

SCHOOL OF MISSION AND THEOLOGY

STAVANGER

CHILDLESSNESS AND THE CHURCH

AN INVESTIGATION OF
THE TENSION THAT IS TO BE FOUND IN THE ROMAN CATHOLIC CHURCH
BETWEEN CHURCH TEACHING ON ASSISTED REPRODUCTION AND THE
OPINIONS OF LAY PEOPLE, THEOLOGIAN AND MEMBERS OF THE CLERGY.

ROSALIN NARUM

STUDENT NUMBER: 070193

MASTER'S DEGREE IN GLOBAL STUDIES

30-MATH (CODE 000)

DATE SUBMITTED: 22 MAY, 2009.

*An Investigation of
The Tension that is to be found in the Roman Catholic Church
Between Church Teaching on Assisted Reproduction and the
Opinions of Lay People, Theologians and Members of the Clergy*

by

Rosalin Narum

*A Thesis submitted in partial fulfillment
Of the requirements for the
Masters in Global Studies
At the School of Mission and Theology
in Stavanger, Norway*

May 2009

Acknowledgements

I should like to express my thanks to my supervisor Bård Mæland, Professor in Systematic Theology at the School of Mission and Theology in Stavanger, Norway, for his help and guidance during my period of research for my thesis. My thanks also go to all other members of staff who have given me help in the other courses in the Masters in Global Studies. Together, all this has helped prepare me for the final process of writing a thesis. In addition, I should like to express my thanks to the library staff who have been exceptionally helpful in finding suitable sources for both course work and my research.

Rosalin Narum

TABLE OF CONTENTS

1. INTRODUCTION	1
1.1 Aims	1
1.2 The relevance of the topic	2
Ethical Issues	2
Church Teaching	3
1.3 Sources	4
1.4 The Role of the Researcher	5
1.5 The Interviews	6
1.6 Key Stages of the Research Process	7
1.7 Limitations of the research	8
2. METHODS OF ASSISTED REPRODUCTION	10
2.1 Introduction	10
2.2 Different methods of assisted reproduction	11
IVF ('in vitro' fertilization)	11
ICSI (intracytoplasmic sperm injection)	13
GIFT (intra-fallopian gamete transfer)	15
TOT (tubal ovum transfer)	15
2.3 Some contemporary views on the use of GIFT and TOT	16
2.4 Family planning and the infertile	17
2.5 Questions that must be raised	19
2.6 Conclusion	19
3. THE CATHOLIC UNDERSTANDING OF LIFE AND MARRIAGE	21
3.1 Introduction	21
3.2 The Magisterium	21
3.3 The Church's understanding of life	23
3.4 The Catholic understanding of marriage	25
3.5 Recent Church documents on beginning-of-life issues	27
<i>Humanae Vitae</i>	27
<i>Declaratio de Abortu Procurato</i>	28
<i>Familiaris Consortio</i>	29
<i>Donum Vitae</i>	30
<i>The Letter to Families</i>	31
<i>Evangelium Vitae</i>	32
<i>Dignitas Personae</i>	33
3.6 Some contemporary opinions	34
3.7 The role of conscience	35
3.8 Conclusion	36

TABLE OF CONTENTS continued

4.		INTE
	RVIEWS WITH USERS OF IVF	37
4.1	Introduction	37
4.2	Case 1	38
4.3	Analysis of Case 1	40
	Preparation for Marriage	40
	Family Planning	40
	Moral Issues	41
	Discussion	42
4.4	Case 2	43
4.5	Analysis of Case 2	44
	Preparation for Marriage	45
	Family Planning	45
	Moral Issues	46
	Discussion	46
4.6	Conclusion	47
5.	INTERVIEWS WITH MEMBERS OF THE CLERGY AND A SELECTION OF LAY PEOPLE	50
5.1	Introduction	50
5.2	Interviews with the clergy	51
	First priest	51
	Second priest	52
	Third priest	52
5.3	Comparative analysis	53
5.4	Interviews with selected lay people	55
	First lay person	55
	Second lay person	56
	Third lay person	57
	Fourth lay person	57
5.5	Comparative analysis	58
5.6	Conclusion	59

TABLE OF CONTENTS continued

6.	CONCLUSION	
	61	
	BIBLIOGRAPHY	64
	APPENDICES	70
	Interview Guide for Lay People	71
	Interview Guide for the Clergy	72
	Table of Statistics (Norwegian Birth Register)	
	(In vitro fertilization 1984-2002)	73
	Table of Statistics (Norwegian Birth Register)	
	(Assisted fertilization)	74

List of Abbreviations

BUPA – British United Provident Association (provides health insurance and care globally)

CCC – Catechism of the Catholic Church

CDF – Congregation for the Doctrine of the Faith

DCC – Diocesan Catechetical Centre

DFC – Diocesan Family Centre

DP – Dignitas Personae

DV – Donum Vitae (N.B. *Dei Verbum* is not abbreviated to DV in the thesis)

ESHRE – European Society of Human Reproduction and Embryology

EV – Evangelium Vitae

FC – Familiaris Consortio

GIFT - intra-fallopian gamete transfer

GP – General Practitioner

HV - Humanae Vitae

ICSI - intracytoplasmic sperm injection

IUD – intra uterine device

IVF - ‘in vitro’ fertilization

LG – Lumen Genium

MBRN – Medical Birth Register of Norway

NaPro – Natural Procreative

NFP – Natural Family Planning

PFC – Personal Fertility Computer (came on the market in 2004)

TOT - tubal ovum transfer

VS – Veritatis Splendor

CHAPTER ONE

INTRODUCTION

1.1

Aims

My thesis is about the tension that is to be found in the Roman Catholic Church between Church teaching on assisted reproduction and the opinions of lay people, theologians and members of the clergy on this topic. It is both a documentary study and a qualitative study of members of the faithful to discover the reasons for their choices concerning certain reproductive methods and also their interpretation of Church teaching. I have interviewed a number of people I feel are able to shed light on important aspects of assisted reproduction. These include lay people who have a medical background, those who have been assisted to reproduce or those who have the necessary knowledge and experience to advise young couples on assisted reproduction. In addition I have interviewed a few members of the clergy to show how even here there is a certain tension with regard to Church teaching on the issue.

Infertility is a growing problem these days, on a global basis, and is therefore a topic that is addressed by society at large. It is also a topic that is addressed in Church teaching and there have been a number of documents¹ published on the topic in recent years covering different moral issues² related to infertility treatments run by clinics around the world.

The thesis shows an awareness of the medical information on certain methods of assisted reproduction and it investigates to what extent a selection of Catholic lay people, clergy and some medical personnel find themselves bound by Church teaching. In addition the thesis also shows an awareness of the resources that are now being provided by the Church locally, as well as the personnel available to provide information for the infertile. The legal situation in Norway for married couples wishing to freeze embryos is also mentioned so that one can understand the ethical issues at stake, and compare the views of contemporary society with the Church's teaching. I present an overview of Church documents on the topic and I apply these to the different scenarios that are described in the interviews. These documents also show a great awareness of the need to address this difficult topic, and the complexity of the issue.

There are quite a few methods of assisted reproduction available at fertility clinics, but Church teaching rejects most of these because of certain moral issues. Only one or two of these methods³ are not yet forbidden by the Church, although that is not the same thing as

¹ Ratzinger, Joseph Cardinal, *Donum Vitae*, Congregation for the Doctrine of the Faith and approved by Pope John Paul II (February 1987); Pope John Paul II, Encyclical letter, *Evangelium Vitae* (March 1995); Pontifical Council for the Family, "On the Decrease of Fertility in the World" (1998); Levada, William Cardinal, *Dignitas Personae*, Congregation for the Doctrine of the Faith and approved by Pope Benedict XVI (September 2008).

² Moral issues include the following: The inviolability of human life, the involvement of a third party (laboratory technician) in the act of procreation, the storage of embryos, the selection of embryos and the destruction of embryos.

³ TOT (tubal ovum transfer) and GIFT (gamete intra-fallopian transfer)

saying that the Church approves of them. Since some Catholics make use of different assisted reproduction methods which are not approved of by the Church, I have analyzed the opinions of the lay people that I have interviewed who have used such methods, comparing them to Church teaching. I have also investigated the extent of the help that is available to young couples within the Church, and whether or not they wish to make use of this. The relationship between clergy and lay people and between medical personnel (and other qualified people) and lay people is also focused on because this will have some bearing on how young people enlighten their consciences, something which is very central to Church teaching.

I have used the term ‘assisted reproduction’ throughout as opposed to ‘artificial’ reproduction. The reason for this is that the latter term implies that nothing is natural about the way the child is produced, but the former term is more neutral, as one could look upon the ‘assistance’ as medical treatment rather than an ‘artificial’ means of reproduction. This distinction might help to shed light on the different interpretations presented in the thesis.

1.2

The relevance of the topic

Due to the great advances in technology in recent years there has been an increase in the number of people making use of fertility clinics throughout the world. The Church is concerned about this and Church teaching explains why most of these methods are unsuitable forms of aiding fertility in young couples because of certain moral issues. The following sections explain which particular ethical issues are debatable and also which areas of Church teaching are related to these.

Ethical issues

Ever since the birth of Louise Brown (the first test-tube baby),⁴ there have been numerous debates that have highlighted ethical issues involving this form for assisted fertilization. When further advances in technology provided other methods of helping infertile couples, this again showed the need for discussing the ethical issues about whether the procedures were morally right or wrong. These ethical issues include aspects like the sanctity of marriage and whether the embryos are persons, thus deserving the rights of a human person. Since some of the procedures depend greatly on the help of laboratory technicians, one needs to look closely at how this reflects upon the significance of the marital act. Similarly, the embryos that are ‘assisted’ to come into existence may not be implanted into the female immediately. They may be frozen and stored for a certain length of time, or even experimented upon. The question here too is whether this is in keeping with the rights of a human being. It also brings to the fore the question of what happens to ‘spare’ embryos which are frozen, and whether it

⁴ Haug, C., ”Tidsskrift for Den norske legeförening” (Trans. Journal of the Norwegian Medical Association), “Medisinske Mirakler”(Trans.”Medical Miracles”); available from http://www.tidsskriftet.no/?seks_id=848656 ; Internet; accessed 17 February 2009.

This short article comments on the fact that the first test-tube baby, Louise Brown is now 25 years old and that having children by IVF methods has become commonplace.

is right to destroy them. Finally, there is the aspect of cost of the fertility procedures, and last but not least the success rate of the procedures, and whether this can result in false hopes, or prolonging the suffering of the childless couple, and perhaps, where the procedures fail, resulting in couples having become too old to even consider adopting a child.

Church teaching

I have included family planning and human sexuality in the section on Church teaching, because one has to compare this with a secular view in order to understand the dilemmas that young Catholic couples might have with regard to Church teaching. Since new family planning programmes have been developed, not only as an aid to preventing conception, but also as an aid to finding out the best time for conception, it is therefore natural to include these as part of the thesis.

Since marriage is a sacrament in the Catholic Church, there is an obligation on the part of the couples preparing for marriage and the clergy to take part in a series of meetings in order to prepare the couple for marriage. In the document *Familiaris Consortio*⁵ which brought together the results of the 1980 Synod on the Family⁶, Pope John Paul II stated the importance of marriage preparation and the need for “better and more intensive programmes of marriage preparation.”⁷ In the diocese of Oslo⁸, the Family Centre (situated in Oslo) has produced two books (a text book and a work book⁹) on the preparation of couples for the sacrament of marriage. This has been in use in the diocese since 2004. All aspects of marriage are covered and there is a small section devoted to those couples that find out that they are infertile.

The fact that not all couples get children, is an aspect which often results in young people seeking advice from the clergy with regard to spiritual guidance (help to accept God’s will), or from other lay people they feel are qualified to help them. They may also make use of Internet sites searching for help in the medical sphere where practical information and medical help are readily available.¹⁰ In addition, some lay people may get in touch with a Catholic counselling centre if they are lucky enough to have one in the vicinity of their home. These centres are able to help young couples with questions related to all sorts of problems,

⁵ Pope John Paul II, Apostolic Exhortation, *Familiaris Consortio*, “The Role of the Christian Family in the Modern World” (Vatican City, 1981).

⁶ The 1980 Vatican Synod on the Family, “The 1980 Vatican Synod on Family and *Familiaris Consortio*”; available from <http://family.jrank.org/pages/214/Catholicism-1980-Vatican-Synod-on-Family-Familiaris-Consortio.html>; Internet; accessed 26 February 2009.

⁷ *Familiaris Consortio* no. 66

⁸ The Oslo diocese consists of 23 parishes, all south of Trondheim, and stretching from the west coast to the eastern part of Norway. “Kirken I Norge” (Trans. “The Church in Norway”); available from <http://www.katolsk.no/norge>; Internet; accessed 26 February 2009.

⁹ Kirsebom, Pater Arne Marco, Fongen Maria Elizabeth and Hygen Ella, *Kjærlighet for Livet!* (Trans. “Love for Life”) (Oslo Catholic Diocesan Family Centre, 2004).

¹⁰ The St. Paul VI Institute in the U.S. is a reliable source for infertile couples who seek medical advice. “Pope Paul VI Institute”; available from <http://www.popepaulvi.com/about.htm>; Internet; accessed 26 February 2009.

including those of infertility. The question is, however, whether there is also tension here regarding the relationship of the couples to the people providing the advice.

A section of the Church teaching is devoted to the formation of conscience, since people often have mistaken notions of conscience. ‘Following one’s conscience,’ can mean different things to different people, so it is necessary to focus on what the Church teaches with regard to formation of conscience. In the document *Lumen Gentium*,¹¹ the Pastoral Constitution on the Church in the Modern World, we see how conscience is related to one’s dignity, and how “Deep within his conscience man discovers a law which he has not laid upon himself but which he must obey.”¹² If approached in a proper manner then one will be guided by “the objective standards of moral conduct.”¹³ I have compared these objective standards with the actions of individuals regarding different procedures of assisted procreation.

1.3

Sources

My sources are divided into two parts. Firstly my primary sources are a number of interviews with a number of the laity who have undergone IVF and ICSI treatment, a number of the laity who are medical personnel or knowledgeable about both Church teaching and IVF treatment and finally some members of the clergy who may be called upon to provide the laity with advice regarding assisted reproduction treatment. The primary sources illuminate the tension within the Church regarding different interpretations of Church teaching on the aforementioned methods of assisted reproduction. The secondary sources are based on an investigation of a number of Church documents on beginning-of-life issue, dating from 1968 until 2008, which illuminate the contrast between the primary sources and the documents even further, but at the same time provide the reader with the reasoning behind the teaching.

My primary sources provide examples of infertile people, who are practising Catholics, or are married to a practising Catholic, and who feel justified that these methods of assisted reproduction are morally acceptable. The members of the medical staff I approached are also practising Catholics, and the members of the clergy I chose were ones I knew would either be updated on the latest developments within the Church regarding the topic, or would be somewhat liberal with regard to Church teaching. This helps to explain the reason for the tension within the Church.

My secondary sources start from 1968 since it was that was in the 60’s there started to be widespread use of the Pill, at least within Europe and the U.S. This provided people with a safe means of contraception whether one was married or not. *Humanae Vitae*, the encyclical by Pope Paul VI, published in 1968, stated that this widespread use of contraception would

¹¹ Flannery, Austin, O.P. ed. Vatican Council II, Vol. I, *Lumen Gentium* (The Pastoral Constitution on the Church in the Modern World, 1964), 350-426.

¹² *LG no.16*

¹³ *LG no.16*

lead to a “general decline in morality.”¹⁴ The morality to which he was referring was pregnancies outside of marriage, abortions and divorce, to name a few. This decline in morality will be investigated and related to the different methods of assisted reproduction. Equally relevant to the thesis is the recent criticism of the Pill by Roman Catholic leaders who blame the Pill for pollution and infertility.¹⁵

I also refer to the different opinions put forward by theologians like Wm. May¹⁶ and Kevin O’Rourke¹⁷ and the opinions of some Catholic Bishops in the U.S., as well as the findings of the Linacre Healthcare Centre¹⁸ in London, UK. These interpretations are included to show the reader how even ‘experts’ (my emphasis) in the area are not always agreed on the topic. I have chosen to include this information in the chapter on Church teaching, not because it is ‘official’ Church teaching, but it is a completely valid way for ordinary lay people to form their consciences by investigating all sides to a debate.¹⁹ This also highlights the tension within the Church concerning these moral issues.

1.4

The Role of the Researcher

My role as researcher was to have informal interviews with the selection of people and try to get as good an overview as possible of everyone’s reasons for choosing to act in the way they did, noting how this compared with Church teaching. Since my interviews were carried out in different parishes in the Oslo Catholic Diocese, which is not very big, I had to reassure the interview subjects that I would guarantee their anonymity. To achieve this, I have had to consider very carefully just how much information to include in the written product. Seemingly insignificant details can in fact point to certain people, and this would be contrary to the guidelines agreed on before the interviewing took place.

Interviews are a way of getting to the heart of the problem of the tensions within the Church regarding the usage of assisted reproduction methods. The advantage of talking to people who have used the IVF and ICSI methods provides invaluable insight into why people

¹⁴ Smith, Janet E. ed. *Why Humanae Vitae Was Right: a Reader* (San Francisco: Ignatius Press, 1993), 11.

¹⁵ The Guardian, “Church grabs chance to attack birth control pill,” Latest Science Newsletter; available from http://esciencenews.com/sources/the_guardian.science/2009/01/07/church.grabs.chance.to.attack.birthcontrol.pill.html; Internet; accessed 27 April 2009.

¹⁶ William May is a professor in Moral Theology at the Catholic University of America in Washington D.C. “Curriculum Vitae”; available from <http://www.christendom-awake.org/pages/may/maycv.htm>; Internet; accessed 25 April 2009.

¹⁷ Kevin O’Rourke is a Dominican priest and he was the founder of the Center for Health Care Ethics at St. Louis University. “Health Care Ethics”; available from <http://www.press.georgetown.edu/detail.html?id=9781589011168>; Internet; accessed May 8 2009.

¹⁸ The Linacre Centre for Healthcare Ethics is a research institute whose Trustee is the Catholic Trust for England and Wales. The Centre exists to help Catholics and others explore the Church’s position on bioethical issues. “Linacre Centre”; available from <http://www.intute.ac.uk/healthandlifesciences/cgi-bin/fullrecord.pl?handle=20190534>; Internet; accessed 17 February 2009.

¹⁹ Chapman, Geoffrey, *Catechism of the Catholic Church* (London: Cassell, 1994) no.1788. “...man strives to interpret the data of experience and the signs of the times assisted by the virtue of prudence, by the advice of competent people, and by the help of the Holy Spirit and his gifts.”

choose these particular methods of assisted reproduction, despite the fact that this is against Church teaching. In this way it is not simply a question of an opinion on a hypothetical issue, but questions about people's own lives and experiences. This is a way of providing a true picture of the couples' understanding of Church teaching, and their justification for choosing their particular form of assisted reproduction.

However, the moral dilemmas which need to be addressed in a topic like this are quite difficult to investigate, since the subject is such a personal one and therefore very emotive. Thus it is not always easy to get the subjects to talk openly on the topic. Since giving birth to their own child means a lot to infertile couples, then it becomes a very sensitive subject. As researcher one needs to be objective and creative in trying to explore the different areas of the problem so that one gets answers that reflect the aspects one wishes to highlight.

Being a member of the same faith can be an advantage in selecting certain people to interview, but it can also be a disadvantage because one is asking other members of the faith to 'confess' (my emphasis) their shortcomings to you. At the same time it is important that the interview subjects feel comfortable with the interview situation in that they must never be criticized for making their own choices and following their own consciences. By simply broaching difficult subjects, the researcher can run the risk of causing pain to the interviewees, so the utmost care needs to be taken in formulating questions and commenting/discussing different aspects of assisted reproduction.

1.5

The Interviews

The aim of the interviews is a means of establishing the position of the people in the different case studies and my approach to the viewpoints of these people. The analysis of the interviews is not an in-depth study, but rather a thematic analysis followed by a preliminary discussion of my findings. This keeps the focus away from the individuals in the 'cases' and on the relevant moral issues involved, since the purpose of the interviews is to highlight the areas of tension that exist between Church teaching and the opinions and practices of the faithful and the clergy.

My interviews were semi-structured i.e. I had prepared a number of questions on the topic so that I would ensure that certain areas were covered. However, it was important to be flexible so that areas the interviewees considered important would also be covered. Topics dealt with were for example whether the couple had attended marriage preparation courses and whether the subject of infertility had been mentioned on these courses. Since marriage preparation courses are obligatory for those who wish to get married in the Church, the moral issues involved in family planning²⁰ and the use of contraceptives are aspects which are expected to be covered in these courses, hence the reason for my exploring these areas in the

²⁰ Family planning not only includes the staggering of births but also helping the infertile with natural family planning methods.

interviews with the lay people in chapter four. This also applies to the interviews with the clergy and selected lay people in chapter five.

Other areas covered in the interviews with the users of assisted reproduction methods, involved asking the couples whether they had understood what the process involved both for the couple and for the sperm/ova and whether they had been aware of the physical discomfort for the female partner regarding hormonal treatment. The psychological aspect of the whole process was included in the questions and whether the couples had thought about seeking help from the clergy or other Catholic institutions before getting in touch with a fertility clinic.

It took some time for me to work through the information the interviewees provided me with and then ask additional questions as I saw the need for more clarification. After the interviews were conducted and the relevant information stored, it was then a question of categorizing the information so that it would give a good overview to the reader. This process involved identifying three main areas; firstly the depth of the interviewees' understanding of Church teaching, secondly areas where the Church is (or could be) helpful in providing advice for the infertile, and lastly areas where the Church is lacking in its support for the infertile.

