IVF: Mayhem and Murder—Well Disguised

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"Finally, we have a baby!" "We are parents!" "Now we have our family!" Similar shouts of joy have been repeated millions of times throughout the world since Louise Brown, the first test-tube baby, was born in 1978. The growing scourge of infertility in Western countries has been defeated time and again, together with the searing anguish and disappointment of good-willed couples who have tried every means possible, but unsuccessfully, to have their own child and family. Turning to IVF (*in vitro* fertilization), usually as a last resort, has brought these couples the parental fulfillment so earnestly sought.

But is the technological wonder of IVF such a simple blessing to an infertile couple and to the child it provides them? To piece together an answer to this question as objectively as possible is the aim of this article.[1]

To be complete in this effort,[2] we will look both at the defining steps of the medical procedure itself and the moral concerns about

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1 Objective thinking and judging are essential to a worthwhile moral evaluation. The "subject" who is evaluating must refrain from imposing personal slants on the "object" or topic being evaluated. The human mind is capable of forming accurate concepts or ideas of every object it thinks about if it is not "subjectivized" or distorted by an undue influence of emotions, prejudice, ignorance, or especially fixed wants or "frozen" desires of the free will. With adequate awareness of these main distorting influences and personal discipline to set them aside when thinking about a topic, objectivity is achieved.

2 There are four elements to an adequate moral evaluation of any issue: the "moral object," or *what* a person knowingly and freely chooses to do; the "motive" (goal), or reason *why* the person chooses to act; the surrounding *circumstances* before the choice (one's situation); and those after the choice (the consequences).

what a couple who chooses IVF does, why they do it, and some crucial circumstances they suffer from their infertility, as well as those they suffer as a result of IVF. Throughout, we will be looking for harmony with or contradiction to any known truths about our human dignity that are involved.[3] As we strive for objectivity at each stage of our investigation, this process of comparison and conscientious judgment will require both a well-informed and well-formed conscience.[4]

I.

Already, the statistics of 2008 proclaimed that as many as six million couples of child-bearing age in the USA alone (around 10%) were infertile.[5] Science is still unsure of the precise combination of causes. Some appear to come from our degraded nutrition, polluted environment, damaging pharmaceuticals, and so on. But without knowing the causes adequately, science has had no cure for what is an epidemic in Western cultures.[6] To a rising number of infertile couples, the lack of a conception through natural sexual intercourse, sometimes for years, has brought cycles of dashed hopes and consequent frustration and sometimes despair. Even if many of these couples had reservations about IVF, they often could not resist the temptation to choose whatever would work. Only scientific help became important, and any

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[3] Our human dignity or worth can be intellectually assessed as the highest we know by considering our origins (both physical and spiritual), our distinctive make-up or nature as humans, and our destiny or in-built purpose for which we exist.

[4] A "well-informed" conscience is one's intellect possessing adequate knowledge of the issue it is called to judge. In regard to this article, adequate knowledge would be understanding of the process of IVF and of the moral principles needed to compare each of its determining steps to essential truths of human dignity. A "well-formed" conscience is gained by adequate experience of comparing concrete choices to known truths of human dignity, judging the comparison as favorable or harmful to one's dignity, and submitting this conclusion to one's free will together with the injunction to either "do this" or "avoid this" choice.

[5] See http://www.webmd.com/infertility-and-reproduction/guide/in-vitro-fertilization.

[6] A first ever study of the effects of DEHP, a derivative of phthalate, the substance present in synthetic fabrics and plastic bottles, charts a lowering of sperm production in modern European society. This finding confirms an earlier French study that concluded that "men nowadays produce half as much sperm as their fathers or grandfathers." See the report by Violaine de Montclos, *Le Point,* March 29, 2012.

moral considerations usually faded from their thinking and choosing.[7]

An additional fact is that a growing number of women who delay child-bearing until that ability weakens or ceases turn to IVF. Then, recently, more and more lesbians wanting to become mothers are making the same choice. In fact, the world's first "throuple" came to be when three women "married" in Massachusetts in August, 2013. One of the three, pregnant with donor sperm through IVF, has agreed to bear one child for each of the three.[8]

In consequence of this increased demand, we have seen the number of IVF clinics increase rapidly. And there is great financial profit from offering this medical service. While actual costs and rates of success vary widely among clinics, couples can usually pay $10–15,000 per attempt,[9] with only a 6–35% chance of a conception and birth.[10] Moreover, IVF is virtually uncontrolled by government oversight to insure high medical standards. Each clinic is left to its own sense of honor and professionalism. It was only in 2003 in the USA that IVF clinics even had to register themselves with the government.[11]

II.

