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Cover Page Footnote

I would like to thank Dr. Corey Harris, Chair of Humanities and Associate Professor of Theology, for his continuous support in my interests, encouraging me to see the world from a different perspective and for his consistent enthusiasm. Your mentorship and guidance are most appreciated. Thank you to my family for believing in my dreams and pushing me to become my best self. To my angel and hero - Mom-Mom, I appreciate you augmenting my passion for social justice and morality. You have inspired me to pursue theology and ethics.

A Dream Fulfilled by Some...The Social Injustices of In Vitro

Fertilization

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Abstract

Conception is a dream sought by many parents as infertility has plagued some women, yet this goal can be obtained through In Vitro Fertilization (IVF). This article will explore the reasons as to why this dream is not always fulfilled due to society. Many parents are turned away from Artificial Reproductive Technologies (ART), such as IVF, due to income, sexuality, and the lack of insurance coverage. Only the affluent can afford this procedure because of the hefty price tag(s) and obstacles that accompany IVF, such as not being available to single women or same sex couples. Lastly, most state and private insurances do not offer coverage for IVF, even though infertility is considered a disease. These three injustices are supported by scholarly authors and their research. The inequalities for women and couples will be discussed. Raising awareness about these are imperative because many people do not realize the negative impact IVF can have on people. By giving statistics, real-life examples and putting it into perspective will show that society poses ethical problems when it comes to treatment via IVF.

Keywords: In Vitro Fertilization, Moral Act, Morality, Catholic Church, Artificial Reproductive Technologies

Introduction

The discovery of In Vitro Fertilization (IVF) has forever changed infertility procedures. This act, however, leads to personal moral and social ethical dilemmas. The Catholic Church questions the morality behind artificial reproduction, and infertility procedures support wealth inequalities. Society also determines who will have access to the proper insurance coverage and who will receive the procedure based on their sexuality/relationship status. IVF has become a demanding area of medicine and has drawn attention by all due to its moral complications. Couples who cannot conceive may look for other reproductive treatment options, so that they can fulfill their dream of becoming parents.

IVF is a procedure in which a woman's eggs are extracted and fertilized using a man's sperm, with the fertilization occurring in a petri dish. The newly fertilized egg will then be inserted back into the woman's uterus. Typically more than one egg is fertilized and inserted at a time. According to the National Conference of Legislatures, "More than 72,913 babies were born in the United States in 2015 as a result of non-donor ART procedures." Donor eggs and sperm may be obtained if either parents' is not viable. This procedure has become increasingly popular over time for couples as science has now allowed for the creation of a human without sexual intercourse.

What is moral?

We need to determine if IVF is moral. According to Benedict Ashley and Kevin O'Rourke, "The moral or ethical system of the Catholic Church is a combination of truths accepted on Divine Faith as revealed by God and natural law reasoning" (7). The Catholic Church references Jesus, the Bible, Ten Commandments and other historical teachings to inform its followers on how to act morally. A moral act is done freely and is dependent upon the three characteristics: the object (defines the action), the intention (goal of the object) and the

circumstance. Simply, a moral act has either good or evil means leading to either good or evil ends.

Catholics believe IVF is an immoral act as it goes against God's plan; therefore, the Church encourages infertile couples to adopt. The Church is empathetic towards those that cannot conceive. With that being said, the intention and consequence of this act (using IVF) is good—creation of human life. Furthermore, there is not a (per se) direct, “bad” consequence from IVF. If both the intention and circumstance are good, then the act would be considered moral. The worst thing that can happen is the eggs extracted are either disposed of or frozen. While the Church is strongly against this, an individual will decide if that is immoral. In the grand scheme, is freezing/disposing eggs the worst consequence of an act? I am by no means ranking bad consequences, but there seems to be much worse things that could occur from an action—murder, euthanasia, war, etc. It is a personal belief whether or not IVF is moral or if there is a particular part of the procedure/outcome that is deemed immoral (using donor eggs and sperm, freezing eggs, etc.)

