Guiding patients through infertility given the current ethical views on ART from Catholic, Christian-Protestant, Jewish and Islamic faith traditions

Hannah Lynn Conrad

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“Guiding patients through infertility given the current ethical views on ART from Catholic, Christian-Protestant, Jewish and Islamic Faith Traditions”

Hannah Lynn Conrad

The University of Toledo

2012
ACKNOWLEDGEMENTS

I would like to thank Dr. John Murphy for dedication of not only his knowledge and expertise on this topic, but also of his time in helping this paper come to be.

I would also like to thank Jolene Miller of the University of Toledo Mulford Library for her assistance in article collection and referencing.
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INTRODUCTION

Health care decisions made between health care professionals and their patients are based upon several factors, both clinical and personal. Much of the discussion over a treatment plan stems not only from what is the accepted medical therapy, but how the patient and provider’s moral and ethical beliefs play into what science has to offer us. Religion is one aspect of a patient’s belief system that must be considered in medical decision-making (Fosarelli, 2008). While health care professionals are encouraged to elicit religious views during the medical interview, it remains one aspect of the person that is often overlooked (Curlin, Chin, Sellergren, Roach, & Lantos, 2006). One significant reason is that once a person states their religious affiliation, many providers are unsure of what to do with this information and what it means relative to a patient’s preference for treatment (Chibnall & Brooks, 2001). Once we understand a person’s religious affiliation, and how tightly they adhere to the official beliefs of that church, we can begin to provide care more consistent with both their physical and spiritual needs.

Although religious and spiritual beliefs play a role in health care throughout the entire lifespan, it could be argued that these fundamental values become of utmost importance at the beginning and end of life. Perhaps surprisingly, the argument at both ends of the spectrum has one common theme, “What constitutes life?” (Kurjak, Carrera, McCullough, & Chervenak, 2007; Smith, 2000). Largely in the religious context of beginnings of life, this question is more accurately, “When is a soul created?” (Bole, 2000; Cameron & Williamson, 2005) Many believe that this occurs when sperm and egg meet. Others may argue that a life begins with the formation of the fetal heart. These opinions, and numerous others, make for interesting theoretical discussion, but in
practicality create some confusion for health practitioners when treating a couple faced with infertility. The focus of this paper shall be on the very beginnings of life, conception to be specific, and what four major religions of the world have to say about our efforts to aid in it.

Though infertility treatment is now relatively common practice in the world of obstetrics and gynecology (CDC, 2012), its use, and the debate surrounding it, has really only been active for the past thirty years or so (Hartshorne, 2008). In fact, it was only December 28, 1981 when the first baby was born in the United States through In-vitro fertilization under the care of Drs. Howard and Georgeanna Jones (Cohen et al., 2005). This feat had already been accomplished by Robert Edwards and Patrick Steptoe in England in 1978, which would later result in Edwards winning a Nobel Prize in Medicine (Johnson, 2011). Since that time, in-vitro fertilization (IVF) has provided numerous infertile couples with the ability to achieve pregnancy. It is estimated that approximately 1% of all babies born every year in the United States today are a result of assisted reproductive technology (ART) (CDC, 2012; Sunderam et al., 2009).

Even from its early beginnings, ART has been at the forefront of ethical and religious debate (Fauser & Edwards, 2005; Hartshorne, 2008; Serour, 2011). Since the birth of the first “test tube baby” in 1978, the overall moral response to ART has been cautious (Hand, 1978). However, since that time, the stances of various religions have evolved toward conclusions of the technology being morally acceptable, morally unacceptable and various intermediate shades of gray. The forefront of the debate from the religious standpoint stems from the question of when life officially begins in the timeline of conception to birth, as well as the sanctity of a life being created between
two partners. Irrespective of the relevant faith tradition, these matters significantly impact how practitioners implement assisted reproductive technologies into the care of their patients.

