2. Particular Reproductive Technologies

2.2 Artificial Insemination by Donor (AID)

The Procedure and its Uses

The commonly employed clinical procedure of artificial insemination uses a catheter (a thin, flexible tube) to place the sperm in the woman’s uterus, vagina, or cervix. The sperm then travel into the fallopian tubes, where they can fertilize ova. (1) In artificial insemination by donor (AID), the sperm comes from someone other than the woman’s spouse.

Couples dealing with infertility may seek artificial insemination by donor “if the male partner suffers from severe sperm problems (extremely low count, no motile sperm, no sperm with normal morphology, sperm without the ability to penetrate the egg or the complete absence of sperm).” (2)

In AID the sperm can come from a friend, acquaintance, or family member (known as “directed donation”) or the sperm of a stranger can be purchased from a sperm bank or fertility clinic. (3) Sperm banks and fertility clinics typically screen potential sperm donors before accepting sperm donations from them. The donor screening process may include a health questionnaire; a physical exam; medical, genetic, and infectious disease testing; sperm quality evaluation; passing a criminal background check; and psychological evaluations. (4) Catalogs of available sperm donors are posted, with such information as the donor’s physical characteristics, ethnicity, medical history and genetic status, educational background, occupation, and personality traits. Persons seeking donor sperm can literally “shop” for a donor with characteristics they would like to see in a child. (5) In the United States sperm donors can remain anonymous, or choose to allow identifying contact information to be released to children conceived using their sperm once the child turns 18 years of age. (6) Donor sperm costs about $700 to $1,000 per dose, plus shipping costs of several hundred dollars. (7)

It has been estimated that 30,000 – 60,000 children are born each year in the United States through sperm donation. (8)

Moral Assessment of AID

Artificial insemination by donor (AID) is not morally permissible.

This judgment is expressed in the Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae) from the Congregation for the Doctrine of the Faith:

Through IVF and ET 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 insemination 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.
...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. (9)

The Case Against AID

Initially, some couples may find the use of AID more attractive than adoption. For one thing, “both the husband and wife can be involved in the pregnancy from conception onward, sharing the experience of delivery and the early days of the baby’s life,” and concomitantly, “the desire on the part of the mother to carry a child is satisfied as it cannot be in adoption.” (10) Further, the husband and wife can exercise control over the child’s prenatal care and need not worry that something in the prenatal environment may cause problems later in the child’s life. (11) There also “need be no subconscious fear of the sudden appearance of the natural mother, as there may be in adoption.” (12) Finally, AID affords privacy to a couple while adoption may effectually be a public statement about their infertility. (13)

However, use of AID violates the unity of the marriage and the covenant the spouses have made with each other. This point is well stated in the Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae):

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. 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. (14)

Anecdotal evidence indicates that feelings of infidelity can accompany the use of AID by married couples:

A couple who had been treated for male infertility for three years had just finished their second and last IVF cycle in which they did not get fertilization. ...They made an appointment with the psychologist to discuss donor insemination. The husband stated that he was ready to move on to DI [donor insemination]. ...His wife was far more hesitant, telling the psychologist timidly, “I've never told anyone this, but my husband is the only man I have ever had sex with. I'm afraid that having another man’s sperm inside me would make me feel like I was sleeping with someone else.”

Men similarly may express feelings of hesitancy about DI due to fears that if their wife conceives, they will feel as if she is carrying another man’s child. (15)

Moreover, the Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae) contends that use of donor sperm

...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 ... 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. (16)

Thus the Instruction challenges a couple thinking about AID to look beyond their own desires to consider the **impact on their donor conceived child (including his/her personal identity) and on personal relationships within a family.**

Consider the case of a family member serving as sperm donor. Initially, this might look like an altruistic and beneficial action, and it can serve to reduce costs and waiting time. (17) However, it raises the issue of consanguinity and reproduction between individuals who are closely related genetically (18), which carries the risk of birth defects and genetic diseases for the child conceived. (19) This concern would hold true, for example, if a brother provides sperm to fertilize a sister’s egg or if a father provides sperm to replace that of his daughter’s infertile husband. (20) Further, a family member donating sperm confuses parentage and family relationships for the resulting children. (21) For example, if a father donates sperm to his son, he will be the genetic father of the child but the child’s paternal grandfather in terms of social relationships, and the father who rears the child will be its genetic half-brother. (22) Or again, if a son donates sperm to his father now in a second marriage, the father rearing the child will be its genetic grandfather and the child’s genetic father will be its half-brother in terms of social relationships. (23) To avoid these consequences, a couple might go to a sperm bank or fertility clinic to get sperm from a stranger. But this option is not without problem (see below).

If AID is used, the couple raising the child must face the question of whether to tell the child that s/he is donor conceived. (24) Couples may not want to disclose this information for “fear of the effect on the non-genetic parent and his/her relationship with the child” and because they “wish to normalize their families, minimize the role of the donor, and be seen as ‘real’ parents.” (25) However, the child has need of an accurate family medical history. Disclosure to the child of the fact that s/he is donor conceived “can protect the offspring’s interest in knowing their genetic heritage, in securing accurate information about potential health problems, and in making future medical decisions.” (26)

Even if the couple does not explicitly tell the child that s/he is donor conceived, the child may still find this out by accident from another family member or family friend or just figure it out himself. (27) Further, “the possibility of unplanned disclosure has increased with the growing frequency of genetic testing in contemporary medicine and the growing existence of DNA databases.” (28) Someone knowing that s/he is donor conceived has ramifications.

