

2. Particular Reproductive Technologies

2.1 Artificial Insemination by Husband (AIH)

The Procedure and its Uses

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 defines *artificial homologous fertilization* as “the technique used to obtain a human conception using the gametes of the two spouses joined in marriage.” (1) One form of artificial homologous fertilization is *homologous artificial insemination*, defined as “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.” (2)

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. (3) Before insemination, the semen typically undergoes special preparation in a laboratory. Sperm are “washed” with a chemical which separates out the most active sperm, and a centrifuge is used to collect the best sperm. (4)

From a medical point of view, artificial insemination by husband may be considered when a man’s sperm are absent, low in quantity, or poor in quality (5); when sperm are not strong enough to swim through the cervix and up into the fallopian tubes (6); or when a man releases sperm into the urinary bladder instead of out the penis (7). Artificial insemination may also be considered as a means of overcoming reproductive problems in women. Artificial insemination can bypass cervical mucus which is “hostile to sperm and prevents sperm from getting into the uterus and fallopian tubes.” (8) Or again, it is “sometimes an option for women who have endometriosis or abnormalities of any of their reproductive parts.” (9) Further, artificial insemination may be used in cases of “unexplained infertility” when “tests have shown no cause for a couple’s infertility.” (10)

Sperm can be collected and frozen before cancer treatments which affect male fertility, and subsequently used for artificial insemination. For further discussion of this practice, see section 3.1 Medical Treatments Affecting Male Fertility.

AIH may also occur posthumously, using sperm either produced before the husband’s death or retrieved within 24 hours of his death. (11)

Moral Differentiation of Types of AIH

The *Instruction on Respect for Human Life in Its Origin and On the Dignity of Procreation* (1987) does not contain a blanket condemnation of the procedure of artificial insemination by husband. Rather, it distinguishes two types of artificial insemination by husband (referred to as “homologous” artificial insemination):

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.

...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'". 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." 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 relationships which realizes 'the full sense of mutual self-giving and human procreation in the context of true love.'" (12)

This teaching is reaffirmed in the *Instruction Dignitas Personae on Certain Bioethics Questions* (2008) from the Congregation for the Doctrine of the Faith. (13)

Methods of AIH which facilitate the act of sexual intercourse between spouses or help it to reach its natural objective of conception are morally permissible. The aforementioned Vatican documents do not give specific examples of procedures which satisfy this standard. Thus application of this guiding principle to specific procedures has been left to theologians.

For example, fertilization of ova may be "impeded because the husband's sperm do not migrate far enough or rapidly enough into the reproductive tract of his wife" with the result that "most of the sperm die before they are able to unite with an ovum and fertilize it." (14) Theologians have generally "approved of the practice of assisting the natural act to attain its purpose by retrieving the ejaculate of a particular act of human intercourse and simultaneously projecting or propelling it closer to the cervical canal so as to enhance the possibility of fertilization." (15)

Some theologians would also allow sperm to be removed from the vagina and centrifuged to bring about a greater concentration of spermatozoa, and then reinjected into the vagina. (16) Or again, to address a husband's problem of oligospermia (low sperm count in semen (17)), some theologians "would allow accumulated amounts of the husband's sperm (obtained by legitimate means within the context of conjugal union), to be injected into the wife's vagina preliminary to conjugal intercourse 'in order to mix with and fortify the husband's ejaculate.'" (18) It should be

noted that all of these procedures work with the act of sexual intercourse between spouses and that sperm used in the insemination is obtained from acts of sexual intercourse.

There are some other methods of manipulating a husband's sperm to help achieve conception which are considered morally permissible by theologians but which technically do not fall into the category of "artificial insemination." (19)

On the other hand, **methods of AIH which replace the act of sexual intercourse between spouses are not morally permissible.** For example, through the freezing and storage of a husband's sperm it is now possible for a woman to become pregnant after her husband's death. The very absence of the husband indicates that this is a use of artificial insemination which replaces the act of sexual intercourse between spouses. (20) Further, as noted in the *Instruction on Respect for Human Life in Its Origin and On the Dignity of Procreation*, this replacement can occur by the very method by which the sperm is obtained for insemination, for example, when the sperm is obtained through masturbation. (21) There are methods of obtaining sperm through aspiration and extraction from the male genital organs. (22) These procedures may be permissible to use to obtain sperm for medical testing. (23) However, if sperm are *collected exclusively by these means for use in artificial insemination to conceive a child*, we are again dealing with a case in which artificial insemination has become a clinical procedure separated from the act of sexual intercourse between a couple.

Following this moral distinction, a terminological distinction has been made. Methods which assist the conjugal act have been referred to as *assisted insemination* while the terminology *artificial insemination* (or *totally artificial insemination*) has been reserved for forms of AIH which replace the conjugal act. (24)

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Notes

1. Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae)*, II.A.1. 1987. Available at <http://w2.vatican.va> > English > Roman Curia > Congregations > Doctrine of the Faith > Documents.
2. *Ibid.*
3. WebMD, *Insemination Procedures for Infertility*. <https://www.webmd.com/infertility-and-reproduction/insemination-procedures-for-infertility>. Accessed 2017.
4. Boots WebMD, *Artificial Insemination*. <https://www.webmd.boots.com/fertility/artificial-insemination>. Accessed 2017.
5. WebMD, *Insemination Procedures for Infertility*.