There are two types of IVF, depending on the source of the gametes used. Each type raises different moral judgments about whether the

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[7] The Church teaches in the Congregation for the Doctrine of the Faith's *Donum Vitae* (1987) that marriage gives spouses the right to the fullest act of human love, but not to a child, because the child's human dignity is equal to everyone else's and, so, is beyond another human being's dominion or right to something. Hence, the parents' motive should be for the child's, not their own, welfare (or self-fulfillment), as expressed in such a statement as, "I so want to become a mother, a father!"

[8] Only two of the women are legally "married." The third woman is "hand-fasted" to the other two, so that the three are as "married" as the law of Massachusetts currently allows. See http://www.dailymail.co.uk/femail/article-2611020/Meet-worlds-married-lesbian-threesome-baby-make-four-July.html#ixzz301cMn4w0.

[9] See http://infertility.about.com/od/ivf/f/ivf_cost.htm.

[10] At http://infertility.about.com/od/infertilitytreatments, national success rates are 30–35% for women under 35, 25% for women between 35 and 37, 15–20% for women between 38 and 40, and 6–10% for women 40 years old.

[11] Both exorbitant costs and unsure medical competence represent prudential, and so additional, moral considerations for each couple thinking of IVF. For example, a report of 2011 revealed that mistakes in IVF centers in the United Kingdom had trebled in the previous three years, numbering 564 mistakes involving sperm injections, embryo destructions, and implantations; see *The Daily Mail*, August 13, 2011.

procedure is in full harmony with what it is to be human or whether it is anti-human in any important ways.[12] If the egg and the sperm used are from the childless couple, the IVF is termed "homologous." This results in only two parents for the possible child, and therefore this aspect of the procedure is not immoral. Most often, though, the sperm used are obtained from the prospective father by way of masturbation. This sexual act is obviously separate from sexual intercourse in marriage, the act of total self-giving love between husband and wife. Therefore, using sperm from masturbation objectively violates the interpersonal union of the marriage and alters the love-character of the physical origin of the child (both beautiful requirements of human nature); his or her body will not come from an act of marital love, but from self-stimulation and then a technician's act of manipulating sperm and eggs in a laboratory. Moreover, multiple eggs are used (in some clinics, as many as 15+), and to obtain them, the prospective mother takes "fertility drugs" to increase her ovarian production by as many times (since human nature normally matures only one egg per cycle).[13] By this point in time, statistics show that such an invasive procedure can have lasting harmful effects on women, even ovarian cancer. To run such a risk knowingly is plainly an immoral choice. Beyond this concern, though, should it become clear that fertility drugs *replace* natural fertility instead of *assist* it, as is now claimed, this method of obtaining eggs for human conception would be judged immoral as well.[14]

The second type of IVF can be complicated. Science terms it "heterologous" IVF. The sources of the gametes can be multiple. The most frequent situation is that the sperm alone are obtained from a donor. Typically, the donor is anonymous, although this policy is slowly changing in some States, and in some countries, because of the growing number of children produced from donor sperm who seek (often desperately) to know their biological father and to learn from

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[12] For a brief Catholic assessment of ART (artificial reproductive technologies) or MAP (medically assisted reproduction), see http://www.cfpeople.org/SeminarianWritings/Sem008.html.

[13] See http://infertility.about.com/od/infertilitytreatments for a step-by-step description of the complex regimen of fertility drugs used to achieve multiple mature eggs in a given ovarian cycle.

[14] *Donum Vitae* explains that medical interventions that assist faulty bodily functions are truly *therapeutic* and wonderfully moral. Interventions that replace or substitute for healthy bodily functions imply a preference for imperfect human invention to the designs of nature, and so of the Creator, and so are immoral.

him why he did not want the child he brought into the world.[15] The moral evil here is not only the deprived knowledge of one's human origins, but also that the child will have three "parents" in his origin and upbringing.[16] These injustices to the child can bring life-long suffering. Of course, another immoral aspect of the donor source of sperm is the violation of the marriage act and resultant interpersonal relationships by an outsider. Furthermore, considerable grief has been caused, on occasion, when the donor sperm was contaminated and transmitted a disease to the child, and also, owing to confusion at the clinic, when the sperm used was not that of the desired donor.

