

NaProTECHNOLOGY®: A Remedy for the Injustice of IVF

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Over the years, physicians trained in NaProTECHNOLOGY®¹ have raised serious concerns over the endemic practice of *in vitro*² fertilization. What seems to dishearten them and their pro-life colleagues the most is the callous habituation of our culture toward the enormous moral tragedy of IVF. Even among those who recognize the overt evil of its ancillary practices—the intentional destruction and cryopreservation of spare embryos—there is a tendency to lose sight of the fact that something is still *very* wrong with the essential act of producing human life in the laboratory. My focus here is to show the immorality of even the “simple” form of IVF (the production and transfer of a single embryo formed from the couple’s own gametes).

Another source of concern for NaPro physicians is the lack of an effective correction to the evil of technological reproduction. I am *not* proposing that, as an effort to cure the moral sickness of IVF, NaPro

specialists should engage in some sort of activism extraneous to their clinical practice. Quite the contrary, I am inviting them to be consciously aware of the moral power of what they are *already* doing. With the sterling goal of their NaPro approach to infertility (namely, to assist the couple to conceive a child within their marital act of love) NaPro physicians are redressing two evils of IVF. (1) It is immoral to replace the marital act of love with technological reproduction, for this practice unjustly denies the child unconditional acceptance and foundational equality with his parents.³ (2) Collaterally, there is mounting public opinion to impose an unjust condition on the freedom of conscience for clinical practitioners.

The proper approach to the moral analysis of IVF must be within the purview of the virtue of justice, as is the case for any act that involves one’s relationship to another.⁴ Here I will consider various ethics consultations with infertility clients to exemplify my thesis that IVF spawns both essential and accidental evil, but that NaPro infertility practice constitutes a medical-moral remedy for these injustices.

I. A NaPro Practice: A Remedy for the Interpersonal Injustice of IVF

Background

Consider the cases of two couples who resolved their infertility issues by quite different means. The first couple initially contacted me with a question about the ethics of IVF. As a result of our conversation they decided to pursue NaPro technology rather than *in vitro*. Thanks to the assistance of a physician who used NaPro protocols successfully to treat the pathologies causing their infertility, they were able to conceive each of their three children through natural acts of sexual intercourse. The second couple chose to generate a child technologically through *in vitro* fertilization. They opted for the “simple” form of IVF—the production and transfer of a single embryo formed from their gametes—in order to avoid what they thought was immoral about *in vitro*, viz., the deliberate destruction of some human embryos and the cryopreservation of others.

As God would have it, both couples were long-time friends and confidants, and serious Catholics. They exchanged notes (numerous times) explaining the reasoning process behind what they had done to resolve their infertility. Both knew the joys of having a baby. Both seemed satisfied with their treatment choices. But when the IVF couple failed to get pregnant after a second round of *in vitro*, the disquiet that had haunted them during their first attempt returned with a vengeance. This time they were determined to get to the bottom of their moral unease. Was it some sort of misplaced guilt? Or was it an intuitive response to a moral problem they had not articulated but is, I think, intrinsic to even the “simple” form of IVF?

To pursue the question, both couples agreed to study *Donum Vitae* and to refine their insights and questions by discussion with one another and with me. During our first consult I reminded them of the theological template for human procreation: the moral and anthropological truths that are revealed in the scriptural account of God’s creation of the human being. In the second consult, I used this template to help them evaluate the morality of the treatments they had chosen, to find the answers to the questions that their discussions of *Donum Vitae* raised, and to identify the basis for the

moral unease that the first couple had begun to experience. Let me turn now to the didactic element that I offer in such consults. Even though an actual consult involves much bilateral discussion, I present it here in the form of a monologue, so as to focus on the moral content that I try to present.

First Consult

Donum Vitae shows us that God’s creation of the first human beings is the Template—the Blueprint, if you will—for human procreation.⁵ The opening chapters of *Genesis* present two different narratives describing the creation of the human person.⁶ These chapters are not only a portal through which we can grasp how God provided a way to understand his own nature and the nature of the human being, but also a way to understand and evaluate various fundamental relationships: between God and human beings, between human beings and the natural world, and between one human being and another.

God’s decision to make man *in his image* sets the human being apart from all other created things. In the first creation story we see how he generates the entire spectrum of things in the world—oceans, sun, moon, stars, plants, and animals—all this is done by his command: “Let there be . . .” But to highlight the exceptionality of the human being, God utters words saturated with his love: “Let us make man in our image, after our likeness” (Gen 1:26). Who is the original image of God and thus the pattern for us human beings? St. Paul tells us that Christ “is the image of the invisible God, the firstborn of all creation” (Col 1:15). God the Father loves his Son unconditionally, and Jesus, in turn, reveals to us the meaning of this unconditional love: “No one has greater love than this, than to lay down one’s life for one’s friends” (John 15:13). His unconditional love shows forth the same radically self-giving love that the Trinity shows in creating every human person. When read in the light of the revelation in Christ, *Genesis* teaches that God creates every person in his own image and loves every human person *unconditionally*. This image and this love elevate man above all other created things.

