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The Technical Child: In Vitro Fertilization and the Personal Subject

by

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Two moral issues of our day have captured much public attention: abortion and embryonic stem cell research. However, another issue, which is positioned precisely between these two and directly related, in vitro fertilization (IVF), has not shared the limelight to nearly the same extent. IVF is a primary source of the controversy over embryonic stem cell research and a result of legalized abortion. As such, it calls for more intense scrutiny than it has thus far received. Perhaps the pain of infertile couples desiring a child seems too delicate a matter with which to take issue. But certainly the problem of women in crisis over their pregnancy is no less delicate. Compassion calls for love grounded in truth, not shadowy obfuscation.

IVF is a contemporary tragedy unfolding in our country and elsewhere in the world. This tragedy could be called "The Technical Child." It is produced and directed by medical and research scientists and technicians. The main characters are the infertile couple, embryonic children, a doctor and his team of medical technicians, the scientific research community, and God, the Creator. To uncover the tragedy it is necessary to look at each of these as a personal subject and to examine the role they take and the actions for which they are responsible. As each character is examined, some of the realities of the IVF process will be described and the moral, theological and anthropological issues involved will be elucidated, along with some of the controversy surrounding them.

Conditions and Processes¹

The medical conditions that lead an infertile couple to seek IVF, after other infertility treatments have failed, are various. Some of them are: 1) oviducts of wife are absent; 2) loss of both fallopian tubes (result of ectopic pregnancies); 3) endometriosis; 4) severe cervical factor; 5) immunological factors; 6) oligospermia. To simplify the issue and the process, the following description of the procedure will focus on homologous IVF, i.e., carried out for a married couple without recourse to extra-marital egg or sperm donors.

The first step in the process of IVF is to stimulate ovulation in the wife — hyperovulation. This is done because using the natural cycle entails difficulty in timing the release and retrieval of eggs, and because multiple eggs are needed to develop several embryos for transfer to the womb in order to increase the possibility of successful pregnancy. Usually four to six eggs per cycle are recruited between days three and five of a 28-day cycle. It should be noted, however, that using the natural cycle is less expensive and requires less of the wife's time in the hospital. There is some risk of developing ovarian hyperstimulation syndrome, a condition signaled by weight gain and a full, bloated feeling, and sometimes shortness of breath, dizziness, pelvic pain, nausea and vomiting. While this can be resolved with careful monitoring by the physician, the condition can, in rare cases, be life-threatening, and in all cases involves hospitalization for intense monitoring.²

The eggs are harvested by inserting a needle through the vaginal wall, guided by ultrasound, and aspirating the follicle fluid containing the eggs. After the eggs are retrieved, they must be evaluated for maturity and morphology. Mature eggs are fertilized four to six hours after retrieval using 50,000 motile sperm, obtained on the day of the wife's surgery, usually through masturbation — although there are other ways of obtaining sperm that do not involve the immorality of masturbation. The inseminated eggs are evaluated daily for evidence of fertilization.³ The embryos formed are evaluated for healthy structure. Healthy embryos which have divided into the two to four-cell stage are then implanted, using a small catheter inserted through the cervix into the woman's uterus. This is done usually 48 to 72 hours after egg retrieval. If only one embryo is implanted, the possibility of pregnancy is 10%. If three to four embryos are implanted, the pregnancy rate may be 25%. There are numerous factors that affect the pregnancy rate. Because the rate is low, usually five to six cycles of treatment are recommended. Each cycle may cost \$12,000 to \$17,000,⁴ with a possible total \$30,000 to \$60,000 or more to achieve pregnancy.

Since several embryos may be implanted, and all may not prosper in the womb, there is frequently a need to abort one or more embryos in order that at least one will survive until birth. There is a 20-40% chance of having twins or more. There is an increased risk of ectopic pregnancy.⁵ Over all, the live birth rate is between 2 and 25%. This leaves a large question mark about the other 98 – 75%. Some assert that this is not widely different than the natural miscarriage rate. However, even if this is true — which others assert it is not — it raises important moral questions which will be touched on below. Some studies show that babies conceived in IVF treatments are more likely to be born at low birth weight and with birth defects.