A less frequent form of heterologous IVF is when the eggs alone are from a donor (there is a growing trend in IVF clinics to encourage egg donations and donor egg usage[17]). The same moral concerns apply to this situation. Finally, it can happen that both the sperm and eggs used are from donor sources. This situation multiplies the moral evil, since the child will now have four "parents" to relate to in his or her life, and the adults involved will have to live with altered relationships to the child and to one another.[18]

We have all heard of another complication that can enter the life of a test-tube baby and the lives of the adults involved. This is the case of surrogacy, and its practice is increasing throughout the world.[19] If a

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[15] See the study entitled "My Daddy's Name is Donor." 67% of 560 people between the ages of 18 and 45 (who had been conceived through IVF) called for their donor's identity to be revealed, see *Le Monde,* June 8, 2010.

[16] See the report by David Hudson, dated September 16, 2014, about a "married" lesbian couple in Brazil that is believed to be the first to have three parents and six grandparents listed legally on the child's birth certificate (http://www.gaystarnews.com/article/brazil-allows-three-parents-be-listed-birth-certificate160914).

[17] For example, see http://www.rscnewengland.com/?gclid=C-MC0-cLdzMACFUVo7AodPAUAYQ.

[18] *Donum Vitae* teaches that every child, because of its human dignity, has a natural right to be *conceived* by an act of married love, *gestated in* and *born from* its real mother, and *raised to maturity* by its real mother and father. One might think that these requirements of human nature would also make adoption immoral. However, adoptive parents are not the cause of the missing biological parents of the adopted child, as a couple is in choosing IVF. Adoptive parents rescue a child from its unjust situation that was caused by its biological parents.

[19] See http://www.growinggenerations.com/surrogacy-program/surrogates/surrogate-mother-pay/ for details, including usual costs. See also the January 16, 2012 post on *Slate.fr* describing the services of the Planet Hospital of Los Angeles in the international surrogacy business.

conceived egg is implanted in and gestated by a second woman, either employed or volunteer, several anti-human consequences occur. An additional "parent" is added to a child's life, and it could mean the child would have five parental sources in its origin and upbringing. Moreover, the irreplaceable bonds over nine months of gestation will be missing between the child and the "mother" who will raise him or her. The sincere love of those who raise the child, no matter how strong and generous, can only add to, not replace, this vital bond. And such a bond, now ruptured with the surrogate, will have effects of loss in both the surrogate and the child.[20] Should the surrogate be a married woman with children, her familial relationships are impacted by her being pregnant for the whole of nine months and then "child-less" afterwards. Her husband will surely have trouble dealing with his wife's being pregnant from outside their marriage, and her children will wonder with some anxiety what happened to their expected brother or sister (with similar wonderment from extended family members and friends).[21]

In all of these donor situations, the real parental relationships of human nature are altered for life. For example, the man or woman in single-donor heterologous IVF will always know that he or she did not generate "their" child. One parent will be "real" and the other not. This difference may show itself at difficult times in raising the child, since the two parents are not equally responsible for the existence of this troublesome child. And subconsciously, at least, "my child" will mean something different for each of the two parents. Then, if the child is ever told who its biological parent is and who is not, this knowledge could be very disruptive psychologically for the child. Of course, the disruption of the natural relationships of a human family will only be more complex and troublesome in the other forms of donor IVF.

After the gametes to be used are obtained, the next stage of IVF has earned a resultant child the popular label "test-tube baby." This

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[20] See the report by Claire Legros, *La Vie,* June 11, 2009, in which Dr. Jean-Marie Delassus reacts to the sentence debated by the French Senate: "Surrogacy consists of asking the surrogate mother not to love the child which she is carrying."

