controversies exist," they tell us, "...whether genetic testing should be done before or after reduction."[20] Brambati et al reported a series of more than 100 cases of chorionic villus sampling before MFPR with low loss rates but reported two errors in remembering which fetus was which Wapner et al (unpublished data) recently reported a higher loss rate with MFPR after chorionic villus sampling. Evans et al generally prefer to reduce to twins initially. "Obviously, if an anomaly is seen later, we then reduce to a singleton." The authors next expand on their philosophy. "What was the intent of the original operations...?" And the answer: When the procedures were first being developed in the 1980s, the main intent was to turn hopeless situations, such as octuplets, into a pregnancy with a possibility for viability. The major evolution since then has been a liberalization of the indications from "life and death" situations to now include "quality of life issues." This is a secular, utilitarian approach and another excellent example of the technological imperative principle driving clinical practice.

What are the ethical considerations? This is the next issue addressed. The authors state: "Our thoughts on the subject of fetal reduction have evolved during the last decade. We initially argued that, primarily because of the risks to surviving fetuses, the procedure should never be considered frivolously and should only be used for medical indications. As we subsequently began to appreciate the relative safety of the procedure, our thinking evolved to providing a larger role to the concept of patient autonomy and choice. There still remains great debate – based both on the medical data and ethical positions – about the appropriateness of MFPR in different situations... Specifically, some argue that reducing triplets to a singleton should be no different than reducing one to zero by performance

of an abortion." The final question addressed is: Is the prevention of iatrogenic multifetal pregnancy realistic? The authors reply: "Two approaches to prevention of iatrogenic multifetal pregnancy are possible. First, one can draw the moral line on the use of any technological intervention for infertility. As an example, the 1987 Vatican statement held that technologies such as in vitro fertilization or artificial insemination are inherently immoral because the unitive and procreative functions of human sexuality are wrongly separated.

"Second, one can strive to practice better medicine. Most cases of higher-order multifetal pregnancy are iatrogenic and avoidable by more diligent use of fertility drugs and by better patient management. We have been arguing for more than a decade that MFPR should be viewed as a provisional approach only – until improved fertility treatment obviates its use. Research with spare embryos also is needed to help improve the efficacy and efficiency of in vitro fertilization, thereby also diminishing the requirements for multiple embryos to achieve a high likelihood of pregnancy." Here again "the imperative" principle is utilized without any commentary on the ethical questions.

Illicit Embryo Experimentation

Obviously the main problem with an aggressive approach to IVF is multifetal pregnancies. The solution is to identify high quality embryos more likely to implant successfully. This has led to intensive embryo research with some astounding results. All of this research and its goal are aimed at "quality control" and illustrate "the imperative" technological principle. Howard W. Jones, M.D., of the Eastern Virginia Medical School addressed this issue in a 1995 editorial entitled *Twins or More*.[21] He stated that when a woman undergoing IVF treatment is facing triplets or more, even though he does not favor the procedure because of possible legal and ethical problems, "selective reduction" might be used to avoid "sociological consequences," among which he includes the burden on society should the family seek public assistance. Much better is avoidance of the problem by transferring a fixed number of embryos, three or whatever, of carefully selected candidates studied after 48-72 hours of development. Those that remain are frozen or discarded. Jones then quoted the Ethics Committee of the American Society for Reproductive Medicine (formerly the American Fertility Society). "The goal of this procedure (IVF) is to maximize pregnancy rates while minimizing multiple gestation rates. The Committee condemns the practice of transferring excessive numbers of pre-embryos with the intention of using selective reduction in the event of multiple pregnancies."

The Committee, as does Dr. Jones, uses "selective reduction" inappropriately as well as the non-entity, preembryo. The embryo is the entity that exists from the formation of the zygote until eight completed weeks of pregnancy when organogenesis is complete. Preembryo (zygote formation until 14-16 days of life) is a new definition designed by the supporters of IVF and embryo experimentation brought to us by theologian Richard McCormick, S.J. and mammalian embryologist Clifford Grobstein. This new definition was also designed to make nonabortifacient all hormonal contraceptives and the intra-uterine device, denying reality.

