Pastoral care for Children Conceived through IVF

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Passing on Catholic teaching effectively means exercising both the doctrinal and pastoral ministries of a Church which professes to be both Mother and Teacher.

Australia’s first IVF-conceived baby, Candice Reed, was born on 23 June 1980. Since then, there have been an estimated 90,000 more Australians born following conception through IVF or related technologies. The rate of IVF-conceived births as a percentage of all births has doubled each decade from less than 1% in 1990, to 1.9% in 2000, to 4% in 2009.

Social factors around access to IVF introduce variations in this rate. IVF clinics in Australia are usually located in capital cities or major population centres, and the expense often puts IVF out of reach for those who do not carry private health insurance. The rate of IVF-conceived births is likely to be higher than 4% for higher-income, privately insured people living in capital cities.

So on average across Australia today, in a primary or secondary school class of 25 young people, it is very likely that at least one student - and in capital cities, probably more than one student - has been conceived through IVF. For school teachers, there are pastoral care implications.

It is already clear that, at an age when children often seek answers to questions of personal identity, the realisation that one was conceived through IVF can profoundly challenge a child’s sense of self and self-worth - especially when donor gametes and/or surrogacy have been used. Both processes can place restrictions on a child’s knowledge of or contact with those who have contributed to their genetic make-up or biological history. Reflecting on her own search for her genetic father, one donor-conceived adult has eloquently captured a contradiction intrinsic to donor-IVF and surrogacy:

It's hypocritical of parents and medical professionals to assume that biological roots won't matter to the "products" of the cryobanks' service, when the longing for a biological relationship is what brings customers to the banks in the first place.

School teachers who seek to answer students’ questions about their conception and birth need to negotiate difficult social and psychological terrain. In this as in every moral issue, passing on Catholic teaching effectively means exercising both the doctrinal and pastoral ministries of a Church which professes to be both Mother and Teacher.

It goes without saying that teachers and others involved in faith formation must fully understand the Church’s stance on the use of IVF technology. But they must also be very conscious of the pastoral duty incumbent on all who teach Catholic faith, since it is unacceptable to communicate the Church’s objective ethical assessment of IVF technologies if one does not also communicate the Church’s deep understanding of and pastoral concern for both the adults who seek to have children through IVF and the children so conceived.

For teachers this means not only communicating the content of Church doctrine accurately and with integrity, but also manifesting a sincere, compassionate, nurturing attitude toward those with whom
they are communicating and for whom they are responsible to provide pastoral care. How should a teacher proceed?

In the first place, it is important to affirm the deeply-felt need to ‘parent’ which drives infertile couples to believe they have no option but IVF. The Church esteems parenthood as a married couple’s sharing in the creative and sustaining activity of God, one of the ways in which persons reflect God’s image and likeness and cooperate with God’s ongoing divine activity in the world. Affirming this drive to parenthood also means acknowledging that the experience of infertility is a form of suffering that might prompt couples to consider absolutely any option to relieve it. Prior to any critique of the methods to which they may turn, then, strong affirmation of the goodness of their innate drive to parenthood opens up the possibility of talking to, and about, such couples in pastorally therapeutic ways.

It is also important to affirm, as the Church does, the positive potential of the medical sciences. Even as it addresses the ethics of IVF, the Church offers

    a word of support and encouragement for the perspective on culture which considers science an invaluable service to the integral good of the life and dignity of every human being. The Church therefore views scientific research with hope and desires that many Christians will dedicate themselves to the progress of biomedicine and will bear witness to their faith in this field.

In highlighting the potential of science, teachers should be careful to draw students’ attention to the central ethical distinction between what is technically possible and what is ethically defensible. To put it simply, “that fact that we can do something does not automatically mean that we ought to do it.” Examples abound: that fact that mankind has the capacity to split the atom and create weapons of mass destruction, or to exploit the environment thoughtlessly, does not make it ethically right to do either. Senior students may be led to explore the value base inherent in all of the sciences, to which Einstein alluded:

    Science can only ascertain what is, but not what should be, and outside of its domain value judgments of all kinds remain necessary.