The second creation story confirms the uniqueness of human nature by stressing the powers of knowledge and love that God gave to human persons. The story pictures the Creator scooping up clay from the earth and breathing life into this inert matter. It is a critical point. God shares the breath of his divine nature,

including his wisdom and love, with man and *only* with man. The distinctive human powers of rationality and self-determination, the capacity to know what is true and to choose the true good, are designed to orient the human person to God and to set the human being *above* the rest of the universe. In contradistinction to objects found in the world, the human being is also a subject—an embodied, intelligent, and free person whom God willed to “be left in the hands of his own counsel.”⁷ In this way, Genesis highlights the truth that all human beings can take delight in the fact that they exist simply because God desires, causally wills, and unconditionally loves them.⁸

In a gesture that underscores the uniqueness of man’s rational nature, God immediately assigns to human beings dominion over the various creatures of the earth. He settles the man in the Garden of Eden “to cultivate and care for it” (Gen 2:15). God invites the man to name the animals and thereby makes human beings his agents. He shares his absolute dominion over the universe by assigning man a secondary dominion over the “fish of the sea, the birds of the air, the tame animals, all the wild animals, and all the creatures that crawl on the earth” (Gen 1:26).

Implicit in this passage are the parameters of man’s dominion. The way in which a human person is to exercise his primacy over things is by respecting the nature of each type of creature, and especially his own nature as a person. He must never consider any human being merely at the level of a thing. For this reason, a child⁹ may not be used as an object or a mere instrument for the fulfillment of the desires of his parents. Rather, parents ought to love the children whom they bring into existence in the same way that the Creator loves every human being to whom he gives existence: with an unconditional acceptance. The human being must be recognized as good, independently of the desires of others and independently of acceptance by others.¹⁰ To use the Creator’s declaration, the existence of each person is *very* good.

As *Genesis* shows, the creative love of God bestows on each human being a unique dignity as an *imago Dei*. The fact that God loves every human being unconditionally and creates each person in his image explains why every human being has an innate desire to be accepted as a person and to be loved unconditionally by others. This universal desire to be loved without qualification manifests the equal dignity and worth of all human beings.

This fundamental law of human equality is the basis for the demands of interpersonal justice: that each human being must render to others the unconditional love that is his due. As Jesus teaches: “Do to others whatever you would have them do to you” and “Love your neighbor as yourself.” The Golden Rule is an important way to formulate our duty to render to the other what is his due. I must accept other individuals unconditionally just as I would want to be accepted in that manner.¹¹

We should also consider the scriptural doctrine on procreation. By picturing the creation of the woman from the side of the man, *Genesis* (chap. 2) signifies her equality with him. By virtue of her rational intelligence and freedom, the woman is able to join the man in exercising responsible obedience to God’s commands: “be fertile and multiply; fill the earth and subdue it” (Gen 1:28). In his teaching on divorce,¹² Jesus directs our attention back to the beginning, back to *Genesis* and to God’s original plan for human procreation. By combining what is said about procreation in chapter 1 (“be fruitful and multiply”) with what is said about the unitive dimension of marriage in chapter 2 (“for this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh”), Jesus teaches us why divorce is against the couple’s good. Only the security and commitment of a marriage that lasts unto death can be the proper context for the procreation of a new human being. Just as the married spouses form an unbreakable bond in their two-in-one-flesh union, so too the unitive and procreative meanings of their marital act of love are inextricably linked.

The divine plan for human procreation is this: In the same way that God brings everything into being out of his radical self-giving act of love, so too ought the life of a baby come to be as the result of his parents’ bodily act of self-giving love. Only through their marital love will parents be able to receive a child as he truly is: a gift to be loved unconditionally, that is, just because he exists. Only in the context of their bodily act of love and union are parents able to fulfill the demands of justice: they are to love their child unconditionally as a person equal to them, that is, to recognize the goodness of their child independently of their desires and their will. The existence of their child depends solely on the will of God, the one who fulfills their desire for a child.¹³

Second Consult

The objective of the second consult is to use the moral and anthropological truths about the creation of the human being as a way to evaluate the morality of the treatment choice of each couple: NaProTECHNOLOGY® for the one, IVF for the other. These truths will help to provide answers to questions about *Donum Vitae* and to identify the legitimate basis for moral unease with IVF. God's creation of the human being provides a template against which couples can measure the moral goodness of their choices in regard to procreation. An important passage in *Donum Vitae* reads thus:

In his unique and unrepeatable origin, the child must be respected and recognized as equal in personal dignity to those who give him life. The human person must be accepted in his parents' act of union and love. . . . In reality, the origin of a human person is the result of an act of giving. The one conceived must be the fruit of his parents' love. He cannot be desired or conceived as the product of an intervention of medical or biological techniques.¹⁴

This passage deserves careful consideration for the questions that it raises: (1) Why, precisely, does the Church insist that the generation of a baby within the marital act provides the only way for parents to respect and recognize the child as someone "equal in personal dignity" to them? (2) How, specifically, does the IVF parents' reception of their child deny his dignity and personal equality to them?

