

The Challenge of Reproductive Medicine at Catholic Universities: Time to Leave the Catacombs

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Reproductive medicine is a field that aims to deliver novel “reproductive health” measures for humans all over the world. Ever since the first *in vitro* fertilisation (IVF) baby was born in 1978, childless couples, unable to conceive children, would have some hope of having children of their own. Reproductive technology now means that some couples, despite their infertility, can potentially have a child that is genetically related to them, even in cases where the mother has a non-functional uterus (i.e. IVF-surrogacy). This book by Ivo Brosens begins with an historical account of reproductive physiology beginning with discussions of menstruation, ovulation, fertilisation and reproductive ecology. Much of the first few chapters reads like a textbook, providing a very comprehensive summary of the relevant biology and the history of reproductive medicine. There is an abundance of anecdotal accounts of research outcomes and case studies to ground the historical facts, which allows the reader to put into perspective the current status and progress of reproductive medicine and the relevant ethical issues. It also describes in detail the development of various reproductive health applications such as contraception, IVF, preimplantation genetic diagnosis (PGD) and foetal surgery. However, the essence of the book is to raise the issue of whether Catholic medical institutes and universities around the world ought to adopt a more “progressive” approach (an approach that is more focused on meeting the current demands of society) to reproductive medicine, which the author argues serves the needs of people in the modern world, and is consistent with Catholic moral theology.

With the advent of modern assisted reproductive technologies, conception, pregnancy and the process of having a child would no longer proceed in the same manner that many Catholics regard as the moral norm. The fragmentation of the reproductive process, which enables medical intervention, means that gametes can be selected for, conception can occur *ex utero*, an embryo can be screened for genetic disorders as well as desirable genetic traits, and that more than one embryo can be transferred into the mother’s womb. However, in addition to the unique opportunities that reproductive technology offers, it also raises a whole host of ethical dilemmas. On the one hand autonomy and freedom of choice allows one to decide what one wants on an individual basis. On the other hand, the broader social implications and respect for a unified view of human dignity may conflict with individual desires. The challenges that Catholic medical and research institutes face are unique and distinct, as opposed to secular institutes, in that there is also an emphasis on abiding by a distinct set of moral, ethical and spiritual doctrine. Hence those institutes must maintain a clear position on issues such as abortion, contraception and embryonic stem cell research. Catholic medical schools do indeed face a challenge in today’s world, for how do Catholic medical schools and research institutes remain faithful to Catholic doctrines while at the same time meeting modern social and medical demands? Such difficulties become especially acute when Catholic teaching and medical practice converge.

One of the very first dilemmas came to light following the discovery that ovulation and menstruation were under the direct control of sex steroid hormones. In the 1950s researchers from the Catholic University of Leuven (K.U. Leuven) had discovered that an active steroid called lynestrenol could suppress ovulation. Following on from such findings was the development of the contraceptive pill in the 1960s. One of the

issues raised here was whether it was morally licit to use such means of contraception when married couples had no desire to have more children. Natural family planning was an important issue at the time though the common practice of coitus interruptus was failing. It was argued that in some cases, this had led to the disastrous effect of “back yard” abortion. It was clear that Catholic teaching did not support the use of the pill. Physicians at K.U. Leuven were prescribing it anyway.

The function of sexual intercourse between a married couple is not a simple case of satisfying the need for pleasure and procreation. Rather marriage and conjugal intercourse, according to Catholicism, serves a greater purpose. It is the search for a profound completion of the human person through an expression of personal love by bodily union. It is the complementing of male and female to achieve a complete humanity for each person. It is a social necessity for procreation and creation of a family, in addition to expanding and prolonging humanity. Conjugal acts are a symbolic (sacramental) mystery, indicating a relationship of persons to God¹. Whilst use of the contraceptive pill was illicit, Pope Pius XII in a 1951 address said that the rhythm method used for controlling conception was licit when justified by serious medical, eugenic, economic, or social reasons². This view was said to be consistent with the encyclical *Casti Conubii* because it does not involve any positive alteration of the essential meaning of marriage. Hence sexual intercourse without procreation was acceptable but this required detailed qualification. Magister Louis Janssens of K.U. Leuven had argued that the pill was merely an extension of the rhythm method, aimed at extending the sterile period, and it was reported that Cardinal Suenens advised Pope Paulus VI to rewrite and modernise the encyclical *Casti Conubii* to permit the use of the pill, arguing that a woman of three or four children should be allowed to take the pill. Although many bishops were in favour of the change, the new encyclical *Humanae vitae* confirmed the previous position of the church.

Conversely, there was also the question of whether reproduction without sexual intercourse was acceptable. According to the Catholic Church natural intercourse is a must for reproduction, which would therefore exclude procedures such as donor insemination and IVF. The teachings of the Second Vatican Council stated that reproduction between a married couple is not a purely biological process and that parenthood is not essentially biological but rather it exists within the totality of the conjugal relationship. Such teaching would therefore also include adoption, and in 1975, the Committee for Medical Ethics at K.U. Leuven argued that donor insemination was consistent with these teachings. Furthermore they argued that such a view would mean that sperm selection, sex selection and selection against X-linked genetic diseases would be acceptable. But does such a view constitute the initial steps down a slippery slope that ends in designer babies? To what extent can it be morally permissible to free ourselves from the biological constraints of natural procreation? In May 1983 the first Belgian IVF baby was born at the K.U. Leuven, which subsequently saw the fertility clinic inundated with requests for treatment from infertile couples. During a visit to K.U. Leuven from Pope John Paul II, rector Piet De Somer defended the practice of IVF by stating that “a Catholic intellectual is always positioned at the borderline between what is known and as yet not known. They should be allowed the freedom of committing an error...” (p. 96).