One of the new markers of a healthy zygote was reported in an article entitled "Assessment of early cleaving in vitro fertilized human embryos at the two-cell stage before transfer improves embryo selection."[22] The presence of early cleaving two-cell embryos improves a patient's chance of achieving pregnancy. The same volume of the same journal also reported on "Noninvasive assessment of human embryo nutrient consumption as a measure of developmental potential."[23] Among blastocysts of the same grade from the same patient, there was a considerable spread of glucose consumption, indicating that glucose consumption may be of use in identifying blastocysts for transfer. The ability to identify in culture the embryo with the highest developmental potential will facilitate the move to single-embryo transfers. The article, "Quantitative grading of a human blastocyst: optimal inner cell mass size and shape," was also reported in the same journal.[24] The study concluded that quantitative measurements of the inner cell mass (ICM) – i.e., the baby to be – are highly indicative of blastocyst implantation potential. Blastocysts with relatively large and/or slightly oval ICMs are more likely to implant. And finally, from the Internet, we learn that there is a dramatic increase in pregnancies from frozen embryos with laser-assisted removal of dead cells.[25] Before all of this very sophisticated testing, a report in *Obstetrics and Gynecology* indicated an incidence of 21.8% for spontaneous abortions in IVF patients as compared with a 10-15% incidence for normally conceived pregnancies.[26] All of these recent papers deal with illicit embryo experimentation; they are not aimed at helping the patient under study and destined to end with the death of those individuals. "The imperative" principle carries on.

Secular Media Findings

The final section of this critique of IVF finds its main origins in the public media as reports of failures or mistakes are rarely reported in the scientific literature. To the extent possible, these are arranged chronologically.

● In a letter dated August 9, 1979, and addressed to leaders in the print and electronic media, the following observations were made by Michael L. Budde, Education Chairman for Americans United for Life, a pro-life legal resource with headquarters in Chicago:

> • Testimony presented to a national advisory board studying *in vitro* (literally in glass) fertilization revealed that already in the United States federal funds have financed work involving the fertilization of hamster ova with human sperm... and many scientists want to fertilize human ova with gorilla sperm, creating human-animal "chimeras" for scientific purposes.
>
> • Other scientists, including the team in England responsible for the first successful birth following *in vitro* fertilization, will undertake the *in vitro* procedure on an infertile couple only if they (the doctors) retain the right to abort any pregnancy that at any time they suspect to be defective.
>
> • An American, Dr. Pierre Soupart of Vanderbilt University, wanted federal money to support his plans to create human lives *in vitro,* not to alleviate infertility, but to experiment on these human lives and subsequently destroy them... almost 500 human lives created as human guinea pigs over a three year period.

● *JAMA (Journal of the American Medical Association)* of May 9, 1990 contained a Board of Trustees report with regard to frozen pre-embryos.[27] Two recent court cases illustrate several of the dilemmas that have arisen as a result of human pre-embryo freezing. In 1988 Mr. and Mrs. Davis, a divorcing couple, contested the authority over seven of nine pre-embryos, created by IVF with material from the parents. Two pre-embryos were transferred to Mrs. Davis (no child resulted). Seven were frozen for later use at the Fertility Clinic of East Tennessee in Knoxville *(New York Times,* August 8, 1989:Al l). After the couple filed for divorce, they disagreed about the disposition of their frozen pre-embryos. Ms. Davis wanted to become a mother and asked the court for permission to try to become pregnant with the pre-embryos. Mr. Davis preferred to remain childless and sought to prevent his former wife from being able to use the pre-embryos. The court found that human life begins at conception and granted Ms. Davis custody of the pre-embryos *(New York Times*. September 22, 1989:AI3). Mr. Davis plans to appeal. In the 1990s there were several other similar cases.

In another case, the court was asked to decide who has the decision-making authority when the couple who provides the gametes agrees on the

use of the pre-embryos but is challenged by a third party. Mr. and Mrs. York entered an IVF program in Virginia while residing in New York. In 1988, they moved to California and asked to have their frozen pre-embryos transferred to a Los Angeles fertility clinic where they could continue their efforts to become parents. The Virginia clinic refused, on the ground that the pre-embryos should be transferred to Ms. York's uterus only at the Virginia clinic (*Time*, July 24, 1989:B3).

For the reasons described in the remainder of this report, the Board of Trustees recommends that:

> 1. Primary authority for frozen pre-embryos rest with the two gamete providers, and they must agree to any disposition of the pre-embryos.
>
> 2. Agreements by the gamete providers for the future disposition of their pre-embryos should generally be enforceable. However, either gamete provider should be able to show that changed circumstances make enforcement of agreement unreasonable. The gamete providers should not be required to enter into an agreement that will govern the future disposition of their pre-embryos.
>
> 3. Frozen pre-embryos may be used by the gamete providers, donated for use by other parties, or donated for research. The frozen pre-embryos also may be allowed to thaw and deteriorate. (Author's comment: note the consistent and oft-repeated use of the non-entity, pre-embryo, a term that reflects the AMA's pro-abortion mentality. These so-called pre-embryos are actual embryos, a stage of life that every reader of this paper has traversed.)

