Part Four of the *Ethical and Religious Directives for Catholic Health Care Services: Care at the Beginning of Life (2)*

July 14, 2011 | National Association of Catholic Chaplains

Thomas Nairn, OFM, Ph.D.
Senior Directors, Ethics

---

**Overview**

- **Last week**
  - General framework of ERDs
    - Who we should be as Catholic health care – Identity
    - In light of this, what we do as Catholic health care – Integrity
  - Introduction to Part Four: Values we uphold
    - Sanctity of life
    - Respect for marriage and family
    - Respect for integrity of intercourse
    - Appropriate use of technology
  - Directives concerning sanctity of life
- **This week**
  - Directives concerning marriage and family
  - Directives concerning integrity of intercourse
  - Directives concerning appropriate use of technology

© 2011 by the Catholic Health Association of the United States
Let’s begin with a case . . .

Nancy and Bill are recently married and want to begin their family. There is an extensive history of cystic fibrosis (CF) in both families, however. In fact, both have siblings with CF. In a conversation with one of her friends, Nancy expresses anxiety about having a child with CF. She is very intent about having a “normal” child. If Nancy and Bill both carry the gene for CF, every one of the children they conceive has a 1-in-4 chance of inheriting both aberrant genes and getting cystic fibrosis. There is also a 50% chance that any child will be a carrier of the aberrant gene. As a carrier, that individual could pass the gene on to his or her offspring.

Nancy’s friend encourages Nancy and Bill to go for genetic counseling and testing. Nancy seeks the advice of her OB-GYN at St. Raphael’s Medical Center, who encourages Nancy and Bill to proceed. He refers them to the Genetics Program at the medical center. They learn that they each carry the gene for cystic fibrosis. They are devastated. They are also very confused. Given what they were told by the geneticist, they wonder whether they should even conceive, given the risk to a future child. Or should they take the chance (and possibly burden a child with this disease)? Or should they conceive and then undergo prenatal diagnosis to determine whether or not the fetus has the mutation for cystic fibrosis. Nancy, even though Catholic, believes that if the fetus does have CF, there is the option of abortion. Bill is adamantly opposed to abortion, but Nancy thinks it is sometimes justified. Nancy again seeks the advice of her OB-GYN.

Nancy and Bill decide to take the chance. They do conceive. Nancy goes for prenatal diagnosis (amniocentesis in this case). Her fetus has inherited the CF gene from both parents and, hence, will get the disease. Nancy and Bill are now faced with a decision about what to do regarding the pregnancy. They also wonder about their options with regard to future pregnancies—sterilization, artificial insemination by donor, and in vitro fertilization using donor sperm or egg. Once again, Nancy seeks direction from her OB-GYN at St. Raphael’s.
Part Four: Issues in Care for the Beginning of Life

<table>
<thead>
<tr>
<th>VALUE</th>
<th>THEOLOGICAL REFLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanctity of life</td>
<td>The Church’s commitment to human dignity inspires a concern for the sanctity of human life from conception until natural death</td>
</tr>
<tr>
<td>Respect for Marriage and Family</td>
<td>The Church cannot approve practices that undermine the biological, psychological and moral bonds of marriage and family.</td>
</tr>
<tr>
<td>Respect for the Procreative Act</td>
<td>The Church cannot approve interventions that have the direct purpose of rendering procreation impossible, or separating procreation from intercourse.</td>
</tr>
<tr>
<td>Appropriate Use of Technology</td>
<td>What is technologically possible is not always moral. Reproductive technologies that substitute for the marriage act are not consistent with human dignity.</td>
</tr>
</tbody>
</table>

Relation of Values

- Sanctity of Life
- Respect for Marriage/Family
- Respect for Integrity of Intercourse
- Appropriate use of Technology
Respect for Marriage/Family: What should we do?