Along with the ethical questions, students should also be led to consider three central values: the dignity of the human person, the essentially relational nature of humankind, and the importance of being open to the transcendent. These values underlie the Church’s final assessment of IVF. The first two are grounded in our creation in the image and likeness of the Triune God, in whom both unity and relationship are constitutive. Our openness to the transcendent is manifested in many ways, from vague enjoyment of the natural world to quite specific Christian spiritualities.

Teachers are professionally trained to identify and to ‘tap’ their students’ capacity to grasp these truths. The students’ sense of justice and fairness based on human dignity, their experience of desiring to form relationships of various kinds, and their hope of building a brighter future, are all indicative of these values and good starting points for exploring the deeper ethical questions.
Beyond the Church’s ethical issues with the practice of IVF – principally to do with the destruction of human embryos – there lies an even more profound problem: IVF separates the creation of a human person from its proper locus in the personal loving act of two other human persons.¹¹

This teaching is based in a rich theological view of personhood. ‘Life’ is ultimately ‘gift’, to be received with gratitude and passed on with humility through actions which realise our deepest and most intimate human nature. While we are created as individuals, we are created for relationship with others.¹² We achieve this most fully when we give ourselves (‘gift’ again) to another person totally and unreservedly and, on the foundation of that mutual giving and receiving, establish a community of life marked by growing affective unity and an openness to the possibility of creating, sustaining and bringing to maturity another human person, our child. Most importantly, the self-same intimate act which realises the couple’s personal unity (in the image and likeness of God) also realises their creative potential (in the image and likeness of God), and so the gift of ‘personhood’ is passed on to the new person through the unifying and creative mutual self-gift of two persons.

While this argument has a certain elegance, it may fail to convince a couple consumed by their felt need to parent children at any cost. As the history of Catholic moral theology attests, even the clearest reasoning will not always succeed in overcoming profoundly felt human drives and passions. Therefore our moral traditions have long distinguished between the objective moral meaning of human actions, and the degree of personal culpability with may be attributed to the persons who choose those actions. Two of the traditional ‘modifiers of responsibility’,¹³ fear and passion, may apply in the present case: it is entirely possible that a couple’s fear of remaining childless and what that might mean for their marriage and sense of purpose in life, or indeed the strength of their passionate drive for parenthood, might overwhelm all other factors in their reception of the Church’s teaching on IVF technology.

As always, doctrinal clarity must be matched by deep pastoral compassion and understanding of the pressures to which this couple feel subjected: who but God can judge the couple’s ability and desire to ‘do and pursue the good’ as they perceive it? Only to the extent that we fulfil both our doctrinal duty to teach and our pastoral duty to care can we claim to pass on the Church’s teaching on IVF in its fullness.

This is well captured in a message that all IVF-conceived children need to hear from the Church:

Although the manner in which human conception is achieved with IVF and ET cannot be approved, every child which comes into the world must in any case be accepted as a living gift of the divine Goodness and must be brought up with love.¹⁴

This positive statement of the Church’s respect for the dignity all human life, regardless of how or why conception is achieved, should be the first and most consistently reiterated theme in a teacher’s response to any questions regarding IVF.

Students’ concerns for their sense of identity are even more critical when conception has occurred using donor gametes, and more complex again in the case of surrogacy arrangements. Hence different jurisdictions have taken great pains to prioritise the donor-conceived child’s right to information regarding the gamete donors¹⁵ and, in the case of surrogacy, to ensure that the child’s right to information about and contact with the surrogate mother and any gamete donors is subject to
court-approved agreements. But because individual donor arrangements may be subject to different legal agreements between parties, teachers need to be quite careful when discussing any particular student’s right to information or contact. Depending on their age, level of affective maturity and family situation, it may be better to refer the student’s concerns back to his or her own parents.

Discussing surrogacy with students poses yet another risk of which teachers must be wary. Putting to one side the question of commercial surrogacy (not permitted in Australia), even so-called ‘altruistic surrogacy’ raises questions about the potential ‘commodification’ of children – that is, the risk of treating children who are the subjects of surrogacy arrangements as if they were objects, possessions or goods in respect of which contracts or legal arrangements can be entered.