According to the Catholic Church, the main purposes of marriage are procreation and unity. Couples are called to create a family. Infertility prohibits couples from taking part in this gift. “If artificial procedures began to replace sexual intimacy as a way of childbearing, that would be an attack on marriage because it would deprive the typical marital act of its grandest achievement” (McCormick 333). IVF allows families to fulfil this purpose, but the Catholic Church is in strong opposition as there are two forefront reasons why this procedure is immoral. The first is due to the fact that no sex taking place. Ashley and O'Rourke claim, “The fertilization of the new human person must not occur as the result of a technical process that substitutes for the marital act because it separates the procreative and unitive aspects of

marriage.” Intercourse contributes to unity in marriage and ultimately leads to procreation. This is one of God’s greatest gifts. The second reason this is considered sinful is because the multiple embryos inserted into the uterus may not survive or the ones that are frozen may be destroyed/donated to stem cell research. Any way that the end result of IVF leads to the destruction of embryos goes directly against the Fifth Commandment: *Thou shall not kill*. The Church believes that this is a living being; therefore, we cannot just throw out a human life. The embryo is still a human and has a dignity; thus, the destruction of human life is immoral per Catholic teaching.

The most grey area of morality revolves around the disposal of fertilized eggs. It seems to be hypocritical to be strongly against abortion, but to support IVF and the result end in the destruction of the embryo. “There are three possible positions on human life at that stage. At one extreme are those who say it is simply disposable maternal tissue. At the other are those who insist that this is a living being, who merits the protections given to all humans. In the middle are those who hold that there is a human, living being, demanding respect but not yet meriting the full panoply of personal rights” (McCormick 334). In my opinion, an embryo is more than just a cluster of cells or “disposable maternal tissue.” This living organism has the ability to become a human and should be treated as such. At conception, the embryo technically bears personal rights and just relies upon the mother to uphold and carry out these rights. Thus, it is the mother’s responsibility to do all she can to bring the fetus to term.

Unfortunately, miscarriages do occur and it is not the fault of the mother. Physicians insert multiple eggs during IVF because this will increase the chances of at least one attaching to the uterine wall. Again, there is ambiguity when multiple eggs are fertilized and inserted at a time. If a doctor inserts three fertilized eggs where one survives and two do not, then that is

okay. I believe that if an egg cannot develop within the mother's uterus, no one is at fault; thus, the disposal of that egg is not immoral. I hold this idea to be "survival of the fittest." The mother did all she could to have all of the eggs attach and develop. Unfortunately, it was the result of natural causes that the fertilized egg did not attach. Thus, it would not be considered immoral to insert three fertilized eggs and only one survive.

It is understandable as to why Catholics believe IVF is immoral. In a sense, the inability to conceive is God's way of telling one to adopt. It is stated by Lisa Cahill, "From a theological perspective, not only does adoption offer an option to women facing problem pregnancy, but also it witnesses to the Christian idea that "family" is inclusive and expansive, across lines of religion, race, and culture. By offering adoption as one way to resolve infertility and create families, faith communities and theological leadership can counter the pressure toward expensive and stressful theological "solution" to the inability of a couple to bear children" (208). There is a child in need of a home and loving family, in which that couple could provide. Taking a child out of an orphanage or foster homes is beneficial to everyone. Cahill also writes, "Adoption is "a form of 'procreation' which occurs through acceptance, concern, and devotion. The resulting relationship is so intimate and enduring that it is in no way inferior to one based on a biological connection"" (208). A permanent home and loving family gives the child stability, a sense of belonging and feeling loved. Adoption also allows the couple/family to welcome a new member, the opportunity to teach and love, but to also facilitate success for that child. The couple is able to fulfill their dreams of becoming a parent through adoption, just not in a biological way. Adopting is just as much of a gift as conceiving.

