

THE MORAL IMPLICATIONS OF
ARTIFICIAL INSEMINATION AND "TEST TUBE BABIES"

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On Tuesday next week, a young couple from your congregation tells you their intention to travel to England. This will not be their vacation. They have made arrangements to enter a special clinic for a special fertilization process. After having volunteered a thorough explanation of the procedure, your couple says they know they should have asked your guidance concerning "In Vitro Fertilization" sooner. However, they are asking you now. - - -

What are "The Moral Implications of Artificial Insemination and 'Test Tube Babies'"?

If your pastoral life leads you to the same general reading material and world awareness as I, you will not be privy to either procedure.

The procedure followed in Artificial Insemination is the application of male sperm to the female egg at a time hoped optimum for fertilization to occur. This application is achieved by some artificial tool (a cannula) inserted along the normal path to the uterus. Higher probability of conception is achieved by timing the insemination 20 to 21 hours after luteinizing hormone surge in the woman's urine. Higher probability of conception also is achieved by concentrating the male sperm by use of a centrifuge and treating it with a salt solution.

The moral objections voiced concerning Artificial Insemination have been championed primarily by the Roman Catholic Pope Pius XII. His basic magisterial pronouncements were:

1. Insemination outside the natural act of intercourse would convert the "sanctuary of the family into nothing more than a biological laboratory."
2. Artificial insemination would separate the unitive and procreative meanings of sexual intercourse, sundering by human action

what is divinely intended to be inseparable.

3. Artificial insemination would entail immoral means for procuring sperm (masturbation).

4. Artificial insemination using donor sperm would violate the marriage covenant requiring that "procreation of new life can only be the fruit of marriage." ¹.

Pius XII condemned artificial insemination, whether by donor sperm or husband's sperm.

My Response to the Total Condemnation of
Artificial Insemination

To papal point 1.:

I do not believe the "sanctuary of the family" to be held together only by the natural act of intercourse. That especially private part of marriage is kept honored and right according to God's will. 1 Thess. 4:4 "every one of you should know how to possess his vessel in sanctification and honor." And the 6th. Commandment. The thought of a biological laboratory ignores the respect and loving desires for each other and offspring which the couple bring. I do not believe artificial insemination can be condemned per se, just because some artificial means is used.

To papal point 2.:

The statement confuses me a little. I had considered the meanings of marriage but ^{not} of sexual intercourse. Gen.2:24, and as quoted by Jesus in Matt.19:5, "and shall cleave unto his wife: and they shall be one flesh.", state God's institution of monogamous marriage. Jesus quotes it against divorce. A couple might argue that the unitive and procreative meanings of intercourse for them could only take place by artificial means. The man's sperm could never enter the wife before. I disagree with point 2.

¹. In "Address to the 4th. International Convention of Catholic Doctors" Sept. 1949; "Address to the Congress of the Italian Catholic Union of Midwives" Nov. 1951; & "Address to the 2nd. World Congress on Fertility and Sterility" May 1956.

To papal point 3.

The means for procuring sperm for the artificial insemination need not be masturbation. The wife could stimulate. Such sperm would be intended for the purpose of procreation in marriage. Such intent and use of the sperm would directly oppose the sinful intent of bearing no offspring for his brother and willful disposal of the sperm on the ground as did Onan (Gen.38:9,10), and for which God killed him.

To Papal point 4.

I believe the use of donor sperm (or possibly a donor egg) in artificial insemination is adultery. That practise replaces the genes and basic reproductive material of the husband or wife with the genes and basic reproductive material of an outsider.

Pertaining to donor insemination, the question is raised whether the child is legally "legitimate" and the possessor of inheritance rights. A long English common law tradition, principally related to donor insemination, would place the legal status of such progeny in doubt.²

In conclusion to the moral implications of Artificial Insemination, if your young couple tells you that is their intention in visiting England, I suggest you warn against any donor practise on the basis of the 6th. Commandment, urge the couple to continue to regard their own and their mate's reproductive organs in respect. To that end they should seek out a doctor who would not de-humanize the procedure so as to make it seem nothing more than work in a biological laboratory. And I would pray with them that God bless their union with offspring.

However, your couple mentioned "In Vitro Fertilization." - - -

²Eugene F. Diamond, MD., "In Vitro Fertilization: A Moratorium is in Order," Hospital Progress. P. 80.

In Vitro (glass) Fertilization is the next step removed from natural birth.