6. Boots WebMD, *Artificial Insemination*.
7. WebMD, *Insemination Procedures for Infertility*.
8. Boots WebMD, *Artificial Insemination*.
9. *Ibid*.
10. WebMD, *Insemination Procedures for Infertility*.
11. International Federation of Fertility Societies, *IFFS Surveillance 2013*. <http://www.iffs-reproduction.org>. Accessed 2017.
12. Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae)*, II.B.6. 1987.
13. Congregation for the Doctrine of the Faith, *Instructions Dignitas Personae On Certain Bioethical Questions*, no. 12. 2008. Available at <http://w2.vatican.va> > English > Roman Curia > Congregations > Doctrine of the Faith > Documents.
14. William E. May, *Catholic Bioethics and the Gift of Human Life*, 3rd ed. (Huntington, IN: Our Sunday Visitor Publishing, 2013), p. 104.
15. Orville N. Griese, *Catholic Identity in Health Care: Principles and Practice* (Braintree, MA: Pope John Center, 1987), p. 42; see also p. 45. See also May, *Catholic Bioethics and the Gift of Human Life*, p. 105.
16. Griese, *Catholic Identity in Health Care: Principles and Practice*, p. 45. Griese cites the opinions of Fr. Otis Kelly, M.D. and Frederick L. Good, M.D.. Note we say that “some theologians would allow” this procedure. William May, for example, does not concur in this judgment; see May, *Catholic Bioethics and the Gift of Human Life*, pp. 105-6.
17. Mayo Clinic, *Low Sperm Count* <https://www.mayoclinic.org/diseases-conditions/low-sperm-count/basics/definition/CON20033441>. Accessed 2017.
18. Griese, *Catholic Identity in Health Care: Principles and Practice*, pp. 45-46. Griese cites the opinion of Fr. Thomas O’Donnell, S.J.. Note we say that “some theologians would allow” this procedure. William May, for example, does not concur in this judgment; see May, *Catholic Bioethics and the Gift of Human Life*, pp. 106-7.
19. For example, the condition known as hypospadias is “an anomaly of the male penis in which the urethra does not open at the distal end of the penis but on its underside, close to the man’s body.” This anomaly “frequently prevents the husband from ejaculating sperm into his wife’s vagina during the marital act.” Theologians have generally concurred that a perforated condom may be used to “prevent the husband’s sperm from being omitted outside his wife’s body and facilitate their entrance into her vagina.” May, *Catholic Bioethics and the Gift of Human Life*, p. 104. It has likewise been considered permissible to surgically move sperm past a blockage in the epididymis so that a subsequent act of sexual intercourse might result in conception. See John W. Carlson, “Interventions Upon Gametes in Assisting the Conjugal Act toward Fertilization” in Kevin Wm. Wildes, S.J., *A Crossroad of Faith, Medicine, and Technology* (Boston: Kluwer 1997), p. 110; Nicholas Tonti-Filippini, “Donum Vitae’ and Gamete Intra-Fallopian Transfer,” *Linacre Quarterly* 57/2 (May 1990): 68-79 at 70. The epididymis is a tube that collects and

stores maturing sperm made by the testicles prior to ejaculation (WebMD, *Epididymitis – Topic Overview*. <http://www.webmd.com/men/tc/epididymitis-topic-overview>. Accessed 2017.)

20. The Congregation for the Doctrine of the Faith's *Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation* explicitly states that the "artificial fertilization of a woman who is...a widow, whoever the donor may be, cannot be morally justified" (II.A.2).

21. *Ibid.*, II.B.6.

22. In the procedure of *percutaneous epididymal sperm aspiration* "a needle is inserted through the scrotal skin and into the epididymis (the coiled tubes that sit on top of the testicle)" and then "suction is applied to the needle, and sperm are aspirated out through the needle." In the procedure of *microsurgical epididymal sperm aspiration (MESA)*, "a small incision is made in the scrotal skin, and an operating microscope is used to remove sperm from the epididymis under microscopic vision." In the procedure of *testicular sperm extraction (TESE)*, "a small incision is made in the scrotal skin, and tiny pieces of testicular tissue are removed [and] inspected for sperm cells." The *micro-TESE* procedure is similar to TESE, "except an operating microscope is used to inspect and help select the areas of testicular tissue that are removed." American Cancer Society, *Preserving Fertility in Men with Cancer*. <http://www.cancer.org/acs/groups/cid/documents/webcontent/acspc-041228-pdf.pdf>. Accessed 2017.

23. Noting that "the analysis of the sperm of the husband often is the first item of investigation in infertility cases," Griese describes "lawful means of obtaining human sperm for analysis." (Griese, *Catholic Identity in Health Care*, p. 51). One of these is "aspiration of the genital organs." (*Ibid.*, p. 53). He cites Fr. Arthur Vermeersch, S.J., who suggested that it would not be immoral to aspirate seminal fluid from the testicles or from the epididymides by using a sterile needle or syringe. The argument was that such methods would not involve stimulation of the generative faculty. Several authors have compared such methods to the process of removing other body fluids (blood, bile, etc.) without causing any physical harm. (*Ibid.*, p. 53)

24. See, for example, Griese, *Catholic Identity in Health Care*, pp. 41-2, 481; Donald T. DeMarco, "Catholic Moral Teaching and TOT/GIFT" in Donald G. McCarthy (ed.), *Reproductive Technologies, Marriage and the Church* (Braintree, MA: Pope John Center, 1988), pp. 123-4.