The Infertile Couple

The desire to have a child runs deep in the human heart. The suffering of infertility should not be minimized. Yet there is more to this question than desire. Precisely because it is such a serious question, one needs to examine the situation from all sides. For a moral evaluation, it is necessary to look at what the moral subject is choosing to do to realize his desire. A couple who takes the position that they will do anything to have a child expresses a willfulness and possessiveness over the child's existence. A married couple cannot say they have a right to a child. A child is not a piece of property to be possessed by the parents. A child is a human person of equal dignity to the parents and cannot be considered as an object to be desired and possessed. Rather, a couple needs to see the child as a gift and welcome him as a blessing, the fruit of the love they offer each other in the conjugal act. The conjugal act expresses the nuptial meaning of the sexual body, the self-gift of husband and wife to each other. It is not an act of "making a baby." The moral distinction between making and doing is important here. Making is a transitive act that focuses on the quality of the product, with the presupposition that one can discard what does not measure up to one's intent. Doing is an immanent act; the result of the action remains in the doer such that doing a good action perfects the doer who becomes a good person.⁶ In the marital act, the couple love each other and become lovers; they are not making an object. The marital total self-giving capacitates the couple for procreation but does not give them the right to demand a child.

The husband and wife are personal subjects whose actions have moral content and affect not only external situations but also their own internal being. Let us look at a particular case in which the couple have the best intentions and are trying to be as ethical as possible while resorting to IVF. Tom and Karen O'Meara are Catholics and know the Church does not approve of IVF, yet when all else failed, accepted the suggestion to try it.⁷

The treatment resulted in 18 embryos, of which three were implanted in Karen's uterus and 15 were kept frozen (cryopreserved). Karen gave birth to healthy twins. A year later, another embryo was implanted and Karen gave birth to the child. Then a year later, three embryos were implanted and one child was born. This was an unusually high rate of successful pregnancy and birth. However, with four children under the age of five, the O'Mearas were still faced with the predicament of 11 frozen embryos which they considered human life to be preserved. Should they take the risk of further pregnancies when Karen was in her late thirties? Should they offer the embryos to another infertile couple? Or would they have to destroy these embryonic children of theirs? The latter seemed intolerably wrong to them. The alternative of offering them for research or experimentation was even more unsettling. They did not feel comfortable asking their parish priest about this ethical dilemma for they had told no one in their parish or in their family about the circumstances of their children's births. They were upset that the physicians of the clinic had not told them clearly of the long-range consequences of the treatment. They consulted with an expert in medical ethics but this left them no clearer about what to do and more conscious of the tragic dimensions of their choice of IVF treatment. Even with an exceptionally successful treatment, only four of 18 embryos lived to be born, three died in utero and the other 11 embryos may die the undignified death of a frozen or thawed embryo. The O'Mearas were more conscientious than some couples, yet they have participated in purposely bringing into life 14 embryonic children whom they cannot protect from dying. They have separated themselves from their spiritual community. They have achieved their original goal but now are desperately conflicted. What has brought them to this impasse?

There are several assumptions and attitudes that contribute to the decision of a couple such as the O'Mearas to choose IVF treatment. One of these is an instrumental sense of the body and of one's sexuality. Sexuality, in this understanding, is used for a purpose rather than considered as a constituent part of a person that expresses one's humanity. A dualistic understanding of one's sexual biology as something that can be separated from one's human and spiritual life leads to separating the human good of the marital act from the human good of procreation. The capacity for motherhood and fatherhood is intrinsic to marital intercourse and not something to be manufactured and controlled outside of the marital act. Human persons are incarnated spiritual beings whose physical acts express their humanity. We cannot separate our intellectual intentions from our physical acts. It is interesting that those who dissent from the Vatican's teaching on IVF use the same arguments as those used against *Humanae Vitae*. They appeal to "pre-moral" goods as though a person's "biological act" did not have moral meaning and only the "total marital relationship"

has meaning. However, every freely chosen act, i.e., one proceeding from a person through deliberation and choice, is a human act and therefore a moral act with meaning. The act of marital intercourse is one of the deepest and most meaningful of human acts because of its participation in God's creation and love.

