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Cover Page Footnote
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I. Sterility Tests

Practically speaking, the moral problems relative to sterility testing all seem to concern the examination of the male. More specifically, they concern the methods of obtaining the semen; for there seems to be no problem about examining the semen if it can be obtained in a morally unobjectionable manner.

According to the methods used in obtaining the semen, sterility tests can be divided into three classes: (1) certainly illicit; (2) probably licit; and (3) certainly licit. Under each of these heads I shall list and briefly discuss all the methods that are usually discussed in theological literature. Before doing so I should like to emphasize the fact that I am not passing judgment on the scientific value of the various methods. In preparing this survey I was inclined to omit some of the methods because many physicians have told me that they are useless for the purpose of obtaining an apt specimen for examination. However, my experience in dealing with the medical profession is that physicians very often disagree on points like these; hence I thought it advisable to omit nothing. I shall follow the same policy with regard to the various aspects of artificial insemination.

1. Sterility tests are certainly illicit when they involve the procuring of semen in any of the following ways.
a) masturbation;
b) the use of an unperforated condom or of a vaginal sheath which is the equivalent of a condom;
c) withdrawal before orgasm, with ejaculation outside the vagina.

In each of these cases there is an unnatural sex act: that is, the psycho-physical processes that lead to the sexual orgasm are used in such a way that the orgasm itself takes place outside of coitus. It is true that there is an appearance of coitus in the second and third cases; but it is only an appearance. Ejaculation into the vagina is the determining factor of true coitus. The practices, therefore, are morally objectionable because they violate the principle: It is never lawful, even for a laudable purpose, to use the generative faculty in an unnatural way.

2. Sterility tests are probably licit when they involve the procuring of semen in any of the following ways:
   a) intercourse with a condom so perforated that is allows some semen to be deposited in the vagina of the wife and also retains some semen for examination;
   b) removal of semen, immediately or very soon after normal coitus, from the genital tract of the wife;
   c) direct removal of semen, by aspiration, from testicles or epididymes;
   d) expression of seminal fluid, by massage from seminal vesicles.

An action is said to be “probably licit” when it is neither certainly right nor certainly wrong. That is the present status of each of the testing methods mentioned under this heading. Theologians are still debating them; and up to the present time reasons have been offered for and against each of these methods. It may be that in the future—even the very near future—some of the debatable points will be settled. Until these moral issues are further clarified, however, physicians may follow this practical rule: when a testing method is not clearly wrong, that is, when there is some soundly probable reason for approving it, it may be used.
A brief explanation of the theological controversies over these various methods may be helpful. As far as I know, the first theologian to mention the use of the perforated condom in his written works was the late Father Arthur Vermeersch, S.J., of the Gregorian University, Rome. Father Vermeersch considered this method of obtaining semen to be immoral. His reason was that it involves the direct will to deposit some of the ejaculate outside of the vagina—something which makes it a "partial onanism." Agreeing with Father Vermeersch is Father Francis J. Connell, C.SS.R. of the Catholic University of America.

Favoring the licitness of the use of the perforated condom is Father J. McCarthy, of Maynooth College, Ireland, one of the clearest and most capable of present-day theological writers. Father McCarthy believes that it is a mistake to analyze only the part of the act which involves the retaining of semen within the condom. He says that if the entire act is analyzed, it is seen to be substantially natural because a fair percentage of the semen is ejaculated into the vagina; and he believes that the mutilating of the act by retaining a small portion of the ejaculate in the condom may be justified for a proportionate reason. Father John J. Clifford, S.J. of the Seminary of St. Mary of the Lake, Mundelein, Illinois, also thinks the perforated condom may be used for obtaining a seminal specimen.

I have indicated the names of some prominent theologians who have written for and against the licitness of using the perforated condom. From my own experience in discussing this matter with theologians, I believe that the opinions of those who have not written on the subject would follow about the same ratio. It is important to note, however, that even those who think that Father McCarthy’s analysis of this case is theoretically more correct than Father Vermeersch’s would prefer that physicians avoid this method if they can get satisfactory specimens in some other licit or probably licit manner. The obvious reason for this preference is that the perforated-condom procedure can readily be misunderstood and can thus lead to morally harmful results.