On the other hand, it is clear as to why infertile couples seek procedures such as IVF. Couples are heartbroken when they find out conception is unattainable. IVF gives them a shot at

achieving the impossible. The female wants the experience of carrying a child. There is a special bond formed between mother and child after the mother has carried the baby for nine months. Moreover, the love and relationship between the spouses is strengthened when the woman is carrying their child. A couple may want to have their *own* child - with the parents' genes, etc. It is a way of keeping lineage alive and having a direct biological relationship.

Donors

The Church and I both agree that IVF is immoral when a donor egg or sperm is used. Couples may seek this option in hopes of passing on one of the parent's genetics. However, the use of donors dips too much into consumerism. How far will couples go to have their desires fulfilled? How much are they willing to pay to undergo these treatments? Are donors being paid for their eggs/sperm? This may no longer be an act of true love. Is it a good thing that a couple will do anything to conceive? Or, is the couple so infatuated with the idea of becoming parents that they will seek a donor? The children from these donors could have a predisposition to a disease from their donor that is unknown to the parents. In addition, the child can be deprived of knowing about his/her (donor's) lineage and descent. Richard McCormick questions "Who gets the Mother's Day card?" in the situation that an egg is donated. Technically, the donor would be the mother as the egg was hers and contains her biological information. Thus, perhaps, it is best that couples in need of a donor strongly consider adoption or another alternative.

According to Roman Catholic doctrine, a heterosexual couple violates the Sacrament of Marriage when using donor materials. Ashley and O'Rourke explain, "The generation of the new person should occur only through an act of intercourse performed between husband and wife, in an act that is per se suitable for the generation of children, to which marriage is ordered by its very nature" (129). Marriage is between God and two people—the spouses. Therefore, using donor

eggs/sperm invites a third person into the relationship. The genetics of the offspring would end up being fifty percent of the biological parent and fifty percent the donor parent. This is not what God's plan for procreation entailed: it should be half and half from the spouses, who should *only* be the biological parents.

Marginalization Based on Income

As for societal complications, IVF dives into another problem—marginalizing based on wealth. IVF is a very costly procedure that may not always work the first or even second time. Procedures with medicines cost an average of \$19,200 per cycle (Ethics Committee of the American Society for Reproductive Medicine 2015). In addition, genetic testing may be accomplished for an additional cost.

Because of IVF's hefty price tag, only those with access to capital will be able to afford it. Lisa Cahill explains, "Infertility treatment is expensive and not generally covered by medical insurance; thus, it is not surprising that most couples who seek it are primarily white, well-educated professionals" (197). It goes to show those who do not make a large enough income will not be able to afford this. Realistically, this cost may be half of an individual's yearly salary for just one cycle of IVF. Some parents choose to take out loans to pay for this procedure. Again, only those with a good credit score will be approved. Therefore, it is not a fair system in determining who has access to undergo IVF based on the couple's income. In a country where we believe in equal treatment and opportunity, it is not available for aspiring parents who have a socioeconomic status that is other than affluent.

Based on this marginalization, society is (indirectly) determining who is fit to be a parent. Dr. Ginsberg and Dr. Insogna claim that the "financial limitations alone should not be paramount in determining which citizens are appropriate parents." Thus, only the people that can afford

these expensive treatments can be successful in the goal of having a family. Yes, financial stability is important when having children, but it is not the “end all, be all.”

Discrimination Based on Sexuality

In the United States, same sex marriage has been legalized. However, the Catholic Church will not allow a gay couple to take part in the Sacrament of Marriage. While the Church does accept this orientation, it is considered a sin for a same sex couple to participate in sexual act as masturbation is a sin when procreation is not an end result. Thus, the Church asks the couple to remain abstinent.