● The *Washington Post* (July 7, 1995, p. A8) and the *New York Times* (July 9, 1995, p. 17) carried articles about the Center for Reproductive Health in Irvine, CA. The three doctors who operated the clinic had swapped fertilized eggs (very early embryos) between donors and recipients in at least 30 cases without notifying the couples involved. Officials at the University of California, Irvine, said: "Basically, we really can't determine at this point how many births occurred due to those possible transfers... We don't know how many were recipients and how many were donors." The university sued the three doctors and shut down the clinic. "I think it's probably been an area that has been inadequately regulated," said Dr. David Orentlicher, director of the AMA' s division of ethics and standards.

● The May-June 1996 issue of *Celebrate Life,* published by the American Life League, carried an article by Colliton titled *"In vitro* Fertilization – a Threat to the Family." As an example of where embryo donation can lead, James Alan Austin became a father without benefit of wife or girlfriend – just $30,000 cash. The *Orlando Sentinel* reported that Austin, a financial analyst and only child, paid a 29-year old woman to be artificially inseminated and bear his child. He had no experience with infants and their needs but he wanted a child because his friends were having children. The woman delivered a healthy 10-pound boy on December 8, 1994 and gave the child to Austin the next day. According to a police report, Austin admitted beating and shaking the child, spanking him, slapping his face, and striking him on the back of the head. The child was in a coma when brought to the hospital and later died of a fractured skull and other head injuries.

Great Grandmother Has Baby

● The *Washington Post* (July 13, 2001, p. B-4) reported the delivery of a 5-pound baby to a great grandmother, Lucretia Hodges, who conceived through IVF because she "wanted to experience birth as an adult this time." (Her twins were born when she was 14 and she had a third child a year later.) She now has 16 grandchildren and three great-grandchildren. Although she would not identify the father, she said that he was also a grandfather. They plan to raise the baby together. This is another example of "the imperative" principle at work. It also demonstrates that IVF is a business and has little to do with the practice of medicine.

What is the State of Our Culture Today?

Consider these statistics:

1) In 1970, 10.7% of U.S. births were to unwed women; by 1995, the figure had risen to 32.2%[51] (Footnote 9, P839) and is essentially unchanged today. Changes in marital status and cohabitation are important factors accounting for trends in pregnancy rates for married and unmarried women. Analysis of birth patterns of unmarried women from the National Survey of Family Growth shows that almost all of the increase from the 1980s to the 1990s was in births to cohabiting women.[28] By 1990-1994, this proportion increased to 39%

2) In 2001, the last year for which I have figures, 83% of the women obtaining induced abortions were unmarried.[29]

3) In 1996, the last year for which I have this figure, 46% of the women obtaining abortions were experiencing their second or more abortion.[30] In my home state of Maryland, the recidivism rate for 1999 was an astounding 76.3%[31]

4) For over two decades the nation's divorce rate has hovered around 50%.[32]

5) Between the incidence of out-of-wedlock births and the rate of divorce, the number of children entering broken homes has more than quadrupled since 1950. (Source: National Center for Health Statistics data series.)

6) An estimated 18 million new cases of sexually transmitted diseases are reported each year in the United States, approximately 25% in teenagers.

7) Over 46 million innocent human lives have been lost to induced abortion since the Roe/Doe Supreme Court decisions of 1972. Despite this tragic reality, in the 2000 presidential election, 52% of voters who identified themselves as Roman Catholic voted for Al Gore, the most radical pro-abortion candidate in the nation's history. What does all of this have to say to us about the leadership our churches are providing us these days?

True Human Wisdom

Pearl Buck, a minister's daughter, outstanding humanitarian, and world-renowned novelist was asked to write the foreword to Robert E. Cooke's 1968 book *Terrible Choice: The Abortion Dilemma*, The book contained one of the earliest dialogues on the issue of induced abortion and was the byproduct of an international study of abortion conducted in Washington, DC. She wrote: "As the mother of a child retarded from phenylketonuria, I can ask myself at this reflective moment, if I had rather she had never been born. Now, let me ask the question fully. Could it have been possible for me to have had foreknowledge of her thwarted life, would I have wanted abortion? Now with full knowledge of anguish and despair, the answer is no, I would not, even in full knowledge, I would have chosen life, and this, for two reasons. First, I fear the power of choice over life or death at human hands. I see no human being whom I could ever trust with such power, not myself, not any other. Human wisdom, human integrity are not great enough. Since the fetus is a creature already alive and in the process of development, to kill it is to choose death over life. At what point shall we allow this choice? For me, the answer is at no point once life has begun. At no point, I repeat, either as life begins or as life ends, for we who are human beings cannot, for our own safety, be allowed

to choose death, life being all we know. Beyond life lie only faith and surmise, but not knowledge, where there is no knowledge, except for life, decision for death is not safe for the human race."