We can begin to formulate an answer by reflecting on what an infertile couple means when they say: "If only we could have a baby!" or "We really want (desire) a baby!" Everyone would agree that statements like these express a legitimate desire, for (all things being equal) it is better for a couple to have kids than to be childless. Most people experientially recognize that this desire is a perfectly natural one—living proof, in fact, that the Church is right to insist marital love reaches its perfection in giving life.

But the reason why we think the desire of an infertile couple for a child is a good thing is not simply "because it is good to have desires, and the generation of a child fulfills those desires!"¹⁵ Of course not. We think that an infertile couple's desire for a baby is good by the fact that the object of their desire—the baby—is a good. And the baby is a good, not because he fulfills his parents' desires, but because his existence, entirely

independent of their desires, in and of itself, is a good. According to the demands of justice,¹⁶ a baby must be recognized by his parents as an intrinsic good. The focus of the parents' desires shapes and differentiates the way in which they evaluate their child's existence. When the existence of the baby is a central focus for its parents, they, in effect, say "the fulfillment of our desires is good because now a new life has begun." But when parents place the fulfillment of their desire for a baby at the center, it is tantamount to admitting that what they mean is something like: "it is good for us to have a baby because, by having him, our desire has been satisfied."

What helps us make sense of these opposing parental attitudes is Aristotle's distinction between two ways in which human beings might want something. The first type of wanting takes the form of "to desire" while the second type takes the form of "to intend." My wants as desires do not necessarily lead me to concrete actions. They remain at the level of simple wanting or hoping. Therefore, if I eventually get the thing I was hoping for, I might consider it, not as a product of my own doing or making, but as pure luck or pure gift.

When my wanting, on the other hand, is an intending, it is aimed at something that I am unable to do right now but that I believe I will be able to do as soon as I convert my intention into concrete actions. Hence, when my wanting is in the form of an intention, it directs me to search for a means, that is, to find concrete actions that will realize my intention. I perform these actions deliberately, that is, with the intention of obtaining whatever it is that I want. When I obtain the thing I intended, I accept the wanted thing as the object or product of my own doing or making, as a product of my causative will.

Aristotle's explanation of the two ways in which human beings want something confirms a connection that is consistently observed between the desires of NaPro and IVF parents and the intentional actions that follow from those desires.¹⁷ A NaPro couple takes reasonable steps to remove the disease impediments to their infertility. The typical form of their wanting is the simple wish that a baby might come from their loving act of intercourse as its fruit or its crown. This form of "wanting a baby" inclines them to accept and welcome their child's conception, gestation, and birth as a miracle or a gift. What is more, I have also noticed two additional dispositions in NaPro parents that lend credence to the legitimacy of their desire for a baby. First, they tend to be just as ready to accept the occasions when their desire for a baby is not fulfilled (i.e., when they do

not conceive), and second, they accept and give assent to a child who is either not “planned” or who, because of health or congenital anomalies, did not turn out to be everything they had hoped for.

What is the NaPro couple willing (that is, intentionally, voluntarily, deliberately doing) when they engage in an act of marital intercourse with the strong desire for a baby? Their desire does not direct them to a concrete act with the sole intention of generating a baby. The marital act is not primarily a “means” by which the couple reach the goal of a “child.” Only in its natural or biological structure is there a means-end link between copulation and procreation, and only on that level is the conjugal act a means to generate a baby. But by the fact the NaPro spouses also choose to engage in marital intercourse during times of infertility (and thus to strengthen their union) is a testimony to the transcendent character of the marital act. The marital act is *more* than its procreative meaning. It is a personal act. In its personal structure (rather than being only or primarily an act that is a means for the generation of a child) it is *an act of love*. It is an act in which the spouses integrate their sexual inclinations, passions, and fertility into the level of reason and will, the personal level of love and union.

