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Embryo Adoption? The Dilemmas of Fertility

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EMBRYO ADOPTION?

The dilemmas of fertility

M. Therese Lysaught

Last March, *Newsweek* discovered embryo adoption. A brief story recounted how a couple, "after five years of fruitless fertility treatments," had heard about a Christian agency that arranged implantation of unused frozen embryos produced in the course of in vitro fertilization. In what the article called "the latest twist in the ever-complicated world of reproductive medicine," the couple obtained embryos (and consequently had a son) from "a devout Christian" who did not want to see her excess embryos destroyed.

Actually embryo adoption is nothing new, although, as the story made clear, it is currently stirring heated debates. At most infertility clinics, it has long been a standard option. Instead of going through expensive, burdensome, and sometimes risky infertility treatments to produce embryos of their own, couples can implant embryos "left over" from the treatment of other couples. In August 2002, the Department of Health and Human Services (HHS) launched a Public Awareness Campaign on Embryo Adoption. During this fiscal year, HHS planned to distribute approximately \$900,000 to non-profit agencies and organizations to alert those seeking infertility treatments about the option of embryo donation and adoption.

The campaign has run into criticism from many quarters. Many bioethicists initially scoffed at the idea of promoting the "adoption" of microscopic embryos. Supporters of embryonic stem-cell research were quick to label the project "weird" or "absurd." Some critics argued that any move to recognize the value of embryonic or fetal life threatened to undermine the protections of *Roe v. Wade*. The term "adoption" implies that embryos are like children, or, in the words of NARAL Pro-Choice America (formerly the National Abortion and Reproductive Rights Action League), "human beings with rights." A similar critique was voiced recently when HHS proposed to define fetuses as children for the purpose of providing women with access to federally funded prenatal care. Coupled with this initiative, the embryo-adoption program is suspect as part of a back-door effort by HHS to promote a not-so-hidden prolife agenda. Others object that the program wastes scarce health-care dollars. With 41 million people uninsured in this country, they say, HHS's \$900,000 could be better spent on some other health-care ini-

tiative. Then there are people who believe the program will undermine traditional adoption. Despite these objections and other potential problems, embryo adoption ought to be taken seriously.

The HHS program is a response to the increasing number of frozen embryos in storage. Even though many unimplanted embryos fertilized for fertility treatments are discarded each year, from one hundred thousand to two hundred thousand probably remain frozen (though some estimates place the upper range at well over a million). Roughly nineteen thousand are added each year. Why so many? In vitro fertilization (IVF) is an inefficient business. The overall success rates for IVF still hover at around 20 percent. The more embryos one has to work with, the better the odds that one of them will produce a baby.

During the initial phase of infertility treatment, women take high doses of drugs to "hyperstimulate" their ovaries, producing on average a dozen ova (eggs) per cycle. Ova, however, do not freeze well. Embryos do. Consequently, infertility specialists fertilize as many ova as possible. Of course, implanting a dozen embryos at once would present extraordinary risks to both mother and babies, so standard practice is to implant two to four embryos at a time. The rest are frozen. If implantation does not take place, the couple returns to their supply of frozen embryos to try again. When the procedure does work, their remaining embryos remain frozen, awaiting possible future implantation.

Eventually some couples who go through fertility treatment face the dilemma of what to do with their unused embryos. Financially, emotionally, and even physically, the investment in infertility treatment is high. Ova retrieval exacts a significant toll on a woman's body. The cycles of hope and disappointment, desperation and elation, in the long journey to and through infertility treatment are emotionally draining. These couples want babies, and each living, viable embryo presents the material possibility that the couple's long-suffering will be rewarded and their dreams realized.

Yet what is to be done with the embryos that couples no longer need? The couples could simply discard them. But to those who have invested so much in these little beings, who know themselves to be tied to them in an ambiguous yet material way, this option is often deeply distressing. Consequently, many couples opt to leave their embryos frozen indefinitely. Still, the logistical problems of indefinite stor-

(Continued on page 18)

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age are beginning to be felt. Many infertility centers now refuse to store embryos longer than three to five years. What is a couple to do? If they don't wish to implant or discard them, all that remains is to donate them for research, or to donate them to another couple.

Who might want someone else's embryos? Some couples seek the services of infertility clinics because their own gametes present a risk of transmitting a serious genetic disorder. Utilizing donated embryos minimizes the risk. Other couples turn to donated embryos as a last resort, should their own embryos not implant. The HHS program is aimed at both groups.

When pushed, most critics do not object to individual instances of embryo adoption. It is the "adoption" language that raises opposition. Abortion-rights groups prefer that the process be described as one of "embryo donation," or in more neutral, reductive terms, such as "the transfer of genetic material" from one party to another.

Of a different nature are concerns about the quality of frozen embryos. Studies have found that babies created through IVF are twice as likely to be born underweight and with a major birth defect. As a consequence, some infertility centers have decided, on "ethical" grounds, not to offer embryo donation at all. Still, the underlying cause of the increased incidence of birth defects is not clear. Does it result from fertility drugs and other interventions used to produce the embryos, from the freezing and thawing of the embryos, or from the underlying cause of the woman's infertility itself? These questions remain to be answered.

