



5 Lower Kent Ridge Road  
Singapore 119074  
Tel: (65) 6772 4626 Fax: (65) 6872 3137  
www.tcinhg.com.sg

May 30, 2005

Associate Professor Terry Kaan  
Chairman  
Human Genetics Subcommittee  
Bioethics Advisory Committee

Dear *Terry*,

**FEEDBACK ON CONSULTATION PAPER**

We have reviewed the Consultation Paper entitled "Ethical, Legal and Social Issues in Genetic Testing and Genetics Research", and found that the paper is very comprehensive and detailed. It is a well thought out paper, which covers all the important aspects of the issues discussed.

With kindest regards

*John*

Professor John Wong  
Director  
The Cancer Institute  
National Healthcare Group

REV FR JAMES YEO  
CO-CHAIRMAN  
ARCHDIOCESAN BIOETHICS COMMITTEE  
ARCHDIOCESE OF SINGAPORE  
C/O 24 HIGHLAND ROAD  
SINGAPORE 549115

DR JOHN HUI  
MASTER  
THE CATHOLIC MEDICAL GUILD OF SINGAPORE  
29 LORONG LEW LIAN #03-04  
SINGAPORE 536471

ASSOCIATE PROF TERRY KAAH  
BIOETHICS ADVISORY COMMITTEE (BAC)  
250 NORTH BRIDGE ROAD  
#15-01/02 RAFFLES CITY TOWER  
SINGAPORE 179101

27 May 2005

Dear Sirs,

**CONSULTATION PAPER ON ETHICAL, LEGAL AND SOCIAL ISSUES IN  
GENETIC TESTING AND GENETIC RESEARCH**

We write in response to the request by the BIOETHICS ADVISORY COMMITTEE (BAC) for feedback on the consultation paper entitled, **ETHICAL, LEGAL AND SOCIAL ISSUES IN GENETIC TESTING AND GENETIC RESEARCH**

We understand that members of the BAC have devoted significant time and effort in coming up with such a paper, guided by a voice of conscience which you hold so true and dear.

**PREMISE FOR OUR FEEDBACK**

1. There is an eternal, universal and objective law that binds all of humankind.
2. As humans, beings endowed with reason and free will, we bear responsibility for our decisions and actions. We are impelled by our nature and bound by a moral obligation to seek the truth of this law.
3. We do not create this law. We can only discover it with our powers of intellect and will, through due process of practical reasoning. Once we have discovered this truth, we are bound to adhere to it and direct our whole lives in accordance with its demands.
4. Among the first principles of this law is that we should do good, to seek the good of each human person, and to avoid intending or doing harm to him. It is upon this basic principle that our response is based.

5. Science and technology are valuable resources for man when placed at his service and when they promote his integral development and the common good. But without conscience, science can only lead to man's ruin.

### **GENERAL FEEDBACK TO THE PAPER**

We are of the opinion, that this latest paper, sadly, like the previous papers mentioned on page 1 of the consultation, continues to ignore or disregard the humanness and dignity of the human embryo and foetus.

Although the BAC has in the past professed a special respect for human embryos and foetuses this respect nonetheless falls grossly short of acknowledging their absolute right to life, by virtue of their scientifically undisputed position as fellow members of the human race.

This considerably undermines the value of the programme that is being promoted.

Perhaps a good way of illustrating our view is to use a modern day analogy – the consultation paper proposes a well-intentioned program for health care and health promotion that is also intentionally corrupted with a virus or subroutine that attacks life.

In other words, some of the means used are not worthy of the lofty ends sought.

Because ethics is the philosophy of right human behaviour, it must recognise human rights and the dignity of human sexuality and human reproduction and take into account the sanctity of life of *all* humans (the first human right) and not just of some.

It must distinguish between the '*moral good*' and the '*useful good*', and not use any human being as a commodity with a purely utilitarian end. This it fails to achieve.

For the record, we wish to repeat the relevant comments in our response to the Ministry of Health in Nov 2003 on the **REGULATION OF BIOMEDICAL RESEARCH BILL 2003** regarding the recognition of the fertilised ovum as a human individual and the demands of this knowledge on us to act morally.

### **THE FERTILISED OVUM IS A HUMAN BEING FROM FERTILISATION.**

Our objection to mishandling of the early human is fundamental and is not in the first instance a religious one but proceeds from a process of reason that is in turn informed by scientific knowledge.

The living human embryo is - from the moment of the union of the gametes at fertilisation - a human subject with a well defined human identity by virtue of his possessing a human genome and an innate power to begin his own coordinated, continuous and gradual development, such that at no stage can he be considered as a simple mass of cells<sup>1</sup>.

From the moment of his conception, the human embryo is an individual with his personal set of chromosomes, his personal genetic make-up, already embedded in his being. This personal identity is unique to him. He is in fact a human individual with a personal identity. He is a human person. How can a human individual *not* be a human person?

As a human individual the embryo has the right to his own life, and therefore every intervention which is not in favour of the embryo is an act that violates that right.

The false notion that the embryo in the first 14 days of life is a mass of primitive cells is an unscientific error promoted by the UK Warnock Committee since 1984. This was rejected by both houses of Parliament in the UK until the fictitious “pre-embryo” was declared in 1986, paving the way to the manipulation, killing and cannibalisation of the embryo in the first 14 days.

No clump of primitive cells could ever become a man. And advances in knowledge of the human genome continue to add scientific strength to the belief that the fertilised ovum is far from being “unspecialised,” “unprogrammed” or “primitive.”

Every medical student is taught that “human development begins at fertilization when a male gamete or sperm (spermatozoon) unites with a female gamete or oocyte (ovum) to form a single cell - a zygote. This highly specialized, totipotent cell marked the beginning of each of us as a unique individual.” (Keith L. Moore and T.V.N. Persaud, *The Developing Human: Clinically Oriented Embryology*, 5<sup>th</sup> edition).

Jerome Lejeune in fact called the fertilised ovum the “most specialised cell under the sun”, specialised from the point of view that no other cell will ever have the same instruction program in the life of the individual being created<sup>2</sup>.

Like a computer program on a disk written to run a corporation, the instructions of the fertilised ovum are specialised to produce an adult human being. These instructions are progressively given up as each cell division produces daughter cells with less and less adaptability as they differentiate into organs and tissues such as heart, muscle, blood or brain cells while leaving a diminishing but viable number of ‘organ’ or ‘adult’ stem cells.

Neither can it be said that the embryo has no brain or is brain dead - the brain cannot create itself or revive itself if it is dead. Indeed, no self-fulfilling declaration that any human tissue or organ is “not yet developed” can negate or excuse the destruction of the early human’s ongoing genetic Master Plan that is developing it.

Provision in the law for allowing killing in the first 14 days on the premise that the embryo has no pain or sentience thus has no moral support in science. The same reason could in fact be given to legalise date rape of an unconscious person.

No value system or religious perspective, culture or personal circumstance can ignore these scientific facts. The creation of human embryos is the story of the beginning of human life - a life that is not just a religious issue, because an embryo is a human being regardless of religion.

**A GOOD END DOES NOT MAKE RIGHT AN ACTION WHICH IN ITSELF IS WRONG.**

The inherent concern for the life of victims of debilitating disease cannot serve as moral justification for the destruction of the life of human embryos.

Any act, guideline or law that deliberately threatens the right of innocent human life cannot claim to be acting in the interest of the common good, one which not only takes into account the good of society as a whole but at the same time that of its individual members.

A *good act*, such as performing a safe pre-natal test on an embryo or foetus, cannot be done with the wrongful intention of aborting the child if the test is abnormal.

Neither can *good intentions*, such as valid scientific and medical purposes, justify unjust acts. If they did, what would we call these *unjust acts* - *good things* to do?

To thus misrepresent “evil” as “good” opens the door to every unjust action, since no one does anything without a good reason. Inevitably, this leads to the corruption of conscience and to the increasing inability to make moral choices.

Society then becomes more and more callused in the means employed to create a more ‘perfect’ world, their moral degeneration no doubt expedited by greater technological capabilities without a commensurate increase of ethical knowledge and development of ethical strength.

Neither does informed consent, when giving *carte blanche* to procedures that kill humans, have any bearing on this issue, since no one may freely dispose of the physical integrity or life of the embryo - patient autonomy notwithstanding. Informed consent cannot sanction killing and must not be included in these proposals as a licence for killing.

We must also avoid relativism in ethics. The idea that there is no objective morality is untenable - if relativism is the starting point, then relativism being what it is, would beget more relativism, and so on *ad infinitum*. Everyone would claim to be right in his own decision.

Regulations and legal safeguards have no meaning in containing or limiting evil. In the second reading of the Abortion Act 1969, the then Minister for Health spoke of the "...typical way in which the opponents go about attacking the Bill by basing their arguments on false presumptions. Another good example of presuming falsely is that, time and again, they have insisted even in the face of facts that the Bill will allow abortions on demand. However, let me state once again that an elaborate Bill such as the one before us has been made to contain all the safeguards which are necessary ..."

Barely 4 years later, the Law on Abortion was expanded to allow abortion on demand. Abortion is now being carried out on grounds that are a far cry from the lofty reasons put forward at its inception, and reversal of the law is unlikely in the foreseeable future.

The challenge should be to find *ethical* solutions to medical diseases. The advancement of the life sciences should serve a commensurate effort to discover these solutions and not more ‘convenient’ but ethically dubious methods.

Ethical principles cross cultural and religious borders. One must believe that there *are* values ingrained in the very nature of man himself or else admit that we are a society composed of individuals who are *essentially* different, one from another. If the latter were the case, then even Hitler could have claimed justification for his atrocities in pursuit of a “purer” society.

But we know it is not so. As already mentioned, there is a law ingrained in the human heart that binds us all together, a law that tells us what is objectively right or wrong, a law whose first principle is to do good and to avoid evil.

### **SPECIFIC POINTS IN THE CONSULTATION**

#### **A. PREIMPLANTATION GENETIC DIAGNOSIS (PGD)**

1. This clearly illustrates the Pandora's box opened by IVF, of which the wrongful components are beyond the scope of this response. The ability to unjustly manipulate human life in this way has already been anticipated by the inherent processes of IVF<sup>3</sup>.
2. The act of choosing to develop one embryo to birth while destroying the others tells us that *there is* human life in the embryo per se, and that it is promoted in one but eliminated in the others.
3. In a society where a specific gene defect is of sufficiently high prevalence, pre-nuptial testing for the carrier status is an option that can be studied. But only if the information is used to decide on marriage itself or to prepare for the birth of a child with a disability.
4. As medical science advances, one should expect (or at least work towards) the improvement in prognosis for serious conditions.
  - a. This *has* happened in thalassaemia major<sup>4,5</sup> due to major advancements in transfusion medicine and iron chelation therapy. Even curative transplantation with resultant transfusion independence is now a distinct possibility, with cord blood from unrelated donors expanding the sources of haematopoietic stem cells<sup>6,7</sup>
  - b. In X-linked severe combined immunodeficiency we could be close to an unprecedented breakthrough<sup>8</sup> although there are safety<sup>9</sup> and ethical issues in gene therapy to sort out.

Instead of investing resources in PGD, healthcare bodies should concentrate efforts to the development of ethical solutions for medical conditions.

5. With PGD, we already place one foot over the threshold of eugenics into trait selection.
  - a. What is considered a "serious medical condition" warranting PGD? Do we not foresee this definition changing time and again in the near future? Will obesity be a "serious medical condition" since the obese may have shorter life spans? Or will embryos with the 'autistic' or 'depression' gene be eliminated since the quality of life of such people is deemed by some to be poor? The Committee rightly alludes to this danger<sup>10</sup>.
  - b. It is key that the Committee acknowledges children as "individuals in their own right"<sup>11</sup>, as this forms the basis for not exercising an artificial "control over the result of conception"<sup>12</sup>.
  - c. Regulatory bodies are not a solution for ethical decision making if they yield to socially or medically utilitarian demands.

#### **B. PREIMPLANTATION TISSUE TYPING (PTT)**

1. The ethical principles governing the licitness of PGD (vis a vis to treat rather than to kill) are also applicable to PTT.
2. In addition, PTT is an even more direct manifestation of the philosophy of having children not for their own sake, but for a primary utilitarian end. The "evidence" asked for by the Committee regarding concerns over children being used as a means to an end<sup>13</sup> seems to be contained within the very recommendation given for this section

itself<sup>14</sup>. The principles underlying PTT certainly do not convey a “higher moral ground”.

#### C. GERMLINE GENETIC MODIFICATION

1. The Committee has rightly alluded to ethical concerns concerning this.
2. In addition, with regard to gene therapy in general, while safety issues are yet to be resolved, other ethical issues include the use of cell lines developed from aborted foetal tissue. These cell lines are commonly used in the generation of viral vectors used in gene therapy. The Committee should bear in mind that there the use of these embryonic cell lines (e.g. the human embryonic retinal cell line PER.C6<sup>15</sup>) is not ethically acceptable to many.

#### D. PRENATAL GENETIC DIAGNOSIS (PND)

1. The ethics of abortion precede the evaluation of PND. If the basic principles on this are not understood, then an ethical discussion on PND is also flawed.
2. PND in itself need not be morally wrong. As pointed out by the Committee, the information may help the couple prepare for the birth of a child with a disability, and be useful for the professional team to prepare for a difficult delivery etc<sup>16</sup>.
3. However, PND or prenatal screening with an intention or likelihood of abortion if the test is unfavourable is wrong.
4. Counselling related to PND should include arguments that favour promoting life, even though the child may be handicapped or diseased.
  - a. There are numerous examples of couples who do not regret having children with Down’s Syndrome, “happy just to take their child as they find them”<sup>17</sup>. The handicapped child promotes bonding in the family, helps in the nurturing and maturation of human values of the other children who are normal, and brings the spouses closer together in their common love for the child who needs it most.
  - b. Adoption of a handicapped child should be an option for consideration. Many generous families have done so to their greater benefit.
  - c. The couple should be given adequate assurance of basic medical treatment if so required, and the various social and financial support systems should be made known to them.
5. The Committee rightly tends to discourage testing for late-onset disease. One can again fear and foresee the potential for the definition of “late-onset” to be conveniently manipulated.