As previously mentioned, health care practitioners are increasingly encouraged to inquire into the religious backgrounds of their patients. Meeting the spiritual needs of our patients seems to improve outcomes in other areas of medicine, and addressing these concerns during infertility treatment is equally important (Koenig, 2004). In fact, the entire course of which infertility treatment is chosen can be influenced by religious perspectives (Layne, 2006). Although people may stray from the official views of their faith in a given situation, knowing these values will allow a practitioner to suggest options that will coincide with the patients ethical and religious sensibilities. The official stances taken by Catholic, Christian-Protestant, Jewish and Islamic faiths presented in this paper will help practitioners better understand the relevant dogma, and thereby have a basis of knowledge for discussion with their patients. However, we must recognize that our knowledge about our patient’s religious stance does not necessarily mean that they will adhere to what their church puts forth as morally acceptable.
METHODS

Search Terms:

To begin my search, I simply used the phrase “assisted reproductive technology” followed by the specific name of the religion to be investigated. For instance, “assisted reproductive technology, Catholic”. I followed this pattern replacing Catholic with Christian, Jewish and Islam to get a basis for the information that was available. I also narrowed the search to include “in-vitro fertilization” or “IVF” plus a religious affiliation as this is sometimes a more common, albeit more limited, way to address this topic.

Databases:

For the purposes of this review article, I used EBSCO, and less frequently PubMed, through the Mulford Library at the University of Toledo Health Science Campus as my main source of information. I have used Medscape and the Center for Disease Control website as a source for basic information on assisted reproductive technology and for personal use in establishing definitions prior to research.

Inclusion and Exclusion Criteria:

The articles that I included for this literature review specifically discuss the ethical stance on assisted reproductive technology from the Christian/Protestant, Catholic, Jewish and Islamic faiths. I chose to include mostly primary articles on the topic, especially pertaining to the body of the paper. I wanted to get the objective stance from religious officials and how it can be integrated clinically. Response articles to primary articles were also considered, mostly for purposes of discussion.

As far as a publishing date timeframe, I tried to select articles that represented both the contemporary and historical perspectives of religious traditions. A basic idea of
the evolution on this topic is important, to see why and how the ideology has progressed and what the future may hold. I do not believe that the details of such would be pertinent to the reader for the purposes of this review.
STANCES ON ASSISTED REPRODUCTIVE TECHNOLOGY (ART)

ROMAN CATHOLICISM

The Catholic faith began over 2,000 years ago, and it is a religion that remains heavily rooted in tradition. Many of the values and practices held so many years ago are still seen today. Based upon The Twelve Articles, the Catholic faith holds utmost regard for the Virgin Mary who gave birth to Jesus through the Immaculate Conception. As mirrored in the Apostle’s Creed, the Articles go on to tell how Jesus was then crucified and resurrected to sit at the right hand of God to judge sins so that they may be forgiven. Aligned with the fact that Jesus was conceived by virtue of God himself to a virgin womb, the Catholic Church still believes that a human is created from the moment of conception and that spirit remains with them until death (Benagiano, Carrara, & Filippi, 2011). Understandably, when the idea of ART, or more specifically IVF, began it was not viewed favorably by the Catholic Church.

The birth of Louise Brown in 1978 brought about the first interview from Cardinal Albino Luciani only weeks before he was elected Pope John Paul I (Benagiano et al., 2011). He died shortly after election, but his interview was published and seven major pronouncements came out of his talk, with further input, which solidifies the Catholic Church’s official stance on ART and summarizes the multiple ways in which they believe Edward’s was wrong in his pursuit. These points made by Pope John Paul I and the Roman Catholic Church were the following and I quote: a. God wants human life to begin through the conjugal act and not in an artificial way; b. there is a dangerous and unethical nature of artificial interventions at the beginning of human life; c. Limits can and should be imposed upon an individual’s own conscience and therefore to
her/his freedom to achieve even a legitimate goal; d. the massive loss of early, preimplantation embryos that characterizes IVF; e. Edwards has a moral responsibility for all subsequent developments and therefore all abuses made possible by IVF; f. Fear for deleterious consequences for offspring; g. Edwards discovery did not eliminate the causes of infertility (Benagiano, 2011).