I have restricted my interviews to married couples when discussing different assisted reproduction methods, since the Catholic Church's teaching on sexual relationships is that these should only take place within the sacrament of marriage. Given the scope of the thesis, it was also important to narrow down the field of investigation, and I have only interviewed couples who are users of the IVF²¹ methods, despite the fact that I explain a bit about other methods of assisted reproduction. There are several reasons for this. The main one is that it is a widely known method, it is easily available locally in Norway, and it can be achieved on the National Health Service. Yet another reason is that although this method is against church teaching it is still used by Catholics. The reason I mention other methods is to provide the reader with a balance of views, showing that in fact there are different interpretations of Church teaching, even among theologian and members of the clergy, regarding some of the other methods. For this reason they are therefore highly relevant. Other people I interviewed were those that I felt would be able to give an informed opinion on the subject.

1.6

Key Stages of the Research Process

The key stages of the research process involved applying for permission from the "Ombudsman for Privacy in Research"²² to gather personal information regarding health issues. Once the consent was given, then the data could be stored on my computer. The data protection laws in Norway respect people's rights to privacy, and they put a strict obligation on the person storing any sensitive information to keep it confidential.

²¹ In vitro fertilization. The procedure, hereafter called IVF is explained in chapter two.

²² Translation of "personvernombudet." (Permission was given on 24 February 2009).

The process of whom to interview involved selecting people whom I felt were in some way important to providing an informed opinion on the matter and not just a ‘personal point of view’ without the relevant medical background and knowledge of Church teaching. After this initial phase, I then had to get the informed consent of my interview subjects and agree to keep the confidentiality of my interviewees and their anonymity with regard to the information they gave me, since this was of a very personal nature. They were also ensured that any data stored would be stored responsibly, and deleted after the thesis was written, so that there would be no leak in information, which might result in revealing the identity of my sources.

The choice of questions for the interviews was based on areas that conflict with Church teaching. The questions were used as guidelines, as I wanted to conduct semi-structured interviews to leave room for flexibility. There are two separate guidelines, one for the lay people and the other for the clergy and these are included in the appendices.

Information on the technological background to assisted reproduction is provided so that the reader will be able to follow the discussion. I have limited the information to four different assisted reproduction methods for the reasons I have given above and I have also included several theological interpretations about the methods which are still under investigation by the Church, since this shows how it can make young couples who are infertile unsure about what they ought to do.

I then present Church teaching on the understanding of life and the Church’s moral teaching about sexuality, which has a bearing on how one interprets the different options of assisted reproduction. This provides the reader with insight into the options which are available to members of the Catholic faith, and also the opinions/interpretations of Catholic medical staff and clergy. The different tensions presented here show that the answer to the problem is a rather complex one.

A particular focus on the IVF (including ICSI²³) users and their reasons for choosing these methods provides the reader with an understanding of their interpretation or ignorance of the Church’s teaching. It also reflects how important they felt the clergy or medical staff was, in helping them to make the right moral choice.

The interviews with the medical personnel, staff at the local Family Centre, the Catechetical Centre and the clergy are gathered in one section because they all have a duty on the one hand towards the couples, and at the same time they also have an obligation to provide the couples with a proper understanding of Church teaching.

²³ Intra cytoplasmic sperm injection. The procedure, hereafter known as ICSI is explained in chapter two.

1.7

Limitations of the research

Given that I have chosen this methodology and focused on a small sample of qualitative research, it is obvious that the limited number of people interviewed only provide insight into their particular view of reality. However, this highlights the problem area, which is the purpose of the thesis.

In addition, a particular problem I experienced related to the fact that the Church is a minority group in Norway, is that it is a very transparent community, which meant that I had to ensure my interviews would be spread over a range of parishes so that nothing could be traced back to the interview subjects. The only exception to this, are the more 'public' interviews with official representatives for the Family Centre and the Catechetical Centre. However, since they were only asked questions which were directly related to the jobs they are paid to do by the diocese, I have not broken anyone's confidence.

The purpose of the thesis was to look at specific cases and interpret these with regard to Church teaching, and try to find out to what extent people feel bound by Church teaching on the topic of assisted reproduction. It was also to explore the actions of the clergy and medical personnel and see whether they disagreed with Church teaching or whether there were other reasons for their behaviour. It also looks at other recommendations such as whether more can be done to help the infertile. It is evident that whilst highlighting an area of tension within the Church, it is restricted in that there can be no reference to age or culture which are factors that could have some bearing on the matter.

The small sample provides a very personal and rich insight into some people's personal choices in life. More widespread interviewing would certainly have given other nuances, but the interviews which have been carried out are still a reflection of the very real problems young couples experience today.

Since the Church is a global one, the documents I have included are also issued globally for use worldwide. How the documents are interpreted locally will reflect the global Church, because there are regular meetings of the Bishops with the Pope in Rome. When it comes to marriage guidance, though, this is another matter. This is considered very important, but is of course very much affected by the local situation. Culture will have a bearing on how the courses are conducted, and perhaps even the content. Although the core of the guidance (Church doctrine) will be the same, the other elements will presumably vary. I have only focused on the courses that are run in Norway. Further studies of a wider sample of cases would provide invaluable information on how to tackle the problem of infertility and assisted reproduction on a global basis.

CHAPTER TWO

METHODS OF ASSISTED REPRODUCTION

2.1

Introduction

The aims of this chapter are to investigate a selection of methods of assisted reproduction that are currently available to couples who are infertile. The reason that these particular methods have been chosen by me, is that they fall naturally into two groups, a) those that are not approved by the Catholic Church, and b) those which, although not directly approved, are not yet forbidden by the Church. In the latter case, some Catholic theologians have different interpretations regarding their acceptability with regard to the moral teaching of the Church. These will be investigated in more detail in chapters four and five, concerning the views of the clergy and other people. I present the views of some conservative theologians, and some more liberally minded theologians so that a variety of different interpretations of Church teaching will be analyzed. This will help provide the reader with a balance in the ethical viewpoint, but as we shall see in later chapters, the fact that there are different opinions does not necessarily make it easier for the lay person to form his/her conscience with regard to the issue at hand. The present chapter paves the way for an understanding of the physical procedures and the emotional aspects involved in these methods. It also briefly states how the physical procedures can be (and are) interpreted in different ways by different theologians. This is included here merely as an indication of problem areas that infertile couples can encounter, so that the reader is prepared for the discussions coming in the following chapters.

The four methods which will be referred to are; IVF (*in vitro* fertilization – which really means ‘in glass’ fertilization), ICSI (intracytoplasmic sperm injection), GIFT (intra-fallopian gamete transfer) and TOT (tubal ovum transfer).²⁴ The first two methods have been chosen because they have been found to be relatively successful²⁵ methods in assisting the infertile, and are accepted by a lot of young people today. The latter two have been chosen by me as these are the only assisted reproduction procedures that are currently not forbidden by the teaching of the Catholic Church. Whether or not they will continue to be categorized in this way remains to be seen, as the topic of assisted reproduction and new technology is still an ongoing area of study within the Church.

²⁴ Klaus, Dr. Hanna, M.D., “Reproductive Technology”; available from <http://www.usccb.org/prolife/issues/nfp/treatment.htm>; Internet; accessed 28 October 2008.

²⁵ The Medical Birth Register of Norway (MBRN), “In vitro fertilization 1984-2002”; available from http://www.fhi.no/eway/default.aspx?pid=233&trg=MainArea_5661=5631:0:15,4542:1:0:0:::0:0; Internet ; accessed 26 February 2009 (see Appendix 2 for table).
MBRN regulates the registration of data about in vitro fertilization. It has recorded information about IVF performed in Norway from 1984 onwards. “In 2002, 2% of all births occurred after IVF treatment and the proportion of multiple deliveries was 27%.”

I refer to some American theologians, namely Wm. May, Joseph Boyle and Fr. Ronald Lawler, who have rather conservative opinions, and I present the views of an American priest and theologian, Richard C. Sparks,²⁶ and statements made by the Catholic Bishops in the U.S., putting forward some more liberal views.

In comparison, I include the views put forward by the Linacre Centre in the U.K. This centre,²⁷ was established in 1977 to help Catholics working “in the fields of healthcare and biomedical research . . . confront the ethical issues which arise in their professional work in the light of the Church’s teaching of moral truth.”²⁸

This selection of opinions is important to see what is happening globally, so that this can be compared to what is being done /debated locally. The Linacre Centre was chosen especially because they keep close to Church teaching, and they are highly reputed in the U.K. for the work /research they have carried out with regard to bioethical issues, and the references to American theologians/bishops were chosen since they provide a seemingly more liberal interpretation. The tensions that exist globally are reflected in the opinions of lay people and clergy, that are discussed in chapters four and five.

I have also included a short section on family planning methods that are accepted by the Church, as these methods may also be successful in helping the infertile. In some cases they may be an alternative to methods of assisted reproduction.²⁹ They may even appeal more to people who, for moral reasons, do not wish to take advantage of the available methods of assisted reproduction.

2.2

Different methods of assisted reproduction

IVF (‘in vitro’ fertilization)

The first method of assisted reproduction which is commonly available worldwide, and locally, is the “in vitro” method of fertilization. This is dependent on the woman undertaking a hormonal treatment so that her ovaries will be stimulated to induce ovulation. Thereafter it involves the surgical extraction of an egg (or eggs) from the womb of the woman, and the gathering of sperm from the man, so that fertilization can take place in a laboratory in a glass,

²⁶ (American priest Richard C. Sparks is a popular speaker and health-care consultant on moral and ethical issues) Sparks, Richard C., St. Anthony Messenger, “Helping Childless Couples Conceive”; available from <http://www.americancatholic.org/Messenger/Apr1997/feature1.asp>; Internet; accessed 26 January 2009.

²⁷ The centre was established in 1977 by a trust of five Roman Catholic Metropolitan Archbishops of England and Wales.

²⁸ Gormally, Luke ed. *Issues for a Catholic Bioethic*. (London: The Linacre Centre, 1999), 1

²⁹ These methods may identify the causes of infertility, and they may present a solution. However, they cannot help in every case.

or petri dish³⁰, as it is often called. “The sperm and ova are fertilized in a laboratory and allowed to cleave or multiply several times.”³¹ After this process, the fertilized egg(s) is reinserted into the fallopian tubes of the woman. The rate of success of this type of assisted reproduction varies, and as Fr. Elizari Basterra states in his book on Bioethics, “some centres boast very good success rates.”³² These success rates he is referring were in Australia in 1988, and then the rate was 6-7 per cent. Today, according to Yacoub Khalaf, a doctor at the famous Guy’s Hospital in London³³, even with single embryo transfers, the IVF success rates are between 30-40 per cent. On a worldwide basis IVF is relatively popular means of helping infertile couples, and data at the annual conference of the European Society of Human Reproduction and Embryology (ESHRE) which was presented in Prague in June 2006 showed that more than three million babies had been born worldwide by that method.³⁴ Of these, approximately six thousand are born in the U.K. every year.³⁵ By comparison, in Norway there are approximately a thousand children born annually by this method.³⁶

The main reason this method is not approved by the Catholic Church is that it goes against what is called the ‘goods’ of marriage, part of Catholic tradition on the teaching of marriage. These ‘goods’ were first articulated by Augustine in the year 401 A.D., in *De bono coniugali*,³⁷ which is a treatise on marriage. The three ‘goods’ of marriage to which

³⁰ **Petri dish.** A shallow circular flat-bottomed dish made of glass or plastic and having a fitted lid. It is used in laboratories chiefly for culturing bacteria and other microorganisms. It was invented by the German bacteriologist J.R. Petri (1852-1921). *Medical Laboratory Observer*, July 1 2001, “Petri Dish”; available from <http://www.encyclopedia.com/doc/1O6-Petridish.html> ; Internet; accessed 28 February 2009.

³¹ Sparks, Richard C, “Helping Childless Couples Conceive.”

³² Basterra, Francisco Javier Elizari. *Bioethics*. (Madrid (Spain), Maynooth (Ireland) and Slough (U.K.): St Pauls, 1994), 66.

³³ Henderson, Mark, Independent.i.e., “IVF success rates higher using single embryo method”; available from <http://www.independent.ie/world-news/ivf-success-rate-higher-using-single-embryo-method-695690.html>; Internet; accessed 8 May 2009.

Mark Henderson is a journalist who wrote this article printed in the Independent and Dr. Khalaf is especially mentioned concerning his work with IVF patients and the success of the procedure.

³⁴ Horsey, Dr. Kirsty. Progress Educational Trust. “Three Million IVF Babies Born Worldwide”; available from http://www.ivf.net/ivf/three_million_ivf_babies_born_worldwide-o2105.html ;Internet; accessed 27 February 2009.

³⁵ BUPA = British United Provident Association. (This is a private healthcare association). “IVF and ICSI fears allayed by major study”; available from http://www.bupa.co.uk/health_information/html/health_news/070703ivf.html; Internet ; accessed 6 January 2009.

³⁶ The Norwegian “Folkehelseinstituttet” (The Norwegian Institute of Public Health) has published details over the percentage of children born after their mothers had undergone assisted reproduction. These details are from 1984 until 2006 and are included in the appendix. The figures I have quoted are from 2006, and are the latest figures published by this body. “Kunstig befruktning” (Trans. “Artificial fertilization”) available from http://mfr-nesstar.uib.no/mfr/index.jsp?ivf_metodeslice=0000&stubs=fodselstidspunkt&study=http%3A%2F%2Fmfr-nesstar.uib.no%3A80%2Fobj%2FfStudy%2Ftv_kunstig_befruktning&virtuallslice=pct_ivf_value&measuretype=4&headers=virtual&mode=cube&mors_bostedslice=0000&gzip=false&fodselstidspunktslice=2006&v=2&ivf_institusjonslice=0000&pluralitetslice=0000&cube=http%3A%2F%2Fmfr-nesstar.uib.no%3A80%2Fobj%2FfCube%2Ftv_kunstig_befruktning_C1&virtuallsubset=ant_id_value+-pct_ivf_value&layers=mors_bosted&layers=ivf_institusjon&layers=ivf_metode&layers=pluralitet&top=yes Internet; accessed 8 March 2009. (See Appendices 3 and 4).

³⁷ Walsh, P.G. (translator) and Chadwick, Henry ed. Augustine. *De bono coniugali*. (Oxford: Oxford University Press, 2001), 1-63.

Augustine refers are ; i) the indissoluble unity of husband and wife, ii) the procreative ‘good’ of marriage, and iii) the fidelity of the couples.

Here it will suffice to say that the IVF method of assisted procreation, since it relies on the services of a technician, or other medical staff to assist fertilization outside the body is a procedure which is not considered ‘natural’ by the Church, something which is inherent in the nature of the sacrament of marriage. Thus the moral issue raised here is how one can reconcile this ‘assistance’ with the unitive aspect of procreation in marriage. In the IVF treatment a baby could be considered a ‘product’ since the fertilization of the egg does not take place naturally, but takes place outside the body in a petri dish.

Other ethical issues raised with this method involve the storage of eggs and sperm, and what happens to these, i.e. whether they are in fact reinserted into the womb, or are frozen for use at a later stage. There are very strict laws in Norway about the procedures of assisted reproduction and the storage of fertilized eggs, and the maximum time for storage is five years.³⁸ The ethical issue here is concerning the dignity of the fertilized embryos, and whether or not they are to be considered as human beings, with the rights of a human being. The Church argues that “cryopreservation is *incompatible with the respect owed to human embryos*.”³⁹ Yet we will see in chapters four and five that there is sometimes a discrepancy between the Church’s teaching and the opinions of the faithful.

Yet another ethical aspect which has to be considered is the hormonal treatment that the female has to undergo in order to ‘over’ produce a certain number of eggs. This treatment has extreme side effects, and the female is subjected to tremendous mood swings. These in turn can have a great bearing on the relationship of the married couple. This is also a negative factor of the following method called ICSI.

ICSI (intracytoplasmic sperm injection)

The second assisted reproduction procedure to be considered is the ICSI method. This is a type of assisted reproduction which is usually used when the male partner is completely infertile due to a very low sperm count.⁴⁰ Eggs are collected in a similar way to the IVF procedure but the eggs are stripped of cells in this process “so that every aspect of the injection procedure can be seen clearly.”⁴¹ The main difference between this method and the

³⁸ The Norwegian laws on biotechnology, section 2, provide all the regulations for the storage of eggs. “Lovdata” (Trans. “Legal Data”); available from <http://www.lovddata.no/all/nl-20031205-100.html>; Internet; accessed 8 March 2009.

³⁹ CDF (Congregation for the Doctrine of the Faith). “Dignitas Personae” no. 18; available from http://www.vatican.edu/roman_curia/congregations/cfaith/documents/rc_con_cfaith/doc_doc_index.htm; Internet; accessed 12 January 2009. (published September 8 2008).

⁴⁰ BUPA, “IVF and ICSI fears allayed by major study.”

⁴¹ Google Info Sheet: “INTRA-CYTOPLASMIC SPERM INJECTION (ICSI)” ; available from <http://74.125.77.132/search?q=cache:uGIo9jxcSSEJ:www.victoriafertility.com/PDFs/InfoSheet-ICSI.pdf+icsi+-+stripping+of+eggs&hl=no&ct=clnk&cd=1&gl=no> ; Internet; accessed 8 March 2009.

IVF method is in the method of fertilization, the sperm injection procedure and the preparation of the eggs for this injection.

A single sperm (specially chosen, as it must be good quality sperm) is taken up and released into the egg. The egg is put into culture for a period of incubation (up to 18 hours). It is then evaluated for signs of fertilization. It is at this stage that the technician (or doctor) decides whether to accept or reject the eggs and then put them back to culture.⁴²

The ethical issues involved here regarding Church teaching, are similar to the above (IVF), but in addition, there is a further aspect of selection. In this process of disregarding, or stripping eggs of cells, it is clear that a selection is taking place, which in fact means that the eggs or cells which are rejected are in fact destroyed. A fertilization check is also carried out to ensure that the eggs have fertilized normally and are therefore suitable for transfer.⁴³ This selection of embryo grading and selection for transfer or for cryopreservation again emphasize the choice that the doctors or laboratory technicians are making with regard to the value of the life they wish to implant in the female. This brings in the moral question about the selection process. One might ask the question whether we are dealing in eugenics here by this selection progress, since we are trying to eliminate weaker cells. At the same time we need to be mindful of the fact that since there is a higher risk of birth abnormalities with the ICSI method, and babies born by this method may not develop as well as other babies,⁴⁴ the selection process is trying to avoid this. The very fact that there is a risk of abnormalities might suggest that the ICSI method is preventing nature's natural selection, i.e. that perhaps pregnancy between the two people involved is almost impossible because of genetic defects/weaknesses. Both aspects are interesting and will be further discussed in connection with the interview sections.

Any selection process of embryos, eggs or sperm, is an aspect that is contrary to the Church teaching that all life is sacred. As in the IVF method, the same questions about human rights may be asked here. Again the procedure requires laboratory assistance (or medical assistance) and this is relying on the assistance of a third party, thus depriving the procreation of its proper perfection, i.e. that the conjugal act is based upon the unity of the human being, a unity involving body and spiritual soul.⁴⁵

⁴² "Micromanipulation"; available from <http://www.infertility-male.com/treatment/icsi.htm>; Internet; accessed 11 March 2009.

⁴³ The Reproductive Sciences Center, San Diego Fertility Center, California, "Intro Cytoplasmic Sperm Injection"; available from <http://www.fertile.com/icsi-and-ivf.html>; Internet; accessed 8 March 2009.

⁴⁴ BUPA health information, "IVF and ICSI fears allayed by major study"; available from http://www.bupa.co.uk/health_information/html/health_news/070703ivf.html; Internet; accessed 6 January 2009.

⁴⁵ *Donum Vitae B 4 b.*

GIFT (intra-fallopian gamete transfer)

The third method of assisted reproduction which I wish to draw attention to is the GIFT method. In contrast to the methods of IVF and ICSI, GIFT has been extensively used in the past and in the early IVF because of higher efficiency, and it has the highest success rate of any of these methods.⁴⁶

This method involves retrieving sperm surgically, or retrieving sperm via a perforated condom.⁴⁷ Once retrieved, the individual gametes (sperm and ova) may be capacitated, that is, cleansed and chemically treated prior to insertion to facilitate easier impregnation. The laparoscope used to insert the sperm and ova into the woman's fallopian tubes leads to natural fertilization within the woman's body.

This form for assisted fertilization is usually used by couples having certain moral or religious constraints against external fertilization. Since the sperm and ova are inserted into the woman's fallopian tubes one could consider this a 'natural' (my emphasis) fertilization, as fertilization does not take place outside the body.

The ethical issues raised here are firstly whether the procedure can be considered 'medical treatment,' or whether this is indeed going against the unitive aspect of the conjugal act. Secondly, this is a very expensive means of treatment, and the question needs to be raised whether it right for society to use such a lot of money on this.

A third aspect which is debatable is the sperm sample which is taken, since this is 'doctored,'(my emphasis) that is 'cleansed,' to try to increase the female's chances of conceiving a child. It is all a question on how one interprets this process.

TOT (tubal ovum transfer)

The last method, which I wish to present, is called "Tubal ovum transfer" or sometimes "Lower tubal ovum transfer." This originally involved the retrieval of one or more ova from the fallopian tubes and their reinsertion in the uterus.⁴⁸ This was to be followed by natural sexual intercourse, expecting that the chances of successful impregnation would be higher since the ovum (or ova) would be very close to the husband's sperm. It was predicted that this method could be helpful for people who had scar tissue, where the woman's fallopian tubes were blocked, or the man's sperm count low. However, this method has not proven to be very successful, according to R. Sparks, a moral theologian who has studied infertile couples in the U.S.⁴⁹

⁴⁶ Ashley, Benedict M. and O'Rourke, Kevin D. *Health Care Ethics – a theological analysis* (Washington D.C.: Georgetown University Press, 1997), 247.