Since contraception became socially accepted, our society has communicated the assumption that procreation is totally controlled by man, a choice effected by external medical-technical input. The domination of scientific manipulation of nature has created the illusion that human procreation can be approached in the same manner as reproduction in plants and other animals. This fails to recognize the special nature of transmission of human life deriving from the special nature of human persons.⁸

Couples who resort to IVF fail to respect procreation as a collaboration with God who is intimately involved with the origin of life in every human person.

The origin of a human person, as a matter of fact, is not some kind of chance biological happening, but is the result of a creative act, that is, a deliberate and free choice on the part of God to do something He is in no way obliged to do... The act of creation is, to the contrary, the fruit of a love which in God is therefore free and gratuitous in a sovereign way unique to Him. Also, therefore, the human act of procreation... must proceed from this same kind of source, an act of love.⁹

This reality of co-creation with God indicates a much deeper spiritual responsibility than an instrumental-technical approach to procreation. We are created in the image of God. God has designed the human male and female to procreate within the free act of self-giving love — that a child is a gift from the hand of God. The unitive and procreative aspects of the marital act, therefore, may not be separated. Some who dissent from *Donum Vitae* think the temporal delay between intercourse and conception justifies externalizing the process. But the connection is causal, not temporal, and properly internal to the marital act.

Couples do not have the right to involve third parties in an external construction of their parenthood which is their responsibility and privilege alone, a capacity internal to marriage. In the external process of IVF, the origin of the child loses its direct connection with the love of the parents and the love of God. The medical-technical team "makes" the embryo and has control over it. This severs the couple's subordination and obedience to God and introduces the problem of man alone as master, rather than collaborator with God. The reality of the human person is that he is not the Creator, but a servant of God called to gratitude for His gifts. The couple

cannot demand this gift but are called to wait upon God's initiative. If their infertility cannot be healed, the couple who seek to act in conformity with the dignity of their spiritual being can consider spiritual parenting or the possibility of adopting children who need a home. Insisting on their biological parenthood as though it were separate from their physical reality and their relationship with God is an expression of self-centered willfulness, although the couple may not have reflected sufficiently to realize this. These moral and spiritual realities need to be communicated, not in order to pass judgement on particular couples, but to help them avoid tragic consequences they will later regret.

The Child

The IVF process actually results in a "dilution of parenthood," according to an analysis by Donald DeMarco.¹⁰ When their baby is a freeze-dried embryo, parents lose the ability to think of themselves as the mother and father of their embryonic children, and thereby lose the ability to act responsibly toward them. They come to think of these embryos as possessions, not as persons with rights equal to their own. The case of *Davis v. Davis* in Tennessee in 1992 is revealing in this respect. The Davis couple were divorced parents of seven frozen embryos. The wife-mother wanted to preserve their life and donate them to another couple. The husband-father wanted them destroyed. The final decision handed down by the Tennessee Supreme Court was that the embryos could be destroyed: the parents were called "gamete providers" who were "not yet parents." The father's desire to destroy life overrode the mother's desire to protect life because the "party wishing to avoid parenthood should prevail over the other party who had a reasonable possibility of achieving parenthood by means other than the use of the pre-embryos in question."¹¹ It is instructive to note the terminology which speaks of "achieving parenthood," by "gamete providers" and "the use" of "pre-embryos." These terms depersonalize parenthood, see the children as objects of use, dehumanize the embryonic child by use of the term "pre-embryo," and speak of procreation as an achievement. What does this do to the child? Most obviously it refuses legal status to embryonic children. Further, it assumes that a court can decide when someone becomes a human person with his own inherent rights.