What the NaPro spouses are *intentionally doing* when they engage in an act of marital intercourse with a strong desire for a child is to *exchange love*—to make a complete, reciprocal gift of self—and to join their embodied selves, one to the other.¹⁸ Their personal act of love becomes the occasion of procreating a new human life with God, so that the life of the new human being originates from the causative act of God’s loving will and arises from within his parents’ act of love. Thus we can see that the marital act is not only carried out with an explicit desire or intention to generate a baby but also to exchange love.¹⁹ The NaPro couple having intercourse with a deep desire for a child are consciously aware that from within their intimate exchange of embodied love a new human life could come. They place their marital acts of love at the service of life.

I observe a completely different intentionality in a couple’s decision for actions of IVF and its execution. As soon as the couple decides to do IVF, their previously legitimate desire (“we wish we could have a baby”) changes into quite a different sort of intention (“we *will* generate a baby, no matter what!”). But this intention reflects the erroneous mentality that a couple has a right to a child. It is easy to lose sight of the reality that a child is a gift, not a piece of property. Although

parents have a right to the marital act, they do not have a right to a child. And if there is no right, there cannot be a legitimate exercise of a means. The intention of the IVF couple to generate a baby, based as it is on this flawed idea that having a child is a right, *does* direct them to find a means to realize that end.²⁰ And the means they choose are the concrete actions of IVF: oocyte collection, fertilization, and embryo transfer. By executing these actions the couple intends to fulfill their desire to generate a baby. Thus, the couple’s sole intention in their choice and execution of the actions of IVF is to fulfill their desire for a child. It is a logical impossibility for a couple to choose and execute the actions of IVF without the intention to generate a baby. Proof of this is the fact that when repeated rounds of *in vitro* are unsuccessful, the couple cease and desist. They stop doing the actions involved in IVF. But, as already noted, NaPro couples who do not get pregnant from their fertile acts of intercourse do not tend to stop having sexual intercourse because of it. They understand that the marital act does not lose its personal essence of love when it does not end in a pregnancy. In contrast to the NaPro couple who place their marital acts of love at the service of life, the IVF couple place their technical actions at the service of the fulfillment of their desire for a baby.

Typically, when husband and wife conceive a child within a bodily act of unitive love that includes the explicit desire for a baby, they recognize that it was not they who “made” or “created” their baby; rather, a Power beyond theirs—God—did it. Although one spouse may have quipped to the other “let’s make a baby,” both recognize that the natural processes of fertilization took place after but independent of their direct control. As a result, they can welcome the new life of their baby only as it truly is: a pure gift, the crowning gift of their marital love. Since their reciprocal act of self-giving love was open to life (that is, the husband and wife provided the human gametic material of ovum and sperm), they were procreators with God by placing their act of love at the service of life, at the service of God’s desire, his causative will, and his love.

The child conceived within his parents’ act of intercourse is not the object of his parents’ making, but the fruit of their love. Since the desire of the NaPro parents did not relate to something that was solely in their power to do (to generate a child), their desire is not the only *cause* of their child’s existence. Oftentimes, the NaPro parents realize the existence of their baby depends not only on their will but on the will of God

who fulfills their desire. Their desire is to respect the child as a gift freely given by God. Hence, the intentionality exercised in the conjugal act by the NaPro couple is unconditional love for the baby. It would make no sense, then, for the NaPro child to say to his parents: "I exist because, and only because, you desired me." The NaPro parents did not will the existence of their child; they only hoped for it. Therefore, they accept and love their child unconditionally—just because he exists—and value the goodness of his existence independently of their desires, their will, or their love. This provides the NaPro child the perfect opportunity to relate to his parents as an equal, as someone who, like them, desires to be loved in and for himself. Thus, as the NaPro child matures, it would make perfect sense for him to say to his parents, in effect: "I exist because you desired to make a gift of yourselves within a bodily act of union that was engraved with your deep desire for a baby; I came to be as the gift of God and the fruit and the crown of your act of self-giving love."

The NaPro child, even if only subconsciously, feels gratitude to his parents. He cherishes his parents' unconditional love. He possesses an existential appreciation for the fact that his parents freely provided the occasion and the gametic material so that God, according to his good design, chose to bring him into being. The NaPro parents, in turn, relate to their child as someone who is their equal, a rationally intelligent and self-determining person who desires to be loved in and for himself, just because he exists. As a result, the NaPro child relates to his parents with a sense of existential independence. He feels free to become, not primarily the person his parents desire him to be, but the person God wishes him to be. The NaPro parents receive and love their baby in the only way they ought to relate to someone who has deliberately been willed by God: as a gift, as an end in himself, as a person in his own right.

By contrast, the actions of IVF—the technical simulations of the mere procreative structure of the marital act—sunder the link between procreation and the act of sexual love. These actions deny a new human being the reciprocal self-giving act of its parents' marital love. Therefore, the act of generating new human life *in vitro* becomes an artificial technique whose fundamental character is completely different from the natural process of fertilization within the marital act. Separated from the interpersonal communion of spousal love, the fertilization of an embryonic human being in a petri dish becomes nothing more than a rational, productive action oriented to a goal. The parents' intention to generate a

child by means of IVF treats the child as a product and reduces him to the object of their production.