⁴⁷ The idea here is that the perforated condom allows the couple to carry out the conjugal act, and at the same time allow the possibility of natural conception taking place.

⁴⁸ Sparks, R. Paulist priest and theologian, "Helping Childless Couples Conceive."

⁴⁹ Sparks, R., "Helping Childless Couples Conceive."

Although the method is not very successful, it involves what we could term ‘medical’ (my emphasis) help for the female to prepare her for natural intercourse with her husband. This would not be violating the ‘unitive’ aspect of marriage which is very important in Church teaching. So in this way, one can see why some theologians might consider this an acceptable method of assisted fertilization. There are other opinions, like that of the Linacre Centre, which holds a more conservative view of Church teaching and therefore raises objections to this method.

2.3

Some contemporary views on the use of GIFT and TOT

It is worthwhile noting that there are differing views on how to reconcile medical practice with Church teaching on sexual matters. The Rev. Ronald Lawler⁵⁰, Joseph Boyle, Jr.⁵¹ and William E. May,⁵² all leading moral theologians,⁵³ base their teaching on Scripture and Catholic tradition. They criticize modern humanist values, which are secular, and say that these values are a real threat to genuine humanism.⁵⁴ The latter is rooted in a deep respect for the inviolability of the human person. They argue that this respect for human life is disregarded with the new technologies of reproduction since here the child is not ‘begotten,’ but rather ‘produced.’ William May confirms that even in the GIFT and TOT procedures, which some Catholic theologians accept as licit means of having a child, there is no getting round the fact that “the marital act is only incidental to retrieval of sperm, and sperm so retrieved are intentionally withheld from a marital act and hence cannot be regarded as part of a marital act.”⁵⁵

In contrast to this we see that Paulist priest and theologian, Richard C. Sparks, in his article “Helping Childless Couples Conceive,” explains that there are those who question the acceptability of the GIFT and TOT procedures,⁵⁶ and that whatever moral conclusion one adopts, where there is no definitive teaching or moral conclusion by the Church, it is left up to

⁵⁰ (Fr. Ronald Lawler was the only American on the Pontifical Roman Theological Academy, an elite group of theologians who advise the Pope. He died in 2003 at the age of 77).

Pittsburgh Post-Gazette, 8 November, 2003, “Obituary: The Rev. Ronald Lawler/Priest, author, spiritual adviser”; available from http://archive.salvationhistory.com/mission/news/fronald_2.cfm; Internet; accessed 8 March 2009.

⁵¹ The principal of St. Michael’s College in Toronto

⁵² William May teaches at the Catholic University of America, in Washington D.C.

⁵³ Rev. Lawler is now deceased.

⁵⁴ Boyle, J.jr., May, W.E. and Lawler R., *Catholic Sexual Ethics* (Huntington, Indiana: Our Sunday Visitor Publishing Division, 1998), 26.

⁵⁵ May, William, *Catholic Bioethics and the Gift of Human Life* (Huntington, Indiana: Our Sunday Visitor Publishing Division, 2000), 93.

⁵⁶ Here he is referring to Benedict Ashley, Kevin O’Rourke and Richard McCormick. All three are clergy. Benedict Ashley has served as consultant to the U.S. Catholic Bishops on moral matters. O’Rourke is professor of ethics in the Department of Internal Medicine, Saint Louis University Health Sciences Center, and Richard McCormick is a Jesuit ethicist.

Sparks, R., “Helping Childless Couples Conceive.”

one's own discernment of one's moral situation. This we can see is much more liberal than the previous interpretation.

Some people would perhaps associate this more liberal view with an element of compassion. Yet it should not be assumed that theologians who disagree with this 'liberal' interpretation have not considered this aspect. Helen Watts of the Linacre Centre, previously mentioned, is well aware of this fact. She states in her article "In Vitro Fertilization," that everyone knows that the pain of infertile couples can be emotionally draining, and it is a common enough human desire to reproduce children, in fact a natural consequence of the marital state. However, it is important to recognize that the emotional stake of the parents in the outcome of this process of assisted reproduction does not change the kind of process it is.⁵⁷

The fact that there are, in addition, bishops and scholars, like Cincinnati's Archbishop Daniel E. Pilarczyk, and *Donum Vitae* committee members like Elio Sgreccia, who consider these methods⁵⁸ as morally permissible uses of reproductive technology,⁵⁹ only makes the matter more confusing for the lay person. An added factor of confusion may also be the fact that the Church has stated this in the same document⁶⁰ that conscience has a higher priority than the civil law. Richard Sparks comments that the present Pope, Benedict XVI, when he was Cardinal Joseph Ratzinger in 1987, responded to a media question concerning the morality of doctors offering the GIFT and TOT procedures by saying that "When the discussion is still open and there is not yet a decision by the magisterium⁶¹, the doctor is required to stay informed, according to classical theological principles and concrete circumstances." This last point is very important because, as we will see later, it is not always easy to form one's conscience, and many lay people have different interpretations of what an 'informed' conscience is.

2.4

Family planning and the infertile

Not every couple may feel that assisted reproduction is to be reconciled with their consciences. Therefore for those couples perhaps family planning in its 'true' sense could be the answer. Family planning is often considered a way of preventing the conception of children, but it is also a way of getting to know the body's rhythms, so that one can in fact know when it would be best to have intercourse so that one can have a natural impregnation. In recent years this method has been further developed by those who wish to stay faithful to Church teaching and at the same time help those who are infertile.

⁵⁷ Watts, Helen, *In Vitro Fertilization* (London, The Linacre Centre); available from <http://www.linacre.org/ivf.html>; Internet; accessed 20 October 2008.

⁵⁸ Here I am referring to the TOT and GIFT methods of assisted reproduction

⁵⁹ Sparks, R., "Helping Childless Couples Conceive."

⁶⁰ *Donum Vitae*. Section III Moral and Civil Law.

⁶¹ The Magisterium is the teaching authority of the Church

I will briefly outline three ways in which relatively modern technological developments in the area of family planning can now in fact assist infertile couples.

- i) The Family Centre in Oslo Catholic diocese⁶² promotes two of these methods I have referred to above. The first is where the focus is on using a mini computer⁶³, which helps indicate via temperature measurement when is the best time for conception. (Or the opposite, depending on how you want to use it).
- ii) The second method the Family Centre promotes is the thermo-symptotal method which combines measuring temperature as well as vaginal mucus. This method can help couples know when it is most favourable for them to try to become pregnant.

The benefits of both these ‘natural’ methods are that the female does not have to undergo hormonal treatment and its side effects as in the IVF and ICSI methods.

- iii) A third method, which is very similar to the thermo-symptotal method above, is what is known as NaProTechnology⁶⁴ which was coined by Mr. Thomas Hilger in 1991 in the U.S. This method was developed as an alternative to the different types of assisted reproduction technology which came on the market after the birth of the first test-tube baby, Louise Brown in the U.K. Studies carried out at the St. Paul VI Institute⁶⁵ in the U.S., which was founded by Sue and Dr. Thomas W. Hilger, show how it is possible to be faithful to Church teaching and at the same time make use of medical knowledge.

The availability and marketing of all these types of natural family planning methods is very important if lay people are going to be able to make use of them. It is worthwhile noting that some Catholic Americans criticize the fact that they knew nothing about the availability of NaproTechnology until they had in fact spent two years and 25,000 dollars on IVF treatment, with no success to show for it.⁶⁶ Locally, in the Oslo Catholic Diocese, a Family Centre was opened in 2004, with a view to providing information about different aspects of family life, including family planning. In chapter four I will present some views of the lay people and how available they feel this information is for them, especially with regard to information for the infertile.

⁶² The Family Centre in Oslo Catholic Diocese was opened in 2004. There is a staff of two people and a priest who works there part time as an counsellor.

⁶³ PFC Nordic (Personlig Fruktbarhets Computer) Translation "Personal Fertility Computer."

⁶⁴ NaProTechnology, "Unleashing the Power in a Woman's Cycle"; available from <http://www.naprotechnology.com/infertility.htm>; accessed 12 January 2009.

⁶⁵ The Pope Paul VI Institute is the only Catholic institution of its type in the U.S. and perhaps the world that has dedicated its services to the development of morally and professionally acceptable reproductive health services. "Pope Paul VI Institute"; available from <http://www.popepaulvi.com/about.htm>; Internet; accessed 11 March 2009.

⁶⁶ Drake, Tim, The Catholic Education Resource Center, "Couples Ask: What's Wrong with IVF?"; available from http://www.catholiceducation.org/articles/medical_ethics/me0064.html; Internet; accessed 29 January 2009.

2.5

Questions that must be raised

Firstly, if statistics show that such a large number of young people are infertile, and that a lot of them seek advice from fertility clinics on how to deal with their problem, the question is whether the Church is addressing this problem. This is such a wide question, that it is not possible to deal with the practical matters globally. It will be sufficient to say that the Church on a global basis keeps in close contact with her Bishops, and it must be up to them to implement the necessary procedures they consider necessary locally, if it is within their power to do so.

Secondly, since we have seen that theologians do not entirely agree on the above procedures, it is therefore understandable that lay people who have not studied Church teaching to any great extent might end up in a state of confusion. Similarly, we need to consider whether this is an area where clergy should be updated on both the latest technology, and on the latest Church teaching on the matter. Some people may prefer to discuss this matter with their priest rather first before they take the next step of going to their doctor, and then it would be beneficial if the priest were able to answer their questions and guide them according to Church teaching.

The last question to be considered is that of ‘conscience.’ According to Ramon Garcia de Haro,⁶⁷ a theologian who is an expert on the marriage and family as presented in the documents of the Magisterium⁶⁸, one must respect the freedom of the laity to choose, but that does not mean that one should not search for the truth. What he is referring to is the fact that one speaks of ‘conscience’ this means an ‘informed’ conscience.

2.6

Conclusion

It should be clear then that there is a certain amount of disagreement as to how to interpret Church teaching with regard to fertility assistance. There are those who argue that there are two methods of assisted reproduction which are possible to reconcile with Church teaching at the present time, namely the GIFT and TOT procedures, whilst others argue that these are still contrary to Church teaching. Although these methods involve some medical help, some theologians claim that it is possible to consider these procedures as medical treatment, since the assistance given is not in helping the couple to fertilize eggs outside the body, so that in this way it could be looked upon as a ‘natural’ process.

⁶⁷ De Haro, Ramon Garcia, *Marriage and the Family in the Documents of the Magisterium* (San Francisco, Ignatius Press, 1993), 108-109.

⁶⁸ The teaching authority of the Church

At the same time, for those theologians, or lay people who have a more conservative viewpoint about these procedures of assisted reproduction, it would seem that there might be other alternatives to consider. If the family planning technology, NaProTechnology and the thermosymptotal method of family planning work as well as their advocates suggest, then these methods sound very plausible alternatives to all methods of assisted fertilization. Since they can monitor the fertility cycles of couples and identify the possible causes of infertility, there is always the possibility that they can try to eliminate or treat these causes before any other alternatives are considered. Additionally, these two forms of family planning are ways of helping people avoid taking medicines which are a necessity in the hormonal treatment before IVF procedures. In this way there would be more focus on the 'natural' marital act for reproduction. Yet for these possibilities to be available to the general public they need to be advertised more and have qualified staff (or clergy) who are available locally for discussions with the infertile couples.

CHAPTER THREE
THE CATHOLIC UNDERSTANDING OF LIFE
AND MARRIAGE

3.1

Introduction

The aim of this chapter is to provide the reader with an understanding of the Catholic Church's teaching on the sacredness of life and the dignity of the human person, since these are two crucial aspects when dealing with beginning-of-life issues. Reference is also made to selected Church documents on contraception, abortion, bioethics and the role of the family. These documents present the Church's response to contemporary life issues that its members might have to address in their daily lives and they also particularly stress the importance of the role of couples being open to having children and giving them a proper education.

In addition, I also present documents which explain the Catholic teaching on the sacrament of marriage, because it is necessary to understand that, before one can understand how there can be a conflict between Church teaching and the use of IVF to help couples become parents, especially since the Church teaches that the family is "of singular importance in the Church"⁶⁹ and that "in the procreation and education of children, it reflects the Father's work of creation."⁷⁰

In addition, I provide an explanation of what the Magisterium⁷¹ is, and the role it has in instructing members of the faithful. In this respect it is illuminating to link this to the role of conscience, especially when this is at variance with Church teaching. This will address the questions raised at the end of chapter two, so that the reader has a better understanding of the concept of conscience and how this relates to Church teaching.

3.2

The Magisterium

The Magisterium refers to the teaching office of the Church, which consists of the Pope and Bishops. This authority is based on scripture⁷² and is therefore understood as a promise which cannot fail, since Christ promised to protect the teaching of the Church. Thus when the Church presents doctrine as definitive or final, it comes under this protection, and it is considered infallible. This also applies even if the Church does not use the solemn ceremony

⁶⁹ CCC 2204

⁷⁰ CCC 2205

⁷¹ The teaching authority of the Church

⁷² Luke 10:16. "He who hears you, hears me; he who rejects you rejects me, he who rejects me, rejects Him who sent me."

of definition. Thus documents like *Humanae Vitae*,⁷³ although not actually defined as ‘infallible,’ still bind the members of the Church by its teaching, since it is teaching on moral behaviour.⁷⁴

The Church teaches that when the Bishops are in union with each other and with the Pope, and present something as definitive, then this teaching is infallible.⁷⁵ It was precisely by the use of that authority that Vatican I⁷⁶ was able to define that the Pope alone, when speaking *ex cathedra*⁷⁷, and thus making things definitive, is also infallible. Of course this infallibility only covers teaching on the faith and moral questions, for these are necessary for salvation. Whether or not lay people choose to take heed of this teaching is another matter. Many people choose to go against different forms of teaching and say that they are following their own consciences, which is an aspect that will be looked at later in the chapter.

A further understanding of what the Magisterium is, and how binding it ought to be for members of the Church, is in the teaching of Vatican II in *Dei Verbum*⁷⁸ no. 10. Here we read that “the task of authoritatively interpreting the word of God, whether written or handed on (Scripture or Tradition), has been entrusted exclusively to the living Magisterium of the Church, whose authority is exercised in the name of Jesus Christ.”⁷⁹ So even theologians⁸⁰, and other ‘experts’ (my emphasis), medical staff for example, who feel they have the necessary knowledge to debate the validity of some of the Church’s teaching should in fact feel an obligation to follow it. As we shall see, this is not always an easy matter, depending on one’s interpretation of the facts. So even though theologians and lay people know, and in fact agree with the Church’s teaching on life and marriage etc., there still might be areas where they doubt the Church’s interpretation of the facts, and where they wish to follow their own consciences.

⁷³ *Humanae Vitae*. Encyclical Letter on the Regulation of births. Pope Paul VI. 1968. This was, and is still a much debated document. The document discusses the problems involved with the tremendous increase in the world’s population, the economic difficulties in raising large families, married love and responsible parenthood.

⁷⁴ *Lumen Gentium* 1964. no. 25 states that “the faithful, for their part, are obliged to submit to their bishops’ decision, made in the name of Christ, in matters of faith and morals, and to adhere to it with a ready and respectful allegiance of mind. This loyal submission of the will and intellect must be given, in a special way, to the authentic teaching authority of the Roman Pontiff, even when he does not speak *ex cathedra*.”

The latter expression “*ex cathedra*” refers to the Church teaching on papal infallibility. Note that this infallibility only refers to teaching on faith and morals and only applies to the ‘office’ of the Pope, not to the person himself. In addition, the body of bishops, together with the Pope exercise the ‘Magisterium,’ i.e. the teaching authority of the Church.

Catechism of the Catholic Church. CCC 891

⁷⁵ *LG* no. 25

⁷⁶ Vatican Council I. Pope Pius IX. 1869-1870.

⁷⁷ ‘*ex cathedra*’ literally means from the throne (of St. Peter, the first apostle).

⁷⁸ *Dei Verbum*. Dogmatic Constitution on Divine Revelation. Pope Paul VI. 1965

⁷⁹ *Dei Verbum* no. 10

⁸⁰ Given that they share the same faith

3.3

The Church's understanding of life

We saw how, in chapter two, there were several methods of assisted reproduction which are not at the present time forbidden by the Church, so it would seem then that, for the time being, there might be the possibility of Catholic couples who find themselves infertile being able to receive help to become fertile, without going against Church teaching. In order to be able to enter into the debate about these ethical issues, however, it is necessary to first look at the Church's understanding of life and moral teaching.

Catholic Tradition⁸¹ gives us the background to the history of moral teaching of the Church which is based on human reason and Revelation as found in the teachings of Christ and the Scriptures. In *Dei Verbum*⁸² we read that "Christ, the Lord, in whom the entire Revelation of the most high God is summed up, . . . commanded the apostles to preach the Gospel, which had been promised beforehand by the prophets, and which he fulfilled in his own person and promulgated with his own lips." Pope Paul VI is confirming here that the Gospel is the source of all saving truth and moral discipline, and the apostles, by "their preaching and the example they gave, by the institutions they established, what they had received directly from Christ, or by the promptings of the Holy Spirit, communicated the gifts of God to all men."⁸³

Because of Divine Revelation, the Catholic Church believes that human beings are the only creatures on earth that God has wanted for their own sake.⁸⁴ We also read in Genesis that humans are created in the image of God.⁸⁵ Our life is therefore sacred because of its relationship to God, because not only are we created in God's own image, but we are given dominion over the rest of the world.⁸⁶ However, this "dominion" is often misinterpreted and we find that in modern debates on life issues the principle of autonomy is often brought up i.e. that people have the freedom to make moral choices about their own lives, including the lives of the unborn. One needs to remember that "having dominion" over something, does not mean having the right to take people's lives. The Church teaches that even the lives of those not yet born must be protected.⁸⁷ *The Catechism of the Catholic Church* states that "Life is considered sacred since it involves the creative action of God and it remains in a special relationship with the Creator, who is its sole end."⁸⁸

In the last forty years, after access to abortion and contraception became worldwide, the Church has had to specify what it means when it refers to a life, since there may often be a conflict with Church teaching on these issues and the laws of countries throughout the world.

⁸¹ The word "Tradition" is written with an upper case "T" to distinguish it as something coming to us from God, through Christ or the disciples, as being different from "tradition" with a lower case "t" as referring to customs.

⁸² *Dei Verbum* no. 7

⁸³ *Dei Verbum* no. 7

⁸⁴ *Gaudium et Spes* no. 24. Pastoral Constitution on the Church in the Modern World. 1961.

⁸⁵ Genesis 1:27. "God created man in the image of himself."

⁸⁶ Genesis 1:26. ". . . let them be masters of the fish of the sea, the birds of heaven"

⁸⁷ *Catechism of the Catholic Church*, abbreviated hereafter to CCC. CCC 2258

⁸⁸ CCC 2258

Both contraception and abortion are linked in the sense that, in any country where contraception is widely used, there is obviously going to be a need for abortion where contraceptive methods fail. By saying this, it is not to be assumed that everyone who finds themselves pregnant, despite the fact that they have used contraceptives, will automatically seek an abortion. Yet abortion is obviously a choice many people make. In Norway we can see that statistics for 2005 show a high number of abortions, although we do not know the reason people chose to terminate their pregnancies.⁸⁹ In addition, some methods of contraception lead to the aborting of fetuses. One such method is the IUD, or intra uterine device which prevents the fertilized egg from implantation in the uterus.⁹⁰ There are also abortifacients, like the RU-486 pill which can expel the embryo up to the first seven weeks of pregnancy.⁹¹

When we think of abortion it is normally in terms of unplanned pregnancies. However, when we are dealing with assisted reproduction, where the focus is always on a planned pregnancy, there can still be instances where not all life is desired. The word ‘abortion’ (my emphasis) may not be used, but the process of letting life die, ends up with the same result.

The Church teaches that life begins at conception⁹², so from this moment onwards, the new life possesses the dignity of the human person, and as such has the same rights of a person, “among which in the first place is the inviolable right of every innocent human being to life.”⁹³ Therefore it is evident that if any stage of life is terminated, then this is going against Church teaching. Thus in some procedures of assisted reproduction in connection with the storage and freezing of fertilized eggs, one can see how these procedures come into conflict with Church teaching. In certain procedures like IVF and ICSI, one could run the risk of destroying life i.e. the frozen eggs which are not used have to be disposed of sooner or later⁹⁴. Therefore Church teaching does not approve of the storage of fertilized eggs, and it states that “the various *techniques of artificial reproduction*, which would seem to be at the service of life, and which are frequently used with this intention, actually open the door to new threats against life.”⁹⁵

There are two fundamental values one needs to take into consideration when assessing the different methods of assisted reproduction; i) the life of the human being called into

⁸⁹ Statistics provided by Wm. Robert Johnston, last updated in 2005, show that there were 56,951 live births and 14,071 abortions in the same year in Norway.

⁹⁰ It is most commonly believed that the IUD device interferes with the fertilized ovum being implanted in the uterine wall. However, there are those who believe that the IUD device immobilizes sperm and prevents it from reaching the ovum. Since this is not part of the discussion in the thesis, I choose to take the common view of the results of the IUD.

Ontario Consultants on Religious Tolerance, “Current beliefs by various religious and secular groups”; available from http://www.religioustolerance.org/abo_hist1.htm; Internet; accessed 25 March 2009.

⁹¹ Ontario Consultants on Religious Tolerance, “The RU-486 Abortion Pill”; available from <http://www.religioustolerance.org/aboru486e.htm>; Internet; accessed 24 March 2009.