Although Father Vermeersch was opposed to the use of the perforated condom, he was very openly cooperative with phy-
sicians in trying to find a morally unobjectionable manner of obtaining a seminal specimen. It was he who first suggested that removal of semen from testicles or epididymes by aspiration or from vesicles by massage might be permitted. His reason for approving these methods was that the semen is thus obtained without stimulating the orgasmic processes; hence there is no abuse of the sex faculty. Against Father Vermeersch, Father Benedict Merkelbach, O.P., of the Angelicum, the Dominican Atheneum in Rome, argues that man’s sole right to use his semen is confined to the exercise of the conjugal act. Prominent theologians have lined up on each side of this debate; and today, though the original contestants are both deceased, the debate still goes on. The complete discussions may be read in some of the sources listed at the end of this outline. Suffice to say here that Father Vermeersch’s opinion is still solidly probable.

I have indicated the trend of theological discussion with regard to three of the debatable methods of obtaining semen. Another debatable method is the removal of semen from the genital tract of the wife immediately or very soon after normal coitus. The italicized words contain the point of controversy. Few, if any, theologians would object to the removal of semen for testing purposes provided a reasonable time has been allowed after coitus for the semen to penetrate the cervical os. And most, I think, would say that about an hour would certainly be a reasonable time. To remove semen immediately or soon after coitus is an interference with the natural processes that are supposed to follow coitus; and the precise point of discussion among theologians is this: is such interference ever permitted? According to one opinion, this interference is an unnatural act, like onanism, and never permissible, even for a good reason. According to the opposite opinion such interference is more of the nature of mutilation, and permissible for a proportionate reason. The upshot of this difference of opinion is that, if physicians find it necessary for satisfactory testing to remove some semen immediately or soon after intercourse, they may do so.

To sum up the discussion under this heading: All four methods may be used as far as they are helpful. But among the
four, the least preferable (because of danger of misunderstanding and abuse) is the use of the perforated condom.

3. Sterility tests are certainly licit when the male specimen is obtained in one of the following ways:

   a) the semen is accidentally obtained as a result of an involuntary emission;
   b) removal of semen, about an hour after normal coitus, from the genital tract of the wife;
   c) expression from the male urethra of the semen remaining there after normal intercourse is completed;
   d) the use of a vaginal cup—that is, of a rubber cup which is inserted into the vagina after coitus and which will catch semen that would otherwise be lost.

Most of the methods mentioned here need no comment. But with regard to the second; I should like particularly to call physicians' attention to an article entitled "The Cervical Spoon: an Aid to Spermigration and Semen Sampling," in the Bulletin of the New England Medical Center, X (Oct., 1948), 225-31. The author is Joseph B. Doyle, M.D., Director of the Sterility Clinic, St. Elizabeth's Hospital, Boston. In this article, Doctor Doyle gives a preliminary report of an attempt to treat infertility by the use of a concave lucite spoon which is inserted into the wife's vagina immediately before coitus so that the spoon itself is close to, and directly beneath, the cervix. After gentle coitus the wife remains supine for about an hour; the spoon is then withdrawn and its contents used for a seminal test. This procedure furnishes the optimum conditions for sperm migration through the os cervicis; and once this is accomplished the contents of the spoon provide a good testing specimen. Complete details are given in Doctor Doyle's article; and it may be that other articles on the subject will have appeared before this outline is published.

II. Artificial Insemination

In trying to preserve a semblance of order in outlining the various questions that must be answered here, I must clearly distinguish between the use of a donor's semen and the use of a husband's semen:
A. Donor Insemination:

Under this heading I include all cases in which the parties to the insemination are not mutually husband and wife. It includes, therefore, the insemination of an unmarried woman by the semen of any man, and the insemination of a married woman by the semen of any man other than her own husband. There neither has been nor can be controversy among Catholic moralists concerning these procedures. They are definitely and certainly immoral because they violate the natural law, which limits the right to generate to married people and which demands that this right be exercised personally and not by proxy.

B. Insemination between Husband and Wife:

To point out what is and what is not debated by theologians when they discuss the various possible cases of insemination between husband and wife, I shall have to distinguish three different cases; namely, artificial insemination (1) in the strict sense; (2) in the wide sense; and (3) in the very wide sense.