Such decisions flagrantly ignore what we know about the human embryo: a self-organizing, self-directing living organism whose 46 chromosomes determine his human nature and whose genetic make-up is that of a unique individual. This is a living human subject whose "I" will be the same throughout his life from conception until death. To have a human nature and be alive necessarily means to have a human soul. This human

body-soul person has a spiritual destiny that transcends the universe, the capacity to know and love God and be with Him eternally. As a human person, he is an end in himself, an inviolable and autonomous subject demanding respect from all others.¹²

The IVF process turns this human subject into an object manufactured out of the raw materials provided by a couple. The child is subjected to quality controls by technicians, the arbitrary decisions of others. He is made subordinate in value to his producers. He experiences the "same degree of domination as used to produce fruit flies and clone mice."¹³ This is inappropriate to the child's worth and dignity. It is, according to *Donum Vitae*, "a dynamic of violence and domination."

IVF makes this violence possible because the embryo comes to be outside of a mother's womb and protection. Even though it is true that embryos die as well in natural miscarriage, this is not a death brought about by human intervention. John Fleming has asserted that IVF is morally worse than abortion because in the case of abortion a woman did not get pregnant in order to abort, whereas in IVF embryos are purposely brought into life knowing the majority will be destroyed by human causality.¹⁴ The attempt to preserve their life through freezing is wrong as well because, as Joseph Boyle has pointed out, there is grave risk of bodily harm and death, the possibility of manipulation and offences, and deprivation of maternal shelter and gestation.¹⁵ It is difficult for scientific intervention to avoid manipulating or modifying whatever it touches. For example, when conception of a child happens within the absolute darkness of the mother's body, no light can affect his beginning. But the scientist must use light to some degree to see what he is doing, does he not? How can this not modify the embryo's existence?

It is critical to the child that he be directly the fruit of his parents' love, not an object manufactured to satisfy their desire. He is a person equal in dignity to them and should not be placed in a position of manipulation for their sake. "Only if conception is the fruit of human love and not of a deterministic technique" will the human being attain liberty, free from biotechnical influence."¹⁶ The child must be able to know that he is directly willed and created by God so that he can turn to Him in gratitude for his existence. It is this reality that gives the child freedom and inviolable dignity. Jesus Christ, the Word of God, has shown us what human nature is and to what destiny each human person is called. He revealed to us that He and the Father are of the same Substance, equal in nature and dignity, yet distinct as Persons. The Father begets the Son, He does not create Him. The language of generation, conception and birth are used in Scripture to indicate the similarity between the human family and the Trinity. Human parenthood mirrors the divine relationships of begetting in self-giving love. Each human child is begotten of human parents and

created by God as a unique, unrepeatable body-spirit person, in the image of God. One must truly stand in awe before such a reality.

IVF, however, submits the child to a secular governance of his identity. His personhood is decided by arbitrary criteria determined by others. These may be biological, psychological or sociological criteria. The necessity of seeing a neural streak, for example, assumes that a visible nervous system must begin to form before the embryo is declared a person. Some make a decision based on the prediction of a certain quality of life for the child. Any of the many varied criteria depend on a subjective dominance of a strong adult over a weak and dependent child. But human identity needs to be "above all the systems," otherwise the person enters into a "master-slave dialectic," as Dr. Stansilaw Grygiel has said.¹⁷

The Doctor/Technician

The doctors, medical technicians and researchers are also human subjects whose acts have moral content. What do they do in the IVF process and how can we and they evaluate their own actions?

The physician who heads up a group of doctors and medical technicians sees himself as a member of a team who is helping would-be parents. He and his group are, above all, "servants of technique." H.A. Nielsen, in analyzing this problem, quotes from Jacques Ellul's *The Technological Society*: "The servant of technique must be completely unconscious of himself." Nielsen comments that this is "a horrendous price: it costs him his awareness of who and what he essentially is."¹⁸ As a servant of technique, the doctor must focus on methods and efficiency. Four or five embryos must be produced so that if one implant fails, others are immediately available. Embryos not needed are "leftovers" and disposed of. To accomplish this efficiency, the doctor cannot see these embryos as human beings equal to himself. He must look upon them as products. He does not even consider that he produced them. It is "IVF technique" that produced them. But who is the acting person? He is and his team members are. Who is it that decides some embryonic children are surplus and orders them trashed? Is it "technique" that kills them? "Technique appears in some undefined sense to be the sole responsible party among all the parties involved in the complex of IVF practice."¹⁹ Scientific training develops the habit of this impersonal attitude. If the doctor and his teammates indulged in the personalist view, it would be impossible for them to carry out this procedure. If a doctor didn't obscure his sense of responsibility, he would experience "severe inner discord at the thought that he helped launch lives like his own without looking after them as he had been looked after at the embryonic stage."²⁰ Nielsen raises the interesting question of what such a doctor or medical technician might tell