⁹² *Donum Vitae. Section 1 no.1*

⁹³ *Donum Vitae. Section 1 no.1*

⁹⁴ Norwegian law on biotechnology (§2-16) stipulates that fertilized eggs are to be destroyed after five years, or used for training purposes or quality assurance (§2-14), provided that the couple give their consent to this use.

⁹⁵ *Evangelium Vitae. no. 14*

existence and ii) the special nature of the transmission of human life in marriage,”⁹⁶ which has already been pointed out in chapter two. Therefore any moral judgment on different methods of assisted reproduction must take these two factors into account. Every person has human rights, one of which is the fundamental right to life.

3.4

The Catholic understanding of marriage

Human life in its origins is linked closely to the Church’s teaching on the family and on human sexuality. The meaning of conjugal love and the conjugal act is not only something physical, but is also linked to the vocation of being a married couple. In this way I hope to show how family planning and the conjugal act are highly relevant in any debate regarding assisted reproduction.

Tradition in the Catholic Church focuses on what are called the three “goods” of marriage, first presented by St. Augustine in *De Bono Coniugali*,⁹⁷ and to which I have already referred in chapter two. In Augustine’s treatise on marriage we read that man has been created for fellowship and procreation.⁹⁸ This companionship which ensures that marriage is a good must be life-long,⁹⁹ and the couple must be faithful¹⁰⁰ to each other. So we see that from the times of the Church fathers, that children are to be valued as part of family life. The main difference from the time of Augustine to the present day is that previously sex within marriage had only procreation as its object¹⁰¹ and was sinful if not sought for this purpose,¹⁰² which is not the same interpretation the Church gives today. The focus is now on the fact that marriage is a sacrament, and “a special source of grace,”¹⁰³ where the union of the couple “should be a vocation in which they seek to continue the work of Jesus.”¹⁰⁴

In this respect, the upbringing and “proper education of the offspring” is important.¹⁰⁵ So we can see that within marriage, family life is highly valued, and children are to be valued, for it is through the children that the parents are called to hand on the “fruits of moral, spiritual and supernatural life” to the Church and to the world.¹⁰⁶ The sexuality of the couples, although a biological act is in fact more than just that, it is a “total self-giving”¹⁰⁷ of

⁹⁶ *Dei Verbum* no. 4 and O’Rourke, Kevin D. and Boyle, Philip. *Medical Ethics, Sources of Catholic Teachings*. (Washington D.C.: Georgetown University Press, (3rd edition), 1999), 201-202.

⁹⁷ Augustine. *De bono coniugali*. Oxford Early Christian texts. Clarendon Press, Oxford, U.K. 2001.

⁹⁸ Augustine. *De bono coniugali*, 21 no. 9

⁹⁹ Augustine. *De bono coniugali*, 25 no.11

¹⁰⁰ Augustine. *De bono coniugali*, 27 no.13

¹⁰¹ Augustine. *De bono coniugali*, 59 no.32

¹⁰² Augustine. *De bono coniugali*, 25 no.11

¹⁰³ Boyle, J. Jr., Lawler, R.Rev., and May, W.E. *Catholic Sexual Ethics*. (Huntington, U.S.: Our Sunday Visitor Publishing Division, 1998) 132.

¹⁰⁴ *Catholic Sexual Ethics*, 133

¹⁰⁵ *Casti Connubii*. no.16

¹⁰⁶ *Familiaris consortio* no.28

¹⁰⁷ *Familiaris consortio* no.11

themselves to each other. And it is this factor which causes a stumbling block for all forms of assisted reproduction. Any attempt to interrupt the ‘unitive’ significance of the conjugal act, which is the case in IVF and the ICSI methods of assisted reproduction, is against the nature of marriage itself.¹⁰⁸

Since the unitive and procreative significance are both inherent in the marriage act, they also need to be taken into consideration with regard to family planning. Natural Family Planning (NFP) is advocated by the Church for those couples who want to stagger the birth of their children for different reasons. Family planning is approved of as long as there is a good reason for the regulation of births.¹⁰⁹ This should not be based on selfish reasons, but on the wellbeing of the family members.

The idea with NFP is that one should always be open to new life, despite the fact that one may not always have the intention of having a child. Although NFP can be used for both staggering the births of children, and trying to find out when one’s fertile period is so that one can give birth to children, the main focus of NFP is the former.

By comparison, the purpose of the above assisted reproduction procedures, is in fact to produce new life, not the avoidance of having children. Those couples who find themselves infertile, but wish to make use of different medical procedures to help themselves enjoy the fruits of married life, by having children, so that they can carry out their vocation in their lives, might well feel frustrated if this means is denied them. They may not be aware of the fact that certain NFP procedures like NaPro Technology, which was mentioned in chapter two, may in fact be of great value to them. NaPro Technology is able to identify the causes of infertility and try to help treat these. Yet these facts need to be broadcast. As one young American couple¹¹⁰ states, it was only after they had spent two years and twenty-five thousand dollars, to no avail, that they were informed about NaPro Technology at the St. Paul VI Institute in Nebraska. They were eventually able to make use of this method and give birth to their first child. It would be much better if young couples were made aware of the alternatives to assisted reproduction. To quote Dr. Peter Cataldo, director of research with the Boston-based National Catholic Bioethics Centre, “They’re not hearing it from the pulpit or elsewhere.”¹¹¹ This is a very relevant comment since it also applies to the people whom I have interviewed in chapter four.

¹⁰⁸ CCC 2366

¹⁰⁹ CCC 2368

¹¹⁰ Drake, Tim. Catholic Education Resource Center. “Couples Ask: What’s Wrong With in-vitro Fertilization”; available from http://www.catholiceducation.org/articles/medical_ethics/me0064.html; Internet; accessed 29 January 2009. In this article Anthony and Stephanie Epolite present information on their failure to become parents with IVF treatment, which was very costly and emotionally draining. Tim Drake is an award-winning journalist and author. He has published more than 600 articles in publications such as the “National Catholic Register,” “Our Sunday Visitor,” “Faith and Family Magazine” and many others.

¹¹¹ Drake, Tim, “Couples Ask: What’s Wrong With in-vitro Fertilization.”

3.5

Recent Church documents on beginning-of-life issues

It does not seem that there has been much focus on concrete ways to help the infertile in recent years, although through the last fifty years there have been a fair amount of documents produced by the Church on beginning-of-life issues as well as explaining how methods of assisted reproduction are not reconcilable with Church teaching. However, it is evident that with the new technology available to help young infertile people become parents, the Church has found it necessary to instruct them on the moral issues involved in these assisted reproduction procedures.

I have therefore selected a few Church documents which I feel shed some light on the Church's teaching in relation to newer medical technology, and changes in the values of contemporary society, which affect everyone. These documents focus on contraception, abortion, bioethical issues, the role of the Christian family in the modern world and the dignity of the human person. All these issues are interrelated in a variety of ways when it comes to discussing different methods of assisted reproduction and whether or not they are morally acceptable.

Humanae Vitae

This encyclical letter published in 1968 on the regulation of births was written to address the issue of the Pill as a means of contraception. In the 1960's the contraceptive Pill had become a revolutionary form for contraception, and it seemed to be the answer to many people's problems regarding limiting the size of their families. However, when the Church promulgated *Humanae Vitae* condemning the use of contraceptives, many people including theologians questioned the prohibition of contraception in terms of the traditional principles of moral theology.¹¹²

In this respect we are not just dealing with reason, but with reason and faith. As Pope Paul VI stated, "the recent evolution in human society has resulted in changes which have provoked new questions which the Church could not ignore."¹¹³ The questions that were being asked by the general public are addressed in three different sections: a) the question of whether the Magisterium was competent to reply to current moral questions on birth control, b) doctrinal questions which relate to the sacrament of marriage, and lastly c) pastoral directives.

Although this document may not seem to have any connection with infertility, it is in fact fundamental in the way which it addresses the aspect of procreation. In Part 1,¹¹⁴ the

¹¹² Smith, Janet E. *Humanae Vitae, A Generation Later* (Washington D.C.: The Catholic University of America Press, 1991),10.

¹¹³ *HV no. 1*

¹¹⁴ The document is divided into three sections; i) new aspects of the problem, and the competency of the Magisterium, ii) doctrinal questions and iii) pastoral directives.

question of responsibility is addressed, and whether or not “the transmission of life should be regulated by (one’s) intelligence and will rather than through the specific rhythms of (one’s body).”¹¹⁵

People had been asking themselves whether the Church was competent to make any ruling on the matter, but the reply in the document is that the previous pope John XXIII had set up a Commission (in 1963) which included “married couples as well as many men, expert in the various fields pertinent to these questions.”¹¹⁶ The purpose of the Commission was to provide the teaching authority of the Church with enough evidence so that it would be competent to reply to the latest questions from society on birth regulation.

This document started a debate within the Church, which has lasted to the present day, and it is particularly important in connection with this task, as the document defends the sanctity of married life and the holiness of conjugal relations. This includes the conjugal act itself, and the fact that married couples in giving themselves totally to each other in this act, must also be open to the possibility of creating new life. As we have seen, it is this aspect of the assisted reproduction methods previously mentioned that conflicts with the introduction of a third party when trying to assist infertile couples to become parents, and this is highlighted in section two of the same document.

The second section of *Humanae Vitae* is the one which is particularly of interest to us because this is concerning marriage and married couples. It contains the central elements of Church teaching on the sacrament of marriage, responsible parenthood and the transmission of life properly understood within the Christian vocation. The latter is of utmost importance in ethical issues regarding all manners of assisted reproduction. The twofold significance of the conjugal act, the unitive and the procreative, are “based on the inseparable connection established by God, which man on his own initiative may not break.”¹¹⁷ Church teaching is very clear on the matter of what is acceptable/unacceptable regarding the transmission of life. Yet as we have seen in chapter two, the limits are not always clear with some methods of assisted reproduction. So there has to be some means of informing the lay person with information and advice about the bioethical issues involved in assisted reproduction.

Declaratio de Abortu Procurato

Linked to the teaching in the above document, is the document on procured abortion.¹¹⁸ It will suffice to say that the Church, even from early times, has always been against the taking of lives. This can be traced right back to the Decalogue, and later to other theologians like St. Thomas Aquinas.¹¹⁹

¹¹⁵ *HV no. 3*

¹¹⁶ *HV no. 5*

¹¹⁷ *HV no. 12*

¹¹⁸ *Declaratio de Abortu Procurato*. Declaration on Procured Abortion. 1974

¹¹⁹ Aquinas, Thomas. *Summa Theologiae* – II-II Q 64, article 2,3. Aquinas states that killing a man is intrinsically evil in point 3, but he suggests that this obligation is limited to the killing of *innocent* human beings.

This document is relevant to our topic because it discusses the issue of both physical and emotional effects abortions may have on women. In IVF treatment and other types of fertility treatment, it is a fact that there is often the issue of what happens to the frozen embryos that are never used. If they are destroyed, then this would in fact be destroying a person,¹²⁰ which would in fact come under the term ‘abortion,’ although contemporary society would no doubt disguise the seriousness of this by using some such term as ‘discarding the unused embryos’ or ‘disposing of the spare embryos.’ Although it is not a question of the couple wishing to take the life of the extra embryos, it is a well known fact that the doctors who provide fertility care have two main concerns, i) the expense of the procedures and ii) the effect of the procedure on the infertile woman, so that it would be kinder to limit the number of treatments she has to undergo since they can be psychologically very wearing on the couple.¹²¹ At the same time we need to be aware of the fact that where couples are asked whether they would like several embryos implanted in the womb, to increase their chances of becoming parents, there is always the chance that at a later stage in the pregnancy they may be asked about reducing the number of embryos so that there will be a better chance of survival for the existing embryos. Church teaching also describes this selection process as an “abortion,” as it is a question of taking the life of the unborn.¹²²

Familiaris Consortio

The Church’s concern for all married couples and the family is central to its teaching on all aspects of married life. The apostolic exhortation of Pope John Paul II, on *The role of the Christian Family in the Modern World*,¹²³ is a relevant document in connection with life issues in that it presents arguments against what it calls an “anti-life mentality”¹²⁴ of contemporary society. Marriage and the family are described as having a “precious value”¹²⁵ and the well-being of society is described as being “intimately tied to the good of the family.”¹²⁶ At the same time it is pointed out that the idea of freedom has been corrupted and people often become more interested in their own selfish well-being.¹²⁷

Part two of the document makes direct reference to what sexuality is in the eyes of the Church. This is a very significant part of the document because it refers to the marital act as not only something which is purely biological but something “which concerns the innermost being of the human person.”¹²⁸ This is linked to marriage as a vocation, and the fact that

This is fundamental to Church teaching. The people (fertilized eggs) are not guilty of anything, and therefore cannot be legitimately killed.

¹²⁰ *Donum Vitae. Part 1.* “The conclusions of science regarding the human embryo provide a valuable indication for discerning by the use of reason a personal presence at the moment of this first appearance of a human life.”

¹²¹ The particular psychological effects were referred to in chapter 2 under the IVF procedure. They are also discussed in chapter 4 in connection with the interviews of user of the IVF and ICSI procedures.

¹²² *Donum Vitae. Part 1.* “From the time the ovum is fertilized, a new life is begun . . .”

¹²³ *Familiaris consortio.*

¹²⁴ *FC no.30*

¹²⁵ *FC no.3*

¹²⁶ *FC no.3*

¹²⁷ *FC no.6*

¹²⁸ *FC no.11*

“Christian marriage and the Christian family build up the Church.”¹²⁹ Once again we see the teaching of Pope Paul VI reiterated here, with regard to the inseparable connection between the two meanings of the conjugal act.¹³⁰ Here the teaching is to condemn of all forms of contraception. However, it is this same teaching that complicates matters in the different treatments of the infertile. If medical treatment given to infertile couples can assure them that there is no separation between the unitive and procreative significance of the conjugal act, then these methods would not be going against Church teaching.¹³¹

Conjugal love is linked to responsible fertility and children as being the ‘precious gift’ of marriage. However, of the 85 sections of the document very little is said about the infertile. We read of physical sterility as being the occasion for other important services like adoption, or helping the poor and handicapped children,¹³² but there is no direct mention of how one may overcome infertility. Today the difficulties faced by the infertile are now an area that urgently needs to be addressed, since it is an area that can give rise to confusion with regard to Church teaching, and it involves so many young couples today.¹³³

*Donum Vitae*¹³⁴

Some years later, as a result of more progress in scientific research and technology, the Vatican published the document *Donum Vitae*, on bioethical issues in 1987. As the document states, it was the fruit of a “wide consultation and a careful evaluation of the declarations made by Episcopates”, and the Congregation for the Doctrine of the Faith, led by Cardinal J.R. Ratzinger (the present Pope), was given the approval of Pope John Paul II, to publish this *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation*.¹³⁵

The document addresses many different problems in relation to bioethical issues concerning respect for human embryos and interventions upon human procreation. In particular it addresses the question of assisted reproduction, IVF and the issue of frozen embryos and how these methods are against the goods of marriage.

¹²⁹ *FC no.15*

¹³⁰ *FC no.32* states that the unitive meaning and the procreative meaning of the conjugal act can never be separated. This was stated in *Humane Vitae* no.12 in 1968, and is again emphasized by Pope John Paul II in 1981.

¹³¹ This could include the TOT and GIFT procedures referred to in chapter two.

¹³² *FC no.14*

¹³³ Pontifical Council for the Family, “Declaration on the Decrease of Fertility in the World.” This short document addresses the issue of lack of fertility (not infertility), since it highlights many areas where people are not giving birth to children, and the reasons for this, but it does not address infertility where couples wish to give birth to children but cannot. I include it as a reference because it shows that the Church is aware of the decline in the birth rate on a global basis. Available from http://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_29041998_fecondita_en.html; Internet; accessed 11 January 2009. (Published 27 February 1998).

¹³⁴ *Donum Vitae*. Instruction on respect for human life in its origin and on the dignity of procreation. 1987.

¹³⁵ *DV*

This document is also linked to the document on procured abortion¹³⁶ and *Humanae Vitae*¹³⁷ in that it reiterates the same teaching. The fundamental values connected with the techniques of artificial human procreation are linked to new life and how this is going to be transmitted. Similarly, *Humanae Vitae* and *Declaratio de Abortu Procurato* present teaching on aspects of new life and its transmission,¹³⁸ or the prevention of this.

Donum Vitae describes assisted reproduction as “artificial human procreation.”¹³⁹ From this choice of vocabulary we see that Church teaching clearly defines that where there is ‘help’ to reproduce, then this must be considered ‘artificial.’ So the values that the Church wishes to protect are the new life and how this is transmitted within the marriage. There is, however, at the same time a section¹⁴⁰ devoted to the suffering caused by infertility in marriage, and the document encourages scientists to continue their research into finding a remedy for sterility.

The Letter to Families¹⁴¹

I have chosen to include the *Letter to Families*¹⁴² in my short selection of Church documents because this document also addresses the same issues, showing once again how much the Church focuses on the place of the family and the love that married couples give to each other resulting in children.

In this document the family is referred to as a “domestic church”¹⁴³ or “a little Church,” which is in keeping with the Christian tradition of the family, where “*parents* share in God’s creative work.”¹⁴⁴ By carrying out the task of education in the Church, the family is sharing in the life and mission of the Church.¹⁴⁵ The family is described as being an institution which is “fundamental to the life of every society,”¹⁴⁶ and as such has rights which are closely linked to the rights of the person” and “the right of parents to responsible procreation.”¹⁴⁷

In addition we read about the true vocation of marriage and the family¹⁴⁸ and how the dignity of marriage and the family are linked to the development of culture.”¹⁴⁹ There is a criticism of modern society for its laws since “the law of God is univocal and categorical with

¹³⁶ *De abortu procurato* no. 9

¹³⁷ On contraception and the regulation of births

¹³⁸ Obviously *De Abortu Procurato* is on the prevention of this transmission.

¹³⁹ *DV* no. 4

¹⁴⁰ *DV*. Section 8 is devoted to the infertile. Here there is sympathy shown towards the infertile and their plight, and the hope that researchers will be able to discover the causes of sterility and remedy them.

¹⁴¹ Pope John Paul II, *Letter to Families* (London: CTS Publications, 1994)

¹⁴² Promulgated by the Church in 1994.

¹⁴³ *Letter to Families* no. 15

¹⁴⁴ *Letter to Families* no. 16, in the section on Education.

¹⁴⁵ *Letter to Families* no. 16

¹⁴⁶ *Letter to Families* no. 17

¹⁴⁷ *Letter to Families* no. 17

¹⁴⁸ *Letter to Families* no. 19

¹⁴⁹ *Letter to Families* no. 20

respect to human life”¹⁵⁰ According to this document, there is a “*reawakening of conscience*”¹⁵¹ in today’s society, and people are now showing more respect for life from the first moment of conception. This is presumably a reference to the growing number of pro-life groups worldwide.

This letter presents members of the faithful with guidance on family life and its value, but there is no reference to the infertile in the document. Yet an infertile couple is also a family, albeit without a child. This omission is noticeable and is the reason I have included this particular document in my selection. As we shall see in chapter four, it could have a bearing on the opinions and actions of the infertile.

Evangelium Vitae¹⁵²

Since life issues have caused a lot of concern within the Church, in recent years, Pope John Paul II chose to write an encyclical to address what he called “present day threats to human life.”¹⁵³ This encyclical reiterates the teaching in *Donum Vitae* and *Declaratio de Abortu Procurato* and it is a major statement on abortion and embryo destruction and other means of taking human life.¹⁵⁴ It also addresses the moral problems raised by interventions on human embryos and how these are crimes against their dignity.¹⁵⁵

With regard to fertility and the regulation of births, the document states that “The work of educating in the service of life involves the *training of married couples in responsible procreation . . . (i.e.) the use of natural methods of regulating fertility.*”¹⁵⁶ This then can be seen as an approval of the NaPro Technology and other methods of natural family planning which were referred to in chapter two.

Two other areas of interest in this document are sections 89 and 96. The former is about agencies and centres of service to life and health-care personnel.¹⁵⁷ The focus here is on these people always being aware of their great responsibility to their profession,¹⁵⁸ and those who seek their help. They are described as having a “unique responsibility”¹⁵⁹ and it urges them not to be tempted to “become manipulators of life, or even agents of death.”¹⁶⁰ This terminology could apply in the case of assisted reproduction where there are complex life issues at stake.

The latter section relates to conscience and the need to form one’s conscience properly. This has already been mentioned in chapter two, and it is especially relevant

¹⁵⁰ *Letter to Families no.21*

¹⁵¹ *Letter to Families no.21*

¹⁵² *Evangelium Vitae*. An encyclical letter on the value and inviolability of human life. Pope John Paul II. 1995

¹⁵³ *EV no.7*

¹⁵⁴ *EV no.20*

¹⁵⁵ *EV no.63*

¹⁵⁶ *EV no.97*

¹⁵⁷ It refers to doctors, pharmacists, nurses, chaplains, men and women religious, administrators and volunteers.

¹⁵⁸ The Hippocratic Oath is still relevant. This requires absolute respect for every innocent human life.