Society’s views on marriage have evolved. Marriage is no longer just man and wife. This procedure discriminates against gay, married couples. Susan Sherwan explains, “IVF is not available to single women, lesbian women, or women not securely placed in the middle class or beyond” (650). If a infertile, married, lesbian couple wants to seek IVF, they will be denied because of their sexuality. These two mothers could be the best parents, but society will not let them attain this role. There are so many other factors that go into parenting other than gender and sexuality; therefore, the cost of treatments and procedures should not be a determining factor on who becomes a parent.

As defined by the Church, using a donor is immoral while I agree to a point, I know that the act of discrimination based on one’s sexual orientation is just as wrong. A gay couple would need to seek a donor in order to conceive via IVF. Here, maybe adoption is the best option for this couple, who want to become parents, to fulfill that desire.

Lack of Insurance Coverage

Another social injustice regards insurance as some will cover the procedure’s cost, but many will not. Some states mandate that insurance companies cover or offer coverage for

infertility treatments. Iris Ingsogna and Elizabeth Ginsburg found that there are only fourteen states in the United States that have these laws; therefore, the states that mandate coverage emphasize the importance of sexual and reproductive health. Every woman is entitled to proper reproductive care.

Federal health insurance will not cover infertility treatments; furthermore, people who have public health coverage tend to have a lower income because it is what they can afford. Many times, insurance will only cover the cost of diagnosis testing for infertility. Even then, private insurance will still typically offer no treatment coverage. Women, who have private insurance through their companies, have to make a case with human resources on why they should have infertility coverage. Now, women feel forced to tell people about their own medical problems, one (infertility) of which may be embarrassing or depressing.

What makes insurance interesting in this role is that it will not cover infertility treatments. Insurance does not cover “making a baby.” However, they cover preventing one. Contraceptives are typically included in insurance plans— state and private. This includes intrauterine devices, birth control pills and sterilization. The copay is either free or significantly decreased for contraceptives. It is also fairly easy to obtain these. You simply ask your doctor and he/she will prescribe it. So why is it that standardized health insurance will pay for contraceptives and not infertility procedures? Honestly, there is no good, definitive answer.

Infertility is considered a disease and many believe that is the reason infertility treatments should be covered (Leonhardt 2019). If that is the case, then why are contraceptives covered? Fertility is not a disease. Regardless, insurance should cover infertility treatments if it is diagnosed as a medical disease, and if contraceptives (which are not used for a disease) are included in plans. It is essential that everyone has equal access to the necessary treatment if

diagnosed with an ailment. It is not fair that some people can afford to have these procedures based on wealth, in the circumstance that insurance will not cover it. In order to have a just society, the injustice in infertility insurance and/or treatment expenses needs to be resolved. Thus, the cost of these procedures would need to decrease so that the lower-class can afford it or insurance needs to step up. The Ethics Committee of the American Society for Reproductive Medicine found “in a 2006 survey of more than 600 employers that offered an infertility benefit, 91% reported that it did not add significant cost.” If the majority of companies claim that adding infertility procedures does not add a large cost, then there really is no reason women should not be offered the benefits. At the end of the day, it is not about what will save the company the most money, it is about fair treatment and access to the necessary healthcare.

Sexual and reproductive medicine is an important aspect in a woman’s life. If there is an issue with fertility, she has the right to obtain treatment - just like any other medical problem. Ashley and O’Rourke believe that “A Christian ethics of health care allocation must be based not on merit, and certainly not on the ability to pay, but on need, because the needy are the most neglected.” Although the Church is against IVF, no one should be worried about going into debt to receive proper health care. The lower-class is neglected in participating in IVF as there is little/no insurance coverage. Thus, the standard for healthcare coverage should be amended.

Conclusion

IVF can fulfill many couples’ dreams of having their own children; the act itself is moral (except in the case of donors) as there are no *direct* negative consequences. Adoption should be strongly considered if donor materials need to be used. Furthermore, there are societal complications that come with this procedure including marginalization based on income, determining who can and cannot become parents based on sexual orientation, and the injustice of

varying insurance coverages. In order to fix these injustices, IVF should have a cost reduction or insurance should offer coverage.

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