family and friends about their work. Does he mention the leftover embryos and their fate? Or the abortions as "fetal reduction?" Does it create tension in him to talk about these aspects in a personal setting? When he is at work, the technician-doctor can step into his impersonal shoes. But this could be a somewhat schizophrenic situation. He perhaps persuades himself he is only the servant of the parents and soothes himself with pictures of happy parents cuddling a perfect infant. But he and his team "produce" the children and choose which shall live and which shall die. Part of him has to care and part of him not care. Won't this result in confusion of his inner self? Nielsen questions whether silencing his critical judgement will do something to the doctor's inner core of selfhood. There is a lack of integration that can leave him psychologically vulnerable and dehumanized. Human beings are unique in carrying on interior conversation with themselves about what they are doing and thinking, criticizing themselves at times, creating strategies for improvement and so on. But the physician and medical technicians of IVF must censor any thoughts of critical examination of what they are doing. "A systematic forgetting of the dark side of IVF technique has unknown consequences for the forgetter," Nielsen concludes.²¹ Does this mean IVF personnel must necessarily ignore God in their life? Dr. Grygiel speaks of the problem of the scientist who "does not suspect being to be thought and wanted by Someone;" if he does not think of God, he is being thoughtless. The scientist "does not expect anything except his own product." Nothing is a question of hope and faith; everything is submitted to technical expertise, improvement and control.²² What does this do to him as a human moral subject?

The Scientific Research Industry

The doctors and medical technicians are not involved with procreation because of selfless love for the child. They are being paid by a private firm that charges couples enormous fees, as noted at the beginning. Often such firms are closely associated with universities or hospitals that have research interests. In fact, it is probably accurate to describe IVF as a lucrative production that is part of a huge scientific research industry. The Tennessee legal case cited above is illustrative in this regard. The first trial judge in *Davis v. Davis* accepted testimony by geneticist Dr. Jerome LeJeune that gave clear scientific evidence that human life begins at the moment of conception. This judge said the statements by the embryologist and endocrinologist that it was "not entirely clear that a human embryo is a unique individual," were not sufficient to rebut Dr. LeJeune's testimony. However, Tennessee's Supreme Court overturned this decision:

The Tennessee high court accepted without question the assertions made by the opposing witnesses, who as representatives of an industry dealing in the creation and potentially involving the destruction of "left over" embryos, had their own stake in the question of when, as a matter of law, human life begins. The court acknowledged that a decision affording legal personal status and cognizable rights to embryos "would doubtless have...the effect of outlawing IVF programs in the state of Tennessee." Nonetheless, the court deferred to the fertility industry's view, as if it were beyond reproach..."²³

In other words, the power of the fertility industry to impose on the court its own definitions of human life because of its own economic industry appears as a naked exercise of money and influence flowing out of the scientific research community. This community, too, is directed by responsible subjects whose actions and decisions have moral content. The decisions of directors in this industry have lethal consequences for countless embryonic children, and a devastating influence on our society. Yet they seem blind to the inhumanity of their work.

A revealing analysis of monetary and institutional involvement in procreation was provided by Richard Doerflinger, Associate Director of the U.S. Catholic Bishops' Pro-Life Secretariate.²⁴ After noting the enormous amount of money spent on family planning and abortion, he records the ironic fact that millions of couples are plagued with infertility and thousands choose to pay staggering fees for IVF procedures even though their chances of a successful pregnancy are pitifully low. Doerflinger mentions a survey of IVF clinics that found that half of them had never had a live birth after being in business at least three years, collectively treating over 600 women and collecting \$2.5 million for their services. However, most revealing are the causal and institutional links between anti-natal and pro-natal technologies which Doerflinger lists. The first connection is created by the contraceptive and abortive technologies — IUDs, STDs, sterilization, and previous abortions — that contribute to infertility and thus to the demand for IVF. Secondly, surrogate mothers for IVF procedures were disproportionately women coping with past abortion. Then abortion itself is a procedure important to the IVF process since "fetal reduction" is usually necessary to protect a live birth. Doerflinger comments that if one "looks only at the statistics, (4-5% of live births per one hundred fertilizations in the most successful programs), one would have to call the IVF procedure a fairly efficient method of abortion, with a 95 to 96% success rate."²⁵

Most disturbing is the link between IVF and embryo-destructive research.