For this reason, IVF parents make the life of their child depend on their desires, on their will and, therefore, on their power. Such power sets the IVF parents over against their child by creating a relationship riddled by gross inequity. The IVF child could think and, in effect, say to his parents: "I came to be *only* on the condition that your desires for a baby would be satisfied." The child, once he is old enough to reflect on his beginnings, might also think: "I exist to vicariously fulfill my parents' hopes and dreams." But this sort of existential dependence would contradict the child's fundamental equality with his parents and all other human beings.

What is more, IVF parents and doctors create the child in their own image. They manufacture the child according to their own eugenic and developmental criteria. Instead of saying to the child, "We accept you because and in the measure in which you exist," they in effect say, "You live because and in the measure that we desired you." As the product of his parents' will, the baby becomes a mere means, an instrument, for the satisfaction of their desire for children. There is no other way to put it: the parents *use* the child as an instrument to fulfill their desires. They, in effect, say to the child: "It is good for us to have you because, by having you, our desire for a baby has been realized." In practical terms, should the IVF parents' original attitude of instrumentalization continue beyond birth, it could mean they might regard the child, should his mental or physical development be compromised, as a frustration, a disappointment, as someone who falls short of meeting their desires and expectations. In this case, the injustice of the IVF parents' relationship to the child would pose an even greater threat to his personal equality and dignity.

The distinctive intentional parent-child relation of IVF explains the fundamental immorality of the "simple" form of *in vitro* and the moral significance of the "conjugal love vs. technology" contrast discussed in *Donum Vitae*. The fertilization of a human being in a petri dish is an intrinsically moral evil not only because it circumvents one fact of nature (the natural link between copulation and procreation) but also because it is against the whole of human nature. The will of the parents to generate their baby within an act of production contradicts the unconditional acceptance of the child that alone accords with reason, that is, comports to the child's nature as a human person. IVF parents deny their child's fundamental equality with them by

refusing to love the child in the manner in which they (and all human beings) want and need to be loved, that is, unconditionally, just because they exist. As such, the IVF parents' conditional love for their child—accepting him on the condition that he fulfills their desires—contradicts a principal demand of *justice*, the Golden Rule. In this case the parents accept their child in a manner in which they would not want to be accepted. Seen in this way, the will of IVF parents to produce a child technologically opposes reason precisely in its opposition to justice, a basic component of human rationality.²¹ Therefore, the conditional acceptance of the baby that necessarily characterizes the attitude of IVF parents is fundamentally immoral because it is unjust.

Understanding these points has prepared us to answer the first question raised about *Donum Vitae*. The reason why “the Church insists that the generation of a baby within the marital act provides the only way for parents to respect and recognize the child as someone ‘equal in personal dignity’ to them” is this: the act of marital love is the only reproductive context in which parents are able to welcome and love their child *unconditionally*—as a gift—as someone whose mere existence is, already, *per se*, a good. And, loving their baby unconditionally is the only way in which parents are able to accept their child justly, as is his due: as someone equal in personal dignity to them. Hence, the way in which spouses conceive their child is a faithful icon of the way God unconditionally loves the human being into existence.

We are now also able to answer the second question: How, specifically, does the IVF parents' reception of their child deny his personal equality to them? By refusing to love the child in the manner in which they want to be loved, that is, *unconditionally*, just because they exist. In effect, IVF parents deny the child's fundamental equality with themselves. As such, their conditional love for their child contradicts the principal demand of justice, the Golden Rule: The parents accept their child in a manner in which they would not want to be accepted. Hence, the way in which spouses produce their child through IVF is not a faithful icon of the way in which God unconditionally loves the human being into existence.

It follows that the moral unease experienced with the couple's decision to use the “simple” form of IVF is not some sort of misplaced guilt. It is evidence of an inner moral sense that summons a person to the objective truth of loving and pursuing the good and avoiding evil. An intentional choice to undertake the “simple” form

of *in vitro* does not mean that a person has fully understood the objective injustice of this action. A person's moral culpability could be diminished in proportion to one's ignorance. But when one has understood, one needs to take up the cross of infertility and seek treatment that respects the right of every child to be generated in the way that befits his dignity as an image of God. As I see it, seeking the care of a NaPro specialist is a win/win option: It offers a good possibility of resolving an infertility problem, and it optimizes the chances of conceiving a child, as is his due, within a marital act of love.

