

Life Matters WORLDWIDE

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What about Fertility Assistance?

Infertility affects couples on a deeply personal level. For many it causes feelings of anxiety, disappointment, anger, guilt, jealousy, grief, and despair. Childless couples should be treated with sympathy and understanding, not constant inquiries about their parental status. Comfort and encouragement can be derived from the faithful examples of Abraham and Sarah, Isaac and Rebekah, Jacob and Rachel, Elkanah and Hannah, Zachariah and Elizabeth, and others.

Today, through fertility assistance, it is technologically possible for a woman to give birth to her own grandchild, to have a baby after menopause, to have twins born years apart, and, at least theoretically, to have an ovary transplanted from an aborted fetus. Seemingly, there is no longer a point at which an infertile couple must abandon hope.



The scope of fertility assistance is not even limited to committed couples. Unmarried women can be artificially inseminated and unmarried men can hire surrogates to bear them children. But, how far should we go?

IS THERE A LINE TO DRAW?

Since fertility technology offers so many choices, it may be helpful for couples to consider these questions:

- Should the quest for a biologically related child be unceasing, or at any cost?
- Is parenthood a right or a privilege?
- Are we viewing children as objects to be produced and possessed or as blessings to be received from God that require our faithful stewardship?

It is up to infertile couples to rein in a sense of desperation. Mark Blocher, cofounder and past president of Life Matters Worldwide, commented: "Unmarried men and women do not have the right to procreate. Likewise, in our fallen state some bodies are incapable of bearing children. As with other abnormal physical conditions, *infertility* should receive medical attention. However, *childlessness* is not a medical condition and not amenable to medical treatment."

What if we treated infertility as an opportunity to live out James 1:27—helping orphans? Childless singles and couples may want to consider adopting children who have special needs, sibling groups,

and older children who are less likely to be adopted.

Infertile Christian couples must be conscious that certain forms of fertility assistance risk violating two abiding biblical principles: (a) the sanctity of human life and (b) the sanctity of marriage. At least five aspects of fertility assistance are problematic.

1. The problem of the perfect child

There is no such being as a perfect child, but some couples, scientists, and “transhumanists” fall for its myth. The idea we can optimize variations in intelligence, body type, coloring, health, and so on from a catalog of available sperm or egg donors is seductive but deceiving. It also calls into question why some characteristics are desired and others are not, and whether human foreknowledge and manipulation is at all truly possible or even appropriate.

Parents may be able to choose a child’s sex, but usually this is done by examining lives already begun. The only ‘cure’ for being the wrong gender, or having other ‘undesirable’ characteristics, is abortion or preimplantation selective destruction, both of which violate the sanctity of human life.

Life begins at conception, whether conception occurs in a woman’s fallopian tubes or a fertility clinic’s petri dish. It has already begun by the time of implantation in a mother’s womb, although fertility clinics prefer to think of that as the starting point of life. If we’re going to honor the sanctity of every human life as being made in God’s image, then destroying any life, no matter how young, is not an option.

Furthermore, we’re all subject to the Fall. None of us is a perfect physical specimen but are prone to any number of DNA quirks. Which traits should be avoided? Only those that are lethal and debilitating, or also ones that are inconvenient or unfashionable? Is physical perfection attainable, or even desirable? And who should decide—parents? Doctors? Insurance agencies? The government?

2. The problem of donated gametes

Several methods of fertility assistance depend on donated eggs or sperm (gametes). Current practices include the following:

- College women being recruited to sell their eggs for thousands of dollars so brokers can sell their eggs online
- Sperm being retrieved shortly after a man has died, allowing bereaved wives and lovers to be inseminated with their sperm
- Fertility doctors working to perfect a technique inserting mitochondria from third parties, creating so-called third parents in order to genetically modify embryos

While introducing a third (or fourth) party into the marriage relationship through donated eggs or sperm does not constitute adultery, it does affect the intimacy of marriage and creates confusion about the meaning of motherhood and fatherhood. Meanwhile, as they grow older, the children of anonymous donors begin to wonder about their biological parent(s). Ethicists and judges struggle to make sense of the myriad of new relationships and other difficulties that fertility techniques create.

Mark Blocher believes the ‘unitive aspect’ of marriage means Christians cannot endorse artificial insemination of the wife with donor sperm nor the transfer of donated eggs fertilized with the husband’s sperm to the wife’s uterus. “One’s procreative abilities are definitely part of the ‘one

flesh' relationship spoken of in Genesis 2:24. Becoming one flesh means that the man and woman consent to a lifelong relationship with one another. . . . Access to one's sexual/procreative powers is to be reserved for the person to whom a lifelong commitment is made."

The marriage vow "for better or worse" includes the possibility that one spouse may not be able to produce the necessary gametes for procreation or carry a pregnancy to term. Not only should married couples refrain from receiving donated eggs or sperm but, by implication, Christian singles should also not become egg or sperm donors, thereby bringing harm to any future marriage.

One of the most egregious violations of the sanctity of human life would occur should eggs or ovaries come from an aborted baby girl. This alternative appears attractive when the high price of egg donation by adults and difficulty and pain of the donation process are considered, but we shouldn't overlook this idea's ethical problems:

- It ignores the true donor's right to informed consent
- It becomes an argument for abortion
- It creates the potential for women to be valued only for their fertility

What about surrogate arrangements? Surrogacy gains in popularity, despite numerous cases in which one party has changed his or her mind. Women have borne children for their daughters, sisters, and friends. Others contract with a couple, charging a hefty fee on top of the medical expenses associated with pregnancy. Poor women, especially in developing countries, can fall prey to exploitation in surrogacy arrangements because their governments fail to protect them.

