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AN ETHICAL ANALYSIS OF IVF ALTERNATIVES AFTER UTX

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Absolute uterine factor infertility (AUF^I) is a condition whereby a woman's uterus is either malformed or completely absent, resulting in the inability to conceive and experience pregnancy. It occurs congenitally, such as in the case of Mayer-Rokitansky-Küster-Hauser syndrome, or is acquired due to hysterectomy. While the prevalence of AUF^I varies per study, one estimate is that 1 in 4,500 women have congenital uterine factor infertility,¹ and a far greater number have acquired uterine factor infertility.² For reproductive-age women diagnosed with AUF^I who meet specific criteria, uterus transplantation (UTx) is the only treatment that may enable them to experience both genetic and gestational motherhood. To date, at least one hundred uteri have been transplanted around the world, resulting in thirty-one live births.³ Those uteri were procured from both living and deceased donors. Following successful transplantation and observable graft stability, an embryo or embryos will be transferred with the hope of establishing pregnancy.

In the following essay, I analyze four alternatives to the universally-practiced UTx protocol that requires in vitro fertilization to conceive. This analysis is important because IVF is an objectively immoral act that corrupts UTx as it is currently accomplished.⁴ There are other UTx protocols that must be analyzed also, for example, procurement and transplantation, but those analyses exceed the scope of this essay. Finally, it should be noted that I presuppose in this essay that the recipient in question is a genetic female in a sacramental marriage who intends to use her own eggs and her husband's sperm to procreate.

In Vitro Fertilization

Before considering four alternatives to IVF, it is critical to affirm why it is an objectively immoral act. The *Catechism of the Catholic Church* teaches,

Techniques involving only the married couple (homologous artificial insemination and fertilization) are perhaps less reprehensible [than heterologous insemination and fertilization], yet remain morally unacceptable. They dissociate the sexual act from the procreative act. The act which brings the child

into existence is no longer an act by which two persons give themselves to one another, but one that "entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children."⁵

IVF is fraught with immoral and imprudent acts. For example, it violates the principle of inseparability when it is preceded by an immoral means of sperm retrieval, most commonly masturbation. Another example is its violation of the principle of sacredness of human life, specifically, "the dignity and right of the child to be conceived ... by his own parents."⁶ In IVF the causal agent of the child's life and wife's pregnancy is a technician who appropriates the natural processes of the conjugal act to control conception.

The human embryos undergo intense scrutiny whereby only those considered most fit are maintained. They are transferred immediately or cryopreserved, while those deemed unfit are discarded. That is an act of abortion according to the Congregation for the Doctrine of the Faith (CDF).⁷ A similar fate awaits human embryos and fetuses who fail further scrutiny when the mother experiences a multi-fetal pregnancy.

Much more can be said on the subject of IVF, but suffice it to say that it is an act that ought never to be committed.

Insemination and Gamete Transfer

The first alternative to consider is intrauterine insemination. IUI begins by determining when ovulation will occur, whether naturally or induced by fertility drugs. As the woman nears a luteinizing hormone surge, her husband's sperm are retrieved by way of masturbation. Other methods to retrieve sperm may be used, but masturbation is the most common. Once retrieved, a sufficient number of high-quality sperm are isolated using a washing method and then saved. Shortly after ovulation, the sperm are aspirated into a catheter. That catheter is inserted into the woman's vagina and through her cervix, where the sperm are released. The married couple has the option to engage in the conjugal act directly before or immediately following IUI so that the assisted-reproductive technology (ART) is proximate to intercourse and there is at least the appearance that fertilization can occur naturally.⁸ A pregnancy test is administered nearly two weeks after IUI to determine whether fertilization and implantation were successful.⁹

Gamete intrafallopian transfer is the second alternative. GIFT is similar to IUI except here the egg or, more commonly, eggs are retrieved in addition to sperm. Once the most mature egg is selected and the sperm are washed, the gametes are aspirated into a catheter and separated by a pocket of air, which ensures that the