II. A NaPro Practice: A Medical Remedy for the Social Injustice of IVF²²

Today IVF is rarely, if ever, done in the “simple” form analyzed here. The almost universal inclusion of overtly evil ancillary practices—the deliberate destruction and cryopreservation of embryonic human beings—only serves to compound the injustice of the laboratory fertilization of human life. So, in its normative practice, IVF is a mode of action by which parents and doctors intentionally deny the child not only his fundamental right to be loved unconditionally (i.e., to be conceived, gestated and born into marriage) but also the child's basic right to life.

IVF, with its endemic attack on these two most fundamental of all human rights, slowly but surely, spawns a mentality that, in a viral fashion, infects the way in which people think about every other basic human right. If we can suppress the most fundamental of human rights with impunity (IVF, after all, is almost universally legalized), then what's to stop us from limiting other human rights? The IVF mentality swaps the idea of the unconditional existence and exercise of basic human rights with the notion of a conditioned existence and exercise. As a result, the mindset of our contemporary society favors the idea that all basic human rights ought to be awarded and exercised according to conditions set down by external institutions and authorities.

NaPro physicians are painfully aware of the growing private and public attitude that would favor arbitrary limitations on the basic freedom to exercise their well-formed consciences in the halls of medicine.²³ They witness a cavalier attitude among medical

accrediting agencies, for these external authorities pretend not only to grant the right of religious liberty to NaPro specialists like themselves but also to dictate when, where, and to what extent it may be exercised. Arguably, by means of their serene, persistent, and courageous provision of NaPro care to their infertility patients, NaPro doctors help to inoculate society against the resultant viral injustice of conscience-coercion within clinical medicine. The societal will toward a conditioned practice of the basic right to follow conscience breaks against the medical-moral integrity of their NaPro practice, against the evidence that their infertility protocols are medically successful—promoting the good of women and child-friendly obstetrics and gynecology—and morally valuable—defending the basic human goods of life, procreation, marriage, and family. As such, their NaPro practice, *in se*, stands as a direct challenge to the gross injustice of an IVF mentality that would place political restrictions on their right to practice medicine in accord with a faith-formed conscience.

On this topic *Gaudium et Spes* eloquently teaches:

Through loyalty to conscience, Christians are joined to other men in the search for truth and the right solution to so many moral problems which arise both in the life of individuals and from social relationships. Hence the more correct conscience prevails, the more do persons and groups turn aside from blind choice and try to be guided by the standards of moral conduct.²⁴

Conclusion

Consequently, the NaPro alternative to IVF—the medical facilitation of the conception of new human life within an act of spousal love—constitutes an exact *remedy* for the primary and secondary injustices of IVF. To my mind, that is an *effective* correction indeed! ❧

ENDNOTES

- 1 NaProTECHNOLOGY® is a versatile, universal women's health science developed by Dr. Thomas W. Hilgers and his medical colleagues at the Pope Paul VI Institute. Evolving over four decades of clinical research, Natural Procreative TECHNOLOGY (NaPro for short) utilizes a standardized and prospective system of cyclic charting whose biofeedback is critical in helping women understand their health and fertility. One abiding hallmark distinguishes its forty-year history. The important goals of a woman's healthcare—the regulation of fertility and the identification and treatment of reproductive abnormalities—are realized in cooperation with her natural procreative cycle.
- 2 The term *in vitro* is a Latin phrase meaning in glass. Previously, experiments involving tissue cultures outside of the living organism were done in glass containers such as beakers, test tubes, or petri dishes. Now that these containers are usually made of plastic, the term *in vitro* is used generically to distinguish laboratory simulation of processes that normally occur *in vivo*, or inside the body (in IVF, for example, the fertilization of a human being).
- 3 My analysis of the fundamental immorality of the "simple" form of IVF relies on the arguments developed by Fr. Martin Rhonheimer, "The Instrumentalization of Human Life: Ethical Considerations Concerning Reproductive Technology," in *Ethics of Procreation and the Defense of Human Life* (Washington, D.C.: The Catholic University of America Press, 2010), 153–78. At the outset of his moral analysis of technological reproduction, Rhonheimer makes it clear that his thesis—that the "simple" form of IVF is fundamentally immoral because it is unjust—concur exactly with that of German philosopher Robert Spaemann. Rhonheimer references the conclusion of Spaemann's response article to Donum Vitae: "Regarding the baby conceived in a test tube, he is naturally, like every other baby, a creature in the image of God, and must be respected as a person. Nevertheless, the way in which he has been produced is unjust. It violates the fundamental equality of all people, which finds expression in the fact that every person—including the person's parents—owes his life to nature" ("The Instrumentalization of Human Life," 157). I was instinctively drawn to the conclusions of both these scholars and the supporting rationale developed by Rhonheimer because they mirrored perfectly my practical experience in eighteen years of consultations with infertile couples, some of whom had done IVF, others of whom opted for NaPro technology. I depart from Rhonheimer's analysis insofar as he suggests that, because of the immorality of the "simple" form of IVF, the only moral option for infertile couples is adoption. My contribution here is not only to present NaPro infertility protocols as an effective medical and moral treatment option to IVF. But it is also to highlight the fact that, when medical consultants apply NaPro technology to their infertility patients, they are redressing both the fundamental evil of IVF and the secondary evil of the IVF mentality.
- 4 The virtue of justice perfects the will in respect to seeking the good of others. Human beings naturally tend to regard other people as their friends and equals. They consider the natural principles of justice that are summarized in the Golden Rule ("Do unto others what you would have them do unto you") and in "Love your neighbor as yourself" as reasonable and, in theory, as requirements that they can fulfill without the acquisition of the virtue of justice. But when it comes to the level of our habitual dispositions, we humans know, in our wounded, sinful condition, that we habitually tend to seek our own good and to prefer our own good over that of the other person. In other words, our habitual tendency to seek our own good is stronger than that of seeking our neighbor's good. Thus, our reason and our will do need to be habituated by the virtue of justice so that we can seek the other's good as consistently, readily, and joyfully as we seek our own. Conceiving a baby within an act of marital love enables the couple to readily and consistently give their child the unconditional love that is his just due: what is his own, what is his due by right of his person and personal dignity. Producing a baby through IVF—placing the fulfillment of their own desires for a baby over the intrinsic good of the child—disables the couple from giving their child what is his due as a person. "Justice, then, by its very essence has to do with the relationship with one's fellow human being; to the other as a person: to the life, physical integrity, material and spiritual goods that