[21] Surrogacy can be very expensive. The contractual fee for the surrogate can be up to $25,000, and the clinical and insurance costs even more. Should there be a lawsuit by the surrogate wanting to keep the child she carried to term, these costs and the heartache involved can be considerable. All of these circumstances can add to the immorality of choosing IVF.

is because around 10,000 of the "best looking" sperm (there are from 2–400,000,000 in a normal ejaculate) are placed in a laboratory petri dish or test tube, with each of as many as 8–15 (or more) retrieved eggs.[22] In the natural process of conception, the sperm have an enzyme cap at their head that prevents their penetration into body cells of the woman's reproductive tract while they are on their way up through the uterus and into the fallopian tubes where a ripened egg is normally waiting in one of the tubes. This enzyme cap is slowly worn away during the sperm's journey. Many IVF clinics, after washing away all semen fluids from the sperm, attempt to remove this enzyme cap by spinning the sperm in a centrifuge. Then, to encourage as many fertilizations as possible, the sperm are often stirred around each egg judged most healthy by a technician. In some clinics, a sperm is injected into each egg using a special needle. It is surprising to me that so little has been made of the possible harms that could be done to sperm or eggs (and to the genes they contain) by such relatively gross physical manipulations, especially since we know statistically that more physical defects occur in IVF children than in children conceived naturally. Should an IVF child grow up not liking one or another of his or her physical features, would they not always wonder if it were the unwanted result of the IVF procedure?

In natural intercourse, the journey of the 2–4,000,000 sperm from the vagina to the fallopian tube is something of an obstacle course that "weeds out" all but about fifty of the strongest sperm. And only one of these penetrates the waiting egg, which then hardens its shell so that no other sperm may enter it. In this magnificent way, nature selects the best suited sperm for the conception of new human life, while this stage of the IVF procedure selects sperm to join with eggs indiscriminately, that is, only by the visual guesses of technicians.

An IVF technician will be happy to have six or more fertilizations that look healthy under the microscope. Usually, those judged not as healthy are disposed of, cryo-preserved in liquid nitrogen (perhaps to be used in future IVF attempts), or sold for scientific experimentation by others, increasingly to embryonic stem cell researchers. This last possible fate of these human conceptions reveals plainly what IVF clinics and others wish to deny, namely, that each of these conceptions is a human life. Embryonic stem cell researchers need living *human*

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[22] Science has chosen to name this procedure after the Latin phrase, *in vitro* fertilization, that is, conception that takes place not in a mother's body but *in glass*. See http://infertility.about.com/od/infertilitytreatments.

embryos! And if there are too many healthy embryos to inject into the woman's uterus, these "extras" too are available for scientific research. The three to four "best looking" embryos are nurtured a day or so in a culture and then are inserted into the woman's womb in hopes that at least one will implant and begin to grow.[23] As mentioned, the success rate is very low, but, as the famous "octomom" shows, several inserted embryos may implant. And statistics now indicate that twinning is more frequent in IVF procedures than in nature. For these reasons it can happen that too many embryos begin growing in the woman's womb, either from the points of view of her health or of her desires. She is told to make a harrowing decision. It is euphemized as "selective reduction" or "multifetal pregnancy reduction," and it means that she must decide which embryos to abort and which to keep.[24]

I hope that the reader can see that the immorality of the IVF procedure itself is immense. It ranges all the way from questionable sources of gametes and technological manipulation of gametes and embryos (and possible harm to resulting children) to abortion of several to many human embryos. This range includes entrusting the judgment of who should live and who should die to a technician, the near freezing of human beings (only 50% even survive cryo-preservation), the fate of those left frozen, the selling of human beings for experimentation, and the experimentation itself, which involves the death of the embryos used.[25] Knowing this list of atrocities involved in IVF, who could approve such a procedure, either the technician or the man or woman desiring a child (or the culture and government)?

A further moral affront of IVF to the dignity of human origins is that the fertilizations are not the result of the act of fullest human love

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[23] An American study presented to the American Society for Reproductive Medicine on October 30, 2012, reveals that "the centers for medically assisted procreation (MAP) with a success rate lower than the national average transfer more embryos per cycle." This study from the Yale University School of Medicine analyzed "the data of all the American clinics that reported their activity to the Centers for Disease Control and Prevention."

[24] See http://infertility.about.com/od/infertilitytreatments. This source also states that, while rare, ectopic pregnancies can occur, and miscarriages do occur 15% of the time for women under 35, 25% of the time for women between 35 and 40, and 35% of the time for women over 42.