Even though this profession of beliefs occurred more than thirty years ago, when Dr. Robert G Edwards won the Nobel Prize in 2010 for pioneering in-vitro fertilization the discussion was rekindled with the same attitudes and beliefs. The Catholic Church responded with shock of the award, not because of a lack of scientific genius, but because of all of the ethical and moral dilemmas that had been born of his discovery (Benagiano, 2011). One of the largest points made dealt with respecting human life, in that we as mere humans are interfering in one of the most sacred events of all, procreation. Also, there is concern over the frozen embryos which are never implanted and their subsequent deaths. Furthermore, the Catholic Church holds the belief that Edwards never solved the case of infertility, at least in a way that upholds dignity of the fertilized embryo.

CHRISTIAN-PROTESTANTISM

Long before the era of ART, in the early 1500’s to be exact, the Protestant faith was born. Martin Luther and several followers of the Roman Catholic Church had reservations about the way certain issues were handled, especially the use of indulgences in the forgiveness of sin. He publically declared those opinions in the 95 Theses and since that time there was a large division between Catholic and non-Catholic Christians. As time has gone on, the dichotomy progressed further such that
the views known as Protestant have become quite varied. As can be imagined, there is a paralleled range of acceptability towards ART across the Protestant faith.

It should come as no surprise that since Protestantism evolved from the Catholic faith, and that some Protestant Christians still hold views on ART that are very similar to the Catholic stance. The general consensus is that in the context of a married relationship, ART can be viewed as permissible with the caveat that there must not be wasting of pre-embryos during this process (Schenker, 1992; Schenker, 2005). It also assumes that the marriage in question is a heterosexual one. In other words, the sperm and egg must both come from the husband and wife respectively. It would be morally unacceptable to donate eggs or sperm, as it would suggest that a child was conceived of gametes outside a marriage, even if it was to a wedded couple. Furthermore, once viable pre-embryos are identified all must be implanted. It would be immoral to not implant some pre-embryos, because it would be seen as causing them to die since they were given no chance at life. However, if they were to die in-utero, they would have the same chance at living as those conceived through the conjugal act would have.

JUDAISM

Orthodox Judaism.

Orthodox, or observant, Jew is a relatively broad term which encompasses many denominations under this umbrella. Although identifying as an Orthodox Jew does not pigeonhole a person into a specific set of practices and values, they tend to be the most traditional of all the Jewish faiths. The Torah provides the source of guidance on faith and practices. Only about 1 in 10 of all Jews would say that they are Orthodox.
Within the practice of Orthodox Judaism, one of the most important concerns as related to reproductive health is the lineage of the child (Schenker, 2005). Having sperm donation from another man would be most definitely morally unacceptable (Schenker, 1997). If the husband is to donate sperm for IVF of his wife, the process must be carefully monitored to ensure that lineage of the child can be accounted for. Even so, Jewish faith generally scorns masturbation, which would be the preferred collection method for semen analysis. Similarly, the religion of the child in question is determined by the religion of the mother, which can present a problem in situations of oocyte donation. The general consensus among Jewish leaders is that the newly born child belongs to the woman who birthed him/her, not the donor of the egg (Schenker, 1997). This renders surrogacy an as invalid option for obvious reasons.

Reform Judaism

Reform Judaism refers to the subset of the Jewish population that beliefs that while their traditional Jewish beliefs and morals are important, they need to be adapted to align with the ever changing culture of our world especially in regard to the treatment of women (Schenker, 1997). Just as Orthodox Jews do, the Reform Jews hold high regard to the sanctity of marriage. However in terms of ART, the focus is more on whether the egg and sperm were produced of a married couple, rather than whether or not the joining of egg and sperm occurs through the conjugal act or other means (Schenker, 1992). Furthermore, the mere fact that sperm and egg can join together outside the womb to form a viable pre-embryo allows Jewish faith to follow that this embryo will be no different than those conceived intracorporeally (Schenker, 2008). In terms of IVF more specifically, Reform Jewish faith also follows that a fetus less than
forty days old is not yet a person (Schenker, 1997). Therefore, nonimplanted embryos (or even those used for research) would not be viewed as loss of nascent life as with the Catholic faith (Zivotofsky & Jotkowitz, 2009).