belong to him.” Cf. Martin Rhonheimer, *ang2057 The Perspective of Morality* (Washington, D.C.: The Catholic University of America Press, 2011), 230–32.

The thesis of this article shows how the will of the IVF couple expressed in its decision for the actions of IVF and its execution is corrupted by the vice of injustice, as it denies the technologically produced child the unconditional love that is the child’s due by right of his dignity and personhood.

- 5 Sacred Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation [Donum Vitae]*, Introduction §1 (Boston, MA: Pauline Books & Media, 2003 [1987]), 17.
- 6 A synthesis of: (1) *Genesis*, chaps. 1–2; (2) Austin Flannery, O.P., ed., *Gaudium et spes: The Church in the Modern World* §11–52, in *Vatican Council II: The Conciliar and Post Conciliar Documents* (Northport, NY: Costello, 1975), 912–57; (3) *Catechism of the Catholic Church* (Chicago: Loyola University Press, 1998), 337–73; (4) John Paul II, *Evangelium Vitae* (Vatican City, 1995), §34–35; (5) USCCB Commentary on the first and second chapters of *Genesis*: <http://www.usccb.org/bibl/scripture.cfm?bcv=01001006>; and (6) Colleen McLean, “A Catholic Commentary on Creation” (May 6, 2013): <http://spokanfavs.com/a-catholic-commentary-on-creation/>.
- 7 *Gaudium et spes*, §17.
- 8 Cf. Rhonheimer, “The Instrumentalization of Human Life,” 171.
- 9 The personhood of the human child, born and unborn, is presupposed throughout this paper. For a detailed demonstration of the personhood of the human embryo, see my discussion in “NBAC and Embryo Ethics,” *National Catholic Bioethics Quarterly* 1, no. 3 (Summer 2001): 163–87.
- 10 Cf. *ibid.*, 170 *et passim*.
- 11 Cf. *ibid.*, 177.
- 12 Cf. Matthew 19:1–9 and Mark 10:1–12.
- 13 Cf. Rhonheimer, “The Instrumentalization of Human Life,” 168 *et passim*.
- 14 *Donum Vitae*, Part II, section B, chapter 4C.
- 15 See “NBAC and Embryo Ethics,” 174.
- 16 See n. 3 above.
- 17 Discussions with our staff psychologist, Dr. Kelly Morrow, and some of our nursing staff made me aware that some NaPro infertility patients also drift into a twisted form of desire that manifests itself—as it necessarily does with the IVF couple—with the intention to have a baby (naturally), no matter what! If so, such desire would shape the intentionality of their marital acts (just like it does the IVF couple’s actions) and result in the same injustice toward the baby, loving him not in and for himself, but because he is the means or instrument of fulfilling their desires for a baby. Although this has not been my experience with my NaPro infertility clients, I can certainly understand how this sort of intentional desire could occur, given the intensity with which some infertile couples desire a child. It is paramount to seek good moral and psychological guidance as the infertile couple attempts to seek infertility treatment.
- 18 Aristotle divides human actions into two kinds, *praxis* and *poiesis*. The first activity, *praxis*, is a doing that is an end in itself; the second activity, *poiesis*, involves a making or producing that is a means to an end, the product. The marital act is of the first variety, *praxis*, i.e., a doing: an activity desired for its own sake: to reciprocally express love. This in contrast to the actions of IVF; a *poietic* activity: the actions of the “simple” form of IVF (oocyte collection, fertilization, and embryo transfer) are not desired for their own sake, that is, they have no intrinsic value, save they are a means to the goal, the product (the child) that is being created or produced. See Oded Balaban, “*Praxis* and *Poesis* in Aristotle’s Practical Philosophy,” *The Journal of Value Inquiry* 24 (1990): 185–98. See also Rhonheimer, “The Instrumentalization of Human Life,” 166.
- 19 I spoke with a woman who used Creighton Model FertilityCare™ System solely to have a baby. Because she despised her husband but did not want to divorce him for the sake of the children, she would only consent to sexual intercourse on her peak day of fertility and only when she wanted another child. She had five children and just about as many times of intimacy with her husband. We spent most of our consult time discussing what it means for a couple to engage in marital intercourse