[25] Of course, the medical arts exist to assist human life that is somehow defective to again prosper. Medicine should not exist to harm or kill human life. IVF therefore contradicts the very purpose of medicine in so many ways. It glares, as an example, of how irrational even highly educated medical personnel can be when they devise procedures that substitute for healthy, natural processes instead of merely assisting defective, natural processes.

(yielding a unique body) to match God's creative love (bestowing a unique spirit), the only fitting origin of human life. Because of innate dignity, every human being deserves "to be loved into existence"—by its parents and by God. In addition, a technician's judgment prevails over nature's selection of which sperm impregnates which egg. No one will ever know in what ways the child's body might have been different from these two ways of combining gametes.

The foregoing has considered various forms of IVF as a moral object—that is, *what* a couple who says "yes" to the procedure (as well as the clinical personnel who also say "yes") becomes responsible for morally. Each form of IVF has anti-human features in the different ways discussed. Next, it is usually assumed that the second moral determinant, the couple's *motive* for saying "yes" is altruistic. We tend to think that people go through this dangerous and expensive procedure for the welfare of the hoped-for child. And yet, telling questions must be asked. How could anyone truly be wanting only good for a child whom they are submitting to the severe physical, psychological, and spiritual harms that sound statistical studies forecast as probable? Are not such couples really saying "yes" to their natural instincts of parenthood and family at the expense of the child? Does this not amount, in truth, to using the child as a means to their fulfillment? Is their choice of IVF not one to love themselves through the child, instead of to love the child for its own sake? Of course, if they are not knowledgeable of the probable deleterious effects to the child and to family relationships, and of the many aborted human lives, they are not responsible for this immoral motive or for the immoral object they have chosen. And in this latter possibility of non-awareness of the evil of IVF as the means to their goal of wanting a child, still a couple must discern whether they want the child for its own sake or for their own parental satisfaction.

In regard to the third moral determinant, *circumstances* surrounding the infertile couple *prior* to their decision to use IVF, the Church is very understanding and compassionate of their heartache. Besides urging them to bear their suffering of infertility in union with Jesus Christ's saving sacrifice, she encourages such couples to channel their parental energies to needy children who are parentless (by way of adoption), neglected, ill, or poor. Such true charity for children can give them a wholesome chance at life and will give great satisfaction to the adults.

Lastly, let us weigh morally the statistically known harms to IVF children to which we have alluded. These are the circumstances result-

ing *from* the chosen action that add to the evaluation of moral object and motive. Several informative studies of the outcomes of IVF for everyone involved have been conducted in the past few years.

Psychologically, child abuse occurs more in families with IVF children than in families with naturally conceived children. Also, a revelatory study by the Commission on Parenthood's Future showed that more than half of the children surveyed who were conceived from donor sperm suffer a psychological disquiet about their origins. They feel "wronged" by this parental choice ("a bad thing") and by the place money had to play in their conception. A full 25% "feel at odds with themselves" and find that "no one really understood them," and 46% feel a strong fear of incest: "When I'm attracted to someone, I worry that we could be related." Twice as many children conceived by donor sperm as children conceived normally grow up to become involved with drugs and the law.[26]

In regard to negative physical effects in IVF children, a study in the *Journal of the American Medical Association* reported that an American sperm donor, even though he had undergone the required tests for sperm donation, passed on a genetic heart condition to nine of the twenty-five children he fathered. One of them died at age two.[27] Several studies have found that babies born by IVF were more than twice as likely to have cerebral palsy as those conceived naturally,[28] while other studies conducted at the University Gotenborg (Sweden), reported in the journal *Human Reproduction* and in the magazine *Elle,* revealed that children born from a single IVF pregnancy have a 67% higher risk of being born prematurely before twenty-eight weeks and 15% more risk of being born before thirty-seven weeks than children conceived normally.[29] Moreover, neural tube malformations and underweight births are higher than for normal pregnancies. Low birth weight can also cause long-term health problems, including obesity, type-2 diabetes and hypertension. Finally, research into genes involved

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[26] See the report of this pivotal study by Brigitte Perucca, *Le Monde*, June 9, 2010.