**ISLAM**

Of the religions discussed in this paper, none have had such a large advancement of ideas when it comes to ART as has the Islamic faith (Serour, 2008). Even with the holy text known as the Quran being interpreted as the “word of God” (Ahmad, 2003; Atighetchi, 2000), the Muslims have one of the most modern stances on ART. When ART first came to pass, like many others around the world the leaders of Islamic faith were unaccepting of this new technology and the ethical dilemmas it brought with it. The problem of infertility, even within a heterosexual married relationship, was viewed as God’s will (Atighetchi, 2000). If anyone tried to treat infertility, it was viewed as an interference with fate. After several discussions leading up to 1980 throughout the Islamic world (known as fatwas) and more medical guidelines were established, the stance began to change towards the technology being more morally acceptable (Serour, 2008).

As with other religions, the Islamic faith is divided into two denominations. Most Muslims identify with being a Sunni, while the other ten percent are known as Shi’a (Atighetchi, 2000). Between 1980 and 1999, the Sunni’s and Shi’a held much the same views on ART which included that artificial insemination and IVF were morally acceptable in the context of a married relationship, with gametes from man and wife utilized and that any embryos must be used within the span of the marriage (Inhorn, 2006; Serour, 2008). The Sunni’s did not, and still do not, find surrogacy, adoption or
gamete donation acceptable. At a 1999 fatwa in Iran, it was decided that surrogacy and
gamete donation would be viewed as acceptable within the Shi’a faith (Inhorn, 2006;
Serour, 2008).
DISCUSSION

Health care providers must understand the applicable religious tenets of their patient’s faith traditions in order to provide care that is sensitive to their beliefs. On the other hand, we should not assume that any individual patient who has been identified as a member of a particular faith subscribes to all or any of the beliefs of that religion. Especially in a heterogeneous society, individuals will sometimes adhere to some but not all elements of faith dogma. Accordingly, they may desire and participate in therapies that may conflict entirely, or to some degree, with their church’s teachings. In these circumstances, therapeutic intervention can become a negotiation between what is acceptable to the patient and what is practical for the health care provider to do. The discussions, however, should always be had because compromises can often be reached that will allow patients to be morally comfortable with their religious beliefs while attempting to achieve their reproductive goals.

As previously noted, Catholic doctrine requires that procreation occurs within the bounds of committed marriage, intracorporeally, and without the aid of excessive technologies. These requirements, may, however, allow patients who take their faith seriously, but are not strict adherents, to utilize some reproductive options.

Aggressive ovulation induction may be an example. It is generally accepted in Catholic doctrine that fertility drugs, either oral or injectable agents, designed to produce multiple oocytes can be utilized. These therapies can significantly improve pregnancy chances for certain patients, and, as long as they are combined with conjugal intercourse rather than intrauterine insemination of sperm, are considered moral by most catholic theologians. There is the possible unintended consequence of an
increased risk of multiple pregnancy, which can be an issue given the stringent Catholic prohibition of pregnancy termination, but this therapy is, nonetheless, widely employed with devout Catholics.

While it pushes the ethical boundary further, some Catholics have historically found the gamete intrafallopian transfer (GIFT) procedure morally acceptable (Benagiano et al., 2011). With this procedure, oocytes are retrieved laparoscopically from stimulated ovaries, and they are simultaneously combined with male sperm and reimplanted into the fallopian tube. This fulfills the requirement of intracorporeal fertilization, and some patients have intercourse timed in proximity to the fertility procedure to allow for the possibility that the sperm that caused fertilization may have actually been conjugally ejaculated. Again, the issue of multiple pregnancies is in play, but ethical considerations remain the primary indication for choosing GIFT over traditional IVF in modern infertility practices.

Even Catholic patients who do not eschew IVF completely will sometimes request accommodations to the technical process. In an effort to insure that all embryos are given a chance to implant and to prevent embryo freezing, these couples will limit the quantity of oocytes fertilized to the number of embryos that they are willing to transfer into the uterus. In this way, no embryos are either discarded for quality reasons or frozen. It does decrease the pregnancy efficiency for an IVF cycle, but it remains a tradeoff that some couples will make.