In the eyes of some donor-conceived children, it is fundamentally unjust that IVF and surrogacy laws are framed primarily around the interests and wants of the adult parties who seek these options, with little or no real attention given to the legitimate interests and even the rights of the children created. This ‘rights-based’ argument adds to the Church’s fundamental difficulty with IVF.

Appropriate pastoral care for students conceived through IVF begins with reminding them that it was their parents’ great desire to have a child that drove them to consider IVF in the first place. This is at least an affirmation of their respect for the child as a person. This focus on the parents’ primary motivation for using IVF or surrogacy can help to defuse at a subjective level some of the tension which can be created by the Church’s objective critique of the technology, but teachers must be careful not to dilute that objective critique in the process. Once again, prudent assessment of the student’s age, level of affective maturity and family situation may provide teachers with some guidance on how to achieve an appropriate balance.

Every child has a need and a right to be affirmed, valued and respected regardless of the decisions their parents have or have not made in their regard. This surely is the overriding pastoral obligation that comes to light as the Church, Mother and Teacher, strives to fulfil its mission in Catholic education.

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2 IVF (in vitro fertilisation) refers to fertilisation of ova by sperm in a petri dish. In recent years, the more popular method of fertilisation has been intra-cytoplasmic sperm injection (ICSI) in which a single sperm is directly injected into an ovum. The GIFT process (gamete intra-fallopian transfer) is now used rarely in Australia: in 2009 GIFT resulted in just one clinical pregnancy and live delivery (of twins). In this paper, all of these will be referred to simply as ‘IVF’.


4 Katrina Clark, “My father was an anonymous sperm donor” (17 December 2006), Washington Post, www.washingtonpost.com/wp-dyn/content/article/2006/12/15/AR2006121501820.html
See, for example, Paul VI, *Humanae vitae (On the regulation of Birth)* (25 July 1968), # 19. This echoes the title of John XXIII’s 1961 social encyclical *Mater et magistra*, which states that “the Catholic Church has been established by Jesus Christ as Mother and Teacher…” The Church as Mother and Teacher is also discussed in the *Catechism of the Catholic Church*, #2030-2046.


The SCDF states: “The suffering of spouses who cannot have children . . . is a suffering that everyone must understand and properly evaluate. On the part of spouses, the desire for a child is natural: it expresses the vocation to fatherhood and motherhood inscribed in conjugal love.” For this, see *Donum vitae*, II:8; cf *Dignitas personae*, #3.

The SCDF states: “The humanisation of medicine . . . requires respect for the integral dignity of the human person first of all in the act and at the moment in which the spouses transmit life to the new person.” For this, see *Donum vitae*, II.B.7

Benedict XVI has stated: “. . . understand who the human being is: he is not a “monad”, an isolated being who lives only for himself and must have life for himself alone. On the contrary, we live with others, we were created together with others and only in being with others, in giving ourselves to others, do we find life.” For this, see Benedict XVI, “Homily at Rome’s Prison for Minors ‘Casal del Marmo’” (18 March 2007), Holy See, http://www.vatican.va/holy_father/benedict_xvi/homilies/2007/documents/hf_ben-xvi_hom_20070318_istituto-penitenziario_en.html


*Donum vitae*, II.B.5. “ET” here refers to embryo transfer in utero of either ‘fresh’ or frozen embryos.

In Western Australia, for example, donor-conceived children have the right to basic information regarding their donor and, if the donor agrees, to contact with the donor in adult life: see the Reproductive Technology Council information booklet online at www.rtc.org.au/publications/docs/Q&A.pdf

Under Western Australian legislation, a parentage order must establish details of a child’s future contact with the birth mother and any information to be provided to the child. See *Surrogacy Act 2008* (WA), Part 3 Division 3, (WA) Reproductive Technology Council, www.rtc.org.au/docs/090513_A1_Surrogacy_Act_2008_(WA).pdf

Katrina Clark, “My father was an anonymous sperm donor.”

All on-line resources accessed 25 September 2012