¹⁵⁹ *EV no.89*

¹⁶⁰ *EV no.89*

regarding the topics discussed with the interviewees in chapter four. The critical issue here is the “*recovery of the necessary link between freedom and truth.*”¹⁶¹

Dignitas Personae

This final document, to which I will refer, is an instruction on certain bioethical questions, published in December 2008, and this once again reiterates the previous teaching of the Church on human life as being sacred from the moment of conception. This instruction, published twenty years after the document *Donum Vitae*, was written in order to bring it up to date.¹⁶²

The Congregation for the Doctrine of the Faith benefited from the analysis of the Pontifical Academy for Life, and also consulted numerous experts concerning scientific aspects of questions relating to areas of experimental medicine.¹⁶³ The first and second sections of this document are particularly interesting as they address new problems regarding human life and procreation (research on human embryos, and the use of stem cells for therapeutic purposes). We are reminded in part one that the body of a human being, from the very first stages of its existence, “can never be reduced to a group of cells.”¹⁶⁴ This is an important statement, because this terminology describes exactly what is stated when couples are told about procedures at IVF clinics, as we shall see later in chapter four. The reduction of life to “cells” diminishes from the dignity of the life, and this dignity should be given to all human beings from the time of their origin.

The instruction here states that “procreation which is truly responsible vis-à-vis the child to be born must be the fruit of marriage.”¹⁶⁵ This is a crucial factor when focusing on assisted reproduction methods. However, we shall see shortly, at the end of the chapter, how there is still an opening for some methods of assisted reproduction, depending on how one interprets the methods in terms of being a “substitute” for the conjugal act, or an “aid” to the conjugal act.¹⁶⁶

The dignity of the human being is also raised to a higher position by reminding us that when the Son became one of us, that made it possible for us to become “sons of God” (Jn 1:12), so that we could share in the divine nature (2 Pet 1:4)¹⁶⁷ So the emphasis in this part of the document is on the sacredness of life, which we saw earlier on the Church’s teaching on life issues.

The second part of this document focuses on new problems concerning procreation. Here we are once again reminded of the three goods of marriage i) the right to life, ii) the

¹⁶¹ *EV no.96*

¹⁶² *Dignitas Personae*. Instruction on certain bioethical questions. The Congregation for the Doctrine of the Faith. 2008. no1

¹⁶³ *DP no.1*

¹⁶⁴ *DP no.4*

¹⁶⁵ *DP no.6*

¹⁶⁶ *DP no.12* focuses on techniques for assisting fertility.

¹⁶⁷ *DP no.7*

unity of marriage (i.e. fidelity between the spouses) and iii) that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses.¹⁶⁸ This is clearly stating then that ‘aids’ to the conjugal act are permitted, but replacing the act by technical means is not permissible.¹⁶⁹ This is a positive attitude to new techniques or treatments which can in fact remove obstacles to natural fertilization. Here they are referring to hormonal treatments for infertility, surgery for endometriosis, unblocking of fallopian tubes or their surgical repair.

The document addresses these new issues which have not been specifically addressed in the past, and suggests caution in some areas like the proposals for the adoption of abandoned or unwanted frozen embryos. Although the Church does not give any specific ruling on the idea of “embryo” adoption (prenatal adoption), and in fact it calls it “praiseworthy,” it still expresses concern for various problems that are unlike those mentioned before.

3.6

Some contemporary opinions

Since the Church has published a steady stream of documents from the 60’s until the present day regarding life issues, it is worthwhile looking at how some theologians and clergy have responded to this teaching, since these people are important in their relationship with lay people and their advice will automatically have some influence on how lay people think.

Just recently the leader of the U.S. Episcopal conference, Cardinal Francis George, welcomed the latest instruction, *Dignitas Personae*,¹⁷⁰ released in December 2008 by the Congregation for the Doctrine of the Faith, saying that it “gives guidance in a heavily scientific age.”¹⁷¹ Regarding fertility treatments, the Bishop stated that the document approved of those treatments that “succeed in re-establishing the normal function of human procreation.”

Previously, the U.S. Bishops had stated that those techniques of assisted conception which respected the unitive and procreative meanings of the conjugal act could be used as therapies for fertility, as long as they these procedures did not involve the destruction of human embryos or the deliberate generation of human embryos in such numbers so that the sheer numbers would be a guarantee that at least a few would implant. The latest document¹⁷² does not contradict that teaching, but in fact gives hope to infertile couples as it

¹⁶⁸ *DP no.12*

¹⁶⁹ *DP no.12*

¹⁷⁰ The document is dated the 8th of September 2008, but it was not released until the 12th of December 2008.

¹⁷¹ United States Conference of Catholic Bishops. Media release regarding the latest document *Dignitas Personae*. “*Dignitas Personae*, Vatican Instruction on Bioethics, Welcomed for Guidance on Issues of Procreation, Medical Research”; available from

<http://www.usccb.org/comm/archives/2008/08-196.shtml>; Internet; accessed 12 January 2009.

¹⁷² *DP no.13*

encourages further research into infertility, and also adoption where infertile couples have no other option.

Although there are references to new situations¹⁷³ which are not relevant to the present topic of assisted reproduction in *Dignitas Humanae*, there are no specific references to assisted reproduction procedures which are morally licit. It seems to leave the question open as to whether for example the TOT and GIFT procedures come into the acceptable category or not. However, Benedict Ashley¹⁷⁴ and Kevin O'Rourke¹⁷⁵, in their book *Health Care Ethics*¹⁷⁶ state that even though Catholic teaching has not rejected methods like GIFT, they are of the opinion that fertilization is not a direct result of the marital act, and therefore not morally acceptable. At the same time they refer to other Catholic moralists¹⁷⁷ who defend the GIFT procedure as ethical. After the release of *Dignitas Humanae*, John Allen Jr., a journalist for the *National Catholic Reporter*¹⁷⁸ wrote that there is not really anything new in the document. He quotes others as saying that there are theologians who are pro-life but who do not want to be considered ultra-conservative. So for the infertile, the latest document on bioethical issues would seem to present a gleam of hope in that there is still an opening for certain assisted reproduction procedures.

3.7

The role of conscience

We have now seen the role of the Magisterium, what it teaches and how faith members are to be guided by its teaching. The documents which have been presented have shown the main focus in Church teaching regarding life issues and where this might be open to different interpretations in connection with some aspects of assisted reproduction procedures. The views of some theologians who choose to debate these life issues sometimes complicate matters for the lay person, and they may find that they wish to follow their own consciences.

It is important to understand the role of one's conscience, and how the Church regards the issue of conscience. Catholics are called to inform their consciences with the teaching of the Church and adhere to it with "religious assent."¹⁷⁹ This does not mean that one should not use one's reason when making moral decisions, but there is an obligation to listen to Church teaching. A person with an informed conscience is someone who has pondered both over the Magisterium's teaching and that of theologians or other qualified people, before coming to a

¹⁷³ Gene therapy and cloning

¹⁷⁴ A Dominican priest who served as consultant to the U.S. Catholic Bishops on moral matters.

¹⁷⁵ Professor of ethics in the Department of Internal Medicine, Saint Louis University Health Sciences Center.

¹⁷⁶ Ashley, Benedict M. and O'Rourke, Kevin D., *Health Care Ethics, a Theological Analysis* (Washington D.C., Georgetown University Press, 1997), 247.

¹⁷⁷ McCarthy 1988 and Cataldo 1996.

¹⁷⁸ Allen, John Jr. National Catholic Reporter, "Vatican issues new document on biotechnology"; available from <http://ncronline.org/blogs/all-things-catholic/vatican-issues-new-document-biotechnology>; Internet; accessed 26 March 2009.

¹⁷⁹ CCC 892

decision about one's course of action. This is in accordance with Church teaching¹⁸⁰ which states that "man strives to interpret . . . the signs of the times assisted by the virtue of prudence, by the advice of competent people, and by the help of the Holy Spirit and his gifts." In chapter 4, however, we will see how it is not always easy to form one's conscience, especially since there are different interpretations within the Church and it is not always easy to know where to get proper advice.

Catholic theologians and the clergy ought always to be obedient to the teaching of the Church. They may not agree with everything, but they have an obligation to be faithful to the teaching of the bishops.¹⁸¹ It is only in this way that they can hope to guide the lay people who perhaps may not know exactly what the Church's teaching is on the matter. Their task is to enlighten and guide the lay people, and as such is a very important one.

3.8

Conclusion

The fact that the family is extremely important to the Church, and indeed the bringing up and educating of children, would indicate that it is a natural thing to be parents, and a joy to become parents. But it also raises the question about what kind of help married couples who are infertile can expect to receive from the Church.

There is no doubt as to the Church's teaching on life and the dignity of the human person. This is part of the Church's tradition, and is central to all teaching on bioethical issues. However, when it comes to marriage and family planning, we have seen that we have to take into account the Church's teaching based on scripture and tradition on the one hand, and people's informed consciences on the other. The fact that not all theologians strictly adhere to Church teaching does not help the matter, but leaves room for confusion.

All the documents I have referred to are connected in that they all deal with life issues and the dignity of the human person, from the very start of life. So it is clear then that all Church teaching is pro-life in all its stages and that the Church is not against modern medical technology, as long as this can take into consideration the sacredness of life. Anything that can be considered an "authentic treatment"¹⁸² may be permitted. This aspect of what can be considered 'treatment' and what can be considered 'extraordinary means' is something I will be discussing in the following chapter in connection with the interviews with infertile couples.

¹⁸⁰ CCC 1178

¹⁸¹ LG no.28

¹⁸² DP no.12

CHAPTER FOUR

INTERVIEWS WITH USERS OF IVF

4.1

Introduction

The aims of this chapter are to present the reader with two case studies which will help to highlight the complexity of the ethical dilemmas young infertile couples face. My analysis of these interviews is thematic, followed by a discussion of my observations where I look briefly at three areas¹⁸³ which are fundamental to marriage and fecundity and relate these to the two cases in question. This is then followed by a further discussion of certain points which are often overlooked.

The three aforementioned areas are central to understanding the behaviour of the infertile couples and how their choices conflict with Church teaching and here the information is factual. The latter part which is called “Discussion” is slanted towards the spiritual aspect of marriage and infertility. Here the focus is less on the facts and more on the “sacrifice” (my emphasis) that couples are prepared to endure in order to become a family. Without this consideration the thesis would lack what I call the “human” dimension. It is this area that needs to be addressed if the Church wishes to reach out to young infertile people. We have seen the importance the Church gives to the family from the documents¹⁸⁴ discussed in chapter three, and this aspect needs to be related to how the Church, via its members¹⁸⁵ reaches out to the infertile.

The first case study is with a couple who opted for the IVF method of assisted reproduction. The husband is Catholic and the wife is not. The husband converted to Catholicism a few years ago, and is therefore bound by Church teaching, whereas the wife, who is also a Christian, is not under the same obligation to follow the Catholic Church’s teaching on moral issues.

A factor that needs to be considered in this case is that there may be differences in how people react to Church teaching depending on how long they have been members of the Church. It is reasonable to assume that some new members of the Church may not be aware of the role of the Magisterium, the true meaning of forming one’s conscience, and other related factors. However, since this is very individual, and related to one’s background it is not easy to evaluate. We have no statistics to prove that there is a difference in the way new converts react to Church teaching (or are sometimes unaware of it), but since even cradle Catholics have many different interpretations of Church teaching, it is important to keep an open mind to the fact that this might be the case.

¹⁸³ Marriage preparation, family planning and the moral issues related to the IVF procedures.

¹⁸⁴ *FC no.15*. “The Church finds in the family . . . the cradle and the setting in which she can enter the human generations, and where these in their turn can enter the Church.”

¹⁸⁵ Both lay people and the clergy.

The second case study is where both spouses are Catholic and have been since birth. They are practising Catholics and, as they say, they try to follow the teaching of the Church as far as possible, and their decision to accept that the ICSI method was the only means available to having a child, was not an easy one.

A list of questions¹⁸⁶ concerning marriage preparation, family planning, the Church's teaching on assisted reproduction and the medical factors involved in this, and other questions relevant to the topic, were prepared in advance, so that it would be easier to have a conversation about the couples' moral decisions. The interviews were semi-structured so that it would allow for flexibility to introduce other elements that were important to the couples. In the first case study, only the male was interviewed and he expressed the views of the couple. In the second case both spouses were interviewed.

I present each case individually and the ethical issues which arise concerning these. I also present how the couples tackled the situations they found themselves in, and their opinions on the assisted procreation procedures they have chosen, or were advised to undergo. The interviews include the relationship the couples have with their local priest and the marriage preparation they were given, as well as their opinion on the kind of help they have received, or the kind of help that they think infertile couples ought to be able to expect from the Church. I also investigate how far the couples are acquainted with Church teaching on beginning-of-life issues and whether they consider this teaching binding or merely as guidelines to be accepted or rejected, depending on their own interpretation of the matter. Finally, I present an analysis of the two cases relating these to Church teaching.

The extremely personal nature of the topic, and the fact that I too am a member of the faith was not without its complications. It often resulted in my having to rephrase questions, particularly if the interviewees found the questions too direct. It meant I sometimes had to stop my line of questioning and try again at a later date. So it was time-consuming to conduct the interviews. It took several interviews and follow-up questions by electronic mail to clarify certain aspects. The results of the interviews illuminate the fact that there is a tension between Church teaching and the perception of this teaching by lay people.

Because of the personal nature of the questions, I found it inadvisable to let the interviewees study the questions in advance. I doubt very much that they would have agreed to be interviewed then. This is in complete contrast to bigger surveys where people can answer very personal questions anonymously. In our case, although the results are anonymous, the couples are in fact reporting directly to another member of the faith about their own personal life stories. That is quite different than having an opinion on life issues which may or may not relate to one's own life.

¹⁸⁶ The questions are included in the appendices.

4.2

Case 1

The first case study is of a couple who opted for IVF treatment after fruitless attempts at becoming pregnant. Both spouses are in their late thirties and realize that time is running out with regard to the chances of having a family. The IVF treatment has been successful and at the present time they are expecting twins.

This couple was very well informed about the “whole” treatment which would have to be undergone. I have used inverted commas for “whole” because these take into consideration not only physical aspects of the treatment, but also the psychological aspects as well. The husband explained that they discussed these at great lengths together and with medical personnel, who prepared them mentally for the treatment that would need to be undertaken for the IVF procedure.

Regarding the physical aspects, the wife had to undergo hormonal treatment so that this would stimulate her egg production. The process involved daily injections and nasal sprays so that the eggs would mature. This is in itself an expensive treatment, so the husband explained that doctors at the fertility clinic choose to take about ten eggs at a time, up to five of which are fertilized. When asked whether it were possible only to retrieve one egg, thus avoiding the issue of what to do with the “extra” eggs, I was told that it might be possible, but due to the expense, it was probably not feasible.

The physical aspects of the treatment which were negative were the general uncomfortable feeling the wife had, almost like going through the menopause (the husband’s terminology) and her terrible mood swings. Both spouses were well informed about this aspect before the treatment was started, but it still proved to be a great strain on their married life at times. They both knew what physical changes would take place, but the process was upsetting for both of them. In addition there were the psychological aspects to contend with. They had no way of knowing whether the treatment would be successful or not. They also had expectations of the outcome, but had to be patient to see what the result would be. Even though conception took place, they were still under the strain of wondering whether the pregnancy would last or not. So far it has been successful.¹⁸⁷

With IVF they realized that there would be a good chance of success. This success rate has already been referred to in chapter two,¹⁸⁸ and the Norwegian Health service allows couples to have three attempts at pregnancy, with most of the costs being covered by the National Health Service. In this case the IVF procedure has been successful, and if all goes well, resulting in live births, they hope at a later date to make use of two more of the embryos.

¹⁸⁷ Ruyter, K.W. Senter for medisinsk etikk, Universitetet i Oslo. (Trans. “The centre for medical ethics in Oslo”) Note that “successful” in the eyes of the couple is becoming pregnant and giving birth to a live baby. In some of the clinics, success may be measured by the women getting pregnant, but not necessarily leading to a live birth later. This is important for later discussions related to the expense of the treatment. “Success” related to statistics is also linked to marketing of the treatment. “Fertilization in vitro – success rates and registration”; available from <http://www.ncbi.nlm.nih.gov/pubmed/8470069>; Internet; accessed 6 April 2009.

¹⁸⁸ Footnote 25 – The Medical Birth Register of Norway (MBRN)

I asked whether the couple would have reacted differently if they had first talked with a priest for example. However, this question never arose, stated the husband. Their priest knows about their choice and often asks how things are proceeding. This makes them feel at home with their moral choice, i.e. he has never given them any indication that there is anything immoral about IVF, so they assume he is not against this form of medical treatment for infertility and they feel comfortable with it.

I also asked about whether the possibility of adoption had come up between husband and wife. The husband said that they would look at the medical treatment available first, and if this failed, then the next stage would be to consider adoption. However, since the IVF had been proved successful, adoption is not a factor to be considered.

Finally, the Catholic spouse admits that he knows he is not following Church teaching, but he still considers himself quite conservative and believes that life is sacred. He is trying to “use” (his emphasis) the sacred life that is in storage, hoping that it can be implanted at a later date. So, in his mind there is no intention of destroying life, merely postponing it.

4.3

Analysis of Case 1

The Church teaches that IVF assisted reproduction is morally wrong, and the reasons for this were presented in chapter three on Church teaching. Yet we see that this form for assisted reproduction is not alien to members of the faithful.¹⁸⁹ We will also see in the next chapter how some of the clergy relate to this teaching.

There are a lot of emotions involved in the whole process from the desire to have a child, the treatment, and the outcome of the treatment. Expectations are high each month when one is hoping for a possible conception, and when the results are negative, disappointment is great. My analysis will look briefly at the marriage preparation of the couples, family planning and the moral issues involved in the IVF procedure, as well as other points which need special consideration, and which contribute to the tension that is present in the Church regarding assisted reproduction.

Preparation for Marriage

All couples who wish to marry in the Catholic Church have to attend marriage preparation sessions. These may be in the form of personal talks with their priest, or as part of group sessions where many different topics are treated. The Oslo Catholic diocese has published a text book and a work book for this purpose, and it is possible for all parishes to make use of

¹⁸⁹ The two cases I present in this chapter and other references made in the following chapter where I recount my interviews with the clergy and lay people.

these. I therefore investigate both couples' preparation for marriage and see whether this has in fact prepared them for the difficulties they would come to face in their marriages.

The couple in the first case had been on a marriage preparation course which they found useful and informative. The books they used (published by the Oslo Catholic Diocese) are extremely detailed in many aspects concerning marriage. However, since there are only one and a half pages of the booklet which is 225 pages long on the topic of infertility, it is evident that this is not a main topic during the marriage preparation. The couple said that the issue of infertility had not been broached, and on hindsight they feel that this deserved more space.

Family Planning

The couple turned to the medical profession when they had difficulty in becoming pregnant in order to try to determine the cause of their infertility. The husband explained that they had not thought of getting in touch with a priest to discuss their dilemma. They thought first and foremost about medical treatment.

The procedure with fertility questions is quite a routine affair, according to the husband. Their own doctor's role in the process was merely to carry out routine tests and then refer them to the experts, i.e. a fertility clinic, in this case the clinic at Haugesund. The husband said they were open to discussing the matter with their own doctor, but that family G.P.s¹⁹⁰ only allocate a certain time per appointment, and this is not time enough to discuss such an important problem. I was told that the fertility clinic at Haugesund had a completely different atmosphere than at an ordinary doctor's office. Everyone at the clinic was concerned with the couple's well-being and they were treated very kindly during the whole process. They felt the medical personnel had as much time as they required so that they could discuss all aspects of the planned treatment. The husband said this was a great contrast to his local doctor where a lack of time is often a great issue.

Moral Issues

The first moral issue is concerning the medical aid. We saw earlier in chapter two, where the assisted reproduction procedures were presented, that medical help to retrieve ova and sperm, and the laboratory technician's involvement in fertilizing them, is not in accordance with Church teaching since there is a separation of the unitive and procreative significance of the conjugal act. In addition, one is very dependent on the different people involved in the series of acts at the different stages of the procedure. John Finnis,¹⁹¹ a governor of the Linacre Centre for Health Care Ethics, which I have previously referred to, describes this series of events as a "*production process*" with the final product being the "product" i.e. the child.

¹⁹⁰ General Practitioner (a family doctor)

¹⁹¹ Smith, Janet E. ed. *Why Humanae Vitae Was Right*. Finnish John M. "Responsible Parenthood." Ignatius Press, San Francisco, U.S. 1993. pp 173-191 at p.190

This terminology sounds very technical, but it highlights the contrast between Church teaching on the fact that a child is a “gift” of marriage, rather than something that comes “from the outside as something added on to the mutual love of the spouses,”¹⁹² and therefore something “natural,” as opposed to assisted reproduction where help is external and could therefore be described as something “unnatural” or “extraordinary.”

Secondly, the help to over produce ova so that the chances are raised for the conception being successful involves the selection of “suitable” eggs. This process of selection is against Church teaching which states that all life is sacred. If some lives (in this case living cells) are not considered good/strong enough to survive, then one is going against the moral principle that all life is sacred. Here we are choosing those that we consider will survive the process.

Since there is an overproduction for two reasons, i) the difficult procedure for the female who has to undergo the treatment, and of course the strained relationship this can have on the couple due to mood swings, and ii) the expense of the procedure, it is evident that the “extra” or “spare” embryos will have to either be stored or destroyed. In this case, we are talking about stored or frozen embryos which may be used at a later date. This raises two moral questions; firstly, whether the embryos have the proper dignity due to them as human beings, and secondly, whether it is morally right to be using such a lot of public expenditure on these procedures.

Discussion

The first point of discussion is concerning the couple’s decision to visit their doctor. The couple took it for granted that they had a medical problem when they thought they were infertile. Therefore they went to their local doctor who referred them to the experts so that they could receive the necessary medical treatment to solve their problem. This is in keeping with their desire to have a child. The need to talk to someone about their problem was important for them. They found the answer to lie in the personnel at a fertility clinic who would spend time with them preparing them for the birth of a baby.

