

GETTING  
DOWN  
TO  
CASES

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## A Burdensome Gift: Birth by *In Vitro* Fertilization

*Karen and Tom O'Meara were married shortly after college. Although they both worked for a while before they tried to have children, both were active Catholics and strongly believed that their marriage needed to be open to children. When they were not successful after several years of trying, they began to use fertility drugs under a physician's supervision. Nothing worked. When their specialist eventually suggested in vitro fertilization, they balked at first knowing that the Church did not approve of this practice. Their desire for a child of their own, however, finally led them to accept this alternative. Karen's ova were fertilized with Tom's sperm resulting in eighteen fertilized eggs. Three of those eggs were implanted in Karen's uterus from which healthy twins were born. The remaining fifteen fertilized eggs were cryo-preserved or kept frozen.*

*The following year, when Karen was thirty-two, another egg was implanted and a child was born. Another year later, Tom and Karen decided to have another child. This time three fertilized eggs were implanted and one child was born. At that time the physician remarked at their unusual success rate, much higher than the 15 percent rate usually obtained for IVF. This remark brought home to the couple their predicament. After the birth of their fourth child, there were eleven fertilized eggs still frozen, over half the number with which they began. The O'Mearas sought consultation with an expert in medical ethics in order to decide what to do with the remaining eggs whom they regarded as human life. They were not comfortable speaking with the pastor of their parish because Tom and Karen knew their actions were not in accord with church teaching. Moreover, no one in the parish or even in their family, including the children, knew the circumstances of the births.*

*Together, the O'Mearas and their ethicist considered five alternatives. (1) Have more children and in the process use up all the fertilized eggs. This was not a desirable alternative because of Karen's age. She would be thirty-six before she could become pregnant again and the risks were too great. Moreover, four children under the age of five were enough to wear them out. (2) Offer the fertilized eggs to another couple having difficulty conceiving a child. Karen and Tom quickly rejected this alternative. They said that they could not forgive themselves if their child ended up in an abusive or neglectful home. The thought that a child from their union would be unknown to them somewhere in the world was unbearable. (3) Destroy the fertilized eggs. This option was wholly unacceptable because Tom and Karen regarded*

the eggs as fully human life. To kill human life is gravely wrong. (4) Make the eggs available for research or experimentation. This option was a very unsettling alternative for the O'Mearas that compounded the option of destroying the eggs. They had visions of mutilation when they considered this alternative. (5) Make no decision and leave the eggs frozen indefinitely. When they began this process, they had paid a storage fee in advance for all of the eggs. The clinic had been willing to keep the eggs for a nominal annual fee as long as Tom and Karen continued to expect to have more children. The couple was not certain how long the clinic could or would keep the remaining eggs frozen.

None of the five options were desirable or even acceptable for the O'Mearas. They felt increasingly uncomfortable about the decision they had made in the first instance to use *in vitro* fertilization to have children. They asked why the physicians at the clinic had not told them of the possible long-range consequences of their actions. When they left the meeting with the consultant in medical ethics, Karen and Tom were keenly aware of the tragic dimensions of moral decision-making but no more clear about what to do with the frozen fertilized eggs.

#### COMMENTARY

This case raises several complicated pastoral and ethical questions. The O'Mearas feel isolated from the support of their faith community because they have made decisions counter to the moral teachings of the Catholic Church. Even if this pastoral situation were beyond the competence of ministers in their parish, it would have been beneficial to Tom and Karen to have someone with whom to celebrate the extraordinary gift of four healthy children and walk with them as they choose among equally tragic moral alternatives. The secrecy of their actions contributed to the isolation that Tom and Karen experienced in the parish. Because the reality is still so new, it remains a matter for debate if or when children who come into the world through the process of *in vitro* fertilization should be told of their birth. One would hope, however, that at least family members could be told so that couples do not have to carry this burdensome gift all alone.

The desire to have children, which was both personal and a matter of faith for Karen and Tom, becomes complex when natural means of conception do not work. On the theoretical level, the Catholic Church has maintained that no one has a right to a child. If a couple cannot have children by natural means, the spouses are asked either to find in that fact the occasion to find other ways to be of service to life or to accept the fact as "an opportunity for sharing in a particular way in the Lord's cross" (see the Vatican's "Instruction on Respect for Human Life," II, 8). Yet, in the concrete, not all couples find solace in these words nor follow the Church's teaching to the letter. As it is an on-going

agenda for the Church to create an environment within parishes in which people experience pastoral support as they struggle to make responsible choices within a moral framework, ministers also need to learn how to care for people who make decisions not in keeping with Church tradition. The fact that the couple felt that they were unable to discuss the issue of *in vitro* fertilization within a moral context at the beginning of their deliberation had obviously adverse consequences for later decisions. Could appropriate moral counseling earlier in their decision-making process have helped them to appreciate that often the way we make early decisions provides a moral context for further decisions?

The minister needs to see that concrete ethical decisions are also emotionally-involved decisions. The couple's real desire for a child could not be answered simply by repeating the statement that no one has a right to a child. Similarly, what from the outside might seem to be the most logical and ethical choice, that of donating their embryos to other couples, may not look as ethical from the point of view of the couple who has to make the decision. For at least some couples the choice of giving up one's embryos has the same ethical and emotional negativity as giving up an already-born *child* to another couple. Such a decision can carry the stigma of being bad parents, unable to care for what was really theirs. Concretely, the option of giving up the fertilized ova raised the possibility that a child of theirs may be out there somewhere in need of their care. This concrete mixture of the ethical and the emotional made this decision-making process a truly tragic one.

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