Key Directives

Directives forbid:

- **#40**: Heterologous fertilization (AID)
  - Includes use of donor sperm or egg in IVF

- **#42**: Surrogate motherhood
  - Because of dignity of child and marriage and because of the uniqueness of the mother-child relationship
  - Denigrates the dignity of women (especially the commercialization of surrogacy)

Donum vitae, child

- Use of donors “contrary to unity of marriage, to the dignity of the spouses, to the vocation proper to parents, and to child’s right to be conceived and brought into the world in marriage and from marriage” (Donum vitae, Part II, A)

- Adoption is not seen in same way
  - Rescue

- Most straightforward
  - Biological bonds of marriage and family
    - Most straightforward
  - Psychological bonds of marriage and family
    - Potential conflicts between spouses
    - “That’s your child”
    - “It’s my child”
  - Moral bonds of marriage and family
    - “Fidelity of spouses in unity of marriage involves reciprocal respect of their right to become a father and mother only through each other” (Donum vitae, Part II, A [published February 22, 1987])
Respect for Integrity of Intercourse: What should we do?

Key Directives

Directives forbid:

- **#53**: Direct sterilization
  - “... of either men or women, whether permanent or temporary”
- **#52**: Contraceptive practices
  - “But offer instruction about the Church’s teaching on responsible parenthood and methods of natural family planning.”
- **#41**: Homologous fertilization (AIH), IVF
  - “... is prohibited when it separates procreation from the marital act in its unitive significance.”

Directives permit:

- **#53**: Indirect sterilizations
  - “Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.”
- **#43**: Some infertility treatments
  - But institution should also provide appropriate counseling that includes pursuing other solutions (e.g. adoption)
Basis for Church teaching

- **Humanae vitae** (1968)
  - “There is an inseparable union that no one may break between the unitive significance and the procreative significance which are both inherent to the marriage act” (§12)

- **Dignitas personae** (2008)
  - “The origin of human life has its authentic context in marriage and in the family, where it is generated through an act which expresses the reciprocal love between a man and a woman” (§6)
  - “The two dimensions of life, the natural and the supernatural, allow us to understand better the sense in which the acts that permit a new human being to come into existence, in which a man and a woman give themselves to each other, are a reflection of trinitarian love” (§9)

Church teaching

- Artificial insemination
  - Homologous artificial fertilization, in seeking a procreation which is not the fruit of a specific act of conjugal union, objectively effects a separation between the goods and the meanings of marriage (*Donum vitae* IV, B)
  - The desire for a child is good, but this good intention is not sufficient for making a positive moral evaluation on AID or IVF (*Donum vitae* V)
    - No one has a right to a child
  - 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 (*Donum vitae* VI)
Part Four of the Ethical and Religious Directives for Catholic Health Care Services: Care at the Beginning of Life (2)

Contraception after rape

• **#36:** Provide compassionate and appropriate care to victims of sexual assault
  - “A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medication that would prevent ovulation, sperm capacitation, or fertilization. It is not permitted, however, to initiate or recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.”
    - Pregnancy v. Ovulation approach
    - Plan B v. Ella

Part Four of the Ethical and Religious Directives for Catholic Health Care Services: Care at the Beginning of Life (2)

Appropriate Use of Technology: What should we do?

Key Directives

Directives permit:

• **#50:** Prenatal diagnosis
  - When procedure does not threaten the life or physical integrity of the unborn child or mother
  - When the diagnosis can provide information to guide preventative care for the mother or pre-born or postnatal care for the child
  - Does not include preimplantation diagnosis
    - “Preimplantation diagnosis ...is directed toward the qualitative selection and consequent destruction of embryos, which constitutes an act of abortion” (Dignitas personae §22)

• **#54:** Some forms of genetic screening and counseling
  - To promote responsible parenthood
  - To prepare for the proper treatment and care of children
Appropriate use of technology

“In its natural structure, the conjugal act, is the expression of the mutual gift which brings about the union ‘in one flesh.’ Thus, moral conscience does not necessarily proscribe the use of certain artificial means destined solely either to facilitate the natural act or to ensuring that the natural act normally performed achieves its proper end. If the technical means facilitates the conjugal act or helps it 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.” (Donum vitae)

– What is possible is not necessarily moral

Conclusion

• The ERDs are a valuable document for understanding better who we ought to be (identity)
• They also help us to understand what we ought to do (integrity) in light of our identity
• Ultimately, they call upon us to “walk our talk”