### **THE CULTURE OF DEATH**

It is unfortunate that the practice of medical ethics has deteriorated significantly over the past fifty years or so from one that accorded absolute respect for life to one that has confused killing with healing.

There is now a culture of death, a growing network of conspiracy against human life that Pope John Paul II first drew attention to in his encyclical, *Evangelium Vitae*<sup>18</sup> published on 25 Mar 1995, “It is expanding and has reached broad sectors of public opinion, a real network of complicity against life that reaches out to include international institutions, foundations and associations.”

He wrote, "Whatever is opposed to life itself, ... murder, genocide, abortion, euthanasia, or wilful self-destruction, ... whatever violates the integrity of the human person, ... mutilation, torments inflicted on body or mind, attempts to coerce the will itself; ... whatever insults human dignity, ... subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of women and children; ... where people are treated as mere instruments of gain rather than as free and responsible persons; ... poison human society, .. [and] do more harm to those who practise them than to those who suffer from the injury."

The BAC has in the past correctly averred that reproductive cloning, "goes against the moral idea that a human being is not to be treated as a means to an end, but only as an end."

But, citing patient autonomy and preventing or curing disease, it continues to propose and support the conditions that lead to, or the actual use of, abortion or biomedical methods that manipulate or create human beings, only to destroy them later for their stem cells or for not having the right genotype or tissue type.

Can it be surprising then that the proliferation of clinical and research ethics committees practising this relative and flexible form of ethics can co-exist with widespread and increasing contraception, abortion, manipulation and cannibalisation of embryos, a disordered sexuality and a pandemic of AIDS?

It is educational and edifying to recall the words of former UN chief *Dag Hammarsklöld*, "You cannot play with the animal in you without becoming wholly animal, play with falsehood without forfeiting your right to truth, play with cruelty without losing your sensitivity of mind."

Ethics must be for all and not just for some.

### **SICK BABIES SHOULD NOT BE KILLED**

There is more than an ounce of truth in the observation that babies nowadays are "made" like products subject to supply and demand, cost and quality control and are bought and paid for. Sick babies are eliminated like defective products or their parts and tissues dissected and traded.

Others meanwhile write dismissively of "definitions of what constitutes a human being and religious beliefs"

Since 1970, Singapore mothers chose to kill half a million of their babies-in-utero younger than 24 weeks. Some were killed because they were "physically impaired" but most were not, yet qualified for death anyway. With a subtle shift of thinking their stem cells may now be cannibalised for distribution to others.

No one should solve life's problems by killing babies. And only the perverse can convince themselves that abortion prevents disability.

Anyway, do we really want a standard man or woman, rejecting all but those who fit into this model? Does happiness consist of being a clone or living in a society of clones? There *is* no ideal person. No one has or wants all the beautiful, physical or intellectual experiences



possible. Instead, people choose from these possibilities according to their own talents and opportunities to make themselves as happy as they can be.

Within very broad limits, both Prince and Pauper can be happy with their lot in life. Among these are Louis Braille, Stevie Wonder, Ray Charles, Claude Monet, Homer, John Milton and painter Lisa Fittipaldi who were all blind. Tom Whittaker, the first one-legged person to climb Mt Everest, Diana Golden, a one-legged skier, Singapore's own disabled swimmer, Theresa Goh and the faces of striving and triumph at the Special Olympics are further outstanding examples of people with courage and determination, to name just a few.

We are all better and kinder people for accepting our imperfections and our differences.

We must discard the notion that not having a skill or capacity is equivalent to not being a person. A practice that devalues (disabled) children *before* they are born cannot be separated from one that devalues them *after* they are born. People born with disabilities would be regarded as mere missed abortions until opportunities for correction come up, if not by extending the law on abortion, then later after birth.

Unfortunately, prenatal testing is increasingly the tool used to select babies who are disabled and to mark them for destruction. Prenatal care should be focused on protecting capacity, NOT highlighting deficiency or refusing to permit or assist the development of people with disabling traits.

We must promote a social model that does not eliminate the unfit and the unwanted but caters for all the human beings who actually exist, whether able-bodied or disabled, born and waiting to be born. We want an inclusive society not an elitist one. Our survival depends on it.

### **THE MENTORSHIP OF UK AND THE NAZI EUGENIC PROGRAMME**

This consultation paper, like others before it, has referred to the mentorship and experience of the United Kingdom. It does not, however, draw on the experience of the Nazi eugenic programme. We fear an unstoppable slide towards the deteriorating regard even for post-natal human life, as seen in the Netherlands in recent times<sup>19</sup>.

Like all these predecessors, however, any reference in this paper to the experimentation or disposal of humans is couched in the rosy language of medical care and eugenics.

1,863 babies were aborted in UK in 2002 for reasons of suspected "deformity" - an eight percent increase over the previous 1,722 aborted in 2001, whereas Down's Syndrome abortions were up by 17 percent from 591 in 2001 to 691 in 2002<sup>20</sup>.

In May 2004, the UK's Daily Mail revealed that British women were increasingly eliminating their unborn children because of non life-threatening deformities such as deformed feet or cleft lips and palates<sup>21</sup>.

In the same month, UK Police only opened a criminal investigation into an illegal 28-week abortion of a baby with a cleft lip and palate that occurred in 2002 after their initial refusal to act was challenged in High Court by a Rev Joanna Jepson, herself born with a jaw defect that was corrected when she was in her late teens<sup>22</sup>.

This must surely be just the tip of the iceberg. Multiple examples of such atrocities against human life will assail anyone who is concerned enough to conduct a cursory search of the news, and convince him that there is an expanding culture of death. Singapore is a part of this culture.

The worldwide regression to a stultified medical ethos is also reflected in the Netherlands, where mercy killing “for good reasons” was for decades regarded benignly by the law, well before it entered the statute books. The Government Rummelink study of 8,681 euthanasia cases in 1990 showed that 68% had not given explicit consent to being killed<sup>23</sup>.

In Germany, subtle shifts in medical thinking began with sterilisation and abortion of non-Aryans, but with the euthanasia of Gerhard Kretschmar, a 5-month baby, regressed to 8,000 children killed by euthanasia in Nazi Germany.

In all, 296 medical facilities were used to drug, gas or starve 275,000 children and adults, including residents of mental hospitals and homes for the aged, the handicapped in their own homes and children who were bed wetters or had misshapen ears or learning difficulties.

The Final Solution, the genocide of 6 million Jews and Gypsies, is well known but its origins are perhaps not well appreciated

Among the perpetrators of the massacre, a Nazi judge impugned in Nuremberg in 1945 for his role in the eugenic pogrom of millions of undesirable DNA carriers was reputed to have said, “I didn’t know it would come to that” when asked why he had acted thus. The prosecutor reportedly replied, “It came to that with your first one”.

The Straits Times of 12 May 2005 published a report on the inauguration of the monument that Germany created to atone for their human experimentation and the slaughter of millions.

Today, Germany is one of a few countries in the world that really knows the harm of human experimentation. Yet, when the President of the German Max Planck Society was questioned at a talk he gave recently on human cloning and embryonic stem cell research, he said that no one knows when a human being begins. There are none so blind as those who will not see.

If only those persons who themselves suffer from a particular genetic defect are prevented from reproducing, this still does not eliminate heterozygous carriers who will continue to transmit defects dependent on recessive genes.

Present technology is far from being able to detect all these carriers. Even if science is capable of doing this, it would mean the elimination of large numbers of people. This would probably mean also the elimination of many desirable traits from the gene pool, because the same person may carry both good and bad traits.

Thus programmes of negative eugenics based on present knowledge would never be of any benefit and might even have side effects that are worse than the remedy. Even if defective genes are eliminated from the gene pool, they are constantly being replaced by mutations caused by environmental factors.

### **THE ETHOS OF THE HEALTHCARE PROFESSIONAL VS THE MEDICAL AUTONOMY OF PEOPLE**

The success of any medical programme must surely depend entirely on the ethos of the medical fraternity not deviating from its Hippocratic ideals<sup>24</sup>.

To paraphrase Pope John Paul II in *Evangelium Vitae*<sup>25</sup>, we need the outlook of those who see life in its deeper meaning, its beauty and its invitation to freedom and responsibility; the outlook of those who discover in all things the reflection of the Creator, seeing in every person his living image.

Or in the words of *Socrates* (470-399BC): “To a man who preserves his integrity, no real long-term harm can ever come. Real personal catastrophe consists in corruption of the soul.”

But incorporating the philosophy of manipulating, killing or cannibalising the embryo or foetus for good ends is a structural defect in the nature and the provision of healthcare.

Such a programme stakes the health providers’ goodwill, their ethical principles and the medical and legal ethos against the unethical aspects of patient autonomy and the Siren allure of a Master race.

A good doctor’s first principle is “*Primum non nocere*.” First, do no harm. Killing is doing harm. There are no two ways about it. For a healthcare worker to kill anyone, even when asked to do so, is to blur the line between caring and killing

To participate in this complicity against life places him in a dilemma of either rejecting any co-operation in killing or surrendering his integrity and professionalism – and if he chooses the latter to injure his own ethos and the ethos of the whole healthcare fraternity.

This cannot have a happy resolution. Would anyone like to consult a doctor whom he can’t be sure will try to cure him or at the least excuse, neglect him or even kill him?

### **CONSCIENTIOUS OBJECTION**

Respecting the legitimate autonomy of patients has its counterpart in appreciating and respecting the autonomy of healthcare workers and also of university students, who should not be browbeaten into compromising their conscience and their ethos or penalised in any way for refusing to cooperate in anything that is morally repugnant to them.

Doing so may force a legitimate reaction from health care personnel who do not wish to cooperate in what is plainly morally illicit. For example, there are anaesthetists who will refuse to provide anaesthesia for women undergoing abortions. Housemen, too, try to avoid the obstetrics and gynaecology posting for fear of running into moral complications.

Special provision should also be made for doctors who are serving their 5-year bond of employment in public hospitals and institutions. Such doctors owe their service but not their souls.

This is not merely in the area of assisting at an abortion. Conscientious objection includes participating in any testing or procedure that is likely to lead to abortion and in referring such a person to another for this purpose.

For example, prenatal screening (PND) with an intention to abort if the test is unfavourable is morally wrong and a conscientious objector may not cooperate in this evil or refer such a person for an abortion.

With respect to PND, the rights of conscientious objectors have to be safeguarded by law. There should be measures that aid in protecting the consciences of such objectors.

For example, if it is mandated that all Thalassaemia carriers be notified to the National Thalassaemia Registry, there should at least be an optional clause on the form which states “this physician is a conscientious objector to abortion and to genetic testing with a view to abortion” or the equivalent.

In a society divided on the issue of abortion, such measures are *the least* that can be done in fairness to those who are upholding the principle of human life.

### **CONCLUSION**

The Catholic Church has no objections to Genetic Screening and Genetic Counselling that respect the rights, the dignity, the privacy and confidentiality of the individual.

It has been the constant teaching of the Catholic Church that human life begins at conception and every human life is precious regardless of the state of perfection.

Genetic Screening must not be used for eugenic purpose where only the perfect are entitled to life. Genetic screening should not and must not lead to more destruction of life.

As such, we oppose all forms of destruction of life (including that of human embryos) based on any genetic defects. Any procedure, including pre-implantation diagnosis (PGD) and pre-implantation tissue testing (PTT) must seek the well-being of the individual tested, that is, with the intention to treat if any abnormality is found, without disproportionate risk to him or her. If they are used to seek out those who have a genetic defect with the intention of afterwards eliminating them, then such procedures are morally illicit and should not be done. Prenatal diagnosis (PND) should not be done with a view to abortion.

We are against all forms of stigmatisation and discrimination of individuals, families, groups of people or even an entire race based on the negative results derived from genetic screening.

The Church is also against any form of testing or intervention that puts any human life at a disproportionate risk.

The question therefore is not about genetic screening but about the consequences of the genetic information obtained. The Church is totally against using that information to destroy life, to discriminate or to stigmatise.

The information may be supplied only to help people make responsible personal decisions. It certainly is a right for a child to be free from every defect that medicine has the power to prevent or to correct, using reasonable means under the given circumstances.

It is contradictory, however to believe that this right is protected by destroying the child who has not been saved from the defect. Parents may have the responsibility not to generate such children but having generated them, they also have then the responsibility to care for them.

They cannot lighten their burden by destroying an unborn child any more than an infant or adolescent. If parents prove mistaken in their decision, society can and should assume the responsibility for adequate care of such children, a burden that is not too great compared to many other health problems.

The Catholic Church provides genetic counselling and will also promote it without encouraging abortion or the destruction of any human life including the human embryo.

We supply the following recommendations:

1. Genetic Screening programs that respect the rights, the dignity, the privacy and confidentiality of every individual from conception should nevertheless be pretested by pilot projects and other studies and these programs should be constantly updated and evaluated.
2. Community participation in planning and executing these programs should be secured to educate the public as to the true significance and legitimate use of the information obtained.
3. The information obtained should be made available according to clearly stated policies known to those participating before they consent and their privacy should be carefully protected.
4. Screening programs should be voluntary. The rights of parents to make their own decisions about the use of the information in having children should be protected. That means they should not be compelled to refrain from reproduction or starting a family.
5. The general principles with regard to human experimentation should be respected.
6. The autonomy of healthcare givers and legal and scientific officers in their moral choices (that promote life and authentic human dignity) should be respected and *fully* recognised in law. There should be legal provision for conscientious objectors (to any act potentially

leading to the destruction of human life) to protect their consciences in stating and acting clearly in line with their stand.