Why are such arrangements ill-advised?

- They could be considered a violation of the sanctity of marriage
- They may cause needless confusion in the parent-child relationship
- Children are objectified, as "things" to be bought or sold
- These arrangements often require surrogate mothers to agree to have an abortion should prenatal tests reveal the baby has a disability

3. The problem of extra embryos

Many fertility techniques involve stimulating a woman's ovaries so they'll produce many eggs at a time instead of only one a month. Retrieved eggs may be fertilized all at once or a few at a time, with the rest frozen for later fertilization and implantation. Embryos that are not implanted are cryopreserved (frozen). It is believed that as many as one million embryos languish in frozen suspension in the U.S.

When more eggs are retrieved and more embryos created, a couple's chances of conceiving increase, and the success rates improve proportionately. But when as many as eight embryos successfully implant, mothers risk difficult pregnancies and compromise the health of some or all of her babies. More care is taken now than in times past to limit the number of embryos that are introduced into the uterus, but even twin and triplet pregnancies are deemed risky. The 'treatment of choice' in this situation is 'multifetal pregnancy reduction'—which is abortion. With the guidance of ultrasound, a needle inserted through the vagina locates the nearest embryo sac and suction removes the embryo.

What is the fate of extra embryos lingering in frozen limbo? If they are never used by the

couple, should they be destroyed, released for adoption by other childless couples, or donated to research? Courts have been forced to decide these issues when couples divorce and one party no longer wishes to become a parent. Sadly, it's the embryos who always seem to lose.

What happens to embryos that are diagnosed as diseased or disfigured? Will forgotten ones be stock-piled for future generations? Who controls this treasure? Does storing embryos separate fertilization from the rest of pregnancy, lending credence to the idea that an embryo is not a person unless or until he or she implants in the womb? The answers to these questions have direct bearing on the sanctity of human life.

4. The problem of embryo research

Aside from the possibility that extra embryos may be used in future research, much of fertility assistance technology rests on a foundation of past embryo research. The pro-life movement objects to experimentation using human embryos because it violates the basic requirement in place for most research—informed consent of the one experimented on, or at least the promise of some benefit for the donor. The very nature of experiments, and the often cavalier attitude of researchers toward embryo 'wastage,' further violates the sanctity of human life.

5. The problem of compromise

In 2 Corinthians 6:14, the apostle Paul admonished believers to not 'yoke' themselves with unbelievers. The principle is usually applied to marital or business partnerships, but could also relate to agreements between Christian couples and fertility clinics.

In the course of some fertility treatments, clinic personnel delve deeply into personal aspects of a couple's life. Furthermore, they join the couple in a project that has long-term, far-reaching, and cosmically significant effects—bringing new life into the world. This should give pause to anyone with eternal values.

As we've shown, fertility clinics advocate the use of donor sperm and eggs. They willingly create more embryos than can be implanted at one time, or that the couple desires to have. In the normal course of treatment, they perform pre-implantation genetic testing on embryos and have no qualms about discarding ones deemed unfit. They commonly advocate 'pregnancy reduction' when 'too many' embryos implant in a woman's uterus. They freeze 'surplus' embryos for years on end or routinely sell them to researchers. Fertility clinics cannot be faulted, therefore, for presuming that everyone who uses their services accepts these practices. This is the nature of the business. Christians cannot reasonably expect they will adapt to biblical standards upon request.

It doesn't make much sense, then, for Christians to seek out pro-life obstetricians/ gynecologists who won't perform abortions or refer women to abortionists, but then utilize fertility services that misuse human embryos. Even if a clinic agrees to a couple's demands—to only create the number of embryos that would be implanted, not test or discard or freeze any of them, and never recommend abortion—what is happening in that clinic to the offspring of other people? By paying for their services, couples would be furthering all their efforts. We therefore advise believers not to involve themselves with fertility services that do not share their convictions about marriage and the sanctity of human life.

CONCLUSION

Fertility clinics are accustomed to dealing with couples who are desperate for a baby and willing to do whatever it takes to get one. Mature Christians, on the other hand, understand the sovereignty

of God in pregnancy and trust Him as the Builder of families (Psalm 127). They accept that there are boundaries that must not be crossed. They are willing to limit their procreative powers to one man/one woman for life and will never knowingly cause the death of an innocent human being.

Possibly the only fertility treatments that pass the tests of the sanctity of marriage and human life are fertility drugs, corrective surgery, and techniques that do not manipulate the embryo, such as artificial insemination with the husband's sperm. It may be possible to honor the sanctity of human life and marriage by modifying other methods, but if Christian testimony is to extend into all spheres of life, immoral procedures are not an option. The end never justifies the means.

Children are the Lord's heritage. There's nothing wrong with desiring to conceive and bear one's own child, but adoption remains a worthy means of building families because it focuses less on the transmission of genetic heritage and more on being a parent and mirroring the love of God.

Resources:

- **The Center for Bioethics and Culture Network** (www.cbc-network.org) stays up-to-date on technologies related to “making life” (fertility assistance) and “faking life” (cloning and CRISPR, for example). It makes good contributions on the risks to women associated with egg donation and surrogate mothering.
- **What About Prenatal Testing?** An examination of current practices (<https://www.lifemattersww.org/Portals/0/Documents/PrenatalTestingLMW.pdf>)
- **Passages relating to the care of orphans and adoption, including God’s adoption of us** – Deuteronomy 10:18, 14:29; Job 29:12, 31:16-23; Psalm 82:3; John 1:12; Acts 8:21; Romans 8:14-18; 2 Corinthians 6:18; Galatians 4:4-5; Ephesians 1:5.