**My Daddy’s Name is Donor** reports a study of “the identity, kinship, well-being, and social justice experiences of young adults who were conceived through sperm donation.” (29) The study directly questioned 562 adults between the ages of 18 and 45 years old who knew they were donor offspring (viz., 485) or thought they might be donor conceived. (30)

On the issue of personal identity, *My Daddy’s Name is Donor* indicates that “the majority of donor conceived adults in our survey – a full 65% - agree that ‘My sperm donor is half of who I am’.” (31)

Donor conceived persons articulate this thought over and over. A young woman in Pennsylvania says she wants to meet her donor because she wants to know “what half of me is, where half of me comes from.” …Lindsay Greenawalt in Ohio
is seeking any information she can find about her sperm donor. “I feel my right to know who I am and where I come from has been taken away from me.” Olivia Pratten, a Canadian donor offspring...has said in interviews: “I think of myself as a puzzle; the only picture I have ever known is half-complete.” She clarifies: I’m not looking for a dad.” Rather, “I have questions about who I am and why I do what I do.”

Danielle Heath of Australia found out when she was 19 years old that she was donor conceived. She reflected: “I felt like there was a piece missing. It would complete me to know who I am like.” Tom Ellis of Britain told a reporter how he felt after submitting a cheek swab with his DNA to the UK Donor Link registry: “It was a huge decision for me to make because it meant admitting that the stranger who helped bring me into the world – and who may never want to meet or know me – is important to me. But he is a part of me and without him, I will never feel completely whole. (32)

Indeed, the majority of grown donor offspring in the study affirmed the right of a donor conceived child to know the identity of the donor and to have the opportunity to form some kind of relationship with him. (33)

At a sperm bank or fertility clinic, sperm from a particular donor can be purchased multiple times. This creates half siblings living in different families and different geographical locations. (34) The study *My Daddy’s Name is Donor* indicates that a significant number of donor conceived persons worry, when they are romantically attracted to someone, that they could be unknowingly related and that they have feared having sexual relations unknowingly with someone to whom they are related. (35) Further, this study found that the majority of donor conceived persons interviewed wanted to know about the existence and number of half siblings conceived with the same donor, and to know the identity of their half siblings as well as to have the opportunity as children to form some kind of relationship with them. (36) Some donor conceived persons follow up on these desires.

The online Donor Sibling Registry allows people to “type in their donor number – an anonymous code assigned by the fertility clinic – and connect with others born from sperm or eggs from the same donor.” (37) This registry “has helped connect about 16,000 offspring with their half siblings or donors.” (38) For example, an article in the Washington Post’s Fertility Frontier series recounts the story of Kianni Arroyo, now a waitress in her twenties working in Orlando, Florida, who was conceived with sperm from Donor #2757. (39) Over the years this donor has “sired at least 29 girls and 16 boys, now ages 1 to 21, living in eight states and four countries.” (40) Arroyo has not only made personal contact with the donor but is on a quest to meet all of her half siblings. (41).

In sum, a pastoral counselor working with a couple considering AID as a solution to infertility should have a discussion with them on two levels: violation of the unity of their marriage and the covenant they have made with each other as spouses, and the multifaceted impact on the donor conceived child. As one such child has commented:

Children should not be treated as commodities for the benefit of the adults who commission them, and they should not be deprived of access to and contact with their biological parents and wider families during their formative years. Donor
conception cannot be practiced ‘nicely’ or ‘humanely’ in a way that does not have any negative impact on the people it creates (42)

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Notes


17. Ethics Committee of the American Society for Reproductive Medicine, “Using family members as gamete donors or gestational carriers,” Fertility and Sterility 107/5 (May 2017): 1136-42 at 1138.

18. Ibid., p. 1136.

19. Ibid., p. 1139.

20. Ibid., p. 1139.

21. Ibid., pp. 1136, 1140.

22. Ibid., p. 1137.

23. Ibid., p. 1137.


25. Ethics Committee of the American Society for Reproductive Medicine, “Informing Offspring of their conception by gamete or embryo donation: An Ethics Committee opinion,” p. 602.

26. Ibid. See also Vardit Ravitsky, “Conceived and Deceived: The Medical Interests of Donor-Conceived Individuals,” The Hastings Center Report 42/1 (January-February 2012): 17-22.

28. Ethics Committee of the American Society for Reproductive Medicine, “Informing Offspring of their conception by gamete or embryo donation: An Ethic Committee opinion,” p. 602.

29. Marquardt, Glenn, and Clark, My Daddy’s Name is Donor, p. 5.

30. Ibid., p. 19, 119. Also included in the study, by way of comparison, were adults who had been adopted as children and adults who had been raised by their own biological parents.

31. Ibid., p. 21.

32. Ibid., p. 21.

33. Ibid., p. 69. See also the Center for Bioethics and Culture, Anonymous Father’s Day (video, 2011).

34. Marquardt, Glenn, and Clark, My Daddy’s Name is Donor, p. 32.

35. Ibid., p. 35.

36. Ibid., p. 61.


38. Ibid.

39. Ibid.

40. Ibid.

41. Ibid.

42. Marquardt, Glenn, and Clark, My Daddy’s Name is Donor, pp. 57-58.