Yours faithfully



REV FR JAMES YEO  
CO CHAIRMAN  
ARCHDIOCESAN BIOETHICS COMMITTEE  
ARCHDIOCESE OF SINGAPORE



DR JOHN HUI  
MASTER  
THE CATHOLIC MEDICAL GUILD OF  
SINGAPORE

#### Appendix:

**Donum Vitae** (Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation), Congregation for the Doctrine of the Faith, 1987.

This instruction was issued by Cardinal Joseph Ratzinger with the approval of and under the order of Pope John Paul II.

#### References

- <sup>1</sup> Pontifical Academy for Life; “*Declaration on the production and the scientific and therapeutic use of human embryonic stem cells*”
- <sup>2</sup> Keith L. Moore and T.V.N. Persaud, “*The Developing Human: Clinically Oriented Embryology*, 5<sup>th</sup> edition.”
- <sup>3</sup> Case No E-14496, *Davis v Davis*, County Court for Blount County, Tennessee, USA: August 7, 8 & 10, 1989.
- <sup>4</sup> “In the last decades, treatment of patients with beta-thalassemia has changed considerably, with advances in red cell transfusion and the introduction of iron chelation therapy. This progress has greatly increased the probability for a thalassaemic child to reach adult age with a good quality of life. At present, the prognosis for thalassemia major patients is “open-ended”. Compliance with the conventional treatment and psychological support are critical to obtain good results. The expectancy of a long survival of good quality encourages the patients to plan their future life, having a job, a family and often children. Optimal treatment of thalassemia major is expensive and for this reason, unfortunately, available only for a minority of patients in the world. Despite the significant advances, other progresses are expected to further improve survival and quality of life. The major aim is the cure of the disease, increasing the possibility of bone marrow transplantation using HLA-matched unrelated donors, and hopefully, in the future, gene therapy. However, even the conventional treatment and in particular iron chelation is expected to improve. Efforts should be made by the Western countries, and by the international health and economic organizations to provide continuous and concrete support for achieving a high standard of management for thalassemia in all places of the world.” Abstract from Galanello R. A thalassaemic child becomes adult. *Rev Clin Exp Hematol*. 2003 Mar;7(1):4-21.
- <sup>5</sup> “The marked increase in survival, to the fifth decade of life, of patients with well-managed  $\beta$ -thalassaemia in developed countries represents one of the most dramatic alterations in morbidity and mortality associated with a genetic disease in this century.” Olivieri NF. The beta-thalassemsias. *N Engl J Med*. 1999 Jul 8;341(2):99-109.
- <sup>6</sup> Jaing TH, Hung IJ, Yang CP et al. Rapid and Complete Donor Chimerism after Unrelated Mismatched Cord Blood Transplantation in 5 Children with beta-Thalassaemia Major. *Biol Blood Marrow Transplant*. 2005 May;11(5):349-53.

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- <sup>10</sup> Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005. #6.12 and #6.16.
- <sup>11</sup> Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005. #6.16.
- <sup>12</sup> Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005. #6.16.
- <sup>13</sup> Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005. #6.16.
- <sup>14</sup> Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005. Recommendation 12: Preimplantation tissue typing, whether as the sole objective or in conjunction with preimplantation genetic diagnosis to avoid a serious genetic disorder, is permissible but should be licensed and evaluated on a case-by-case basis.
- <sup>15</sup> "...So I isolated retina from a fetus, from a healthy fetus as far as could be seen, of 18 weeks old. There was nothing special with a family history or the pregnancy was completely normal up to the 18 weeks, and it turned out to be a socially indicated abortus - abortus provocatus, and that was simply because the woman wanted to get rid of the fetus... The father was not known not to the hospital anymore, what was written down was unknown father, and that was, in fact, the reason why the abortion was requested... There was permission, et cetera, and that was, however, was in 1985, ten years before this. This shows that the cells were isolated in October 1985, Leiden University in my lab. At that time already '85, I should say the cells were frozen, stored in liquid nitrogen, and in 1995 one of these was thawed for the generation of the PER.C6 cells..." See US Food and Drug Administration, Center for Biologics Evaluation and Research, Vaccines and Related Biological Products Advisory Committee meeting May 16, 2001, [http://www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1\\_01.pdf](http://www.fda.gov/ohrms/dockets/ac/01/transcripts/3750t1_01.pdf).
- <sup>16</sup> Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005. #6.26.
- <sup>17</sup> Nuffield Council on Bioethics, Genetics and Human Behaviour: the Ethical Context (2002), at page 154. Also as footnote #26 in Ethical, legal and social issues in genetic testing and genetics research. A consultation paper. The Bioethics Advisory Committee, Singapore. 5 April 2005.
- <sup>18</sup> Pope John Paul II; "*Evangelium Vitae*, 25 Mar 1995"
- <sup>19</sup> Verhagen E, Sauer PJ. The Groningen protocol--euthanasia in severely ill newborns. *N Engl J Med*. 2005 Mar 10;352(10):959-62.
- <sup>20</sup> Lyndsay Moss, Press Association News; "Most Downs Syndrome Foetuses Being Aborted" 30 May 2004
- <sup>21</sup> Daily Mail "British Abortion Rate Skyrockets as Couples Eliminate 'Defective' Children" 31 May 2004
- <sup>22</sup> Crown Prosecution Service press statement "CPS decides not to prosecute doctors following complaint by Rev Joanna Jepson; 16th March 2005" ([http://www.cps.gov.uk/news/pressreleases/117\\_05.html](http://www.cps.gov.uk/news/pressreleases/117_05.html))
- <sup>23</sup> International Task Force on Euthanasia and Assisted Suicide; "Euthanasia in the Netherlands"
- <sup>24</sup> "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art..."
- <sup>25</sup> Pope John Paul II; "*Evangelium Vitae*, 25 Mar 1995"

# Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation





## Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation

### CONTENTS OF THIS ISSUE:

*\*Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day, by the Congregation for the Doctrine of the Faith.*

*"Advances in technology have now made it possible to procreate apart from sexual relations through the meeting 'in vitro' of the germ cells previously taken from the man and the woman. But (what is technically possible is not for that very reason morally admissible.) Rational reflection on the fundamental values of life and of human procreation is therefore indispensable for formulating a moral evaluation of such technological interventions," says an instruction released March 10 by the Vatican Congregation for the Doctrine of the Faith. Titled "Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation," it examines questions such as "in vitro" fertilization involving a man and woman not married to one another, as well as within marriage; experimentation on human embryos; surrogate motherhood; prenatal diagnosis and therapeutic procedures for the human embryo; infertility in marriage; and legislation related to procreation. A fundamental concern of the instruction is that human life be respected: The embryo must be treated as a person and defended in its integrity, it says. Moreover, the instruction emphasizes that "the procreation of a new person, whereby the man and the woman collaborate with the power of the Creator, must be the fruit and the sign of the mutual self-giving of the spouses, of their love and of their fidelity." The instruction takes a position against "in vitro" fertilization. But, it says, "a medical intervention respects the dignity of persons when it seeks to assist the conjugal act" — not to replace it technologically — "either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed." The Vatican's English text of the instruction follows.*

### FOREWORD

The Congregation for the Doctrine of the Faith has been approached by various episcopal conferences or individual bishops, by theologians, doctors and scientists, concerning biomedical techniques which make it possible to intervene in the initial phase of the life of a human being and in the very processes of procreation and their conformity with the principles of Catholic morality. The present instruction, which is the result of wide consultation and in particular of a careful evaluation of the declarations made by episcopates, does not intend to repeat all the church's teaching on the dignity of human life as it originates and on procreation, but to offer, in the light of the previous teaching of the magisterium, some specific replies to the main questions being asked in this regard.

The exposition is arranged as follows: An introduction will recall the fundamental principles of an anthropological and moral character which are necessary for a proper evaluation of the problems and for working out replies to those questions; the first part will have as its subject

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respect for the human being from the first moment of his or her existence; the second part will deal with the moral questions raised by technical interventions on human procreation; the third part will offer some orientations on the relationships between moral law and civil law in terms of the respect due to human embryos and fetuses\* and as regards the legitimacy of techniques of artificial procreation.

## INTRODUCTION

### 1. Biomedical Research and the Teaching of the Church

The gift of life which God the Creator and Father has entrusted to man calls him to appreciate the inestimable value of what he has been given and to take responsibility for it: This fundamental principle must be placed at the center of one's reflection in order to clarify and solve the moral problems raised by artificial interventions on life as it originates and on the processes of procreation.

Thanks to the progress of the biological and medical sciences, man has at his disposal ever more effective therapeutic resources; but he can also acquire new powers, with unforeseeable consequences, over human life at its very beginning and in its first stages. Various procedures now make it possible to intervene not only in order to assist, but also to dominate the processes of procreation. These techniques can enable man to "take in hand his own destiny," but they also expose him "to the temptation to go beyond the limits of a reasonable dominion over nature."<sup>1</sup> They might constitute progress in the service of man, but they also involve serious risks. Many people are therefore expressing an urgent appeal that in interventions on procreation the values and rights of the human person be safeguarded. Requests for clarification and guidance are coming not only from the faithful, but also from those who recognize the church as "an expert in humanity"<sup>2</sup> with a mission to serve the "civilization of love"<sup>3</sup> and of life.

The church's magisterium does not intervene on the basis of a particular competence in the area of the experimental sciences; but having taken account of the data of research and technology, it intends to put forward, by virtue of its evangelical mission and apostolic duty, the moral teaching corresponding to the dignity of the person and to his or her integral vocation. It intends to do so by expounding the criteria of moral judgment as regards the applications of scientific research and technology, especially in relation to human life and its beginnings. These criteria are the respect, defense and promotion of man, his "primary and fundamental right" to life,<sup>4</sup> his dignity as a person who is endowed with a spiritual soul and with moral responsibility<sup>5</sup> and who is called to beatific communion with God.

The church's intervention in this field is inspired also by the love which she owes to man, helping him to recognize and respect his rights

and duties. This love draws from the fount of Christ's love: As she contemplates the mystery of the incarnate word, the church also comes to understand the "mystery of man";<sup>6</sup> by proclaiming the Gospel of salvation, she reveals to man his dignity and invites him to discover fully the truth of his own being. Thus the church once more puts forward the divine law in order to accomplish the work of truth and liberation.

For it is out of goodness — in order to indicate the path of life — that God gives human beings his commandments and the grace to observe them; and it is likewise out of goodness — in order to help them persevere along the same path — that God always offers to everyone his forgiveness. Christ has compassion on our weaknesses: He is our Creator and Redeemer. May his Spirit open men's hearts to the gift of God's peace and to an understanding of his precepts.

### 2. Science and Technology at the Service of the Human Person

God created man in his own image and likeness: "Male and female he created them" (Gn. 1:27), entrusting to them the task of "having dominion over the earth" (Gn. 1:28). Basic scientific research and applied research constitute a significant expression of this dominion of man over creation. Science and technology are valuable resources for man when placed at his service and when they promote his integral development for the benefit of all; but they cannot of themselves show the meaning of existence and of human progress. Being ordered to man, who initiates and develops them, they draw from the person and his moral values the indication of their purpose and the awareness of their limits.

It would on the one hand be illusory to claim that scientific research and its applications are morally neutral; on the other hand one cannot derive criteria for guidance from mere technical efficiency, from research's possible usefulness to some at the expense of others or, worse still, from prevailing ideologies. Thus science and technology require for their own intrinsic meaning an unconditional respect for the fundamental criteria of the moral law: That is to say, they must be at the service of the human person, of his inalienable rights and his true and integral good according to the design and will of God.<sup>7</sup>

The rapid development of technological discoveries gives greater urgency to this need to respect the criteria just mentioned: Science without conscience can only lead to man's ruin. "Our era needs such wisdom more than bygone ages if the discoveries made by man are to be further humanized. For the future of the world

\* The terms *zygote*, *pre-embryo*, *embryo* and *fetus* can indicate in the vocabulary of biology successive stages of the development of a human being. The present instruction makes free use of these terms, attributing to them an identical ethical relevance, in order to designate the result (whether visible or not) of human generation, from the first moment of its existence until birth. The reason for this usage is clarified by the text (cf. I, 1).

*Theological discussion is "still open" on some fertility techniques in which conception occurs inside the woman's body, though with medical intervention, Cardinal Joseph Ratzinger, prefect of the Congregation for the Doctrine of the Faith, said during a press conference March 10 in Rome. He said that in the absence of a church decision on the matter, individual Catholic doctors should rely on their "informed conscience" in deciding whether to perform the techniques.*

*The congregation's new instruction on bioethics and procreation rejected "in vitro" fertilization and several other fertility techniques. However, in recent years U.S. doctors have developed methods that the instruction did not specifically address.*

*One method, Gamete Intra-Fallopian Transfer or GIFT, involves extracting an ovum, placing it near sperm cells in a catheter and then inserting both into the uterus. Conception follows "in vivo," or inside the woman's body.*

*Some Catholics have judged the technique acceptable provided that masturbation is not involved in collection of the sperm. A perforated condom is used during intercourse, with the sperm retrieved from the condom afterward.*

*Ratzinger was asked whether doctors offering such methods were on morally licit grounds. He responded:*

*"When the discussion is still open and there is not yet a decision by the magisterium, the doctor is required to stay informed, according to classic theological principles and concrete circumstances" and "make a decision based on his informed conscience."*

*Jesuit Father Bartholomew Kiely, a moral theologian who helped prepare the document, said "the instruction does not pronounce a judgment on GIFT. It leaves it open*

to research by biologists and to further discussion by theologians." One main element in judging such methods, Kiely said, is whether they assist marital intercourse in attaining procreation or replace it with a laboratory technique.