that is truly human, that is truly marital, as a reciprocal act of self-giving love. As *Humanae Vitae* explicitly states, it is good for couples to engage in intercourse during their infertile times to express and strengthen their bodily union and love. Any act of intercourse that lacks this personalistic dimension of an exchange of love—because it is done only as a means to generate a child—deviates from the true meaning of the conjugal act and fails, proportionately, to help the couple develop a healthy marriage.

- 20 See previous footnote.
- 21 See n. 3 above.
- 22 While Rhonheimer speculates that the practice of IVF could change the way in which society looks at basic human rights generally, I argue that the endemic practice of IVF has changed society’s notions of the exercise and origin of fundamental human freedoms such as the basic right to follow one’s well-formed conscience. Just as there is a contraceptive mentality that has grown out of almost seventy years of widespread use of contraception and sterilization that has neutralized the evil of the direct suppression of the procreative meaning of the marital act, so also is there an IVF mentality that has grown out of almost forty years of IVF (which, in its normative practice includes the direct destruction and cryopreservation of embryos) that neutralizes the suppression of the two most basic of human freedoms: the right to life and the right to be conceived, gestated, and born into marriage. Cf. Rhonheimer, “The Instrumentalization of Human Life,” 174–76.
- 23 Examples of conscience coercion in medical practice are ubiquitous. The following are representative of the problem: In the U.S., the ethics committee of the American College of Obstetricians and Gynecologists published a statement severely conditioning the exercise of conscience among ACOG members. The American Board of Obstetricians and Gynecologists (ABOG), the body responsible for certification of OB/Gyns, joined forces with ACOG to stipulate what constitutes “cause” for revocation of certification: “Cause in this case may be due to, but is not limited to, licensure revocation by any State Board of Medical Examiners, violation of ABOG or ACOG rules and/or ethics principles or felony convictions” (ABOG, 2008, 11). Since the ACOG ethics committee statement on conscience restrictions is labeled as “opinion,” it is difficult to say whether it counts as official ACOG “ethics principles.” If it would, the adverse professional consequences for conscientiously objecting ACOG members could be formidable.
- In Canada, the Ontario College of Physicians and Surgeons is conducting a policy review of their current statement on conscientious objection, which reads: “Doctors have the right to refuse treatments and procedures for religious or moral reasons as long as they communicate their position clearly, advise patients of all potential options, advise patients they can see another physician and treat patients with respect.” In their review of the human rights code, the OCPS are consulting both the public and doctors for their opinions and feedback on the validity of conscientious objection in medicine. As of this writing, results do not augur well for maintenance of OCPS’s current policy. To the poll question “Do you think a physician should be allowed to refuse to provide a patient with a treatment or procedure because it conflicts with the physician’s religious or moral beliefs,” 70 percent of online participants have answered in the negative.
- In Britain, the Royal College of Obstetricians and Gynaecologists Faculty of Sexual and Reproductive Healthcare has ruled that doctors and nurses who object to contraception or the morning-after pill are ineligible for “diplomas in sexual and reproductive health as well as full membership of the faculty.” The *Telegraph* summarized the devastating effect of this ruling: “It bars pro-life doctors from specializing in sexual and reproductive health and also makes it much more difficult for non-specialists to get jobs in family planning or reproductive health.”
- In Poland, Dr. Bogdan Chazan, citing “a conflict of conscience,” refused to refer a woman (carrying a severely deformed baby) to another doctor who would perform the abortion. He suggested that the woman should take the baby to term and then, at birth, give it over to hospice care. The mayor of Warsaw dismissed Chazan as director of the hospital claiming he did not have the right to refuse to refer and that he had not informed the woman of her options for getting an abortion.
- 24 *Gaudium et Spes*, §16.