1) Insemination in the Strict Sense:

Under this heading, theologians consider cases in which insemination is effected without coitus: in other words, the husband's semen is first procured and then transmitted by artificial means to the genital tract of the wife. The opinions of theologians regarding the morality of the various procedures may be briefly catalogued as follows:

a) There is a practical unanimity of opinion that any insemination method which involves the procuring of the husband's semen by means of masturbation, condomistic intercourse, or withdrawal, is immoral. I say a "practical unanimity", because within the past fifty years there have been three attempts on the part of theologians to justify such acts for the purpose of insemination. Two of these theologians reconsidered and withdrew their opinions; a third opinion was advanced very recently. The arguments against such opinions are so overwhelming that the opinions cannot reasonably be called probable.

b) Some theologians have expressed the opinion that insemination is licit if the husband's semen is obtained without the unnatural stimulation of the sex faculty. The examples of such
non-stimulating methods usually cited are the removal of semen from testicles or epididymes by aspiration or from seminal vesicles by massage. Theologians belonging to this group think that artificial insemination is not certainly illicit if the husband's semen is procured by such methods. In a survey I made in 1939, I concluded that the reason and authorities for this opinion were sufficiently strong to make the opinion solidly probable. The trend of opinion since that time is very much against these methods. However, as late as 1946, Father J. McCarthy admitted the probability of this opinion, although he himself defended the opposite view.

c) The opinion that has grown tremendously within the last decade is that no form of artificial insemination in the strict sense is morally permissible. In one or two cases, it seems that the authors upholding this view are not so much opposed to the insemination as to the means of obtaining the semen; in other words, they hold that there is actually no licit way of obtaining the husband's semen outside of intercourse. However, the majority of these writers are insisting rather on the fact that even husband and wife have no right to generate offspring except through coitus. They hold that this is the means established by nature, and the only means of generation in keeping with human dignity and with the traditional notion of the marriage contract. In this opinion—which is certainly the most common among present-day theological writers, artificial insemination in the strict sense is never licit, no matter how the husband's semen is obtained.

2. Insemination in the Wide Sense:

The typical case usually discussed under the present heading is this: husband and wife have normal coitus; and after coitus the semen is collected in a syringe and forced further into the wife's genital tract. In other words, it is not artificial insemination in the strict sense because there is no substitute for coitus; yet it is artificial in some sense because there is an interference with the natural processes that normally follow coitus.

This case is debated by theologians, and there are delicate shades of difference of opinion. A few think that all interference of this kind is contrary to nature's plan; several others think
the interference is justifiable, provided the semen is never withdrawn from the confines of the vagina; and still others allow the temporary artificial interference, without qualification. Speaking generally, therefore, we can say, without further qualification, that artificial insemination in the wide sense is probably licit.

3. Insemination in the Very Wide Sense:

The supposition here is that some medical aid to fertility is used which does not interfere in any way with coitus or with the natural processes subsequent to coitus. A perfect example is the use of the cervical spoon. The spoon is inserted before coitus and allowed to remain in place for some time after coitus. During this time its sole function is to provide the optimum circumstances for sperm migration into the uterus.

No theologian, so far as I know, advances any objection against this kind of medical aid; and many theologians rightly insist that it should not really be called artificial insemination in any sense.

To sum up this section on artificial insemination in a few words:

a) Donor insemination is certainly immoral.

b) Any insemination involving the procuring of semen by means of masturbation, condomistic intercourse, or withdrawal is certainly immoral.

c) Insemination without intercourse is probably licit, provided the husband's semen is procured without stimulating the sex faculty. It should be noted, however, that the strong trend of opinion is against any kind of insemination that substitutes for coitus; and the more prudent course seems to be to advise against it.

d) Medical aid to the passage of the semen after conjugal relations, even though it involves a temporary interference with natural processes, is very probably licit.

e) Medical aid, without any interference with natural processes, is certainly licit.
REFERENCES

If they confine their reading to the foregoing outline, physicians may entertain a rather uncomplimentary opinion of the theologians, for the outline is so terse that it really does not do justice to the theological opinions. Put in mere outline form, some of these opinions may seem like too much bickering over minor points. Physicians who consult some of these longer explanations will see that theologians are sincerely trying to weigh the various testing and inseminating procedures in the light of sound moral principles.