In addition to the ethical dilemma of conceiving outside the confines of sexual intercourse within a marriage, IVF raised a dilemma with regard to how many embryos would be transferred and what to do with surplus embryos. It forced fertility

¹ O’Rourke and Boyle (1993) *Georgetown University Press: Washington DC*. Pg. 13.

² Ashley and O’Rourke (1982) *Health Care Ethics : A Theological Analysis*. 2nd ed. *The Catholic Health Association of the United States of America*. Pg. 262.

experts to reach some sort of compromise between maintaining the best possible chance of pregnancy whilst reducing the number of embryos transferred, thereby reducing the number of multiple pregnancies and limiting the number of surplus embryos. As an act of solidarity, many couples were willing to donate their surplus embryos to other infertile couples, and furthermore, K.U. Leuven would eventually sanction the donation and use of surplus embryos for embryonic stem cell research. Interestingly, surplus embryos would also be made available to a commercial spin-off company associated with K.U. Leuven.

This book provides many more similar descriptions of the desire to meet the reproductive health demands of Europeans throughout the recent history of K.U. Leuven. The book includes similar discussions concerning the practice and ethics of egg donation, preimplantation genetic diagnosis (PGD), foetal surgery and abortion. However, the major theme of the book is to ask whether such practices constitute the initial steps down a slippery slope, whereby the end result is an abandonment of some of the essential Catholic moral principles relating to human dignity, family and procreation? If this were not the case, as the author propounds, then perhaps the approach taken by K.U. Leuven would serve as a beacon for the more conservative Catholic institutions.

Following on from the introductory chapters, which describe the historical background of reproductive physiology and its development at K.U. Leuven, there is a discussion of Louis Janssens' personalist ethics. Personalist ethics derives from a belief that the concept of the human person is central to any normative or moral evaluations. Janssens' time at K.U. Leuven saw him openly advocate for artificial insemination and the contraceptive pill. He argued that chemical interventions are justified for they are merely inducing the natural mechanisms of hormonal regulation. Furthermore he argued that contraception was a matter to be left entirely to the judgment and conscience of spouses. Janssens believed that his personalist ethics as applied to reproductive medicine was not in conflict with established moral theology, and interestingly, some of it was also incorporated into the declarations of the Second Vatican Council, e.g. that "spouses must determine the moral character of their activity according to objective criteria based upon the dignity of the human person" (p. 118).

The author concludes with the observation that infertility circumvention and related research is flourishing at progressive but not conservative Catholic universities. Conversely research into the basic biological mechanisms of fertility is flourishing in conservative Catholic Universities but not at progressive universities, obviously due to the differences in emphasis and values about the ethics of reproductive health procedures. Should Catholic institutes be prepared to meet the reproductive requirements of society whilst attempting to operate in accordance with Catholic moral principles? Or alternatively should they change focus altogether in order to avoid conflict with the Catholic Church? That is, should K.U. Leuven abandon its IVF program, endorsement of contraception, practice of sterilisation on demand, donor insemination, egg donation and embryo cryopreservation, to name a few, for which there is great demand?

This dilemma is exemplified by the introduction of IVF at K.U. Leuven in the 1980s. The church's opposition to this technique resulted in a decline in the number of patients. The result is that those centres for reproductive medicine lose the ability to provide treatment and meet the demands of many infertile couples. Whilst this may be true, it is argued by the author that as a consequence, the ethical issues raised by the introduction of new reproductive technologies are no longer addressed or openly discussed and such institutions lose interest and fall behind in research. So

according to this argument, it is the so-called progressive universities that are in a position to adequately address the important issues, such as whether or not the morning after pill is an abortifacient, implying that those institutions are willing to embrace new frontiers in the field and confront the issues of reproductive health in a manner that is allegedly pragmatic, deontological, and free from obsolete principles that have restricted progress in the field in previous years. Furthermore, those universities that do not address such questions, out of concern for conflict with the Church, can no longer be at the forefront of reproductive medicine, and will eventually become obsolete. This obviously does a disservice to people who need information concerning medical interventions, thus it is the progressive universities that can best serve the needs of Catholics in today's society. Hence the author argues, as stated in the subtitle of the book, that it is time for Catholic universities and medical institutes to "leave the Catacombs". Though what does this argument really amount to?

It is clear that there need not be any schism between progressive reproductive health institutions and the Catholic church but this depends on whether one conceives of the interpretation of Catholic moral principles as malleable and subject to revision, or on the other hand immutable. If the latter is the case, one option is to openly acknowledge that research at progressive institutes no longer proceeds in accordance with Catholic moral principles, rather than pay lip service to the Catholic Church. It would be difficult, as the author argues, to claim that some of the moral principles of the Catholic Church are immutable and not open to re-interpretation or re-elaboration, however, one must be wary of letting slip the essence of Catholic morality when one attempts to refine and modernise those principles for the sole purpose of applying them in a purely pragmatic and conformist manner so as to meet the demands of today's society. After reading this book it appears that this has indeed occurred at K.U. Leuven – one cannot have one's cake and eat it too.

Furthermore, to emulate the sentiment of rector Piet De Somer in his defence of IVF practice at K.U. Leuven, a Catholic institution is always positioned at the borderline between what is known and as yet not known. They should be allowed the freedom of committing errors. It appears that K.U Leuven have made such errors and now have the opportunity to learn from those errors.