The procedure followed in IVF is stated by the first two doctors successful at it, Dr. Patrick C. Steptoe and physiologist Robert Edwards. That procedure is as follows.

20 to 21 hours after the onset of the luteinizing hormone surge in the woman's urine, under general anesthesia, a laparoscope is introduced into the woman's abdominal cavity through a small incision in the belly wall. The laparoscope is a long metal tube containing a light and an optical system through which the doctor can look at the organs. The ovary is inspected and the mature egg follicle is sought out. Then with a long needle through the laparoscope the fluid in the follicle together with the mature egg is drawn up into the syringe. Then the egg is introduced into a concave glass dish containing a droplet of concentrated sperm (by centrifuge) suspended in oil. One sperm penetrates the ovum within hours and fertilization occurs. Dr Steptoe says, "The fertilized egg is moved from the original saline medium to a modified Ham's F-10 culture medium, and Dr. Edwards watches it.

'We know the standard times that the embryo should divide into 2,4,8, and 16 cells. If it doesn't conform we don't use it. And we know the morphological characteristics it should have. If they don't conform we don't use it.'

When the fertilized egg is eight cells on the third day, or at 16 cells on the fourth day, it is placed in the uterus through the cervix. . . . We inject as simply as we can to avoid disturbing the uterus, with a minute quantity of fluid — 0.07 mL. Our aim is to avoid an outpouring of prostaglandins, with contractions and rejection of the fertilized egg. We very slowly withdraw the cannula,

hoping that the capillary action will not bring the embryo out. We look at the instrument under the microscope to make sure the embryo is gone, but that's all we know. We hope it's in the uterus. But we don't really know." ³

After 12 weeks he uses ultrasound "to make sure the transplantation looks good." At 16 weeks, patients undergo amniocentesis with karyotyping for chromosomal abnormalities and measurement of alpha-fetoprotein for CNS problems.

Dr. Steptoe concludes his interview, "But what seems to be clear is that absolute simplicity for the mother - though not for us - is best. . . . For now, we just copy nature." ⁴

With the birth of two babies by this method, Steptoe and Edwards claim an approximate 6.2% success rate in the birth of term infants as of January 1979. This success rate applies only to the period during which the LH surge has been monitored, and was significantly lower prior to this modification of technique. It has been estimated, however, that Drs. Steptoe and Edwards discarded 99.5% of all fertilized ova produced in their laboratories over a period of 12 years because of obvious abnormality, development beyond the optimum stage, or some other technical indication. ⁵

In the procedure as Dr. Edwards and Steptoe carry it out, they deliberately seal by electrocoagulation the Fallopian tube at its uterine end to prevent implantation of the embryo in the tube. ⁶

³"Dr. Steptoe's full report - at last"; Medical World News, Feb.19, 1979. pp. 10-13.

⁴Ibid., p.15.

⁵Diamond, loc.cit., p.66.

⁶Joseph R. Stanton, M.D., In Vitro Fertilization and Government Subsidation: The Test Tube Baby - An Overview and A Reflective Appraisal (Presented to the National Right to Life Convention at Fort Mitchell, Kentucky, June 24, 1979), p.6.

If the procedural report by Steptoe and Edwards shocks you a little, consider this article from the Wall Street Journal.

In Fertile Calcutta, A Researcher Fights Women's Infertility

For the past 10 years, Dr. Mukerji has devoted his life to producing babies in test tubes.

He worked in secrecy until Oct. 1978, when news leaked out that such a child had been born in Calcutta to a woman named Bela Agarwal. . . . Dr. Mukerji stepped forward, confirming that the mother's ovum had been fertilized outside her womb and that the embryo had been kept frozen for 53 days before it was reimplanted.

"We have a big advantage in this city," he says. "It is highly populous. Thousands of patients. I get tremendous exposure. I see hundreds and hundreds. . . . Nobody knows, once you get an egg, how long it will last. Now I have these eggs to play around with."

"You can do work here that would be very difficult in a Western city. I can do almost anything with a couple if they have faith in me. Human relations are so different here. If I say it's quite safe, they say, 'Let's do it.'"

From this squalid article I want to make two points. Experimentation in IVF didn't just begin two years ago when you, I, and the general population was made aware of it. And, the procedure outlined by the English doctors is relatively legitimate when compared to the uncontrolled, underground "researchers" practising IVF about the world. The whole practice is appalling. They kill those living souls!