The references under each heading are arranged chronologically according to publication dates.

Articles

1. *American Ecclesiastical Review*, CI (Aug., 1939), 109-18: "The Morality of Artificial Fecundation," by Gerald Kelly, S.J. This article is a complete survey of theological opinion, as expressed up to 1939. The moral objections to donor insemination and to the use of unnatural sex acts for the procuring of semen are rather fully explained, and the pros and cons of debated questions are given in some detail. Also, fairly complete references to standard moral theology books (mostly Latin).

2. *The Linacre Quarterly*, VIII (Jan., 1940), 16-19: "Artificial Insemination," by Dayton H. O'Donnell, B.Sc., M.D. Besides giving a resume of a number of points in reference 1, Doctor O'Donnell includes other points that may be of special interest to physicians.


4. *American Ecclesiastical Review*, CXI (Dec., 1944), 439-48: "The Catholic Doctor," by Francis J. Connell, C.SS.R. In this article, Father Connell explains the evil of donor insemination and indicates briefly what is admitted and what is debated by theologians with regard to artificial insemination. He also briefly criticizes the various methods of sterility testing that had been discussed in Father Clifford's article.
5. *The Clergy Review*, XXV (June, 1945), 268-70: “Artificial Insemination,” by E. J. Mahoney. The author, one of the most respected theologians in England, thinks that aspiration of semen from epididymes is a licit way of obtaining semen for examination, but he is against the use of this method for artificial insemination. He admits that the authority of Vermeersch gives this latter opinion some probability; but he discourages the use of the opinion. He sees no objection to “assisting the passage of semen after it has been deposited within the vagina by natural intercourse between husband and wife.”

6. *Irish Ecclesiastical Record*, LXVII (May, 1946), 328-33: “The Morality of Artificial Fecundation,” by Rev. J. McCarthy. This article concentrates on inseminating methods explained as debatable in reference 1, and gives a scholarly presentation of the arguments against any form of artificial insemination in the strict sense. The author, however, allows for the probability of the opposing opinion.

7. *The Linacre Quarterly*, XIV (Jan., 1947), 19-24: “Moral Aspects of Artificial Insemination,” by Gerald Kelly, S.J. This article is mainly concerned with showing the immorality of donor insemination; other aspects of insemination are only briefly treated.

8. *Theological Studies*, VIII (Mar., 1947), 97-117: “Notes on Moral Theology, 1946,” by Gerald Kelly, S.J. Pages 105-110 of this article give a survey of recent moral theology on artificial insemination and show the trend of opinion against artificial insemination in the strict sense was beginning to be very strong. The strength of this trend is even more apparent in notes to be published in *Theological Studies* in March, 1949.

9. *Irish Ecclesiastical Record*, LXX (June, 1948), 533-36: “A Lawful Method of Procuring Seminal Specimens for Sterility Tests,” by Rev. J. McCarthy. This is a clear explanation of the view that a perforated condom may be used to collect semen for testing.

in this issue of Linacre Quarterly. In this preliminary report Doctor Doyle explains a method of aiding insemination which is undoubtedly in conformity with good morals and also suggests a similarly unobjectionable method of obtaining semen for testing. Further details were supplied to me in a letter from Doctor Doyle, and I have incorporated these points in a survey to appear in Theological Studies in March, 1949.

**Books**

11. *Medical Ethics for Nurses*, by Charles J. McFadden, O.S.A. (F. A. Davis Company, Philadelphia, 1946.) A brief, clear discussion of artificial insemination (pp. 63-67), and of sterility tests (pp. 83-85). Doctors unable to consult the articles that appeared in ecclesiastical magazines before 1946, will find the main conclusions in Father McFadden's Book.


14. *The Catholic Doctor*, by A. Bonnar, O.F.M. (Burns, Oates & Washbourne, Ltd., London, 4th ed., 1948). The treatment of artificial insemination and sterility tests (pp. 85-88) is brief, and not particularly helpful. Furthermore, it is misleading when it says, without qualification, that the Church has condemned all forms of insemination without coitus. The author refers to a decree of the Holy Office of 1897. Many theologians hold that this decree does not include insemination without coitus, if the husband's semen can be obtained in a licit manner.