Yet the question here is how far this IVF procedure coincides with medical treatment as opposed to an extraordinary means of trying to become fertile. The overproduction of eggs is an extraordinary, one might even say, an extreme situation for the woman to find herself in. This can in no way be called “natural.” The result of this unnatural situation is that the couples find themselves subjected to unnecessary psychological strain, partly due to the mood swings of the wife, and partly due to the focus on whether or not this procedure will be successful.

The very important aspect which is not taken into consideration here is the spiritual aspect, and the parents’ relationship with the child, who they see as a gift from God. Since the couple is reliant on the aid of other adults in the different processes, the final “product,” as

¹⁹² CCC 2366. On the fecundity of marriage.

Finnis calls it, will be a result of several people's actions. This is an extraordinary situation for the human embryo, as in a normal situation it would be unaffected by the outside world, being the fruit of one specific act between the married couple.

The couple was oriented towards having a family, and since all Catholic marriages are focused on the family, as we have seen from the previous documents, the couple acted in what they considered their best interests. However, given the extraordinary treatment that is carried out in this process, the child becomes the result of a chain of actions, and a link in a process, governed not only by this true desire to have a child, but also by the fertility clinics concern with the costs of the procedure.¹⁹³

The hormonal treatment in itself is instigated to produce an excess number of eggs, so this in itself is something which could be described as “extraordinary” means, rather than just ordinary medical treatment. The selection process that takes place with the eggs, to ensure that the treatment will be successful, i.e. to ensure that the wife conceives is a means of selecting away certain ova that are considered in some way lacking. This process, although well meant, given that the goal here is to be successful in producing a baby, will always go against Church teaching of the sacredness of all lives. One might argue that at this stage we are not dealing with lives, since the ova have not been fertilized, but the ova are still part of what makes up a human being. Therefore this procedure must be considered “extraordinary” means of becoming fertile, and not the natural process that the conjugal act preconceives.

The situation the couple found themselves in when they thought they were infertile left them with only one option, to ask for medical advice. This is where I feel the Church should have some sort of contingency plan to help couples like the couple in Case 1. Perhaps if there had been the opportunity of discussing this with Catholic medical staff, it would have been possible to suggest another method which would have been acceptable to the Church¹⁹⁴. However, this is not an option locally. It is possible that NFP methods could have helped the couple find a solution to their problems. However, we must assume that the tests taken by the fertility clinic would have also revealed these areas, so that the couple could base their decisions on this.

The last point to consider is the role of conscience in making moral decisions. We have seen in chapter three that forming one's conscience means being informed about all sides to the issue in question. Thereafter one must act according to one's own conscience. In this case, the husband explained that they had a great wish to become parents, and their choices were limited. We saw that he said that he believes all lives are sacred. In accepting this IVF treatment he considers that they will try to “use” all the eggs that are fertilized in the course of their marriage. Two of the eggs which are fertilized have been implanted in the wife, and there are two more which are frozen. The couple hopes to make use of these later in their marriage. There is no intention on their behalf to destroy these frozen embryos, but merely a postponement of their implantation. Yet by freezing these fertilized they are

¹⁹³ The success rates will obviously be higher when the clinics ensure that some of the ova will be able to survive.

¹⁹⁴ For example the TOT and GIFT procedures described in chapter 2.

depriving them of their lives at the present, and they are not being given their true dignity as human beings, according to Church teaching. The question which is left to consider is how one can convince infertile couples that this is the case.

4.4

Case 2

The second case I have chosen is about a couple in their early thirties who were infertile. After many fruitless attempts at becoming pregnant, the couple got in touch with their family doctor who arranged for tests to be carried out. It was discovered that the only way the couple would stand a chance of having a child would be with the ICSI programme, another IVF treatment. This was why they decided on this particular method. In the meantime they had surfed the internet to see what possibilities were available for the infertile. They knew of no other way to get information about infertility.

They used the ICSI method to achieve conception, and they were successful after the second attempt. The child was born normally but there were quite a number of feeding problems, and problems with the child putting on weight etc. during the first two years of its life. This has been a strain on the couple, and they admit that they were apprehensive about using the ICSI method again. The couple decided to go ahead, trying to conceive their second child by the same method and they gave birth to their second child during the course of my research. So far, there have been no problems regarding the child's health.

This couple, like the couple in Case 1, also attended a marriage preparation course. Here there was never any mention during the course about tackling the possibility of not being able to have children. So in this sense they were not prepared for what followed after they were married. They stated that they would have liked more information about their choices with regard to assisted reproduction. They used the resources they knew about, i.e. the internet, and medical advice from their doctor. The question still remains as to whether they could have been given other alternatives which would not have gone against the Church's teaching, if they had been able to contact a Catholic advisory centre locally.

They realize that this is a difficult subject to broach, but they would like more openness around the subject. They say that maybe that way there will be less pressure on couples to resort to fertility clinics. They would have considered talking about this with a priest, but unfortunately not their own parish priest. They know him well and know that although he would be sympathetic to their situation, he would only see things in black/white and would not consider any other options. They do not blame him for that, but they would have liked a priest to discuss options which were acceptable to the Church, if there are any. Had there been an advisory centre nearby, they said that they would have got in touch with them to discuss their situation

4.5

Analysis of Case 2

Once again we see that the infertile couple gets in touch with the medical profession when they realize that there may be complications in having children. This is a natural step to take in order to tackle what they see as a medical predicament. When they saw that this method might be able to help them, they surfed the internet to try to get more advice on the Church's teaching as they did not know where else to get help. This in itself shows a genuine desire to gather enough information about the options available for people in their situation.

Regarding the ICSI method of assisted reproduction, since it is a question of making use of a third party, i.e. the laboratory technician/doctor, then this is separating the unitive and procreative aspects of the conjugal act, as we saw in case one above. So this is still contrary to what the Church teaches about marriage and the marital act.

The focus in this case is a little bit different than in Case 1 though, because here we have a couple who have linked the medical aspects to their faith from the very first stage. They are aware of the special nature of the marital act and they would have liked advice from someone who was prepared to try to understand their problem. Unfortunately in their case, they could not consider their own parish priest, and this closed the only door they knew to discussing it with a person who could consider Church teaching and at the same time medical options.

Preparation for Marriage

The couple attended a marriage preparation course and found this helpful. This was not such a methodical course as in case one. Here the focus was mostly on the practical areas of married life and the preparation for the wedding day itself. The topic of infertility was never mentioned, and in hindsight they feel this is a taboo area. They suggest that this should be included in marriage preparation because they are aware of other people's plights too.

Since marriage preparation is, and always has been, an important factor for the Church, then it would seem that this needs to be an area which is in constant focus. New trends in society, in this case with new medical options for the infertile, obviously have to be addressed. It makes sense to include this in some way in marriage preparation, or at least mention the possibility of couples having private talks at a later date if they find that problems have arisen. These talks need not only be with clergy, but with other suitable lay people who can provide couples with information.

Family Planning

The couple in Case 2 planned to have children and raise them in the faith. Their family planning relied on the medical profession, although they realize that it is a question of procreation, i.e. that God has a significant part to play in the process. They now have two children by the ICSI method, and they feel they are good parents. They say they will have to let God be their judge about the whole affair.

They admit that they have problems with their faith after this decision, and feel that this is an area where they have followed their consciences. They feel this is a taboo area where even now they would not admit openly to those outside the family that they have had to resort to this method. They treat it as a private affair. This is different from the first couple who have been very open about their IVF treatment to everyone, including their parish priest. The difference here is that in Case 1 the couple assumes the priest (who represents the Church) is happy with it, and in Case 2 the couple assumes their priest will condemn their decision. As we shall see in chapter five, although Church teaching is constant, the opinions of the clergy do not always coincide with this, or at least they have differing opinions on how to help infertile couples.

Moral Issues

Case 2 is similar to Case 1 in the fact that the assisted reproduction procedure is greatly dependent on a chain of actions by doctors and laboratory technicians to ensure its success. Therefore the conjugal act is no longer what it was intended to be, but is left in the hands of the medical profession.

The emphasis in Case 1 was with the number of ova that were produced and the fertilization process. In Case 2 we have the focus on the quality of what is extracted from both the woman and the man. To try to guarantee a successful treatment, we have a situation where cells are stripped and sperm is specially chosen. This raises the issue of whether all life is sacred and therefore desirable, or whether some lives are not worth living, or taking the risk of implantation. The fertilization process depends totally on laboratory technicians, and it is during this process that fertilized eggs may be accepted or rejected.

The ethical issues involved here regarding Church teaching, are similar to the above (IVF), but in addition, there is this further aspect of selection or rejection. In this process of disregarding, or stripping eggs of cells, it is clear that a selection is taking place, which in fact means that the eggs or cells which are rejected are in fact destroyed. The same applies for the fertilized embryos which undergo a selection.

Regarding the role of conscience in this case, the couple tried to keep themselves updated on Church teaching, and they examined the medical possibilities for treatment. They decided to look upon their situation as a medical one, although they would have liked to have

talked this over with a sympathetic listener who was informed about Church teaching. The question which is raised here is whether they fully understood every aspect of the procedures, or whether the truth was disguised with medical terminology.

Discussion

The quality of life of the fertilized embryos, or the laboratory selection of embryos is the medical way of ensuring that the new life will have a chance of survival, which is the intention with the ICSI treatment. In addition, given the nature of the couple's problem, i.e. that the options were very limited according to the doctors, the medical profession tried hard to accommodate them. Yet since there are special risks¹⁹⁵ involved with the ICSI method, and since the first child had quite a few problems during the first two years of its life, there may be other factors like the "genetic" factor which need to be considered. It is possible that the couple in question was not totally suited genetically to be parents, and this is in fact an aspect that is raised by one of the interviewees in the following chapter.

The second factor to consider is the helplessness the couple felt with regard to obtaining enough advice on the topic. Not only did they feel that infertility was a taboo topic during the marriage preparation sessions, but they also felt restricted in their choice of whom to get advice from. They felt they would have liked advice from a member of the clergy, but wanted to have a talk with a sympathetic listener who would advise them of their possible moral choices. In their case, they felt they knew their parish priest too well, and therefore it might be better if outsiders could come to parishes to discuss this difficult topic.

Lastly, the ICSI method involved a different type of treatment where doctors or laboratory technicians had to make moral choices on behalf of the couple, by deciding which fertilized embryos to implant in the wife. It is not clear whether all aspects of the process were clearly explained to the couple. It is possible that the medical explanation for these processes could sound perfectly reasonable to the lay person's ears, whilst a member of the clergy, or theologians would interpret them in another way. With proper advice from people who have knowledge of the Church's teaching, the couple would have been assured a true understanding of the ethical issues involved.

¹⁹⁵ Bowerman, Claire. "IVF and ICSI fears allayed by major study."

http://www.bupa.co.uk/healthy_information/html/health_news/070703ivf.html downloaded 06.01.09.

In this article, Claire Bowerman reports that Richard Fleming, the chair of the Policy and Practice Subcommittee of the British Fertility Society, has carried out studies which on the one hand say that although the process of ICSI could damage the child, the results of the studies are in fact reassuring. But further studies regarding malformations still need to be carried out. Fleming also points out that regarding passing the father's infertility on to the son, this issue is not yet resolved.

4.6

Conclusion

The common denominator between the interviewee subjects who used the IVF and ICSI methods of assisted reproduction was the great desire to have a child, and to have the joy of bringing up the child to the best of their ability in a Christian environment. When it was apparent to the couples in question that there might be a physical reason for not conceiving, then the next obvious step was to contact medical personnel.

As we have seen, although both couples had attended marriage preparation courses in their respective parishes, neither couple felt that the subject of infertility had been touched upon during these courses. They felt that the medical profession would be able to give them treatment for their infertility. Yet since so much time is spent preparing couples for the sacrament of marriage, and explaining Church teaching on responsible parenthood and the reasons for not using contraception, it might be worthwhile considering the plight of the infertile in the marriage preparation programmes that parishes run.

Both couples were aware of Church teaching on assisted reproduction, although neither couple indicated that they knew exactly why Church teaching condemned these methods. In their opinion, they were trying to do what they were prepared for by marriage preparation courses, namely becoming parents. Although neither couple approached the clergy before contacting the fertility clinic, they both felt a need to discuss this with the clergy. In Case 1 the husband has always been open to his parish priest about his plans for the IVF treatment, and therefore can only assume that his priest does not condemn this type of treatment, whereas in Case 2, the couple felt that there might be a tension there, so they opted for medical help to solve their problem. This raises the question of whether all clergy agree with Church teaching on assisted reproduction, and also whether the clergy are updated on the latest developments in this type of technology.

Given the special nature of the problem of infertility, it might be reasonable to assume that not all clergy are suited to counselling young couples in this area. If this is the case, then it is important that there are other lay people who are updated in this area, and who know the Church's teaching on the subject, and therefore are able to advise couples on their moral choices in conjunction with their faith. Advisory clinics, or Family Centres, like the one in Oslo, are obviously a solution to the problem. Yet for those who do not live near the centre, the location of this might be a problem. Not everyone has the opportunity of travelling to the capital to discuss their infertility problems. An aid to solving the problem might lie in follow-up talks with those who have attended marriage preparation courses. Perhaps all that is needed is a "business card" with all the contact information necessary for the Family Centre who can give advice on how to tackle the problem, or advice on who to contact locally.

It is evident that more openness on the subject is needed. It is apparent from the literature for the marriage preparation courses and the feedback from the couples on the courses that in their cases the topic of infertility had not been discussed. On a global basis there is a lot of information about different opinions on Church teaching on assisted

reproduction, and there are tensions between conservative theologians and more liberal theologians on what can be considered as medical treatment and what can be considered as more extraordinary means of becoming pregnant. For the lay person this is not necessarily a debate that one follows until one finds oneself in an infertile relationship. Then it is a question of obtaining help quickly, and as we have seen the medical profession is readily available with this help. If couples do surf the internet looking for information about different procedures, they may find that they end up somewhat confused, especially if they read about “processes” and “products,” terminology¹⁹⁶ which is used by some theologians when describing the different assisted reproduction methods.

Infertile couples would be devastated to think of people describing them as thinking about children as products of processes. For them their longing for children is as real as any other couple’s and their decision to follow a process of IVF or ICSI is not a decision that is taken lightly. They weigh up the pros and cons of the methods and then try to follow their own consciences in the light of the medical advice they have been given. The fact that the clergy send out different signals must be rather misleading, and this will be discussed in chapter five.

Infertile couples may not have all the facts before making their moral decisions, but this is not necessarily through their own fault. Since there is always the spiritual aspect of marriages to be considered, and the fact that children are a gift of the creator, the presence of the clergy or other people knowledgeable about the Church’s teaching would be beneficial to helping young couples discuss options which are in keeping with Church teaching.

Last but not least, in the two cases mentioned here, the couples do not think of themselves as bad Catholics. They try to keep to Church teaching and act accordingly. The fact that they act in different ways, the one being open about the topic, and the other being more private about their actions reflects not only the personality of the couples themselves, but in fact it also reflects their relationship with the clergy. It would seem that the clergy are not always clear in the signals they give to their parishioners, or that they in fact have differing opinions on Church teaching, an aspect which will be considered in the following chapter.

¹⁹⁶ I quoted the example of Professor Finnis above. He is a governor of the Linacre Centre in the U.K.

CHAPTER FIVE
INTERVIEWS WITH
MEMBERS OF THE CLERGY
AND A SELECTION OF LAY PEOPLE

5.1

Introduction

In this chapter I present the reader with the opinions of three members of the clergy and four lay people on the topic of assisted reproduction. These were chosen in particular because I wanted the reader to be aware of the fact that there are varying interpretations of Church teaching on assisted reproduction by lay people and some of the clergy. This tension is regarding what is morally permissible in the eyes of the Church compared with the opinions of some of the clergy and lay people. The sample of the clergy was based on my previous knowledge of the clergy and their opinions, whereas the sample of medical personnel was chosen from among those who are active in the diocese. The diocesan lay people were chosen because of their central positions with regard to diocesan courses and family planning. Although the sample is small, it provides the necessary background to highlight the problem areas.

The interviews conducted with the clergy were focused mainly on the use of IVF and similar procedures, and the clergy's relationship to the lay people with regard to giving advice on infertility. In this way I hope to highlight one of the problem areas of those who are on the receiving end of this advice. I present the individual views of the three priests, and then a short commentary on them as a group, relating this to the problem areas highlighted by the two IVF users in chapter four. By relating the opinions of the priests to particular cases I illuminate the areas that can be misinterpreted by lay people and therefore cause confusion, or at least a misunderstanding. This may in turn result in some lay people feeling that their actions are justified to a certain extent, especially if they feel that a priest has condoned them.

I have also included interviews with two medical personnel (lay people), an employee at the Diocesan Family Centre, which is a centre which provides information and advice on family planning and an employee at the Diocesan Catechetical Centre, a centre which is in charge of providing all the parishes in the diocese with teaching materials for the catechetical programmes. These interviews were with people that I consider have an informed opinion about assisted reproduction, and who will provide the reader with interpretations of Church teaching which are quite different from each other. The medical personnel present views similar to those of the users of IVF that were interviewed in chapter four, whereas the diocesan employees present a more conservative view. This very fact helps to highlight the complexity of the issue.

I have separated the interviews into two groups, one for medical personnel and selected lay people and the other for the clergy. The reason for this is that the clergy are bound in a special way by their vocation to the priesthood to preach the word of God. Lay people also have a duty to spread the Gospel, but in a different way. The role of ordinary Catholic medical personnel might vary from the role of Catholic personnel employed in the diocesan family centre, but both are bound by Church teaching on life issues.

Finally, the role of one's conscience is also included to show the focus on the individual's freedom to act as he/she thinks fit. This was an aspect discussed in chapter three, where we saw that although one is free to follow one's conscience, that this should always be an 'informed' conscience.

5.2

Interviews with the clergy

The interviews focused on the knowledge the priests had about assisted reproduction methods, including Church teaching on this and the advice that the priest would give to infertile couples who come to them for help. I also asked about what the priests would do after it becomes obvious that couples have used fertility clinics.

First priest

The priest was clear in that he said he would never suggest doing anything that was against the teaching of the Church but that did not mean that there was no help to be had. He could not and would not recommend the IVF assisted reproduction that can be performed in fertility clinics in Norway. The main advice he would give to infertile couples was that in addition to praying about their situation, they should always visit a doctor first to confirm what the physical problem is. When I pointed out that doctors may sometimes suggest treatment that is not in keeping with Church teaching, he admitted that this was often the case. However, he said that without the medical information there was very little advice that could be given to the infertile couple.

If and when doctors suggested the IVF treatment, then the priest would discuss the couple's options, if they asked for his opinion. He would instruct them on the Church's teaching about marriage and the conjugal act and what this means regarding their love for each other and for their offspring. Although dedicated to telling the truth to his parishioners, he said that he would of course show a pastoral responsibility for the couple in trying to help them overcome their difficulties. As he stated, there are many ways of showing love for one another. He would also suggest adoption if the couple felt that their lives would not be complete without children.

In contrast, where other couples had previously informed him about their plight of being infertile, and then after some time given birth to one or two children with the help received at a fertility clinic, the situation is different. The couples on these occasions have

ignored his advice about Church teaching and followed their own consciences. In this case he would not say anything about their actions, i.e. not condemn them, but give them the respect that they deserve as parishioners, and only guide them if they come specially to talk about their situation.

Second priest

The second priest stated that infertility is a problem that the Church takes seriously and it is a very touchy subject because of the personal nature of the problem and the fact that it is such an emotive subject.

In this priest's opinion it is imperative that the subject of infertility be discussed at marriage preparation courses. The very minimum is that participants on marriage preparation courses should be made aware that there is always the possibility of not having children when one is married. Marriage does not automatically mean that one will have children. So his advice would always start before the marriage (given that the couple came to him for marriage preparation).

Unlike the first priest, this one was very concerned about the young infertile couple rather than the actual teaching of the Church. His focus was on the marriage, and the fact that this is "holy" and a vocation between two people. Given the nature of the problem, and if fertility clinics (the medical profession) can help two people become fertile (with their own sperm and ova), then in his opinion that surely this must be acceptable. He said there must be some of the methods that are acceptable to the Church and that it was not necessary to be so inflexible. He was aware of couples who sought this kind of help from clinics, and he understood that they were trying to live out their vocation as a married couple in the way they thought was best.

According to the second priest, if couples have resorted to treatment at fertility clinics, then the Church must not condemn their behaviour. As long as their treatment involved the husband's and wife's child, then there should not be a problem here. He said that when couples are trying to follow their own consciences then they should be helped.

Third priest

The third priest said that it was firstly important to remember that no one had the right to have a child. Children were a gift from God and sometimes not all couples had children. He said that there was a great challenge for assisted reproduction today. In the 60's for example, there were always a great number of eggs produced in the IVF procedures to ensure the success of the treatment. This meant that some of those had to be destroyed. Yet now there is not the same argument. Now technology is so advanced that it is possible to avoid this selection. There is no need to decide which eggs can be fertilized, and which thrown away. However, regarding the IVF procedure, this was still not a natural one, i.e. it did not take place within

the conjugal act, and therefore was not accepted by the Church as being morally licit. In addition the priest mentioned the same problems that we have previously seen with the IVF procedure, about the selection and storage of embryos and pointed out that one needed to remember moral principles about life, and how one cannot even sacrifice one life to save millions. Therefore the IVF procedures which destroy lives could never be accepted as being morally right by Church teaching.

He suggested that the focus ought to be a change in how one prepares young couples for marriage, rather than waiting until problems arise. Firstly, what is often misunderstood by people is the Natural Family Planning that the Church advocates. He said that many young people were unaware that NFP can in fact provide several solutions for young infertile couples. In some cases the problems are relatively simple. The lifestyle of the young couple may be preventing them from becoming parents. It can be a question of having less stress in one's life, a different sort of diet etc. Most people consider NFP as a means of not having children, whereas in fact it can often reveal problem areas, illnesses where young couples can resort to medical help before going on to produce their own children without further outside assistance.