Pro-natalist technologies provide the research material and the funding for development of new anti-natalist technologies. Many directors of IVF programs are researchers first and clinicians second; and many of these programs have their headquarters at university medical centers that are principally research institutions. The treatment of infertile couples, however inefficient in producing live births it may be, not only provides a great deal of money for research on embryos but also provides the embryos themselves for laboratory evaluation and experimentation.²⁶

There are political and religious links as well. The same ethicists and politicians who promote abortion, also promote IVF and research on embryos. Theologians who dissent from Church teaching on contraception and abortion are the same ones who dissent on the issue of IVF. Obviously there are two very different understandings of procreation underlying these opposing positions: "procreation as commerce and procreation as sacred trust."²⁷ The Church welcomes the child as a gift from God. A Christian cannot look upon a child as a possession to demand and get for the right amount of money. Couples who succumb to this attitude are vulnerable to the exploitation of the fertility industry. The doctors and researchers involved in this industry need to look at their attitudes as well. Is the practice of medicine being reduced to a business, a consumer service that is part of a medical-industrial complex? What is happening to the personal doctor-patient relationship? Are doctors still focused on healing the person or only on selling a service or making a name for themselves?

Conclusion

Biotechnology is assuming a more predominant role in the generation of human offspring at the price of diluting our notion of man as a procreating being... Man begins to see himself more and more as an individual who stands apart from what he produces, rather than as a being who is created in the image of a Triune God whose inner life is dynamically procreative.²⁸

Science serves the interests of the scientific industry, and the criteria that dominate there are technical possibilities and research discoveries. These could be good and beneficial to mankind, but they also might not be. Discovering how to make an atom bomb unleashed a potential which now most agree provides an intolerable level of destruction. Manipulation of human procreation might be equally destructive to humankind. Who is reflecting about this? Ethical, personal or religious viewpoints are seen as

blocking progress. Leaders in this industry fail to understand the importance of considering what man is as man, and on the fact that as responsible human subjects they themselves would benefit from this reflection, as well as society as a whole.

Ethical utilitarianism is at the root of this problem, according to Msgr. Elio Sgreccia. This philosophy ignores the anthropology of the person and of nature and emphasizes mere social consent and utility, he says.²⁹ But who is the arbiter of this consent and what are the criteria? Utility is defined by those who have power to define it, to manage consents, to estimate worth. These will be adults in positions of decision-making power. Neither God nor the child will be involved. The value of a personal life cannot be judged in such a way. A human person cannot be treated as raw material for technical manipulation. Technology deals with what can be reduced to measurable, material quantities. Technological tyranny results in a rigid, impersonal control of the many over the few. The human subject ultimately becomes the slave of his own technology, although those directly involved seem least likely to observe this. Our society needs to recognize that science is not neutral, it must be grounded in ethics: "Science and technology require, for their own intrinsic meaning, an unconditional respect for the fundamental criteria of the moral law: that is to say, they must be at the service of the human person, of his inalienable rights, and his true and integral good according to the design and will of God."³⁰

This focus on the personal moral subject enables us to ask critical questions. Is each person involved in IVF becoming more human or more dehumanized through their choices? Are they shutting God out of their relationships? Are doctors paying enough attention to healing infertility or only bypassing it? Is IVF technology requiring medical personnel to become callous and superficial? Will more and more people be looked upon as products or clients to be manipulated and controlled, rather than as self-directed subjects responsible before God? These are some of the serious questions our society needs to be asking. But not enough people are asking them.

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