Kiely said the document likewise does not make a judgment on another technique, called Low Tubal Ovum Transfer or LTOT. It was first used successfully in an Ohio Catholic hospital.

LTOT circumvents absent or blocked fallopian tubes and transfers the ova to the uterus to allow "in vivo" fertilization to take place through conjugal intercourse. It has been approved by Archbishop Daniel E. Pilarczyk of Cincinnati and theologians at Pope John Paul II Medical-Moral Research and Education Center near Boston.

LTOT, Kiely said, "seems to fall within the GIFT area, the area that is not yet defined by the document, but is left open to further research."

He said Catholics should recognize that the techniques fall in an area "that is not yet settled."

"Obviously the document couldn't go into too much detail on the medical side, because the scene literally changes from week to week," he added.

Msgr. Elio Sgreccia, an Italian ethicist who also helped prepare the document, said methods that seek to help marital intercourse attain fertility should be considered "within the range of licitness." He said that also applies to medical aid provided after the conjugal act occurs.

It is hoped that science would make available other fertility techniques that retain the conjugal act as the source of life and help it reach its full effect, Sgreccia said.

stands in peril unless wiser people are forthcoming."<sup>9</sup>

### 3. Anthropology and Procedures in the Biomedical Field

Which moral criteria must be applied in order to clarify the problems posed today in the field of biomedicine? The answer to this question presupposes a proper idea of the nature of the human person in his bodily dimension.

For it is only in keeping with his true nature that the human person can achieve self-realization as a "unified totality";<sup>9</sup> and this nature is at the same time corporal and spiritual. By virtue of its substantial union with a spiritual soul, the human body cannot be considered as a mere complex of tissues, organs and functions, nor can it be evaluated in the same way as the body of animals; rather it is a constitutive part of the person who manifests and expresses himself through it.

The natural moral law expresses and lays down the purposes, rights and duties which are based upon the bodily and spiritual nature of the human person. Therefore this law cannot be thought of as simply a set of norms on the biological level; rather it must be defined as the rational order whereby man is called by the Creator to direct and regulate his life and actions and in particular to make use of his own body.<sup>10</sup>

A first consequence can be deduced from these principles: An intervention on the human body affects not only the tissues, the organs and their functions, but also involves the person himself on different levels. It involves, therefore, perhaps in an implicit but nonetheless real way, a moral significance and responsibility. Pope John Paul II forcefully reaffirmed this to the World Medical Association when he said:

"Each human person, in his absolutely unique singularity, is constituted not only by his spirit, but by his body as well. Thus, in the body and through the body, one touches the person himself in his concrete reality. To respect the dignity of man consequently amounts to safeguarding this identity of the man '*corpore et anima unus*,' as the Second Vatican Council says (*Gaudium et Spes*, 14.1). It is on the basis of this anthropological vision that one is to find the fundamental criteria for decision making in the case of procedures which are not strictly therapeutic, as, for example, those aimed at the improvement of the human biological condition."<sup>11</sup>

Applied biology and medicine work together for the integral good of human life when they come to the aid of a person stricken by illness and infirmity and when they respect his or her dignity as a creature of God. No biologist or doctor can reasonably claim, by virtue of his scientific competence, to be able to decide on people's origin and destiny. This norm must be applied in a particular way in the field of sexuality and procreation, in which man and woman actualize the fundamental values of love and life.

God, who is love and life, has inscribed in man and woman the vocation to share in a

special way in his mystery of personal communion and in his work as Creator and Father.<sup>12</sup> For this reason marriage possesses specific goods and values in its union and in procreation which cannot be likened to those existing in lower forms of life. Such values and meanings are of the personal order and determine from the moral point of view the meaning and limits of artificial interventions on procreation and on the origin of human life. These interventions are not to be rejected on the grounds that they are artificial. As such, they bear witness to the possibilities of the art of medicine. But they must be given a moral evaluation in reference to the dignity of the human person, who is called to realize his vocation from God to the gift of love and the gift of life.

### 4. Fundamental Criteria for a Moral Judgment

The fundamental values connected with the techniques of artificial human procreation are two: the life of the human being called into existence and the special nature of the transmission of human life in marriage. The moral judgment on such methods of artificial procreation must therefore be formulated in reference to these values.

Physical life, with which the course of human life in the world begins, certainly does not itself contain the whole of a person's value nor does it represent the supreme good of man, who is called to eternal life. However it does constitute in a certain way the "fundamental" value of life precisely because upon this physical life all the other values of the person are based and developed.<sup>13</sup> The inviolability of the innocent human being's right to life "from the moment of conception until death"<sup>14</sup> is a sign and requirement of the very inviolability of the person to whom the Creator has given the gift of life.

By comparison with the transmission of other forms of life in the universe, the transmission of human life has a special character of its own, which derives from the special nature of the human person. "The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to the all-holy laws of God: immutable and inviolable laws which must be recognized and observed. For this reason one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals."<sup>15</sup>

Advances in technology have now made it possible to procreate apart from sexual relations through the meeting *in vitro* of the germ cells previously taken from the man and the woman. But what is technically possible is not for that very reason morally admissible. Rational reflection on the fundamental values of life and of human procreation is therefore indispensable for formulating a moral evaluation of such technological interventions on a human being from the first stages of his development.

### 5. Teachings of the Magisterium

On its part, the magisterium of the church offers to human reason in this field too the light

of revelation: The doctrine concerning man taught by the magisterium contains many elements which throw light on the problems being faced here.

From the moment of conception, the life of every human being is to be respected in an absolute way because man is the only creature on earth that God has "wished for himself"<sup>16</sup> and the spiritual soul of each man is "immediately created" by God;<sup>17</sup> his whole being bears the image of the Creator. Human life is sacred because from its beginning it involves "the creative action of God,"<sup>18</sup> and it remains forever in a special relationship with the Creator, who is its sole end.<sup>19</sup> God alone is the Lord of life from its beginning until its end: No one can in any circumstance claim for himself the right to destroy directly an innocent human being.<sup>20</sup>

Human procreation requires on the part of the spouses responsible collaboration with the fruitful love of God;<sup>21</sup> the gift of human life must be actualized in marriage through the specific and exclusive acts of husband and wife, in accordance with the laws inscribed in their persons and in their union.<sup>22</sup>

## I

### RESPECT FOR HUMAN EMBRYOS

Careful reflection on this teaching of the magisterium and on the evidence of reason, as mentioned above, enables us to respond to the numerous moral problems posed by technical interventions upon the human being in the first phases of his life and upon the processes of his conception.

#### 1. What respect is due to the human embryo, taking into account his nature and identity?

*The human being must be respected — as a person — from the very first instant of his existence.*

The implementation of procedures of artificial fertilization has made possible various interventions upon embryos and human fetuses. The aims pursued are of various kinds: diagnostic and therapeutic, scientific and commercial. From all of this, serious problems arise. Can one speak of a right to experimentation upon human embryos for the purpose of scientific research? What norms or laws should be worked out with regard to this matter? The response to these problems presupposes a detailed reflection on the nature and specific identity — the word *status* is used — of the human embryo itself.

At the Second Vatican Council, the church for her part presented once again to modern man her constant and certain doctrine according to which: "Life once conceived, must be protected with the utmost care; abortion and infanticide are abominable crimes."<sup>23</sup> More recently, the Charter of the Rights of the Family, published by the Holy See, confirmed that "human life must be absolutely respected and protected from the moment of conception."<sup>24</sup>

This congregation is aware of the current debates concerning the beginning of human life,

concerning the individuality of the human being and concerning the identity of the human person. The congregation recalls the teachings found in the Declaration on Procured Abortion:

"From the time that the ovum is fertilized, a new life is begun which is neither that of the father nor of the mother; it is rather the life of a new human being with his own growth. It would never be made human if it were not human already. To this perpetual evidence...modern genetic science brings valuable confirmation. It has demonstrated that, from the first instant, the program is fixed as to what this living being will be: a man, this individual man with his characteristic aspects already well determined. Right from fertilization is begun the adventure of a human life, and each of its great capacities requires time...to find its place and to be in a position to act."<sup>25</sup>

"Applied biology and medicine work together for the integral good of human life when they come to the aid of a person stricken by illness and infirmity, and when they respect his or her dignity as a creature of God. No biologist or doctor can reasonably claim, by virtue of his scientific competence, to be able to decide on people's origin and destiny."

This teaching remains valid and is further confirmed, if confirmation were needed, by recent findings of human biological science which recognize that in the zygote (the cell produced when the nuclei of the two gametes have fused) resulting from fertilization the biological identity of a new human individual is already constituted.

Certainly no experimental datum can be in itself sufficient to bring us to the recognition of a spiritual soul; nevertheless, the conclusions of science regarding the human embryo provide a valuable indication for discerning by the use of reason a personal presence at the moment of this first appearance of a human life: How could a human individual not be a human person? The magisterium has not expressly committed itself to an affirmation of a philosophical nature, but it constantly reaffirms the moral condemnation of any kind of procured abortion. This teaching has not been changed and is unchangeable.<sup>26</sup>

Thus the fruit of human generation from the first moment of its existence, that is to say, from the moment the zygote has formed, demands the unconditional respect that is morally due to the human being in his bodily and spiritual totality. The human being is to be respected and treated as a person from the moment of conception and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life.

*"I look forward to joining with others in our society to work for legislation that will protect the rights" spoken of in the instruction of the Congregation for the Doctrine of the Faith on bioethics and procreation, Cardinal Joseph Bernardin of Chicago, chairman of the U.S. bishops' Committee for Pro-Life Activities said in a statement March 10. His statement appears below:*

*"In its Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation, the Congregation for the Doctrine of the Faith has addressed several important contemporary medical and moral issues. The instruction reaffirms principles of the nature of the human person and the relationship of human procreative and natural love.*

*"Its approval of certain forms of prenatal diagnosis of the fetus, of therapeutic treatment of the fetus and of certain artificial means of assisting the natural act of marital intercourse to be fertile is welcomed.*

*Similarly, its reasoned rejection of improper experimentation on human embryos, of surrogate motherhood, of 'in vitro' fertilization and of artificial insemination will provide Catholics and other people of good will with criteria for making sound moral judgments.*

*"I look forward to joining with others in our society to work for legislation that will protect the rights of which the instruction speaks.*

*Moreover, we must continue to minister to those who suffer the pain of infertility in marriage and to cooperate with the medical sciences as they seek appropriate remedies for infertility."*

Archbishop John May of St. Louis, president of the National Conference of Catholic Bishops, also welcomed the new instruction. In a statement March 10 he said: "On behalf of the National Conference of Catholic Bishops, I welcome the Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation. I am grateful to the Congregation for the Doctrine of the Faith for presenting a clear and compelling exposition of Catholic teaching in its application to contemporary concerns of life and death significance." Said May: "The instruction demonstrates that the church's moral teaching has much to contribute to a clear elucidation of the moral dimensions of experimentation and practices in the field of bioethics. I hope that, as a result of this instruction, such considerations will be given appropriate attention by scientists, researchers, ethicists and all concerned."

This doctrinal reminder provides the fundamental criterion for the solution of the various problems posed by the development of the biomedical sciences in this field: Since the embryo must be treated as a person, it must also be defended in its integrity, tended and cared for, to the extent possible, in the same way as any other human being as far as medical assistance is concerned.

## 2. Is prenatal diagnosis morally licit?

*If prenatal diagnosis respects the life and integrity of the embryo and the human fetus and is directed toward its safeguarding or healing as an individual, then the answer is affirmative.*

For prenatal diagnosis makes it possible to know the condition of the embryo and of the fetus when still in the mother's womb. It permits or makes it possible to anticipate earlier and more effectively, certain therapeutic, medical or surgical procedures.

Such diagnosis is permissible, with the consent of the parents after they have been adequately informed, if the methods employed safeguard the life and integrity of the embryo and the mother, without subjecting them to disproportionate risks.<sup>27</sup> But this diagnosis is gravely opposed to the moral law when it is done with the thought of possibly inducing an abortion depending upon the results: A diagnosis which shows the existence of a malformation or a hereditary illness must not be the equivalent of a death sentence. Thus a woman would be committing a gravely illicit act if she were to request such a diagnosis with the deliberate intention of having an abortion should the results confirm the existence of a malformation or abnormality. The spouse or relatives or anyone else would similarly be acting in a manner contrary to the moral law if they were to counsel or impose such a diagnostic procedure on the expectant mother with the same intention of possibly proceeding to an abortion. So too the specialist would be guilty of illicit collaboration if, in conducting the diagnosis and in communicating its results, he were deliberately to contribute to establishing or favoring a link between prenatal diagnosis and abortion.

In conclusion, any directive or program of the civil and health authorities or of scientific organizations which in any way were to favor a link between prenatal diagnosis and abortion, or which were to go as far as directly to induce expectant mothers to submit to prenatal diagnosis planned for the purpose of eliminating fetuses which are affected by malformations or which are carriers of hereditary illness, is to be condemned as a violation of the unborn child's right to life and as an abuse of the prior rights and duties of the spouses.

## 3. Are therapeutic procedures carried out on the human embryo licit?

As with all medical interventions on patients, *one must uphold as licit procedures carried out on the human embryo which respect the life and integrity of the embryo and do not in-*

*volve disproportionate risks for it, but are directed toward its healing, the improvement of its condition of health or its individual survival.*

Whatever the type of medical, surgical or other therapy, the free and informed consent of the parents is required, according to the deontological rules followed in the case of children. The application of this moral principle may call for delicate and particular precautions in the case of embryonic or fetal life.