Where couples physically cannot have their own children, this does not mean that one cannot become parents. Adoption is also a possibility. And if this is suggested before the couple marries then when problems occur, the couple may be more open to the suggestion. I mentioned the possible adoption of embryos. However this priest said that although the thought was a good one, i.e. trying to save lives, it could send out the wrong signals to society at large. This could lead people to believing that it would not matter about storing fertilized embryos, because there would always be the possibility of adoption for these. In addition it could introduce the question of the sale of these embryos. So this became more complicated than at first seemed the case. It also introduced the question of pity. Whether one adopts a child, or a fertilized embryo out of pity, then both are equally wrong. Both could cause psychological problems in the child at a later date.

Finally, regarding infertile couples who have resorted to treatment at infertility clinics, the priest said it was important to remember that they must have the freedom to act as they see fit. He would never condemn their actions, because he would assume they were acting according to their consciences. He would only give his opinion on fertility treatment if and when the couple asked for it. Only then would he consider it a pastoral task and would then enlighten the couple on the Church's teaching and the reasons behind it. It was important not to destroy the young couple's joy at having given birth to a child.

5.3

Comparative analysis

There were some common factors in the interviews of the priests. It would seem that they had all been aware of young couples in their respective parishes who had sought help at fertility clinics. If these couples had asked for help before going to the fertility clinics, the priests would have advised them against this, and would have explained Church teaching to them.

The first priest said the medical treatment for a diagnosis of the problem was important and should be carried out before any advice was given on the topic. Priest three did not rule out a doctor's help but suggested that NFP was a really good means of diagnosing infertility problems. In both these cases, the priests would like to have the diagnosis before advising their parishioners. The second priest was rather more liberal in his consideration of the problem, because although he too accepted that medical help was important, he did not separate the local doctor from the doctor at a fertility clinic. His suggestion was that as long as what was taking place was confined to the married couple and their sperm and ova, then there ought to be a fertility procedure which was acceptable to the Church. After all the couple was trying to carry out their vocation as they saw best. The only problem here is that unless the couple knew the Church teaching on the matter, or was prepared to confer with a priest, it is difficult to see how they would know which methods were morally acceptable and which were morally unacceptable.

All three priests were agreed upon the fact that once people had made their decisions then the Church accepts the fact that the couple has made a decision, acting according to their own consciences. Whether or not they were informed consciences, is really dependent on the individual couples and how much contact they have had with their local priest or other knowledgeable people. The fact that priests seem to accept the whole procedure, once the child is born, could be a means of spreading the wrong sort of information to the parishioners. After all if members of the faithful interpret this as a consensus with this type of treatment, then they might even suggest to others that they try it if they find they are infertile, because no priest has condemned their actions. They will unintentionally be misinforming others, but it is an honest mistake. The only way this can be rectified is if one or other of the couples actually talks their situation over with a priest who is pastorally responsible for them.

The priests differed in their interpretation of Church teaching. Priests one and three were agreed that where the treatment was not 'natural' i.e. where it did not take place within the marital act, then the treatment could not be morally acceptable, whereas the second priest was more liberal, and said that there must be some methods which could in fact be acceptable to the Church. Since we see differing reactions to Church teaching here, it would be reasonable to assume that any pastoral follow-up of these couples would also be based on this. So if one has a parish priest who is somewhat liberal in his interpretation of Church teaching, then the door would be open to an acceptance of some kinds of assisted reproduction. This is similar to what we have seen previously with the views of different theologians. However, the second priest is only open to the fact that "there must surely be some methods of assisted

reproduction which are acceptable to the Church” (my emphasis), he did not say that there were any. Yet any sigh or outburst of this sort will be taken as a criticism of the teaching of the Church and can only be interpreted as such. At the very least it will be interpreted as the priest’s opinion that Church teaching is inflexible with regard to allowing assisted reproduction procedures.

It was suggested by all three priests that marriage preparation was the best place to enlighten young couples on Church teaching regarding assisted reproduction, and the meaning of the conjugal act. Priests two and three were very definite when they said that marriage preparation must prepare couples for the fact that they might not be fertile. It is not automatic that all married people have their own children.

Adoption was a factor that was mentioned by the first and third priests, whilst the second was more open to examining all the possibilities of medical help to assist the infertile couple. He did not mention adoption as a solution to the problem of infertility but indicated that infertility was a problem that one might manage to overcome with the right medical treatment.

To conclude, it is not clear that lay people are necessarily aware of the fact that the pastoral responsibility of priests might in fact prevent them from informing infertile couples of the pitfalls of different forms of assisted reproduction. A great number of parishioners only speak with their parish priest or curate for a few minutes each week, after Sunday Mass or at church coffee. Often conversations take place just outside the church door, almost in the same breath as talking about the weather. It goes without saying that such conversations are not private, and as such cannot be treated as private conversations with the priest. Therefore anything that is said here cannot be considered as personal advice. However it is not certain that all couples will interpret this exchange of information in the same way. As we saw in the previous interviews in chapter four that the couple in Case 1 really felt the priest was in favour of IVF treatment. Whether this is true or not, is not clear, but the couple in chapter four admits that this is the impression they have been given by their priest’s behaviour. One then needs to ask whether priests ought to do more to explain Church teaching on assisted reproduction so that there are no misunderstandings like this.

5.4

Interviews with selected lay people

I have grouped together the interviews with a doctor, a nurse, an employee at the diocesan Catechetical Centre and an employee at the diocesan Family Centre. All these people are practising Catholics and are knowledgeable about the Church’s teaching on assisted reproduction and may be considered reliable sources for providing an informed opinion on the topic.

First lay person

The first lay person is a doctor who is a practising Catholic. He understands the teaching of the Church in connection with assisted reproduction and he is aware of the marriage preparation that is given to young couples in the diocese. In his opinion one has to take the psychological factor into consideration because not all infertile couples tackle their situation in the same way.

He realizes that conceiving children should be as natural as possible, but sometimes sickness robs people of this chance. Adoption is a solution, but people do not always have the chance to do this. Firstly, not all couples are prepared to adopt, and others never get the chance. At the present time there are fewer children available for adoption. That is why a number of people ask to be referred to fertility clinics. The doctor admitted that he would have no problems referring patients to a fertility clinic.

An additional factor which the doctor had to contend with was that being a member of a minority group, it was not unusual that people ask to talk to him after Sunday Mass. They often say they would like a private word, and it is often not something that takes more than a few minutes. Although this is very informal, the person who asks the question expects to be taken seriously and expects an informed opinion. This is not always easy, but out of respect for the person he considers this part of his vocation as a doctor and a lay person to provide the advice they ask for.

Second lay person

The second lay person is a nurse who is a practising Catholic. She too understands the teaching of the Church on assisted reproduction and she is also aware of the marriage preparation that is given to young couples in the diocese. In her opinion it is not easy to give advice to infertile people.

She states that society in general focuses on how not to have children in family planning, and in fact this is the way it is also portrayed within the Church. She is aware that the Church speaks warmly of adoption, but she is also aware of the fact that not all people reconcile themselves to the fact that they cannot have their own children, and they do not want to adopt other people's children. This is the grieving process that needs to be tackled at some stage in providing advice.

The nurse is aware of the problems with assisted reproduction, like for example the fertilization of extra eggs and the fact that these need to be stored somewhere in case they are going to be used later. She is also aware of the fact that sometimes what she calls "bad" eggs are fertilized. In this case she says the clinics are going against the laws of nature. So that the IVF treatment, as she sees it, has a few weaknesses, and sometimes the birth of children by this method is unnatural, where normally there would have been a spontaneous miscarriage by "natural" means.

Just as fertile couples who want a child sometimes experience a sense of duty in their sexual behaviour, which is rather psychologically wearing, people who undergo the IVF treatment, experience the same sort of psychologically wearing time when they are waiting to see whether the process has been successful. The nurse describes this as an obsession. She understands the feelings involved, and she is rather critical about the way a lot of people are making a lot of money from the cost of treatment at fertility clinics.

Although the nurse understands the reason for the focus on the “natural” aspect of having a child, she compares this to organ donation, and asks whether IVF may also be considered “natural” in the same way as we regard organ donation as natural. Her point here was that technology has come a long way, and since adoption is not always easy for different reasons, IVF will be increasingly important in years to come. That is why she feels it is so important to have guidelines for IVF clinics so that they do not need to take more than one egg at a time.

Third lay person

The third lay person is employed in the Diocesan Catechetical Centre. The reason he was interviewed was so that he could comment on the marriage preparation course and other courses which are held in the diocese. He was asked to give his opinion on fertility treatment.

He admitted that the plight of the infertile was perhaps a neglected area in Norway. Concerning IVF procedures, he assumes that the reason for it being widespread is that earlier people had the same Christian background and the same Christian values. Nowadays one cannot assume the same Christian framework one had in the olden days, something we see from the divorce statistics in this country.

In his opinion there were three areas one needs to consider with all kinds of fertility treatment i) the fact that we are dealing with married couples¹⁹⁷, ii) that we must respect life at all times and iii) the cost of the new fertility procedures. Excessive costs of fertility treatment will have a negative effect on other aspects of the health service and the second point relates to what he said earlier about the loss of Christian values in society at large.

Fourth lay person

The fourth lay person to be interviewed works at the Diocesan Family Centre and is well aware that the Church has not addressed the plight of the childless. She states, however, that the Church takes the problem seriously, and refers to the recent congress¹⁹⁸ which the

¹⁹⁷ Fertility clinics may implant lesbians with fertilized ova according to Norwegian law, but as I have stated earlier we are only looking at married couples since the Church teaches this is the only licit means of sexual relationships.

¹⁹⁸ An International Congress organized by the Pontifical Academy for Life, 7 November 2008, held in Rome. “Address of his Holiness Benedict XVI to Participants at an International Congress Organized by the Pontifical Academy for Life”; available from

Academy of Life has just held in the autumn of 2008. In this address by Pope Benedict to the Academy of Life, he uses the term “abominable” related to another human issue and then compares this to the destruction of the human embryo. This is surely a clear message regarding the inviolability of the human life, regardless of which stage we are talking about, and it is this that the lay person wanted to emphasize.

She expressed her concern about the genetic aspect of the new fertility treatments being overlooked and wonders about the genes being defect. According to her, some forms of infertility can be helped and others not. She sees her position at the Centre as a person who can inform other lay people about NFP and in the case of infertile couples explaining how this might help them too. NFP methods can help us know when to have children, as well as when not to have them. She realizes that not everyone is aware of this. She sees her own task as well as informing people about the centre’s information, as helping them come to terms with their own infertility and providing counselling for them. Infertility is a grieving process that needs to be tackled and her job is to help people find other tasks in their lives and other talents that they have. She will also suggest adoption as an alternative to IVF treatment.

When asked about other forms of assisted reproduction that may be morally acceptable to the Church, she answers that intuitively, she thinks it is best to keep to the teaching of the Magisterium. She also sees this as a means of personal growth. Her final comment was that fertility clinics make a lot of money out of people’s infertility problems whereas NFP is a means of giving advice, free of charge. The centre has published several brochures with information about NFP and is at present working on translations of other works from Germany with more detailed information about NFP.

5.5

Comparative analysis

Here we see that there is difference of interpretation between the opinions of the medical personnel on the one hand and those of the diocesan employees on the other. In the former case the medical personnel understand that IVF has problem areas such as the fertilization of extra eggs, yet they still regard the procedure as an acceptable solution to infertility. In the latter case, we can see that the focus is more on respecting life at all times and therefore IVF will always be morally unacceptable to them.

The doctor, the nurse and the person employed by the Family Centre all emphasized the psychological factors involved in infertility, but it is clear that the nurse understands that the psychological factors involved are not necessarily greater than for those who are fertile but who have not yet been successful in conceiving. Sometimes there may be a period of waiting here too. The main difference here is that in addition to this, it costs to have the IVF

http://www.vatican.va/holy_father/benedict_xvi/speeches/2008/november/documents/hf_ben-xvi_spe_20081107_acdlife_en.html; Internet; accessed 27 April 2009.

treatment. Although all couples get three chances at becoming fertile with the assisted reproduction methods, not everything is funded by the National Health Service. There is still a certain fee to pay each time one attends the clinic, and also for the hormonal treatment. This is a negative factor which can cause great worry to the couples concerned. The employees at the DFC¹⁹⁹ and the DCC²⁰⁰ were also concerned with this expense. By comparison, the DFC employee explains that the centre provides free advice about NFP which does help some infertile couples. This is not widely known and yet it could help infertile couples and is free of charge, which could surely be an added incentive to try to make use of this before resorting to a more expensive method of treatment. However, it seems that not all the laity is aware of this service.

Both the nurse and the DFC employee were concerned with nature's 'natural' selection of ova and sperm, and how this sometimes ends in spontaneous miscarriages. The IVF procedure of assisted reproduction can bypass this selection so that there is always the risk of giving birth to a child that might not have survived under normal circumstances. The nurse considers this a negative aspect and a risk one has to accept if one undergoes the IVF procedure of assisted reproduction, whilst the DFC employee sees this as a good reason for not undergoing the IVF treatment and rather following Church teaching. This might be confusing for the person seeking advice about infertility because they could interpret this as the medical personnel displaying a great respect for all lives, including the sick, whereas they may get the impression that the DFC employee is against the IVF procedure because this might result in a child with some form of sickness or handicap. Yet this is far from the truth. The medical personnel are trying to do everything in their power to produce a child, helped as they see it by a medical procedure, whereas the DFC employee is leaving this in the hands of God. The spiritual dimension was only touched upon by the diocesan employee at the Family Centre. Yet we may assume all of the people interviewed are aware of this factor, although it may not always be uppermost in their minds.

An awareness of adoption as a solution to infertility is referred to by the medical personnel, but they are aware that not all couples are prepared, or able, to adopt. The employee at the DFC saw this as a possible solution to infertility, but only after an infertile couple has gone through the grieving process of not being able to bear their own child.

5.6

Conclusion

As a conclusion it is fair to say that infertile couples who seek medical advice (in this case from Catholics) may be led to believe that assisted reproduction procedures like the IVF are not morally wrong. It is clear that both the nurse and the doctor are very concerned with the psychological factors, and how couples react to their infertility. This seems to have biased

¹⁹⁹ Diocesan Family Centre

²⁰⁰ Diocesan Catechetical Centre

them into accepting assisted reproduction despite its negative aspects, as an acceptable solution for infertile couples.

Where the diocesan employees showed more of an awareness of the spiritual side to bearing children, the medical personnel were more oriented towards medical solutions, which of course is part of their careers as well as their vocations in life. The medical side was also emphasized by the clergy, since they believed couples should first and foremost seek the advice of medical personnel to discuss their problems and get treatment if necessary.

Yet one of the clergy was very aware of the NFP programmes and how these can in fact help the infertile. This was an aspect which is not at present well advertized, as even the DFC employee indicated that more needed to be done with the marketing of the uses of NFP. Perhaps if this were the case then more infertile couples could be helped without having to resort to assisted reproduction methods.

It is easy to see how infertile couples can be misled, or at least urged to try the IVF without perhaps realizing the full consequences of their choices. In addition it must be confusing for them to have not only Catholic medical personnel who seem to condone the IVF assisted reproduction method, but also priests who seem to condone this too. Yet it must be stated that we cannot know whether the priests are just allowing the couples their freedom of choice, or whether they are in fact hesitant to cause a conflict situation. If the couples seek medical advice from medical personnel who are not against this form for treatment for infertile couples, then this might in fact convince them that they are doing something which is morally right. Similarly, if they come in contact with clergy who do not speak up against the IVF, then they cannot be criticized for presuming to be on the right path.

It is evident that there is a great lack in both providing information for infertile couples and also helping them through a difficult situation in their lives. I wonder how it is possible to inform the laity about the Church's teaching so that infertile couples might seek the NFP to help them rather than opting for IVF. We saw in chapter three in the article²⁰¹ by Tim Drake that Dr. Peter Cataldo, director of research at the Boston-based National Catholic Bioethics Center stated that people were not hearing about this from the pulpits or elsewhere. It would seem that this is the situation locally too.

Given that it is not an easy topic to broach, and surely very difficult to talk about to a whole parish, since people could in fact be in different stages of the IVF treatment, other means of spreading information about Church teaching on the treatment must be investigated. Although Church teaching addresses the issue, this is not always on people's agendas, and the personal touch is probably to be preferred. This reflects the comments made by one of the couples in chapter three who stated that the IVF clinic had staff who had time to talk about the treatment, something that their own doctor did not have the time to do. Perhaps a possible answer to the problem is if priests or other suitable lay people have time to spend explaining Church teaching to couples regarding assisted reproduction, and also about the NFP methods that can help some infertile couples.

²⁰¹ Drake, Tim, "Couples Ask: What's Wrong With In-vitro Fertilization?" – see footnote 107.

CHAPTER SIX

CONCLUSION

Infertility in contemporary society is a global problem as we have seen in the preceding chapters and it is one which the Catholic Church takes seriously. How people tackle the problem of infertility varies, but it is clear from the research carried out that many people resort to fertility clinics to help them with their problems.

The role of the researcher was to find suitable candidates to interview, and ones who would not mind being interviewed. Despite the guarantee of anonymity, it took some time to find suitable candidates. The advantage the researcher had being a member of the same faith was ‘inside information’ (my emphasis) and therefore a good idea of who to ask. The disadvantage was, however, twofold, namely the emotive aspect of the topic, and the fact that this was related to people’s faith and could end up with them feeling they were confessing their shortcomings to the researcher.

The research focused on four main areas of reproduction in particular, two of which are condemned by the Catholic Church as being morally wrong, namely the IVF and ICSI methods and the other two, the TOT and GIFT procedures, which although not approved by the Church, were not considered as going against Church teaching. This latter type of reproduction is a much disputed area and even theologians do not agree on the subject. The main problem with the different methods is that they interfere first and foremost with the ‘natural’ (my emphasis) aspect of the conjugal act, which has both a unitive and a procreative significance.

Chapter two highlighted the four different forms of assisted reproduction and stated briefly how these methods relate to Church teaching. The following chapter explained Church teaching on sexual ethics within marriage and family life because this helps one understand the logic behind the teaching.

Chapters four and five provided accounts of the interviews that took place between the researcher and two couples who were users of the IVF and ICSI procedures, and members of the clergy and other selected lay people whom the researcher deemed suitable to be able to provide an informed opinion on the methods of assisted reproduction, and whether it was appropriate for Catholics to undergo this sort of treatment.

The researcher set out to highlight the tension within the Catholic Church with regard to the usage of assisted reproduction methods and the interpretation of Church teaching on these. The main focus was on the situation in Oslo Catholic Diocese in Norway. One might have thought that the tension was connected to the different types of assisted reproduction available. However, this was not the main problem area. It proved to be the fact that some

lay people feel they have the support of the clergy in undergoing the IVF and ICSI procedures of assisted reproduction, and some Catholic medical staff understand this as being an acceptable means of helping the infertile. In addition, one of the priests interviewed was frustrated over Church teaching on this topic, as he saw this as interfering with couples who were trying to follow their own consciences.

The interviews with the clergy were interesting because they seemed to present a unanimous acceptance of Church teaching, yet at the same time one of them expressed a frustration over the inflexibility of the teaching. This, linked with the general acceptance from the three priests interviewed of not expressing Church teaching on the matter when people mentioned that they had been to fertility clinics, is surely a contributing factor to the tension that is within the Church. People are liable to misinterpret this as an acceptance of assisted reproduction procedures. We saw clearly how one of the couples interviewed in chapter four explained that their priest knew about the treatment and how they interpreted this as an acceptance of IVF as an acceptable method of helping the infertile. However good the priests' reasons are for not providing people with an explanation of Church teaching, there is no doubt that this can and does cause confusion.

It is clear that the role of the clergy is not an easy one because they may know their parishioners quite well and feel a certain amount of sympathy for the predicament the infertile people find themselves in. In addition they are put in a difficult position because they may not know enough about the different assisted reproduction procedures. Further, they can run the risk of providing an explanation of Church teaching which is going to be misunderstood. Counselling does not always come easy to either clergy or to lay people.

The member of the Diocesan Family Centre who was interviewed was very well aware of this and showed that they were keenly aware of the process that had to take place within the individuals who came for advice. There is also a priest assigned to the centre and undoubtedly he is skilled in the art of counselling so that couples will be informed of Church teaching and at the same time be taken care of. From the informal conversations the researcher has had with lay people during the research, it is clear that they are not aware of just how medically well informed the staff at this centre is, and the fact that they are not judgmental. However, the fact that the centre is situated in Oslo limits the access from people who live in other parts of the diocese. Not all couples have the time or the means to take trips into the capital to get help with their infertility problems.

If the situation continues as it is at present, then no doubt through time there will be a growing acceptance of assisted reproduction methods as being an appropriate means of dealing with infertility problems within the Church, given that there are others who hold the same views as those who were interviewed. One decisive factor, in my opinion, is related to conscience. We saw how freedom to follow one's conscience, albeit an 'informed' conscience, was a very important factor in making moral decisions. Yet if lay people are not guided towards the right moral path by their priests, then surely this is a hindrance to forming one's conscience.