[27] See the article by Michelle Roberts, *BBC News,* November 2, 2009, in which Dr. Allan Pacey of Sheffield University and the British Fertility Society judges this undetected transmission of genetic defect a near endless problem: "If you were to consider every disease the list would never end. And some things will always slip through the net."

[28] For example, see the respected study done at the University of Aarhus in Denmark reported in *TheTelegraph,* November 3, 2010.

[29] *Elle,* December 29, 2010.

in insulin and glucose metabolism has revealed specific DNA differences in children born through IVF.[30]

For the mother, there is a higher risk of miscarriage, as we have seen, and a likelihood of health issues such as diabetes and heart disease.[31]

III

How can our culture miss the flagrant contradiction in some practices of medicine today? This wondrous technology and art has developed over the centuries with the aim of assisting faulty bodily functions to regain their vital powers and sick persons to regain their health. Yet today, we have invented and even legalized medical technologies that kill human beings, either as their aim (abortion and physician-assisted suicide) or as one of their consequences (some contraceptives, IVF, embryonic stem cell research, and attempts at human cloning). In several ways, our contemporary culture has put us at critical crossroads. St. John Paul II often pointed to the power of culture, and he startled the world with his characterization of Western culture today as the "culture of death." He strongly warned us of the moral fallacy that, in one way or another, tempts nearly everyone in every age: "good goals do not justify evil means to achieve them."

IVF pursues the wonderful goal (in itself) of giving a child to an infertile couple. This seems to be all that our culture considers. If IVF results in a child, it must be good! How can the Church prohibit this amazing technology and deprive the childless of their fulfillment?

The Church does care! And she gladly approves any helps to such couples that fully respect their and the child's humanity, such as the sound medical practice of microsurgery and hormone therapy.[32] She

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30 See the report by Alison Cranage, *BioNews*, February 2, 2010. The British Human Fertilisation and Embryology Authority (HFEA) decided in 2009 to inform couples that IVF babies could be up to 30% more likely to suffer from certain genetic flaws. Their report cited a study on 14,000 babies that found that IVF babies had a significantly higher chance of having heart valve defects, cleft lips, and digestive system abnormalities. See *The Guardian* and *BBC News*, March, 21, 2009.

31 Ibid.

32 The most effective and fully Catholic medical help available to the infertile is NaPro Technology, developed over several decades by Dr. Thomas Hilgers (Omaha, NE) and now being introduced into several medical schools. His techniques have an 80% success rate of diagnosing and treating infertility problems.

recommends the use of NFP to detect the most favorable opportunities for a couple to conceive. At the moment, however, the Church suspends judgment about two techniques developed by Catholic physicians who sought to honor moral requirements. These procedures are known popularly as "TOTS" and "GIFT." The Church is studying them carefully to determine whether they merely assist a couple's reproductive efforts or essentially replace them with scientific procedures. At present, she counsels couples considering these procedures to study them in detail and then decide in their conscience whether they see them as only assisting or really replacing human procreation.

In this article, we have examined the *goal* of IVF that, to many people, seems totally altruistic ("At last, we have a baby!"), but we have seen that, for those knowledgeable, their goal is very likely self-serving ("We are parents, finally!"). This motive stands in contradiction to the baby's welfare if, in fact, the baby is not wanted for its own sake. And this self-serving motivation becomes a seriously worse abuse of the child when the couple is aware of the many deleterious effects of IVF. We have looked at IVF as a *means* to that goal and have discovered the enormous but unspoken immorality of the procedure. In several severe ways, it contradicts not only the true aim of the medical arts, but more startlingly, the good of human nature (in the child and in the possible multiple "parents"), the very individuality of the child, and the natural human origins and resultant family relationships. Here we have not considered in detail the third determinant of human dignity, namely, the *human destinies* affected by IVF, but we have at least put into question the destiny of the innocent children harmed and killed and that of the adults involved knowingly and freely.

Let me close with an explanation of the title of this article. The word "mayhem" was chosen to refer principally to physical harms often suffered by the child. But we have shown also that this word can be applied psychologically and spiritually to several instances of interpersonal harm caused by IVF. The word "murder" has been used only in its literal meaning, for much human life is created artificially by the IVF procedure and then destroyed. *Truly, IVF is mayhem and murder—so very well disguised.* NOV