

rights of all, including the unborn. Thus, medical intervention must be considered as something done “for” a person, not simply “to” a person.

With fertility drugs specifically, the “moral criteria” is concerned with procreation—the truth of human sexuality and the conjugal act. Through the conjugal act, a man and a woman participate in cooperation with God in the creation of new human life. Further, the conjugal act is a symbol that actually does what it symbolizes (remember, marriage is a sacrament) — it unites two persons in a deep communion of love. It is a bond that represents such a disclosure of one person to another that it can only happen in reality between a man and a woman who commit to one another mutually and exclusively. This “moral criteria” means that any intervention that substitutes for the conjugal act offends a human participation in a divine act, as well as the unity of man and woman in marriage. Medical intervention that works by way of substitution reduces the conjugal act to one possible “means of production” of offspring among many. Further, it fails to understand the role of sexual intercourse in its unitive dimension, and the role the unitive dimension has in reproduction.

Therefore, the Church concludes from these principles that medical intervention that “seeks to assist in the conjugal act” is morally acceptable. Medical intervention that replaces it in any way is not morally acceptable. Lastly, this reminds the doctor that he “is at the service of persons and of human procreation.” Patients are not specimens like laboratory rats upon which to conduct experiments. If a doctor thinks that because he has the power of

technology he can use it indiscriminately in regard to persons, he fails in his mission to serve the health of persons, instead making persons serve other ends.

With these moral principles left intact—specifically the integrity of the conjugal union—the use of fertility drugs is perfectly licit. More specifically to the point, DV II, no. 8 encourages researchers in the “fight against sterility” and lauds those who have “achieved results which previously seemed unattainable,” while “fully safeguarding the dignity of human procreation.” Because of these things, the Church encourages scientists to continue “research with the aim of preventing the causes of sterility and of being able to remedy them.”

Thus, any medical intervention that assists in conception taking place as the result of the conjugal act is fully at the service of human dignity and respect for life. Cooperation with God in the gift of life is one of the greatest privileges given to humanity. As a privilege, gift and blessing, human reproduction should be approached always with the greatest reverence and humility. Only by promoting it with reverence and humility will the “Culture of Life” be realized.

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'Be Fruitful and Multiply': The Morality of Fertility Drugs

ISSUE: Is the use of fertility drugs in conformity with the moral law?

RESPONSE: Medical technology must be at the service of human dignity. In particular, technology that concerns overcoming fertility disorders must be at the service of the dignity of the conjugal union, i.e., the mutual self-giving of spouses expressed in the conjugal act, performed in a truly human way and open to new life (cf. Catechism of the Catholic Church, no. 2361; Code of Canon Law, c. 1061). Couples with fertility problems who desire to have a child and participate in giving the gift of human life should be encouraged to do whatever is morally permissible to bring this about. This can include fertility drugs.

DISCUSSION: As a result of being created in the image and likeness of God, the first man and woman were blessed by God and told to “be fruitful and multiply” (Genesis 1:27-28). “Fecundity is a gift, an end of marriage” (Catechism, no. 2366, original emphasis). An effect of original sin is that

some couples have difficulties with fertility. While knowledge of Natural Family Planning (NFP) has helped many couples conceive, others have not been successful.

Medical technology that recognizes and protects the dignity and integrity of the marital act, either in its unitive or procreative aspect, can be at the service of the original mandate given to man and woman to subdue the earth. The "dominion mandate" (Gen. 1:28-30) does not give man authority to exploit the earth, but to be a steward of creation for the good of mankind and the greater glory of God. The use of technology of any kind, subject to these principles, can advance our God-given mission on the earth.

In questions of procreation, a fundamental principle is that the unitive and procreative aspects of the conjugal union are inseparable. Children are to be considered the "supreme gift" of marriage, the fruit of a loving union between husband and wife. Respect for life, married love, and human dignity demand that the unitive meaning of the marital act (a profound communion of persons in an exclusive bond of love) and its procreative end not be separated.

Medical Intervention

Any medical intervention into human fertility must be at the service of human dignity, especially that dignity proper to mutual self-giving in marital love. If one uses medical means to prevent a child from coming into being (i.e., contraception) he offends, even attacks the procreative end of the marital act and ultimately the unitive meaning of that act. Contraception is not only contrary

to the procreative end of marriage, it is also contrary to spousal love and the deep bond proper to spouses. Further, if one uses medical means to conceive a child, and this does not respect this inseparable connection between the unitive and procreative aspects of the marital act, (e.g., in vitro fertilization), it is immoral. As noted above, children are the "supreme gift" of marriage, "a living testimony of the mutual giving of his parents." Children are not property, an "object of ownership" or something to which someone has a "right." Children are not commodities of some means of production.

What about fertility drugs? What are they? For a woman to be fertile, her body must (1) be able to produce an egg; (2) allow intercourse that will result in conception; and (3) be able to nurture and sustain the new life. If any of these essentials are missing, the woman is infertile. The aim of a fertility drug is to restore the physical conditions necessary to conceive, implant, and nurture.

The Moral Evaluation

How would the use of fertility drugs be in accord with human dignity? Consider the words of the Congregation for the Doctrine of the Faith in *Donum Vitae*, II, no. 7:

The medical act must be evaluated not only with reference to its technical dimension but also and above all in relations 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. 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 (original emphasis).

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 or its fruit. In this case the medical act is not, as it should be, at the service of the 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.

Let's summarize these principles. "The medical act must be evaluated not only with reference to its technical dimension, but...in relation to its goal," which is their physical and psychological health. This means that possessing the power or technology to do something does not make it permissible to do so. Just because we can does not mean we should. What can be done must be understood in light of the end (goal) to which it is directed.

The goal of medical technology is the good of the human person. Because medical technology is directed to the good of persons, it must respect the dignity and