In recent years we have been reminded of the fact that the moral law has its origin in God.²⁰² In the encyclical letter *Veritatis Splendor*,²⁰³ Pope John Paul II criticizes all those theologians and others who have a ‘creative’ (the Pope’s emphasis) version of conscience, i.e. a subjective view of freedom, separated from the truth. The question which is relevant here is to what extent freedom allows one to diverge from the teaching of the Magisterium. From the interviews in the thesis it is apparent that there are practising Catholics who are somewhat ‘creative’ in their understanding of moral conscience. Yet conscience is “the sanctuary of man, where he is alone with God whose voice echoes within him.”²⁰⁴ This voice would surely reflect the truths that are reflected in the Bible. *Veritatis Splendor* states that “conscience is not an independent and exclusive capacity to decide what is good and what is evil.”²⁰⁵ So it is clear that so-called ‘pastoral’ solutions (my emphasis) which avoid expressing the truth about certain assisted reproduction methods would not be in keeping with Catholic teaching.

However, it is not as simple as that. In the case of assisted reproduction, in cases where people have already begun treatment at fertility clinics, and where they may in fact already be pregnant, it would be wrong to stop a process that has already been started. Therefore any attempt to enlighten couples about the moral ethics of their decision could not take place at that particular time. No one would want to run the risk of causing mental depression or causing someone to feel guilt over the birth of their child.

A possible solution to the problem could be related to the marriage preparation that is obligatory for all couples who want to marry within the Church. One of the priests interviewed suggested that all couples be informed about NFP and how informative this was with regard to fertile periods as well as infertile periods. It is also a means of discovering problem areas with couples who are experiencing problems in having children. This particular priest was also very knowledgeable about assisted reproduction methods and perhaps this is an area where the clergy should be encouraged to learn more about the different methods so that they will be capable of understanding the problems related to Church teaching.

Although the qualitative research carried out was with a small group of people, the results clearly highlight areas of tension within the Church regarding the teaching on assisted reproduction methods. This is a specialist area and one cannot expect all the clergy to be updated on every aspect of the different methods, but it should be possible to ensure that a greater number are better informed on these procedures so that they in turn can discuss infertility in marriage preparation courses. In my opinion this seems to be a neglected area.

²⁰² Pope John Paul II, *Veritatis Splendor* (The Splendor of Truth Shines), 1993. This is an encyclical to all the bishops of the Catholic Church regarding certain fundamental questions of the Church’s moral teaching.

VS no.40: “The moral law has its origin in God and always finds its source in him.”

²⁰³ *VS no.56*

²⁰⁴ *Gaudium et Spes no. 16*

²⁰⁵ *VS no.60*

BIBLIOGRAPHY

RECENT MAGISTERIAL DOCUMENTS OF THE CATHOLIC CHURCH

Casti Conubii (1930)	Pope Pius XI
The Catechism of the Catholic Church	Prepared following the Second Vatican Council Pope John Paul II
Lumen Gentium (1964)	Second Vatican Council
Dei Verbum (1965)	Second Vatican Council
Humanae Vitae (1968)	Second Vatican Council
Declaratio de Abortu Procurato (1974)	Sacred Congregation for the Doctrine of the Faith Pope Paul VI
Familiaris Consortio (1981)	Pope John Paul II
Donum Vitae (1987)	Congregation for the Doctrine of the Faith Pope John Paul II
Veritatis Splendor (1993)	Encyclical Letter from Pope John Paul II
Letter to Families (1994)	Pope John Paul II
Evangelium Vitae (1995)	Encyclical Letter from Pope John Paul II
Dignitas Personae (2008)	Congregation for the Doctrine of the Faith Pope Benedict XVI

OTHER CHURCH DOCUMENTS

Aquinas, Thomas. *Summa Theologiae – II-II*. London and New York: Blackfriars Publishing Co., 1972.

The 1980 Vatican Synod on the Family. “The 1980 Vatican Synod on Family and Familiaris Consortio.” Available from <http://family.jrank.org/pages/214/Catholicism-1980-Vatican-Synod-on-Family-Familiaris-Consortio.html>. Internet; accessed 26 February 2009.

Pontifical Council for the Family. “On the Decrease of Fertility in the World.” Available from http://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_29041998_fecondita_en.html. Internet; accessed 11 January 2009. (Published 27 February 1998).

Pontifical Academy for Life. “Address of his Holiness Benedict XVI to Participants at an International Congress Organized by the Pontifical Academy for Life.” Available from http://www.vatican.va/holy_father/benedict_xvi/speeches/2008/november/documents/hf_ben-xvi_spe_20081107_acdlife_en.html. Internet; accessed 27 April 2009. (Published 7 November 2008).

BOOKS AND ARTICLES

Allen, John Jr. “Vatican issues new document on biotechnology.” Available from <http://ncronline.org/blogs/all-things-catholic/vatican-issues-new-document-biotechnology>. Internet; accessed 26 March 2009.

Ashley, Benedict M. and O’Rourke, Kevin D. *Health Care Ethics – a theological analysis*. Washington D.C.: Georgetown University Press, 1997.

Basterra, Francisco Javier Elizari. *Bioethics*. Madrid (Spain), Maynooth (Ireland) and Slough (U.K.): St Pauls, 1994.

Bowerman, Claire. “IVF and ICSI fears allayed by major study.” Available from http://www.bupa.co.uk/healthy_information/html/health_news/070703ivf.html. Internet; accessed 6 January 2009.

BIBLIOGRAPHY

Boyle, J.jr., May, W.E. and Lawler R. *Catholic Sexual Ethics*. Huntington, Indiana: Our Sunday Visitor Publishing Division, 1998.

BUPA = British United Provident Association. "IVF and ICSI fears allayed by major study." Available from http://www.bupa.co.uk/health_information/html/health_news/070703ivf.html. Internet; accessed 6 January 2009.

Chapman, Geoffrey. *Catechism of the Catholic Church*. London: Cassell, 1994.

De Haro, Ramon Garcia. *Marriage and the Family in the Documents of the Magisterium*. San Francisco: Ignatius Press, 1993.

Drake, Tim. The Catholic Education Resource Center. "Couples Ask: What's Wrong with IVF?" Available from http://www.catholiceducation.org/articles/medical_ethics/me0064.html. Internet; accessed 29 January 2009.

Finnish, John M. "Responsible Parenthood." In *Why Humanae Vitae was Right*. Edited by Janet E. Smith. San Francisco: Ignatius Press, 1993.

Flannery, Austin, O.P. ed. *Vatican Council II, Vol. I*. New York and Dublin: Costello Publishing Company and Dominican Publications, 1975.

Flannery, Austin, O.P. ed. *Vatican Council II, Vol. 2 – More Post Conciliar Documents*. Dublin: Dominican Publications, 1982.

Georgetown University Press. "Health Care Ethics." (Kevin O'Rourke was the founder of the Center for Health Care Ethics at St. Louis Universtiy). Available from <http://www.press.georgetown.edu/detail.html?id=9781589011168>. Internet; accessed 8 May 2009.

Google Info Sheet. "INTRA-CYTOPLASMIC SPERM INJECTION (ICSI)." Available from <http://74.125.77.132/search?q=cache:uGIo9jxcSSEJ:www.victoriafertility.com/PDFs/InfoSheet-ICSI.pdf+icsi++stripping+of+eggs&hl=no&ct=clnk&cd=1&gl=no>. Internet; accessed 8 March 2009.

Gormally, Luke ed. *Issues for a Catholic Bioethic*. London: The Linacre Centre, 1999.

Haug, C. "Tidsskrift for Den norske legeförening." (Trans. "Journal of the Norwegian Medical Association"). "Medisinske Mirakler." (Trans. "Medical Miracles"). Available from http://www.tidsskriftet.no/?seks_id=848656. Internet; accessed 17 February 2009.

Henderson, Mark. Science Editor. Independent.ie. "IVF success rates higher using single embryo method." Available from <http://www.independent.ie/world-news/ivf-success-rate-higher-using-single-embryo-method-695690.html>. Internet; accessed 8 May, 2009.

BIBLIOGRAPHY

- Horsey, Dr. Kirsty. Progress Educational Trust. "Three Million IVF Babies Born Worldwide." Available from http://www.ivf.net/ivf/three_million_ivf_babies_born_worldwide-o2105.html. Internet; accessed 27 February 2009.
- Kirsebom, Pater Arne Marco, Fongen Maria Elizabeth and Hygen Ella. *Kjærlighet for Livet!* (Trans. "Love for Life") Oslo Catholic Diocesan Family Centre, 2004.
- Klaus, Dr. Hanna, MD. "Reproductive Technology." Available from <http://www.usccb.org/prolife/issues/nfp/treatment.htm>. Internet; accessed 28 October 2008.
- May, William E. "Curriculum Vitae." Available from <http://www.christendom-awake.org/pages/may/maycv.htm>. Internet; accessed 25 April 2009.
- May, William. *Catholic Bioethics and the Gift of Human Life*. Huntington, Indiana: Our Sunday Visitor Publishing Division, 2000.
- "Micromanipulation." Available from <http://www.infertility-male.com/treatment/icsi.htm>. Internet; accessed 11 March 2009.
- NaProTechnology. "Unleashing the Power in a Woman's Cycle." Available from <http://www.naprotechnology.com/infertility.htm>. Internet; accessed 12 January 2009.
- Oslo Catholic Diocese. "Kirken i Norge." (Trans. "The Church in Norway"). Available from <http://www.katolsk.no/norge>. Internet; accessed 26 February 2009.
- Ontario Consultants on Religious Tolerance. "Current beliefs by various religious and secular groups." Available from http://www.religioustolerance.org/abo_hist1.htm. Internet; accessed 25 March 2009.
- O'Rourke, Kevin D. and Boyle, Philip. *Medical Ethics, Sources of Catholic Teachings*. Washington D.C.: Georgetown University Press, (3rd edition), 1999.
- Pittsburgh Post-Gazette, 8 November, 2003. "Obituary: The Rev. Ronald Lawler/Priest, author, spiritual adviser." Available from http://archive.salvationhistory.com/mission/news/fronald_2.cfm. Internet; accessed 8 March 2009.
- Ruyter, K.W. Senter for medisinsk etikk, Universitetet i Oslo. (Trans. Centre for medical ethics, Oslo University). "Fertilization in vitro – success rates and registration." Available from <http://www.ncbi.nlm.nih.gov/pubmed/8470069>. Internet; accessed 6 April 2009.
- Smith, Janet E. ed. *Why Humanae Vitae Was Right: a Reader*. San Francisco: Ignatius Press, 1993.

BIBLIOGRAPHY

Sparks, Richard C. St. Anthony Messenger. "Helping Childless Couples Conceive." Available from <http://www.americancatholic.org/Messenger/Apr1997/feature1.asp>. Internet; accessed 26 January 2009.

The Guardian, "Church grabs chance to attack birth control pill," Latest Science Newsletter, available from <http://esciencenews.com/sources/the.guardian.science/2009/01/07/church.grabs.chance.to.attack.birthcontrol.pill.html> ; Internet; accessed 27 April 2009.

The Linacre Centre for Healthcare Ethics. "Linacre Centre." Available from <http://www.intute.ac.uk/healthandlifesciences/cgi-bin/fullrecord.pl?handle=20190534>. Internet; accessed 17 February 2009.

The Medical Birth Register of Norway (MBRN). "Medical Birth Register." Available from http://www.fhi.no/eway/default.aspx?pid=233&trg=MainArea_5661=5631:0:15,4542:1:0:0:::0:0. Internet ; accessed 26 February 2009.

The Medical Laboratory Observer, July 1 2001. "Petri Dish." Available from <http://www.encyclopedia.com/doc/1O6-Petridish.html>. Internet; accessed 28 February 2009.

The Norwegian "Folkehelseinstituttet" (Trans. "Norwegian Institute of Public Health"). "Kunstig befruktning." (Trans. "Artificial Fertilization"). Available from http://mfr-nesstar.uib.no/mfr/index.jsp?ivf_metodeslice=0000&stubs=fodselstidspunkt&study=http%3A%2F%2Fmfr-nesstar.uib.no%3A80%2Fobj%2Fstudy%2Ftv_kunstig_befruktning&virtuallslice=pct_ivf_value&measuretype=4&headers=virtual&mode=cube&mors_bostedslice=0000&gzip=false&fodselstidspunktslice=2006&v=2&ivf_institusjonslice=0000&pluralitetslice=0000&cube=http%3A%2F%2Fmfr-nesstar.uib.no%3A80%2Fobj%2Fcube%2Ftv_kunstig_befruktning_C1&virtualsubset=ant_id_value+-+pct_ivf_value&layers=mors_bosted&layers=ivf_institusjon&layers=ivf_metode&layers=pluralitet&top=yes. Internet; accessed 8 March 2009.

The Norwegian laws on biotechnology. "Lovdata." (Trans. "Legal Data"). Available from <http://www.lovdata.no/all/nl-20031205-100.html>. Internet; accessed 8 March 2009.

The Reproductive Sciences Center. "Intracytoplasmic Sperm Injection (ICSI)." Available from <http://www.fertile.com/icsi-and-ivf.html>. Internet; accessed 8 March 2009.

The St. Paul VI Institute. "Pope Paul VI Institute." Available from <http://www.popepaulvi.com/about.htm>. Internet; accessed 26 February 2009.

BIBLIOGRAPHY

United States Conference of Catholic Bishops. "Dignitas Personae, Vatican Instruction on Bioethics, Welcomed for Guidelines on Issues of Procreation, Medical Research." Available from <http://www.usccb.org/comm/archives/2008/08-196.shtml>. Internet; accessed 12 January 2009.

Walsh, P.G. (translator) and Chadwick, Henry ed. Augustine. *De bono coniugali*. Oxford: Oxford University Press, 2001.

Watts, Helen. "*In Vitro Fertilization*." London, The Linacre Centre. Available from <http://www.linacre.org/ivf.html>. Internet; accessed 20 October 2008.

Appendices

INTERVIEW GUIDE

LAY PEOPLE

1. Did you and your spouse attend a marriage preparation course before you got married?
(And are you both Catholic?)
2. Usually the focus is on “family planning” with regard to deciding when/when not to have children. Was there ever any mention on the course about the possibility of being infertile? Please give details.
3. Is there a Catholic family centre/advisory centre in your parish (or nearby) where people can ask discreetly about help when they think they might be infertile? Please provide details if possible.
4. What do you know about official Church teaching on assisted reproduction?
5. What do you know about official Church teaching on family planning?
6. Would you ever consider discussing a problem like infertility with a priest? Please state why you would/would not do so.
7. Are you aware of the different types of technology now available to help Catholic couples get children? If so, please state which ones and how you came to hear of them.
8. Are you aware of the fact that there are differing views among Catholic theologians regarding assisted reproduction?
9. Would you consider assisted reproduction technology medical help, or extraordinary means?
10. Have you ever given any thought to how sperm/ova are stored, and what happens to those that are not used in the treatment of infertile couples?
11. What do you think about the expense of the process? (Due to this expense only 3 trials are possible on the national health scheme).
12. There is a lot of physical discomfort involved in the technology which uses hormones. This can also cause emotional problems. What is your experience/opinion on this?
13. There is always a psychological aspect involved in planning a family, whether this involves assistance or not. How do you think couples can prepare themselves for this?
14. What is your opinion on adoption?
15. How do you think the Church should help young couples who are experiencing problems in having children?
16. Is there any information you feel has not been covered by my questions, and which you think is important?

INTERVIEW GUIDE

THE CLERGY

1. Is there a Catholic family centre/advisory centre in your parish (or nearby) where people can ask discreetly about help when they think they might be infertile? Please provide details if possible.
2. What do you know about official Church teaching on assisted reproduction?
3. What do you know about official Church teaching on family planning?
4. Do you find that couples are willing to discuss a problem like infertility with a priest?
5. Are you aware of the different types of technology now available to help Catholic couples get children? If so, please state which ones and how you came to hear of them.
6. Are you aware of the fact that there are differing views among Catholic theologians regarding assisted reproduction?
7. How well do you think lay people are informed on this matter i.e. assisted reproduction, and the Church's teaching on this?
8. Would you consider assisted reproduction technology medical help, or extraordinary means?
9. Have you ever given any thought to how sperm/ova are stored, and what happens to those that are not used in the treatment of infertile couples?
10. What do you think about the expense of the process? (Due to this expense only 3 trials are possible on the national health scheme).
11. There is a lot of physical discomfort involved in the technology which uses hormones. This can also cause emotional problems. What is your opinion on this?
12. There is always a psychological aspect involved in planning a family, whether this involves assistance or not. How do you think couples can prepare themselves for this?
13. What is your opinion on adoption? (Mention also adoption of embryos).
14. How do you think the Church should help young couples who are experiencing problems in having children?
15. Is there any information you feel has not been covered by my questions, and which you think is important?

In vitro befruktning 1984-2002
In vitro fertilization 1984-2002

Antall fødte etter in vitro befruktning etter fødselsår og institusjon, metode samt pluralitet, 1984-2002.
Births after in vitro fertilization by institution, method and plurality, 1984-2002.

Fødselsår Year of birth	Totalt antall fødte Total no. of births	Antall fødte ved IVF/ICSI No. of births after IVF/ICSI												Pluralitet Plurality									
		Totalt Total		Institusjon Institution										Metode Method		Enkeltfødsler Single deliveries		Tvillingfødsler Twin deliveries		Trillingfødsler Triplet deliveries		Firlingfødsler Quadruplet deliveries	
		N	%	Hauge-sund	Hauke-land	Om-nia	Riks-hosp.	Trom-sø	Trond-heim	Ulle-vål	Vol-vat	Andre ¹ Other ¹	Non ICSI	ICSI	N	% ²	N	% ²	N	% ²	N	% ²	
1984	50609	5	0.01					5				5		5	0.01								
1985	51506	7	0.01					7				7		7	0.01								
1986	52974	10	0.02					7				3	10	10	0.02								
1987	54430	32	0.06					11				21	32	22	0.04	2	0.34	2	16.67				
1988	58057	174	0.30	5	1		26	19	45	28		50	174	99	0.17	27	4.21	7	33.33				
1989	59875	309	0.52	26	7		87	38	77	29		45	305	4	158	0.27	54	7.62	13	68.42	1	100.00	
1990	61700	371	0.60	66	15		62	70	94	21	1	42	369	2	192	0.32	61	7.97	19	79.17			
1991	61578	396	0.64	73	8		86	36	105	43		45	391	5	200	0.33	74	9.75	16	50.00			
1992	60840	391	0.64	74	8		26	69	105	30		79	391		226	0.38	68	8.42	7	43.75	2	100.00	
1993	60371	478	0.79	49	9		127	35	174	25		59	476	2	269	0.46	92	11.12	8	34.78			
1994	60557	585	0.97	56	12		172	104	127	41		73	584	1	305	0.52	112	12.86	15	48.39	3	75.00	
1995	60717	701	1.15	61	31		168	104	183	100		54	697	4	376	0.64	149	15.99	9	60.00			
1996	61316	635	1.04	38	30		177	43	216	64	41	26	612	23	358	0.60	125	13.90	9	31.03			
1997	60085	732	1.22	56	25		222	59	160	65	94	51	616	116	405	0.70	150	15.77	9	33.33			
1998	58719	866	1.47	124	20		229	34	198	83	130	48	661	205	530	0.93	161	17.37	5	20.83			
1999	60007	1077	1.79	152	36		243	97	208	96	150	95	778	299	590	1.02	233	22.09	8	38.10			
2000	59924	1135	1.89	168	33	30	251	94	238	85	121	115	809	326	664	1.15	224	21.52	8	53.33			
2001	57479	1107	1.93	160	64	67	249	84	256	88	59	80	772	335	618	1.12	241	23.49	2	10.00			
2002	56477	1138	2.01	208	123	78	230	63	272	69	*	95	767	371	646	1.19	244	22.85	2	12.50			
Totalt	1107221	10149	0.92	1316	422	175	2355	949	2488	867	596	981	8456	1693	5680	0.53	2017	13.04	139	37.98	6	27.27	

¹ Meldt til MFR som IVF på regulær fødselsmelding, men ikke som IVF fra IVF institusjon. *Reported to MBRN as an IVF birth in a regular birth registry form, but not as IVF from IVF institution.*

² Prosent av henholdsvis alle enkelt-, tvilling-, trilling- og firingfødsler. *Per cent of all single, twin, triplet and quadruplet deliveries respectively.*

* Opplysning mangler. *Not reported.*

Kunstig befruktning - tabell 1

Variabler i filter

Mors bosted, Norge

Institusjon, Alle institusjoner

Metode, Alle metoder

Enkelt-/flerfødsel, Alle fødte

Måltall	Totalt antall fødte	Kunstig befruktning, Antall	Kunstig befruktning, Prosent
Fødselstidspunkt			
Alle år	1 339 001	15 816	1,2
1984	50 606	5	0
1985	51 490	7	0
1986	52 952	10	0
1987	54 404	32	0,1
1988	58 024	174	0,3
1989	59 847	305	0,5
1990	61 663	369	0,6
1991	61 534	391	0,6
1992	60 800	391	0,6
1993	60 342	476	0,8
1994	60 514	584	1
1995	60 685	699	1,2
1996	61 294	635	1
1997	60 052	732	1,2
1998	58 720	862	1,5
1999	59 927	1 066	1,8
2000	59 840	1 126	1,9
2001	57 444	1 136	2
2002	56 372	1 197	2,1
2003	57 567	1 280	2,2
2004	58 023	1 351	2,3
2005	57 645	1 456	2,5
2006	59 256	1 532	2,6

Kunstig befruktning - tabell 2

Variabler i filter

Mors bosted, Norge

Institusjon, Alle institusjoner

Enkelt-/flerfødsel, Alle fødte

Måltall		Totalt antall fødte	Kunstig befruktning, Antall
Fødselstidspunkt	Metode		
Alle år	Alle metoder	1 339 001	15 816
	IVF	12 013	12 013
	ICSI	3 736	3 736
2006	Alle metoder	59 256	1 532
	IVF	918	918
	ICSI	602	602