Another important question is how the HHS program might affect the donating couple. Many couples undertake infertility treatment without a clear sense of the moral implications of the procedures. Infertility treatment enmeshes them in a process that views embryos as part of a system of manufacture. Efficiency, quality, and raw materials are all valued to the extent they contribute to the final product. Most couples are not prepared for this objectifying process or for the toll it can take on marital relationships. So ardent is their longing for a child that the ethical dilemma of having to decide the fate of "excess" embryos rarely occurs to them. By the same token, may pressure come from another side of the moral equation? As a result of advocacy such as the HHS program, may some couples feel coerced into donating their embryos when they would rather not? "The program might suggest that donating embryos [for adoption] is preferable to donating them for research or discarding them altogether," warns the American Society for Reproductive Health. There's the rub: can we not say that donating embryos to other infertile couples is preferable to giving them for research or simply discarding them?

Clearly, the architects of the HHS program would answer "yes." In fact, the program's agenda is not hidden. Arlen Specter (R-Pa.), the congressional sponsor, has been quite candid. While he supports the use of "leftover" IVF embryos

for stem-cell research, he does so only if they are designated for destruction. A first priority, he argues, is to ensure that all embryos that can be brought to term will be.

A cynic, of course, might see in Senator Specter's reasoning not a back-door prolife agenda but rather a bone thrown to mollify opponents of embryo research. That may be the case. Still, if public funds are going to be spent for embryo research (which Specter supports), why shouldn't public funds also be spent on initiatives responsive to the concerns of embryo-research opponents?

Moreover, there are good feminist reasons to support embryo adoption. Embryo donation/adoption promises to reduce the burdens of reproductive technologies on women in three ways. First, it can lessen the significant hardship associated with ova harvesting. That process is neither easy nor pleasant, and the long-term effects are not yet known.

Second, embryo donation/adoption provides a way to reduce the cost of infertility treatments. At \$10,000 per cycle, and with IVF success rates hovering at 20 percent or less, the price can end up in the \$20,000-\$50,000 range. Embryo donation/adoption is much less expensive (about \$4,000), offering access to women who would otherwise not be able to afford fertility treatment.

Third, many couples resist traditional adoption. The practical hurdles and time frame associated with the process are not the least of their concerns. A child's prenatal environment is a worry. The wish to experience pregnancy, the bonding that goes with it, and the occasion to breastfeed (which is possible in some adoptive situations, but is sometimes quite difficult) are also incentives for embryo adoption. Thus, while describing embryos as "adoptable" may raise questions about how we have viewed the relationship between women and embryos, the practice itself promises to reduce real burdens on real women, and increases their reproductive options.

Moreover, increasing the awareness of embryo donation/adoption may provide a much-needed service to donating couples. Donating what they see as their offspring to another couple may not be what they initially envisioned, but it may be more consistent with the purposes for which they produced the embryos in the first place, and therefore be less objectionable than disposal or use for research.

One significant question remains: would a systematic practice of embryo adoption undermine the system of traditional adoption? Could it negatively affect the prospects of children in foster care who are in need of parents? Does every prenatal adoption translate into a loss for some other needy child? Possibly. Yet many couples have already excluded traditional adoption, have exhausted their technological options, and for them, pregnancy by means of a donated embryo seems to be the last resort.

Infertile couples who wish to be faithful to Catholic teaching may well wonder how to think about embryo adoption. The Vatican's position since 1987 has been that fertility coun-

seling is acceptable but techniques which create embryos outside a woman's body, techniques like IVF, are not. Would accepting a donated embryo created in a lab be morally akin to engaging in that action oneself, or ought it rather be seen as similar to adoption, an act embodying the belief that embryos are not simply a "form" of human life, but truly children, to be protected and nurtured?

Catholic moral theologians differ on this question. Some believe the act is properly described as one of "rescuing" a child orphaned before birth. Others feel that the technological nature of the process undermines the integrity of marital reproduction and helps to legitimate a procedure which is morally rejected by the church. At issue, then, is what the adopting couple believes they are doing.

For those concerned about assisted reproduction, embryo adoption may tend to subvert the presuppositions of reproductive technologies in two important respects. It de-emphasizes the genetic imperative that drives so many people to infertility clinics: Embryo adoption is not about having one's "own" biological child. Moreover, it requires accepting the child truly as a "gift"—donated in the true sense by the donating couple—and welcoming into their lives and home one who is completely a stranger.

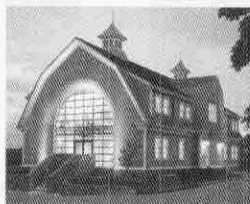
In the end, the HHS program challenges supporters of embryonic stem-cell research to be more candid. The National Bioethics Advisory Commission's 1999 report, "Ethical Issues in Human Stem-Cell Research," stated that while embryos are not to be considered "persons" in the sense of having rights, they are a form of human life that deserved "respect." The overwhelmingly negative response to the HHS proposal confirms the suspicions of many that "respect" is an empty concept. If this is not the case, those who support federal financing of embryonic stem-cell research but oppose federal support of embryo adoption need to articulate more clearly just what treating embryos with "respect" might mean.

Reproductive rights is not a zero-sum game. Concrete attempts to "respect" embryos do not automatically undermine the rights of "living, breathing women." In this case, living, breathing women stand to benefit.

Those who wish to embody the church's commitment to caring for the vulnerable must take care not to fall into our culture's habit of pitting life against life. If pursued with discernment, embryo adoption may present a positive and concrete way to witness to the value of all human persons—women and embryos alike. It is an obvious fact to many people that bringing embryos to term is preferable in every way to discarding them or destroying them through research. Embryo adoption provides a tangible way for Christians and others to bear witness to this. □

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