The legitimacy and criteria of such procedures have been clearly stated by Pope John Paul II: "A strictly therapeutic intervention whose explicit objective is the healing of various maladies such as those stemming from chromosomal defects will, in principle, be considered desirable, provided it is directed to the true promotion of the personal well-being of the individual without doing harm to his integrity or worsening his conditions of life. Such an intervention would indeed fall within the logic of the Christian moral tradition."<sup>28</sup>

## 4. How is one to evaluate morally research and experimentation\* on human embryos and fetuses?

*Medical research must refrain from operations on live embryos, unless there is a moral certainty of not causing harm to the life or integrity of the unborn child and the mother, and on condition that the parents have given their free and informed consent to the procedure.* It follows that all research, even when limited to the simple observation of the embryo, would become illicit were it to involve risk to the embryo's physical integrity or life by reason of the methods used or the effects induced.

As regards experimentation, and presupposing the general distinction between experimentation for purposes which are not directly therapeutic and experimentation which is clearly therapeutic for the subject himself, in the case in point one must also distinguish between experimentation carried out on embryos which are still alive and experimentation carried out on embryos which are dead. *If the embryos are living, whether viable or not, they must be respected just like any other human person; experimentation on embryos which is not directly therapeutic is illicit.*<sup>29</sup>

No objective, even though noble in itself such as a foreseeable advantage to science, to other human beings or to society, can in any way justify experimentation on living human embryos

\* Since the terms *research* and *experimentation* are often used equivalently and ambiguously, it is deemed necessary to specify the exact meaning given them in this document.

1) By *research* is meant any inductive-deductive process which aims at promoting the systematic observation of a given phenomenon in the human field or at verifying a hypothesis arising from previous observations.

2) By *experimentation* is meant any research in which the human being (in the various stages of his existence: embryo, fetus, child or adult) represents the object through which or upon which one intends to verify the effect, at present unknown or not sufficiently known, of a given treatment (e.g., pharmacological, teratogenic, surgical, etc.).

or fetuses, whether viable or not, either inside or outside the mother's womb. The informed consent ordinarily required for clinical experimentation on adults cannot be granted by the parents, who may not freely dispose of the physical integrity or life of the unborn child. Moreover, experimentation on embryos and fetuses always involves risk, and indeed in most cases it involves the certain expectation of harm to their physical integrity or even their death.

To use human embryos or fetuses as the object or instrument of experimentation constitutes a crime against their dignity as human beings having a right to the same respect that is due to the child already born and to every human person.

The Charter of the Rights of the Family published by the Holy See affirms: "Respect for the dignity of the human being excludes all experimental manipulation or exploitation of the human embryo."<sup>10</sup> The practice of keeping alive human embryos *in vivo* or *in vitro* for experimental or commercial purposes is totally opposed to human dignity.

In the case of experimentation that is clearly therapeutic, namely, when it is a matter of experimental forms of therapy used for the benefit of the embryo itself in a final attempt to save its life and in the absence of other reliable forms of therapy, recourse to drugs or procedures not yet fully tested can be licit.<sup>11</sup>

*The corpses of human embryos and fetuses, whether they have been deliberately aborted or not, must be respected just as the remains of other human beings.* In particular, they cannot be subjected to mutilation or to autopsies if their death has not yet been verified and without the consent of the parents or of the mother. Furthermore, the moral requirements must be safeguarded that there be no complicity in deliberate abortion and that the risk of scandal be avoided. Also, in the case of dead fetuses, as for the corpses of adult persons, all commercial trafficking must be considered illicit and should be prohibited.

##### 5. How is one to evaluate morally the use for research purposes of embryos obtained by fertilization "in vitro?"

Human embryos obtained *in vitro* are human beings and subjects with rights: Their dignity and right to life must be respected from the first moment of their existence. *It is immoral to produce human embryos destined to be exploited as disposable "biological material."*

In the usual practice of *in vitro* fertilization, not all of the embryos are transferred to the woman's body; some are destroyed. Just as the church condemns induced abortion, so she also forbids acts against the life of these human beings. *It is a duty to condemn the particular gravity of the voluntary destruction of human embryos obtained "in vitro" for the sole purpose of research, either by means of artificial insemination or by means of "twin fission."* By acting in this way the researcher usurps the place of God; and, even though he may be unaware

of this, he sets himself up as the master of the destiny of others inasmuch as he arbitrarily chooses whom he will allow to live and whom he will send to death and kills defenseless human beings.

Methods of observation or experimentation which damage or impose grave and disproportionate risks upon embryos obtained *in vitro* are morally illicit for the same reasons. Every human being is to be respected for himself and cannot be reduced in worth to a pure and simple instrument for the advantage of others. *It is therefore not in conformity with the moral law deliberately to expose to death human embryos obtained "in vitro."* In consequence of the fact that they have been produced *in vitro*, those embryos which are not transferred into the body of the mother and are called "spare" are exposed to an absurd fate, with no possibility of their being offered safe means of survival which can be licitly pursued.

##### 6. What judgment should be made on other procedures of manipulating embryos connected with the "techniques of human reproduction?"

Techniques of fertilization *in vitro* can open the way to other forms of biological and genetic manipulation of human embryos, such as attempts or plans for fertilization between human and animal gametes and the gestation of human embryos in the uterus of animals, or the hypothesis or project of constructing artificial uteruses for the human embryo. *These procedures are contrary to the human dignity proper to the embryo, and at the same time they are contrary to the right of every person to be conceived and to be born within marriage and from marriage.*<sup>12</sup> Also, *attempts or hypotheses for obtaining a human being without any connection with sexuality through "twin fission," cloning or parthenogenesis are to be considered contrary to the moral law, since they are in opposition to the dignity both of human procreation and of the conjugal union.*

*The freezing of embryos, even when carried out in order to preserve the life of an embryo — cryopreservation — constitutes an offense against the respect due to human beings* by exposing them to grave risks of death or harm to their physical integrity and depriving them, at least temporarily, of maternal shelter and gestation, thus placing them in a situation in which further offenses and manipulation are possible.

*Certain attempts to influence chromosomal or genetic inheritance are not therapeutic, but are aimed at producing human beings selected according to sex or other predetermined qualities. These manipulations are contrary to the personal dignity of the human being and his or her integrity and identity.* Therefore in no way can they be justified on the grounds of possible beneficial consequences for future humanity.<sup>13</sup> Every person must be respected for himself: In this consists the dignity and right of every human being from his or her beginning.

*For a past text of current interest, see Pope John Paul II's 1983 address to participants in the World Medical Association convention. "Genetic manipulation becomes arbitrary and unjust," he said, "when it reduces life to an object, when it forgets that it has to do with a human subject, capable of intelligence and liberty, and worthy of respect, whatever its limitations may be; or when genetic manipulation treats the human subject in terms of criteria not founded on the integral reality of the human person, at the risk of doing damage to his dignity. In this case it exposes man to the caprice of others by depriving him of his autonomy."*

*The pope continued: "All scientific and technical progress whatever must therefore keep the greatest respect for moral values, which constitute a safeguard of the dignity of the human person. And since, in the order of medical values, life is man's supreme and most radical good, there is need for a fundamental principle: First prevent any damage, then seek and pursue the good."*

*"To tell the truth, the expression 'genetic manipulation' remains ambiguous and ought to become the object of genuine moral discernment, for on the one hand it covers adventurous attempts aimed at promoting I know not what superman, and on the other hand salutary efforts aimed at correcting anomalies, such as certain hereditary maladies, not to mention beneficial applications in the fields of animal and vegetable biology which can be useful in food production. In the latter cases, some are beginning to talk of 'genetic surgery,' so as to show better that the physician intervenes, not in order to modify nature, but to help it develop along its line, that of creation, that willed by God. In working in*

◀ this obviously delicate domain, the researcher follows God's design. God willed man to be the king of creation.

"To you, surgeons, laboratory research specialists and general practitioners, God gives the honor of the cooperation of all the powers of your intelligence in the work of creation begun on the first day of the world. One may only do homage to the immense progress accomplished in this sense by medicine during the 19th and 20th centuries. But, as you see, it is more than ever necessary to overcome the division between science and ethics, to retrieve their profound unity. It is man that you are dealing with, man whose dignity is safeguarded precisely by ethics."

## II INTERVENTIONS UPON HUMAN PROCREATION

By artificial procreation or artificial fertilization are understood here the different technical procedures directed toward obtaining a human conception in a manner other than the sexual union of man and woman. This instruction deals with fertilization of an ovum in a test tube (*in vitro* fertilization) and artificial insemination through transfer into the woman's genital tracts of previously collected sperm.

A preliminary point for the moral evaluation of such technical procedures is constituted by the consideration of the circumstances and consequences which those procedures involve in relation to the respect due the human embryo. Development of the practice of *in vitro* fertilization has required innumerable fertilizations and destructions of human embryos. Even today, the usual practice presupposes a hyperovulation on the part of the woman: A number of ova are withdrawn, fertilized and then cultivated *in vitro* for some days. Usually not all are transferred into the genital tracts of the woman; some embryos, generally called "spare," are destroyed or frozen. On occasion, some of the implanted embryos are sacrificed for various eugenic, economic or psychological reasons. Such deliberate destruction of human beings or their utilization for different purposes to the detriment of their integrity and life is contrary to the doctrine on procured abortion already recalled.

The connection between *in vitro* fertilization and the voluntary destruction of human embryos occurs too often. This is significant: Through these procedures, with apparently contrary purposes, life and death are subjected to the decision of man, who thus sets himself up as the giver of life and death by decree. This dynamic of violence and domination may remain unnoticed by those very individuals who, in wishing to utilize this procedure, become subject to it themselves. The facts recorded and the cold logic which links them must be taken into consideration for a moral judgment on *in vitro* fertilization and embryo transfer: The abortion mentality which has made this procedure possible thus leads, whether one wants it or not, to man's domination over the life and death of his fellow human beings and can lead to a system of radical eugenics.

Nevertheless, such abuses do not exempt one from a further and thorough ethical study of the techniques of artificial procreation considered in themselves, abstracting as far as possible from the destruction of embryos produced *in vitro*.

The present instruction will therefore take into consideration in the first place the problems posed by heterologous artificial fertilization (II, 1-3),\* and subsequently those linked with homologous artificial fertilization (II, 4-6).\*\*

Before formulating an ethical judgment on each of these procedures, the principles and

values which determine the moral evaluation of each of them will be considered.

### A. Heterologous Artificial Fertilization

#### 1. Why must human procreation take place in marriage?

*Every human being is always to be accepted as a gift and blessing of God. However, from the moral point of view a truly responsible procreation vis-a-vis the unborn child must be the fruit of marriage.*

For human procreation has specific characteristics by virtue of the personal dignity of the parents and of the children: (The procreation of a new person, whereby the man and the woman collaborate with the power of the Creator, must be the fruit and the sign of the mutual self-giving of the spouses, of their love and of their fidelity.) *The fidelity of the spouses in the unity of marriage involves reciprocal respect of their right to become a father and a mother only through each other.*

(The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage: It is through the secure and recognized relationship to his own parents that the child can discover his own identity and achieve his own proper human development.)

The parents find in their child a confirmation and completion of their reciprocal self-giving. (The child is the living image of their love, the permanent sign of their conjugal union, the living and indissoluble concrete expression of their paternity and maternity.)<sup>19)</sup>

By reason of the vocation and social responsibilities of the person, the good of the children and of the parents contributes to the good of civil society; the vitality and stability of society require that children come into the world within a family and that the family be firmly based on marriage.

\* By the term *heterologous artificial fertilization* or *procreation*, the instruction means techniques used to obtain a human conception artificially by the use of gametes coming from at least one donor other than the spouses who are joined in marriage. Such techniques can be of two types:

a) *Heterologous "in vitro" fertilization and embryo transfer*: the technique used to obtain a human conception through the meeting *in vitro* of gametes taken from at least one donor other than the two spouses joined in marriage.

b) *Heterologous artificial insemination*: the technique used to obtain a human conception through the transfer into the genital tracts of the woman of the sperm previously collected from a donor other than the husband.

\*\* By *artificial homologous fertilization* or *procreation*, the instruction means the technique used to obtain a human conception using the gametes of the two spouses joined in marriage. Homologous artificial fertilization can be carried out by two different methods:

a) *Homologous "in vitro" fertilization and embryo transfer*: the technique used to obtain a human conception through the meeting *in vitro* of the gametes of the spouses joined in marriage.

b) *Homologous artificial insemination*: the technique used to obtain a human conception through the transfer into the genital tracts of a married woman of the sperm previously collected from her husband.

The tradition of the church and anthropological reflection recognize in marriage and in its indissoluble unity the only setting worthy of truly responsible procreation.

**2. Does heterologous artificial fertilization conform to the dignity of the couple and to the truth of marriage?**

Through *in vitro* fertilization and embryo transfer and heterologous artificial insemination, human conception is achieved through the fusion of gametes of at least one donor other than the spouses who are united in marriage. *Heterologous artificial fertilization is contrary to the unity of marriage, to the dignity of the spouses, to the vocation proper to parents, and to the child's right to be conceived and brought into the world in marriage and from marriage.*<sup>34</sup>

Respect for the unity of marriage and for conjugal fidelity demands that the child be conceived in marriage; the bond existing between husband and wife accords the spouses, in an objective and inalienable manner, the exclusive right to become father and mother solely through each other.<sup>37</sup> Recourse to the gametes of a third person in order to have sperm or ovum available constitutes a violation of the reciprocal commitment of the spouses and a grave lack in regard to that essential property of marriage which is its unity.