Other Catholic couples may agree to the entire IVF process but insist on transferring every embryo over time into the uterus, or will donate any unused embryos to another infertile couple.
As previously discussed, the Christian-Protestant view does not significantly differ from the Catholic view on the use of assisted reproductive technology. Therefore, many of the same strategies entertained above could be viewed as morally acceptable for these patients as well.

Within the Jewish faith, the outstanding theme regarding reproduction comes from Genesis 1:19 which states, “Be fruitful and multiply.” (Schenker, 1992). As has been previously discussed there can be some variability between moral acceptability within the more traditional Orthodox Jews and Reform Judaism. One intervention during infertility treatment that seems to promote moral acceptability of assisted reproductive technology in both groups is the oversight of infertility treatment by a Rabbi. The Rabbi can accompany Jewish husband and wife to the clinic and oversee the process of in-vitro fertilization, making everyone involved more comfortable with such a modern technology while still respecting the sanctity of older tradition. More specifically, the egg and sperm can be tracked from their removal from the body to processing and eventual reimplantation, leaving no question of who the respective gametes came from.

Along with the concern of sperm or egg coming from a third party, in the most traditional of Jewish congregations, there is the idea that sperm are the “seeds” of conception. Therefore, it must not be wasted in any way, as this would be viewed as a waste of potential life. As practitioners, we must be mindful of such thinking when ordering fertility testing that involved semen analysis. Some couples may desire to give a post-coital sample rather than traditional semen analysis or some may wish to use a collection condom (Schenker, 1997). While scientifically this may not provide for the
most accurate information, it can be a way for us to bridge the gap between assisted reproductive technology and faith.

The Islamic faith tends to be most liberal in its moral acceptability of ART, and therefore lends itself to the least amount of negotiation to using it. With surrogacy and gamete donation being viewed as morally deviant due to third-party involvement in a marriage, this may be a difficult barrier to traverse (Schenker, 2005). Generally, if a woman were to require sperm donation to conceive a pregnancy, it would be viewed as adultery (Serour, 2008). Furthermore, in a culture where family lineage is of utmost importance (Serour, 2008), it is questionable how many followers of Islamic faith would be interested in such a therapy.
CONCLUSION

While it is interesting to view the various amendments to assisted reproductive technology in light of moral acceptability of various faiths, one area that the literature has not touched on is how these couples feel themselves or about their faith once ART has occurred. Is there relief that a child has been brought into their lives despite all odds? Do they feel guilt or shame for bending the rules or completely forgoing the laws of acceptability on ART that have been set forth by their church? Does the desire to bear children supersede morality? It is known that couples facing infertility and subsequent infertility treatment require a great deal of emotional support during this process, with stressors being elevated even more as compared to a pregnancy conceived spontaneously. Do these people feel shame for going against the laws of their church, or do they find comfort in their faith during times of need?

With the average age of new mothers continuing to increase, at least in the United States, and the subsequent potential rates of infertility rising, it will take quite a revolution in religious doctrine to catch up to the changing ways of our world. I suspect that people will continue to find more and more ways to meld the beliefs of their church with the beliefs and desires of their own to have children. Most importantly, it is important to realize that one does not need to be mutually exclusive of the other. As practitioner’s we have the responsibility to attend to not only the medical needs of our patients, but their emotional and spiritual needs as well.
REFERENCES


ABSTRACT

Objective: To outline views on infertility according to various faith traditions and to offer suggestions of adaptations the practitioner can make when treating infertility with ART.

Methods PubMed and EBSCO via the University of Toledo were used to gather and review articles for this paper. Discussion The Roman Catholic Church is the most strict and finds ART morally unacceptable in nearly every aspect. Conversely, the Islamic faith is the most accepting of ART and has the most modern approach to the regard for embryonic life. Protestant and Jewish dogmas allow some ART use within a heterosexual married relationship. Intermediate therapies such as GIFT may bridge the gap between those needing infertility treatment and wanting to respect their faith traditions. Conclusion Religious preferences should be addressed with understanding that adherence to the claimed affiliation may not be absolute. Modifications can then be made in treatment to suit a variety of acceptability.