Response to In Vitro Fertilization:

One verse which Synod's response to the Memorial on Abortion quoted clarified the moment of the beginning of life for me. That is Psalm 51:5 (Behold, I was shapen in iniquity; and in sin did my mother conceive me.) The verb to conceive is לָדַג it means to be hot (for sexual intercourse) In Gen. 30:38,39 it is rendered "they mated". Conception takes place when the sperm has entered the egg. And from that time forth, that living soul is held accountable before God. And God has protected it with His

5th Commandment.

Concerning life beginning at fertilization, Leon Kass, prof. of the liberal arts of human biology, University of Chicago, says:

"First of all the zygote and early embryonic stages are clearly alive. They metabolize, respire and respond to changes in the environment: they grow and divide. Second, though not yet organized into distinctive parts or organs, the blastocyst is an organic whole, self developing, self moving, genetically unique and distinctive from the egg and sperm whose union marked the beginning of its career as a distinct, unfolding being. ... For after fertilization is complete, there exists a new individual, with its unique genetic identity, fully potent for the self-initiated development into a mature human being, if circumstances are cooperative."

If there were no more said on IVF, this would suffice for us. At this time the practice kills all excess or abnormal human embryos. There are 8 additional ethical arguments against In Vitro Fertilization.

1. The ethical problems it creates for society. Already our nation is divided over the subject of government supported abortion. What about your tax money going toward IVF experimentation? Such practice would have a brutalizing effect on our society. It would be a degradation of man's respect for man.
2. No adequate consent procedures exist to protect the embryo, and none can be devised. The laws of our land demand consent to be given before possibly dangerous operations and procedures can be done. The couple desiring the child are not the subjects of the experiment. The experiment consists in necessary and deliberate manipulation of the embryo, which results in an inherent risk of causing malformations that would violate the basic principle of all medical practice, which is, "First do no harm."⁸
3. There is an unknown risk of deformity even with successful implants It is all experimental, no one can say what will be. There could be bad psychological effects from the publicity the child receives.

⁷Dennis J. Horan, "In Vitro Fertilization: Legal and Ethical Implications," (Hospital Progress, May 1979), p. 61.

⁸Diamond, loc.cit., p. 67.

4. Because the safety of the procedure is unknown, there is unknown risk of harm to the prospective mothers. What about that procedure of deliberately closing the woman's fallopian tube? What about this risk from the fellow in Calcutta who says, "I can do almost anything with a couple...?"

5. In Vitro Fertilization leads to other technological interventions in human genesis which are even more abhorrent.

a.) deliberately allowing embryos to mature longer in vitro (Steptoe and Edwards have let them grow 2 weeks) in order to study their biochemical, physiological, and developmental properties;

b.) sexual selection; c.) freezing human embryos and thawing them for later use; d.) surrogate mothers; e.) gene splicing.

6. In some IVF experimentation (such as the application now submitted to the National Institute of Child Health and Human Development for the funding of Dr. Pierre Soupart of Vanderbilt University, asking for \$395,000 tax dollars) will always intentionally destroy or allow the embryos to die when the experiment is completed. There will have been no intention that this new human being be implanted or have even the slightest opportunity to survive.

7. This technology displaces the human act of love in human generation. IVF is inimical to the institutions of marriage and family.⁹

8. If man takes into his hands the life or death of unwanted humans at the first stages of life, what is to withhold man from a like judgment against all unwanted humans at any stage of development?

Concluding remarks:

The spirit and attitude behind experimental procedures in human genesis is the same spirit and attitude which accepted the evolutionary theory. It is the attitude that man is no more than a high animal. It is the attitude that conceived, living, human beings are no more than material with which man can do anything.

The spirit and attitude which God gives us toward each unique human life is love, and nurturing, and to protect it.

⁹Albert S. Moraczewski, OP, PhD, "Selected Ethical and Theological Issues Regarding In Vitro Fertilization", (Testimony to the Ethics Advisory Board, Dec. 4, 1978) Dennis J. Horan, loc.cit., p. 62.

The correct way to look at infertility is not that it is a disease. No one is degenerating and experiencing greater pain if the couple bear no children. To bear children is a desire which that couple has. In Vitro Fertilization through grave dangers and sin, may fill their desire.

The moral implications of In Vitro Fertilization condemn the practice.

Say that to your couple suddenly appearing at the door. Then pray with them that they understand it and believe it.

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