How Did We Get Here?

How did we come to this state of affairs? The problem was addressed neatly and completely by William McGurn in his editorial, "Preach to the Choir" *(Wall Street Journal,* August 24, 2001). McGurn says, "Now my non-Catholic friends seem to labor under the impression that Catholics spend their Sundays enduring thundering homilies on abortion and the pill. But in four decades of fairly regular church attendance including eight years of Catholic grade school and four years of university – I can count on one hand the sermons I have heard on abortion. About contraception, in vitro fertilization, and stem cell research, barely a peep, much less anything suggesting the linkage they all have to a culture of life." With God's grace, Peg, my wife of 57 years and I have been daily communicants most of our adult lives. Our experience is identical to McGurn's, and this situation must be changed. In defense of the bishops and their priests, coming out in opposition to IVF is like being opposed to motherhood and apple pie. Mr. McGurn is critical, and correctly so in my view, of the president of the National Conference of Catholic Bishops' criticism of President Bush's decision on embryo stem cell research. He says; "As it happens, my druthers are entirely with Bishop Fiorenza. But if the evil here is destruction of human embryos for research, shouldn't Catholics have been hearing from the bishops all along? ...The destruction of embryos has been going on for years." Until the recent past it has been proceeding at a rate of more than 4,000 per day. Today that rate is approximately 3,500 per day. Mr. McGurn continues: "And by hearing from the bishops, I don't mean issuing statements or allowing their priests to discharge their own teaching obligation with a few paragraphs in the parish bulletin. I don't even mean speaking about politics. What I mean is exercising their authority, as shepherds, to see that the ethic they wish America to practice is preached, regularly, in the one place that the church might still talk to American Catholics: the Mass." Is it possible that the faithful in America have been experiencing episcopal misgovernance for some time now? A dear friend and mentor, the late Dr. Joseph R. Stanton, said to me many years ago, "Willie, we lost the battle on embryo experimentation when we didn't rally the faithful at all on the issue of in vitro fertilization." When the Ethics Advisory Board, which was heavily stacked against defenders of human life, was holding meetings to discuss in vitro fertilization and embryo experimentation in 1978, the Catholic hierarchy was nowhere in sight. Only secular and humanistic ethics were allowed in discussions.

Pastor John Richard Neuhaus articulated the scenario best; "Thousands of medical ethicists and bioethicists, as they are called, professionally guide the unthinkable on its passage through the debatable on its way to unexceptionable. Those who pause too long to ponder troubling questions along the way are likely to be told that 'the profession has already passed that point.' In truth, the profession is huffing and puffing to catch up with what is already being done without its moral blessing."[33]

Conclusion

There you have a clear description of "the imperative" in action and its moral bankruptcy. The road back may be long and arduous, but all spiritual leaders who value human life as a gift from God must educate themselves and their followers about the evil described in these pages. They must teach them how to win others to their viewpoint so that public policymakers will be influenced to ban induced abortion, IVF, embryo experimentation, cloning, and all other assaults on innocent human life.

The task is not impossible. As reported by Sabrina Ferrisi, correspondent for the *National Catholic Register*, (January 11-17, 6, 2004) the Italian government recently issued severe restrictions on the IVF industry after it had been totally unregulated. The new regulations outlaw heterologous fertilization, or donations of sperm or eggs from third parties. IVF is limited to heterosexual couples, married and cohabiting. Homosexual couples, single women, surrogate mothers, and women who want to conceive with sperm from a deceased spouse need not apply. The law also prohibits prenatal testing for genetic disorders. Cloning and embryo experimentation are illegal. The most outstanding features of the new law proscribe the freezing of embryos, a restriction to the formation or transfer of more than three embryos, all of whom must be transferred into the womb. Women cannot refuse transfer once the eggs are fertilized, and if pregnancy is not achieved, the couple cannot use IVF again. The Italians are beginning to recall God's beauty, truth and love. When it comes to making babies, God's way is best, in more ways than one.

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