

The Moral Implications of Attempts to Control Human Reproduction

by John W. Covach

[A paper read at The Cypress Conference of the South Atlantic District on September 23, 1985]

Introduction

I had a replica Colt 95 revolver and a real leather holster complete with rawhide straps. As part of my uniform, I wore that toy pistol low on my hip, just like “Cheyenne” on Friday nights. A red handled rubber knife was pushed in my belt, a farmer’s hanky tied around my neck, and my lever action “pop” gun in hand. Like most boys in the “50’s”, I loved to play cowboys and Indians.

I guess my fascination with the “Old West” cooled in the “60’s” when boys my age were to put away the guns in exchange for baseball gloves and skate boards. You see, society dictates that the games change as we grow older. So if you stop at my house and catch me playing “dolls” or “little people” with my kids, that’s for their benefit, not mine! As we grow older the games do change.

The “50’s”, the “60’s”, and the “70’s” are gone. Now there are many new games for “baby boomers” in the “80’s”. But my intent is to warn you about a very dangerous “adult” game that modern society, with all its technology, seems bent on playing. It is not unlike the “let’s pretend” games we played as children. In the vital area of human reproduction you can hear the voices insisting, “Let’s pretend we’re God!”

In the last two months I’ve done a considerable amount of reading dealing with the control of human reproduction. I’ve researched the areas of birth control, in vitro fertilization, surrogate motherhood, genetic engineering, and artificial insemination. The topic assigned was very broad. Please, have realistic expectations of what this paper can accomplish. My observations will not answer all of your questions. However, in the pages that follow, I would hope to share a small portion of the information I have gleaned in my study. In all sincerity, I would urge our Program Committee to designate an entire conference to this subject. An in-depth study of this matter would prove both fascinating and troublesome. I think you will see what I mean as we consider “The Moral Implications of Attempts to Control Human Reproduction.”

Ignorance Is Bliss

You may all be very intelligent and informed people, and may like it just that way. I try, too, to stay informed. However, the more I learn about man’s attempts to control human reproduction the more uncomfortable I feel. Ignorance was bliss; but not anymore.

For the most part, we Christians have a simplistic view of life and the reproduction of human life. We believe that life is controlled by our Creator-God. The God who loved us so much, who saved us through Christ for eternity, has made us living beings. With the Old Testament believer Job, we can look at ourselves and others around us and each ask, “Did not he (God) who made me in the womb make them? Did not the same one form us both within our mothers?” (Job 31:15) He did!

Our God creates human beings today as He continues to bless human reproduction. (Genesis 1:28) As I gaze at the pictures of my children on the wall, or watch them at play, or on sleepless nights watch them sleep, I know they are great gifts from heaven. And just as surely, I know somehow they fit into God’s plan for life and that by His grace He not only intends for them to live now, but also forever.

My wife and I are expecting our fourth child some time before Christmas. Again, as Christians, we watch and wait as God’s miracle unfolds. We tried to conceive a baby for several years. But only our God could put life in the womb. Like Sarah (Genesis 23:1-2) or Rachel (Genesis 30:1-2), or Ruth (Ruth 4:13), or Hannah (I Samuel 1:11) we waited until He enabled us to conceive.

Now my wife is “great with child”. (She’ll appreciate me saying that.) What color will the baby’s eyes be? Will there be “four of a kind” in the Covach home (a good draw in poker and for the family) or will three sisters welcome “Adam” to the clan? Will the child be healthy? Might the baby be handicapped? What special

trait will make this child different from all the others in our home? Will the mother of my children carry this baby full term? God holds all the cards. We trust His wise judgment. We depend on His love and care. It is simplistic, but God is being God in this process of reproduction. In my home, the Lord has been doing our family planning.

Are We Playing God If We Use Contraceptives?

The use of contraceptives can be an attempt to play God, but by no means does this have to be the case. The same God who commanded us to “be fruitful and multiply” also commanded that we “subdue”, “tread under our feet”, “control”, (Hebrew שָׁבַד) the world He has entrusted to our care. In a perfect world this “control” would have always been exercised in accord with the will of our perfect God. We live in a very different world today. Our world is tainted by sin and death. We need to keep this in mind in areas where “control” might be exercised over our “fruitfulness”. To practice birth control for reasons and in ways that conform to God’s will, is to let God be God. To use contraceptive technology in a way that violates God’s will, is to attempt to play God.

God has made us sexual beings. When He made Adam and Eve male and female, he fashioned them to complement each other, to complete each other, to desire each other, to mate with each other. This love making was to take place in the bond where “two become one flesh” (Genesis 2:24, Matthew 19:4-5). Sexual relations were to accomplish great good for a husband and his wife. Through sexual union they could enjoy companionship (Genesis 2:18a), could physically help each other with sexual urges (Genesis 2:18b, Song of Solomon 2:16-3:1, 7:1-6), and could be blessed by God with children (Genesis 1:28). In a sinful world, sex in marriage is also intended to be a deterrent against immorality (I Corinthians 7:2-5, 9).

God intends for sex to serve married couples in many ways. A Christian couple may make love to have children, or to enjoy a unique and personal form of companionship, or to satiate natural urges, or to keep a mind free from lust, or a body free from adulterating the marriage bed (Hebrews 13:4).

Now to the questions for Christians: “Does the prospect of children always have to accompany the other God-given uses for sexual intercourse?”