"Human embryos obtained 'in vitro' are human beings and subjects with rights: Their dignity and right to life must be respected from the first moment of their existence. It is immoral to produce human embryos destined to be exploited as disposable 'biological material.'"

Heterologous artificial fertilization violates the rights of the child; it deprives him of his filial relationship with his parental origins and can hinder the maturing of his personal identity. Furthermore, it offends the common vocation of the spouses who are called to fatherhood and motherhood: It objectively deprives conjugal fruitfulness of its unity and integrity; it brings about and manifests a rupture between genetic parenthood, gestational parenthood and responsibility for upbringing. Such damage to the personal relationships within the family has repercussions on civil society: What threatens the unity and stability of the family is a source of dissension, disorder and injustice in the whole of social life.

*These reasons lead to a negative moral judgment concerning heterologous artificial fertilization: Consequently, fertilization of a married woman with the sperm of a donor different from her husband and fertilization with the husband's sperm of an ovum not coming from his wife are morally illicit. Furthermore, the artificial fertilization of a woman who is unmarried or a*

*widow, whoever the donor may be, cannot be morally justified.*

The desire to have a child and the love between spouses who long to obviate a sterility which cannot be overcome in any other way constitute understandable motivations; but subjectively good intentions do not render heterologous artificial fertilization conformable to the objective and inalienable properties of marriage or respectful of the rights of the child and of the spouses.

**3. Is "surrogate" motherhood morally licit?**

*No, for the same reasons which lead one to reject heterologous artificial fertilization: For it is contrary to the unity of marriage and to the dignity of the procreation of the human person.*

Surrogate motherhood represents an objective failure to meet the obligations of maternal love, of conjugal fidelity and of responsible motherhood; it offends the dignity and the right of the child to be conceived, carried in the womb, brought into the world and brought up by his own parents; it sets up, to the detriment of families, a division between the physical, psychological and moral elements which constitute those families.

**B. Homologous Artificial Fertilization**

Since heterologous artificial fertilization has been declared unacceptable, the question arises of how to evaluate morally the process of homologous artificial fertilization: *in vitro* fertilization and embryo transfer and artificial insemination between husband and wife. First a question of principle must be clarified.

**4. What connection is required from the moral point of view between procreation and the conjugal act?**

a) The church's teaching on marriage and human procreation affirms the "inseparable connection, willed by God and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning. Indeed, by its intimate structure the conjugal act, while most closely uniting husband and wife, capacitates them for the generation of new lives according to laws inscribed in the very being of man and

\* By *surrogate mother* the instruction means:

a) The woman who carries in pregnancy an embryo implanted in her uterus and who is genetically a stranger to the embryo because it has been obtained through the union of the gametes of "donors." She carries the pregnancy with a pledge to surrender the baby once it is born to the party who commissioned or made the agreement for the pregnancy.

b) The woman who carries in pregnancy an embryo to whose procreation she has contributed the donation of her own ovum, fertilized through insemination with the sperm of a man other than her husband. She carries the pregnancy with a pledge to surrender the child once it is born to the party who commissioned or made the agreement for the pregnancy.

*In a 1978 statement, Bishop Walter Sullivan of Richmond, Va., raised questions about "in vitro" fertilization when the Eastern Virginia Medical School in Norfolk, Va., announced plans to open a "test-tube-baby" clinic. Sullivan spoke of a cultural schizophrenia in which research into test-tube babies is announced while, at the same time "through legal abortion we deny life to 50,000 healthy babies each year."*

*After raising a number of questions about "in vitro" fertilization, Sullivan said: "We live in an age which has great benefits but which also mechanizes family life, depersonalizes human relationships, disintegrates marriage and marital intimacy. Is the announcement of the Norfolk test-tube clinic but another step in the dehumanizing process by which the person becomes nothing more than a product in a 'create-and-discard' society?"*

*His statement appeared in Origins, vol. 8, pp. 422f.*



**QUOTE FROM A PAST  
TEXT OF CURRENT  
INTEREST:**

*"The concept of surrogate motherhood as a legal wrong is firmly grounded in the public policy of this state for a myriad of reasons, but most significantly because it exploits a child as a commodity and exploits a woman as a 'babymaker.' In the former situation it promotes injustice, and in the latter it utterly disregards social responsibility.*

*"Children are a gift of God. As such they can never be treated as chattels or commercial pawns or as commodities to be produced as service rendered in exchange for a service fee. The practice of surrogate motherhood is an affront to the human dignity of a child. This human dignity is not only recognized but protected by the state under the doctrine of 'parens patriae,' a doctrine that is traceable to our heritage at common law. In conformity with this doctrine the New Jersey adoption laws not only prohibit the payment or the receiving of money or any valuable consideration in exchange for the placement of a child for adoption, but also make the material assistance of an agent, finder or intermediary a criminal act. The entire concept of surrogate motherhood reduces the creation of a child, a human being, to the level of a commercial transaction. The womb is leased to produce rather than to love a child into existence. When the natural mother surrenders her child for financial remuneration, she is exploiting the most precious thing she can bring into existence, her own child.*

*"The rights of the child itself are also violated. Every child has a right to true parents. Surrogate mothering confuses the relationship by introducing a second mother. The natural attachment a woman has with the child*

of woman."<sup>33</sup> This principle, which is based upon the nature of marriage and the intimate connection of the goods of marriage, has well-known consequences on the level of responsible fatherhood and motherhood. "By safeguarding both these essential aspects, the unitive and the procreative, the conjugal act preserves in its fullness the sense of true mutual love and its ordination toward man's exalted vocation to parenthood."<sup>34</sup>

The same doctrine concerning the link between the meanings of the conjugal act and between the goods of marriage throws light on the moral problem of homologous artificial fertilization, since "it is never permitted to separate these different aspects to such a degree as positively to exclude either the procreative intention or the conjugal relation."<sup>35</sup>

Contraception deliberately deprives the conjugal act of its openness to procreation and in this way brings about a voluntary dissociation of the ends of marriage. Homologous artificial fertilization, in seeking a procreation which is not the fruit of a specific act of conjugal union, objectively effects an analogous separation between the goods and the meanings of marriage.

Thus fertilization is licitly sought when it is the result of a "conjugal act which is *per se* suitable for the generation of children, to which marriage is ordered by its nature and by which the spouses become one flesh."<sup>36</sup> But from the moral point of view procreation is deprived of its proper perfection when it is not desired as the fruit of the conjugal act, that is to say, of the specific act of the spouses' union.

b) The moral value of the intimate link between the goods of marriage and between the meanings of the conjugal act is based upon the unity of the human being, a unity involving body and spiritual soul.<sup>37</sup> Spouses mutually express their personal love in the "language of the body," which clearly involves both "spousal meanings" and parental ones.<sup>38</sup> The conjugal act by which the couple mutually express their self-gift at the same time expresses openness to the gift of life. It is an act that is inseparably corporal and spiritual. It is in their bodies and through their bodies that the spouses consummate their marriage and are able to become father and mother. In order to respect the language of their bodies and their natural generosity, the conjugal union must take place with respect for its openness to procreation; and the procreation of a person must be the fruit and the result of married love. The origin of the human being thus follows from a procreation that is "linked to the union, not only biological but also spiritual, of the parents, made one by the bond of marriage."<sup>39</sup> Fertilization achieved outside the bodies of the couple remains by this very fact deprived of the meanings and the values which are expressed in the language of the body and in the union of human persons.

c) Only respect for the link between the meanings of the conjugal act and respect for the unity of the human being make possible procreation in conformity with the dignity of the per-

son. In his unique and irrepeatable 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; the generation of a child must therefore be the fruit of that mutual giving<sup>40</sup> which is realized in the conjugal act wherein the spouses cooperate as servants and not as masters in the work of the Creator, who is love.<sup>41</sup>

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; that would be equivalent to reducing him to an object of scientific technology. No one may subject the coming of a child into the world to conditions of technical efficiency which are to be evaluated according to standards of control and dominion.

*The moral relevance of the link between the meanings of the conjugal act and between the goods of marriage, as well as the unity of the human being and the dignity of his origin, demand that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses.* The link between procreation and the conjugal act is thus shown to be of great importance on the anthropological and moral planes, and it throws light on the positions of the magisterium with regard to homologous artificial fertilization.

#### 5. Is homologous "in vitro" fertilization morally licit?

The answer to this question is strictly dependent on the principles just mentioned. Certainly one cannot ignore the legitimate aspirations of sterile couples. For some, recourse to homologous *in vitro* fertilization and embryo transfer appears to be the only way of fulfilling their sincere desire for a child. The question is asked whether the totality of conjugal life in such situations is not sufficient to ensure the dignity proper to human procreation. It is acknowledged that *in vitro* fertilization and embryo transfer certainly cannot supply for the absence of sexual relations<sup>42</sup> and cannot be preferred to the specific acts of conjugal union, given the risks involved for the child and the difficulties of the procedure. But it is asked whether, when there is no other way of overcoming the sterility which is a source of suffering, homologous *in vitro* fertilization may not constitute an aid, if not a form of therapy, whereby its moral licitness could be admitted.

The desire for a child — or at the very least an openness to the transmission of life — is a necessary prerequisite from the moral point of view for responsible human procreation. But this good intention is not sufficient for making a positive moral evaluation of *in vitro* fertilization between spouses. The process of *in vitro* fertilization and embryo transfer must be judged in itself and cannot borrow its definitive moral quality from the totality of conjugal life of which

it becomes part nor from the conjugal acts which may precede or follow it.<sup>48</sup>

It has already been recalled that in the circumstances in which it is regularly practiced *in vitro* fertilization and embryo transfer involves the destruction of human beings, which is something contrary to the doctrine on the illicitness of abortion previously mentioned.<sup>49</sup> But even in a situation in which every precaution were taken to avoid the death of human embryos, homologous *in vitro* fertilization and embryo transfer dissociates from the conjugal act the actions which are directed to human fertilization. For this reason the very nature of homologous *in vitro* fertilization and embryo transfer also must be taken into account, even abstracting from the link with procured abortion.

Homologous *in vitro* fertilization and embryo transfer is brought about outside the bodies of the couple through actions of third parties whose competence and technical activity determine the success of the procedure. Such fertilization 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.

Conception *in vitro* is the result of the technical action which presides over fertilization. *Such fertilization is neither in fact achieved nor positively willed as the expression and fruit of a specific act of the conjugal union. In homologous "in vitro" fertilization and embryo transfer, therefore, even if it is considered in the context of de facto existing sexual relations, the generation of the human person is objectively deprived of its proper perfection: namely, that of being the result and fruit of a conjugal act in which the spouses can become "cooperators with God for giving life to a new person."*<sup>50</sup>

These reasons enable us to understand why the act of conjugal love is considered in the teaching of the church as the only setting worthy of human procreation. For the same reasons the so-called "simple case," i.e., a homologous *in vitro* fertilization and embryo transfer procedure that is free of any compromise with the abortive practice of destroying embryos and with masturbation, remains a technique which is morally illicit because it deprives human procreation of the dignity which is proper and connatural to it.

Certainly, homologous *in vitro* fertilization and embryo transfer fertilization is not marked by all that ethical negativity found in extraconjugal procreation; the family and marriage continue to constitute the setting for the birth and upbringing of the children. Nevertheless, in conformity with the traditional doctrine relating to the goods of marriage and the dignity of the person, *the church remains opposed from the moral point of view to homologous "in vitro" fertilization. Such fertilization is in itself illicit and in opposition to the dignity of procreation and of the conjugal union, even when everything is done to avoid the death of the human embryo.*

Although the manner in which human conception is achieved with *in vitro* fertilization and embryo transfer 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.

#### 6. How is homologous artificial insemination to be evaluated from the moral point of view?

*Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose.*

"Certainly, homologous 'in vitro' fertilization and embryo transfer fertilization is not marked by all that ethical negativity found in extraconjugal procreation; the family and marriage continue to constitute the setting for the birth and upbringing of the children. Nevertheless, in conformity with the traditional doctrine relating to the goods of marriage and the dignity of the person, the church remains opposed from the moral point of view to homologous 'in vitro' fertilization. Such fertilization is in itself illicit."

The teaching of the magisterium on this point has already been stated.<sup>51</sup> This teaching is not just an expression of particular historical circumstances, but is based on the church's doctrine concerning the connection between the conjugal union and procreation and on a consideration of the personal nature of the conjugal act and of human procreation. "In its natural structure, the conjugal act is a personal action, a simultaneous and immediate cooperation on the part of the husband and wife, which by the very nature of the agents and the proper nature of the act is the expression of the mutual gift which, according to the words of Scripture, brings about union 'in one flesh.'"<sup>52</sup> Thus moral conscience "does not necessarily proscribe the use of certain artificial means destined solely either to the facilitating of the natural act or to ensuring that the natural act normally performed achieves its proper end."<sup>53</sup> If the technical means facilitates the conjugal act or helps it to reach its natural objectives, it can be morally acceptable. If, on the other hand, the procedure were to replace the conjugal act, it is morally illicit.

Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: Even when it is done for the purpose of procreation the act remains deprived of its unitive meaning: "It lacks the sexual relationship called for by the moral order, namely the relationship which realizes 'the full sense of mutual self-giving and human procreation in the context of true love.'"<sup>54</sup>

*in whose creation she has participated is denied. The process destroys the parent-child bond and is a grave injustice to the child.*

*"The concept exploits women as a part of a 'human machine.' The surrogate mother uses her womb for a commercial use. When her days are accomplished and her contract labor is finished, she is made to surrender an integral part of her life, her child, and with it to surrender any natural claim or bond to the child. She has allowed herself to be used for financial gain and all that remains is the money — and the broken bond and, perhaps, some broken dreams. The probability cannot be ignored that this concept may also put undue pressure upon poor women to use their bodies to support themselves or their families. It would not be unfair to say that the concept of surrogate motherhood would not be the subject of discussion today if money was not involved; money for the mother, money for the clinics that invented the concept and money for the legal community which has mapped out the particulars of its operation.*

*"Nor should one disregard the fact that the concept of surrogate motherhood is morally wrong. It is morally wrong because it violates the biological and spiritual unity of the husband and wife, and the dignity of the person of the child as an object for which the parties negotiate....*

*"The practice of surrogate motherhood is a threat to the stability of the family. Rather than experiencing a child as a bond between a husband and wife, a child born of a surrogate arrangement can easily be a divisive force. The potential psychological impact of the stress caused by the acts of conception, pregnancy, delivery, surrender of the child and the acceptance by another of the child, involving an individual outside of the mar-*

riage relationship, cannot be underestimated. Nor can we underestimate the impact on the family structure within the family of the surrogate mother. The interest of siblings must be considered. How do they react to the fact that their baby brother or sister has been given to a stranger?...

"To some minds, this transfer of a child from a surrogate mother to a biological father and his spouse might appear to be no different from adoption. One could argue that in a surrogate situation the child has some genetic relationship to the father while in an adoption no such relationship exists. The differences, however, are vast and are rooted in biology as well as the moral and ethical standards of the human community. A child is placed for adoption because of the circumstances of the mother which prevent her from caring for the child. Her concern for the child's welfare seeks a permanent and stable home for her offspring. In a surrogate situation, a child is deliberately conceived with the intention of transferring all responsibility for the child to others, contrary to ethical norms and without regard for the best interest for the child.

"The concept of surrogate motherhood can only be described as a concept that is a legal outrage and a moral disaster."

—From a letter from the New Jersey Catholic Conference to a New Jersey Senate committee considering legislation to legalize and regulate surrogate parenthood, in the current volume, pp. 551f.

### 7. What moral criterion can be proposed with regard to medical intervention in human procreation?

The medical act must be evaluated not only with reference to its technical dimension, but also and above all in relation to its goal, which is the good of persons and their bodily and psychological health. The moral criteria for medical intervention in procreation are deduced from the dignity of human persons, of their sexuality and of their origin.

*Medicine which seeks to be ordered to the integral good of the person must respect the specifically human values of sexuality.<sup>55</sup> The doctor is at the service of persons and of human procreation. He does not have the authority to dispose of them or to decide their fate.* A medical intervention respects the dignity of persons when it seeks to assist the conjugal act either in order to facilitate its performance or in order to enable it to achieve its objective once it has been normally performed.<sup>56</sup>

On the other hand, it sometimes happens that a medical procedure technologically replaces the conjugal act in order to obtain a procreation which is neither its result nor its fruit. In this case the medical act is not, as it should be, at the service of conjugal union, but rather appropriates to itself the procreative function and thus contradicts the dignity and the inalienable rights of the spouses and of the child to be born.

The humanization of medicine, which is insisted upon today by everyone, 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 a new person. It is only logical therefore to address an urgent appeal to Catholic doctors and scientists that they bear exemplary witness to the respect due to the human embryo and to the dignity of procreation. The medical and nursing staff of Catholic hospitals and clinics are in a special way urged to do justice to the moral obligations which they have assumed, frequently also, as part of their contract. Those who are in charge of Catholic hospitals and clinics and who are often religious will take special care to safeguard and promote a diligent observance of the moral norms recalled in the present instruction.

### 8. The suffering caused by infertility in marriage.

*The suffering of spouses who cannot have children or who are afraid of bringing a handicapped child into the world is a suffering that everyone must understand and properly evaluate.*

On the part of the spouses, the desire for a child is natural: It expresses the vocation to fatherhood and motherhood inscribed in conjugal love. This desire can be even stronger if the couple is affected by sterility which appears incurable. Nevertheless, marriage does not confer upon the spouses the right to have a child, but only the right to perform those natural acts which are per se ordered to procreation.<sup>57</sup>

*A true and proper right to a child would be contrary to the child's dignity and nature. The*

*child is not an object to which one has a right nor can he be considered as an object of ownership: Rather, a child is a gift, "the supreme gift"<sup>58</sup> and the most gratuitous gift of marriage, and is a living testimony of the mutual giving of his parents. For this reason, the child has the right as already mentioned, to be the fruit of the specific act of the conjugal love of his parents; and he also has the right to be respected as a person from the moment of his conception.*

Nevertheless, whatever its cause or prognosis, sterility is certainly a difficult trial. The community of believers is called to shed light upon and support the suffering of those who are unable to fulfill their legitimate aspiration to motherhood and fatherhood. Spouses who find themselves in this sad situation are called to find in it an opportunity for sharing in a particular way in the Lord's cross, the source of spiritual fruitfulness. Sterile couples must not forget that "even when procreation is not possible, conjugal life does not for this reason lose its value. Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work and assistance to other families and to poor or handicapped children."<sup>59</sup>

Many researchers are engaged in the fight against sterility. While fully safeguarding the dignity of human procreation, some have achieved results which previously seemed unattainable. Scientists therefore are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them so that sterile couples will be able to procreate in full respect for their own personal dignity and that of the child to be born.

## III MORAL AND CIVIL LAW

### The Values and Moral Obligations That Civil Legislation Must Respect And Sanction in This Matter

The inviolable right to life of every innocent human individual and the rights of the family and of the institution of marriage constitute fundamental moral values because they concern the natural condition and integral vocation of the human person; at the same time they are constitutive elements of civil society and its order.

For this reason the new technological possibilities which have opened up in the field of biomedicine require the intervention of the political authorities and of the legislator, since an uncontrolled application of such techniques could lead to unforeseeable and damaging consequences for civil society. Recourse to the conscience of each individual and to the self-regulation of researchers cannot be sufficient for ensuring respect for personal rights and public order. If the legislator responsible for the common good were not watchful, he could be deprived of his prerogatives by researchers claiming to

govern humanity in the name of the biological discoveries and the alleged "improvement" processes which they would draw from those discoveries. "Eugenism" and forms of discrimination between human beings could come to be legitimized: This would constitute an act of violence and a serious offense to the equality, dignity and fundamental rights of the human person.

The intervention of the public authority must be inspired by the rational principles which regulate the relationships between civil law and moral law. The task of the civil law is to ensure the common good of people through the recognition of and the defense of fundamental rights and through the promotion of peace and of public morality.<sup>69</sup> In no sphere of life can the civil law take the place of conscience or dictate norms concerning things which are outside its competence. It must sometimes tolerate, for the sake of public order, things which it cannot forbid without a greater evil resulting. However, the inalienable rights of the person must be recognized and respected by civil society and the political authority. These human rights depend neither on single individuals nor on parents; nor do they represent a concession made by society and the state: They pertain to human nature and are inherent in the person by virtue of the creative act from which the person took his or her origin.

Among such fundamental rights one should mention in this regard: a) every human being's right to life and physical integrity from the moment of conception until death; b) the rights of the family and of marriage as an institution and, in this area, the child's right to be conceived, brought into the world and brought up by his parents. To each of these two themes it is necessary here to give some further consideration.

In various states certain laws have authorized the direct suppression of innocents: The moment a positive law deprives a category of human beings of the protection which civil legislation must accord them, the state is denying the equality of all before the law. When the state does not place its power at the service of the rights of each citizen, and in particular of the more vulnerable, the very foundations of a state based on law are undermined. The political authority consequently cannot give approval to the calling of human beings into existence through procedures which would expose them to those very grave risks noted previously. The possible recognition by positive law and the political authorities of techniques of artificial transmission of life and the experimentation connected with it would widen the breach already opened by the legalization of abortion.

As a consequence of the respect and protection which must be ensured for the unborn child from the moment of his conception, the law must provide appropriate penal sanctions for every deliberate violation of the child's rights. The law cannot tolerate — indeed it must expressly forbid — that human beings, even at the

embryonic stage, should be treated as objects of experimentation, be mutilated or destroyed with the excuse that they are superfluous or incapable of developing normally.

The political authority is bound to guarantee to the institution of the family, upon which society is based, the juridical protection to which it has a right. From the very fact that it is at the service of people, the political authority must also be at the service of the family. Civil law cannot grant approval to techniques of artificial procreation which, for the benefit of third parties (doctors, biologists, economic or governmental powers), take away what is a right inherent in the relationship between spouses; and therefore civil law cannot legalize the donation of gametes between persons who are not legitimately united in marriage.

"Scientists therefore are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them so that sterile couples will be able to procreate in full respect for their own personal dignity and that of the child to be born."

Legislation must also prohibit, by virtue of the support which is due to the family, embryo banks, post-mortem insemination and "surrogate motherhood."

*It is part of the duty of the public authority to ensure that the civil law is regulated according to the fundamental norms of the moral law in matters concerning human rights, human life and the institution of the family. Politicians must commit themselves, through their interventions upon public opinion, to securing in society the widest possible consensus on such essential points and to consolidating this consensus wherever it risks being weakened or is in danger of collapse.*

In many countries the legalization of abortion and juridical tolerance of unmarried couples make it more difficult to secure respect for the fundamental rights recalled by this instruction. It is to be hoped that states will not become responsible for aggravating these socially damaging situations of injustice. It is rather to be hoped that nations and states will realize all the cultural, ideological and political implications connected with the techniques of artificial procreation and will find the wisdom and courage necessary for issuing laws which are more just and more respectful of human life and the institution of the family.

*The civil legislation of many states confers an undue legitimation upon certain practices in the eyes of many today; it is seen to be incapable of guaranteeing that morality which is in conformity with the natural exigencies of the human person and with the "unwritten laws" etched by the Creator upon the human heart. All men of good will must commit themselves, particularly within their professional field and in the exercise of their civil rights, to ensuring the*

*For a past text of current interest in Origins, see "The Ethics of Experiments on Human Embryos," by Cardinal Basil Hume, OSB, of Westminster, England, in vol. 14, pp. 145f. Among his points, Hume supported a proposal by a government committee headed by Dame Mary Warnock regarding regulation of infertility research. Said Hume: "There is considerable merit in the committee's recommendation that a statutory authority be set up with real power to regulate and monitor all future services and research in the field of human infertility through legal and ethical safeguards. Catholics will expect the churches to be invited to nominate representatives to this body."*

*But Hume criticized the committee's recommendation that researchers be allowed to experiment with human embryos for up to 14 days after fertilization. He said that Catholics are not alone in the concern "that what may be at issue in experimentation involving the destruction of human embryos is their moral status as human individuals even at such an early stage of existence."*

Shortly before his election as Pope John Paul I in 1979, Cardinal Albino Luciani discussed the birth of Leslie Brown, the world's first test-tube baby, in an interview with an Italian magazine.

Luciani said he feared the advent of test-tube babies could present "grave risks" to humankind. Speaking "as a journalist" and not a bishop, Luciani said he could share "only in part the enthusiasm of those who applaud the scientific and technical progress after the birth of the English baby."

The possibility of having children through a test tube, "though it may not provoke disasters, at least presents grave risks," he said. Luciani wondered if the new technology would increase the risk of deformed children.

"If this is so, will not the scientist faced with new problems look like 'the sorcerer's apprentice' unleashing mighty forces without being able to hold them back or dominate them?" he asked. Science risks giving rise to a "baby factory," given today's "hunger for money and no-holds-barred attitude to morality."

However, Luciani expressed "most cordial wishes to the baby" and said he could not condemn her parents if they acted in good faith. But he also expressed agreement with Pope Pius XII, who had said if science helps only to accomplish the marital act or to continue a marital act already initiated, then there is no problem. But if science seeks "to exclude or substitute" the marital act, "the act is not licit since God has bound the transmission of human life to the conjugal sex act."

reform of morally unacceptable civil laws and the correction of illicit practices. In addition, "conscientious objection" vis-a-vis such laws must be supported and recognized. A movement of passive resistance to the legitimation of practices contrary to human life and dignity is beginning to make an ever sharper impression upon the moral conscience of many, especially among specialists in the biomedical sciences.

#### CONCLUSION

The spread of technologies of intervention in the processes of human procreation raises very serious moral problems in relation to the respect due to the human being from the moment of conception, to the dignity of the person, of his or her sexuality and of the transmission of life.

With this instruction the Congregation for the Doctrine of the Faith, in fulfilling its responsibility to promote and defend the church's teaching in so serious a matter, addresses a new and heartfelt invitation to all those who, by reason of their role and their commitment, can exercise a positive influence and ensure that in the family and in society due respect is accorded to life and love. It addresses this invitation to those responsible for the formation of consciences and of public opinion, to scientists and medical professionals, to jurists and politicians. It hopes that all will understand the incompatibility between recognition of the dignity of the human person and contempt for life and love, between faith in the living God and the claim to decide arbitrarily the origin and fate of a human being.

In particular, the Congregation for the Doctrine of the Faith addresses an invitation with confidence and encouragement to theologians, and above all to moralists, that they study more deeply and make ever more accessible to the faithful the contents of the teaching of the church's magisterium in the light of a valid anthropology in the matter of sexuality and marriage and in the context of the necessary inter-disciplinary approach. Thus they will make it possible to understand ever more clearly the reasons for and the validity of this teaching. By defending man against the excesses of his own power, the church of God reminds him of the reasons for his true nobility; only in this way can the possibility of living and loving with that dignity and liberty which derive from respect for the truth be ensured for the men and women of tomorrow. The precise indications which are offered in the present instruction therefore are not meant to halt the effort of reflection, but rather to give it a renewed impulse in unrenounceable fidelity to the teaching of the church.

In the light of the truth about the gift of human life and in the light of the moral principles which flow from that truth, everyone is invited to act in the area of responsibility proper to each and, like the Good Samaritan, to recognize as a neighbor even the littlest among the children of men (cf. Lk. 10:29-37). Here Christ's words find a new and particular echo:

"What you do to one of the least of my brethren, you do unto me" (Mt. 25:40).

During an audience granted to the undersigned prefect after the plenary session of the Congregation for the Doctrine of the Faith, the supreme pontiff, John Paul II, approved this instruction and ordered it to be published.

Given at Rome, from the Congregation for the Doctrine of the Faith, Feb. 22, 1987, the feast of the chair of St. Peter, the apostle. ■

Cardinal Joseph Ratzinger  
Prefect

Archbishop Alberto Bovone  
Secretary

#### Footnotes

<sup>1</sup> Pope John Paul II, Discourse to those taking part in the 81st Congress of the Italian Society of Internal Medicine and the 82nd Congress of the Italian Society of General Surgery, Oct. 27, 1980: AAS 72 (1980) 1126.

<sup>2</sup> Pope Paul VI, Discourse to the General Assembly of the United Nations, Oct. 4, 1965: AAS 57 (1965) 878; encyclical *Populorum Progressio*, 13: AAS 59 (1967) 263.

<sup>3</sup> *Ibid.*, Homily During the Mass Closing the Holy Year, Dec. 25, 1975: AAS 68 (1976) 145; Pope John Paul II, encyclical *Dives in Misericordia*, 30: AAS 72 (1980) 1224.

<sup>4</sup> Pope John Paul II, Discourse to those taking part in the 35th General Assembly of the World Medical Association, Oct. 29, 1983: AAS 76 (1984) 390.

<sup>5</sup> Cf. Declaration *Dignitatis Humanae*, 2.

<sup>6</sup> Pastoral constitution *Gaudium et Spes*, 22; Pope John Paul II, encyclical *Redemptor Hominis*, 8: AAS 71 (1979) 270-272.

<sup>7</sup> Cf. *Gaudium et Spes*, 35.

<sup>8</sup> *Ibid.*, 15; cf. also *Populorum Progressio*, 20; *Redemptor Hominis*, 15; Pope John Paul II, apostolic exhortation *Familiaris Consortio*, 8: AAS 74 (1982) 89.

<sup>9</sup> *Familiaris Consortio*, 11.

<sup>10</sup> Cf. Pope Paul VI, encyclical *Humanae Vitae*, 10: AAS 60 (1966) 487-488.

<sup>11</sup> Pope John Paul II, Discourse to the members of the 35th General Assembly of the World Medical Association, Oct. 29, 1983: AAS 76 (1984) 393.

<sup>12</sup> Cf. *Familiaris Consortio*, 11, cf. also *Gaudium et Spes*, 50.

<sup>13</sup> Congregation for the Doctrine of the Faith, Declaration on Procured Abortion, 9, AAS 66 (1974) 736-737.

<sup>14</sup> Pope John Paul II, Discourse to those taking part in the 35th General Assembly of the World Medical Association, Oct. 29, 1983: AAS 76 (1984) 390.

<sup>15</sup> Pope John XXIII, encyclical *Mater et Magistra*, III: AAS 53 (1961) 447.

<sup>16</sup> *Gaudium et Spes*, 24.

<sup>17</sup> Cf. Pope Pius XII, encyclical *Humani Generis*: AAS 42 (1950) 575; Pope Paul VI, *Professio Fidei*: AAS 60 (1968) 436.

<sup>18</sup> *Mater et Magistra*, III; cf. Pope John Paul II, Discourse to priests participating in a Seminar on "Responsible Procreation," Sept. 17, 1983, *Insegnamenti di Giovanni Paolo II*, VI, 2 (1983) 562: "At the origin of each human person there is a creative act of God: No man comes into existence by chance; he is always the result of the creative love of God."

<sup>19</sup> Cf. *Gaudium et Spes*, 24.

<sup>20</sup> Cf. Pope Pius XII, Discourse to the St. Luke Medical-Biological Union, Nov. 12, 1944: *Discorsi e Radiomessaggi VI (1944-1945)* 191-192.

<sup>21</sup> Cf. *Gaudium et Spes*, 50.

<sup>22</sup> Cf. *ibid.*, 51: "When it is a question of harmonizing married love with the responsible transmission of life, the moral character of one's behavior does not depend only on the good intention and the evaluation of the motives: The objective criteria must be used, criteria drawn from the nature of the human person and human acts, criteria which respect

the total meaning of mutual self-giving and human procreation in the context of true love."

<sup>11</sup> *Gaudium et Spes*, 51.

<sup>12</sup> Holy See, Charter of the Rights of the Family, 4: L'Osservatore Romano, Nov. 25, 1983.

<sup>13</sup> Congregation for the Doctrine of the Faith, Declaration on Procured Abortion, 12-13.

<sup>14</sup> Cf. Pope Paul VI, Discourse to participants in the 23rd National Congress of Italian Catholic Jurists, Dec. 9, 1972: AAS 64 (1972) 777.

<sup>15</sup> The obligation to avoid disproportionate risks involves an authentic respect for human beings and the uprightness of therapeutic intentions. It implies that the doctor "above all...must carefully evaluate the possible negative consequences which the necessary use of a particular exploratory technique may have upon the unborn child and avoid recourse to diagnostic procedures which do not offer sufficient guarantees of their honest purpose and substantial harmlessness. And if, as often happens in human choices, a degree of risk must be undertaken, he will take care to assure that it is justified by a truly urgent need for the diagnosis and by the importance of the results that can be achieved by it for the benefit of the unborn child himself" (Pope John Paul II, Discourse to participants in the Pro-Life Movement Congress, Dec. 3, 1982: *Insegnamenti di Giovanni Paolo II*, V, 3 (1982) 1512). This clarification concerning "proportionate risk" is also to be kept in mind in the following sections of the present instruction, whenever this term appears.

<sup>16</sup> Pope John Paul II, Discourse to the participants in the 35th General Assembly of the World Medical Association, Oct. 29, 1983: AAS 76 (1984) 392.

<sup>17</sup> Cf. *Ibid.*, Address to a meeting of the Pontifical Academy of Sciences, Oct. 23, 1982: AAS 75 (1983) 37: "I condemn, in the most explicit and formal way, experimental manipulations of the human embryo, since the human being, from conception to death, cannot be exploited for any purpose whatsoever."

<sup>18</sup> Charter of the Rights of the Family, 4b.

<sup>19</sup> Cf. Pope John Paul II, Address to the participants in the Pro-Life Movement Congress, Dec. 3, 1982: *Insegnamenti di Giovanni Paolo II*, V, 3 (1982) 1511: "Any form of experimentation on the fetus that may damage its integrity or worsen its condition is unacceptable, except in the case of a final effort to save it from death." Congregation for the Doctrine of the Faith, Declaration on Euthanasia, 4: AAS 72 (1980) 550: "In the absence of other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk."

<sup>20</sup> No one, before coming into existence, can claim a subjective right to begin to exist; nevertheless, it is legitimate to affirm the right of the child to have a fully human origin through conception in conformity with the personal nature of the human being. Life is a gift that must be bestowed in a manner worthy both of the subject receiving it and of the subjects transmitting it. This statement is to be borne in mind also for what will be explained concerning artificial human procreation.

<sup>21</sup> Cf. Pope John Paul II, Discourse to those taking part in the 35th General Assembly of the World Medical Association, Oct. 29, 1983: AAS 76 (1984) 391.

<sup>22</sup> Cf. *Gaudium et Spes*, 50.

<sup>23</sup> Cf. *Familiaris Consortio*, 14.

<sup>24</sup> Cf. Pope Pius XII, Discourse to those taking part in the Fourth International Congress of Catholic Doctors, Sept. 29, 1949: AAS 41 (1949) 559. According to the plan of the Creator, "a man leaves his father and his mother and cleaves to his wife, and they become one flesh" (Gn. 2:24). The unity of marriage, bound to the order of creation, is a truth accessible to natural reason. The church's tradition and magisterium frequently make reference to the Book of Genesis, both directly and through the passages of the New Testament that refer to it: Mt. 19:4-6; Mk. 10:5-8; Eph. 5:31. Cf. Athenagoras, *Legatio pro christianis*, 33: PG 6, 965-967; St. Chrysostom, *In Matthaem homiliae*, LXII, 19, 1: PG 58 597; St. Leo the Great, *Epist. ad Rusticum*, 4: PL 54, 1204; Innocent III, *Epist. Gaudemus in Domino*: DS 778; Council of Lyons II, IV Session: DS 860; Council of Trent, XXIV Session: DS 1798, 1802; Pope Leo XIII, encyclical *Arcanum Divinae Sapientiae*: AAS 12 (1879-1880) 388-391; Pope Pius

XI, encyclical *Casti Connubii*: AAS 22 (1930) 546-547; *Gaudium et Spes*, 48; *Familiaris Consortio*, 19; Code of Canon Law, Canon 1056.

<sup>25</sup> Cf. Pope Pius XII, Discourse to those taking part in the Fourth International Congress of Catholic Doctors, Sept. 29, 1949: AAS 41 (1949) 560; Discourse to those taking part in the Congress of the Italian Catholic Union of Midwives, Oct. 29, 1951: AAS 43 (1951) 850; Code of Canon Law, Canon 1134.

<sup>26</sup> *Humanae Vitae*, 12.

<sup>27</sup> *Ibid.*

<sup>28</sup> Pope Pius XII, Discourse to those taking part in the Second Naples World Congress on Fertility and Human Sterility, May 19, 1956: AAS 48 (1956) 470.

<sup>29</sup> Code of Canon Law, Canon 1061. According to this canon, the conjugal act is that by which the marriage is consummated if the couple "have performed (it) between themselves in a human manner."

<sup>30</sup> Cf. *Gaudium et Spes*, 14.

<sup>31</sup> Cf. Pope John Paul II, General Audience Jan. 16, 1980: *Insegnamenti di Giovanni Paolo II*, III, 1 (1980) 148-152.

<sup>32</sup> *Ibid.*, Discourse to those taking part in the 35th General Assembly of the World Medical Association, Oct. 29, 1983: AAS 76 (1984) 393.

<sup>33</sup> Cf. *Gaudium et Spes*, 51.

<sup>34</sup> *Ibid.*, 50.

<sup>35</sup> Cf. Pope Pius XII, Discourse to those taking part in the Fourth International Congress of Catholic Doctors, Sept. 29, 1949: AAS 41 (1949) 560: "It would be erroneous...to think that the possibility of resorting to this means (artificial fertilization) might render valid a marriage between persons unable to contract it because of the *impedimentum impotentiae*."

<sup>36</sup> A similar question was dealt with by Pope Paul VI, *Humanae Vitae*, 14.

<sup>37</sup> Cf. *supra*: I, 1ff.

<sup>38</sup> *Familiaris Consortio*, 14: AAS 74 (1982) 96.

<sup>39</sup> Cf. Response of the Holy Office, March 17, 1897: DS 3323; Pope Pius XII, Discourse to those taking part in the Fourth International Congress of Catholic Doctors, Sept. 29, 1949: AAS 41 (1949) 560; Discourse to the Italian Catholic Union of Midwives, Oct. 29, 1951: AAS 43 (1951) 850; Discourse to those taking part in the Second Naples World Congress on Fertility and Human Sterility, May 19, 1956: AAS 48 (1956) 471-473; Discourse to those taking part in the Seventh International Congress of the International Society of Hematology, Sept. 12, 1958: AAS 50 (1958) 733; *Mater et Magistra*, III.

<sup>40</sup> Pope Pius XII, Discourse to the Italian Catholic Union of Midwives, Oct. 29, 1951: AAS 43 (1951) 850.

<sup>41</sup> *Ibid.*, Discourse to those taking part in the Fourth International Congress of Catholic Doctors, Sept. 29, 1949: AAS 41 (1949) 560.

<sup>42</sup> Congregation for the Doctrine of the Faith, Declaration on Certain Questions Concerning Sexual Ethics, 9: AAS 68 (1976) 86, which quotes *Gaudium et Spes*, 51. Cf. Decree of the Holy Office, Aug. 2, 1929: AAS 21 (1929) 490; Pope Pius XII, Discourse to those taking part in the 26th Congress of the Italian Society of Urology, Oct. 8, 1953: AAS 45 (1953) 678.

<sup>43</sup> Cf. Pope John XXIII, *Mater et Magistra*, III.

<sup>44</sup> Cf. Pope Pius XII, Discourse to those taking part in the Fourth International Congress of Catholic Doctors, Sept. 29, 1949: AAS 41 (1949), 560.

<sup>45</sup> Cf. *Ibid.*, Discourse to those taking part in the Second Naples World Congress on Fertility and Human Sterility, May 19, 1956: AAS 48 (1956) 471-473.

<sup>46</sup> *Gaudium et Spes*, 50.

<sup>47</sup> *Familiaris Consortio*, 14.

<sup>48</sup> Cf. *Dignitatis Humanae*, 7.

After a 1980 U.S. Supreme Court decision allowing patents on new forms of life, the general secretaries of the U.S. Catholic Conference, the National Council of Churches and the Synagogue Council of America issued a statement in which they acknowledged the "dramatic potential for improving human life" that new life forms may have, but also warned of "unforeseen ramifications" which could, at times, make the cure "worse than the original problem." In their text (*Origins*, vol. 10, pp. 99f), the general secretaries, who at that time were Bishop Thomas Kelly, OP, Claire Randall and Rabbi Bernard Mandelbaum, said that "history has shown us that there will always be those who believe it appropriate to 'correct' our mental and social structures by genetic means, so as to fit their vision of humanity. This becomes more dangerous when the basic tools to do so are finally at hand. Those who would play God will be tempted as never before."