Listen to what God inspired Peter to write. “Husbands, in the same way be considerate as you live with your wives, and treat them with respect as the weaker partner” (I Peter 3:7). I don’t care for the translation “be considerate”. The Greek says, “κατα γνώσιν” – “according to knowledge”. Julian Anderson translates, “in a wise and understanding way”. Husbands are to use their heads in handling their wives. Why? Because they are “the weaker partner”.

Again the Greek, translated “partner”, is σκεύει. Closer to the original meaning would be Anderson’s “weaker *sex*”. Really the Greek word means “a vessel”. In his paper “Birth Control As Ethical and Pastoral Problem”, Hans Kirsten comments on the interesting word Peter was inspired to use to refer to the wife. Kirsten writes, “In Hebrew and rabbinical usage the latter word for ‘vessel’ was used to designate the wife as sexual partner of the husband”¹ (cf. בָּעֵלְכֶם “marry”).

Husbands are to use their heads and be wise and understanding with their “sex partners”, because they are weaker. This is understandable. Sexual relations with my wife (for all the previously mentioned benefits) have resulted in conception. Who now shoulders the principal burden of the family and of the children? My “weaker sex partner” carries the baby. She will go through labor and deliver it. The stress is on her body, not mine. And even after the child is born and joins three other children in our family, I can easily get out from under the hourly routine of the family burden by walking to my office. My wife will remain under that mental, physical, and emotional load. God helps her bear up under her life’s calling, as He also does for me. But God tells us to use our heads in watching out for our “weaker partner”. If we do not, wouldn’t we be tempting God? (Deuteronomy 6:16. Matthew 4:7)

¹ Kirsten, Hans, “Birth Control As Ethical And Pastoral Problem”, Lutherischer Rundblick, 1967, p. 14

What are legitimate concerns that could prompt a Christian to use contraceptives in a way that allows God to remain God? A Christian husband may have legitimate concerns for his wife's emotional, mental, or physical health. After my wife's second miscarriage we were told by a doctor that for the sake of her physical health we should put our plans for babies on hold for a time. Obviously we didn't keep them on hold forever.

Childbearing is very hard and physically exhausting work, not to mention all the chemical and hormonal changes that take place in the mother's body. A reasonable amount of space between each addition to the family, would seem to be very wise. I stress the word "reasonable" here and add that the decision for family planning should be prayerful and not arbitrary.

Emotional and mental stress could certainly be experienced after the loss of a child. Having three or four children in diapers at the same time, could drive the sanest person to the limits of their patience. Having a family of six children may be emotionally taxing. If stress were obvious must a Christian father insist that the family expand to child number seven? My choice of numbers is arbitrary. On certain individuals emotional stress could reach the outer limits long before even six children.

Finances even come into play. God provides for us richly and daily. Does that mean a Christian couple must make all the children they biologically can so that God has His chance to provide? Some would say, "Yes! To do less is failure to trust in God's preservation." I'd like to ask those who would insist on this tenet, "Why not give the house payment or the paycheck each month to C.E.F.?" They would say, "God asks us to be good managers of our wealth. We are to use our possessions in a variety of God-pleasing ways. We are to take good care of our families (I Timothy 5:8). To give away everything and say, 'God, you handle it!', would be tempting the Lord". (Deuteronomy 6:16, Matthew 4:7).

I would agree. But also apply this stewardship to the size of a family. If a man labors at two jobs and struggles to feed six, and if he is faithful in his stewardship of wealth, does God command that he must have more children if biologically possible? God says, "Be fruitful and multiply." If a Christian husband and wife have been "fruitful", how much more can we say? In making us His managers, doesn't our Lord want us to use our hearts and heads?

In every example I've given so far, I believe contraception can be used and yet allow God to be God. When I consider that every form of contraception (short of abortion, abstinence, and sterilization) allows at least a marginal chance for conception, I realize that God has veto power even over our prayerful use of contraceptives. God remains God.

When do we play God in the use of contraceptives? When our actions and motives are not in accord with God's will we, in effect, are usurping God's authority and playing God. If our motive for contraception is basically materialistic, then we need to remember, "No one can serve two masters...you cannot serve both God and money." (Matthew 6:24). Economic considerations may be a valid reason for family planning when family needs have consumed the family income. However, there can be a major difference between what we need and what we want for ourselves. If a bigger and better home, newer cars, an investment portfolio, and a warehouse full of electronic gadgets come before God's blessing of children, whom do we serve? What kind of materialistic, selfish game do we play?

Some may use birth control as a way to say, "I don't trust you God!" They play God because, "although we're doing fine now, another baby could just be too much for us." I'm reminded that our God asks us to trust Him. "Daily bread", protection, help; all come from Him. St. Paul once asked, "He who did not spare his own Son, but gave him up for us all - how will he not also, along with him, graciously give us all things?" (Romans 8:32) If the use of contraception hides a lack of trust, what statement are we making to God with continued use?

Contraceptives are not for the unmarried Christian or for use outside of marriage. Abstinence is God's prescribed form of birth control for the unmarried. Such sexual abstinence keeps the body unadulterated and eliminates the problem of conceiving children outside of wedlock. If contraceptives are used to promote "trouble free" immorality, then its users are in rebellion against God.

Contraceptives should not be used with the intent to arbitrarily eliminate the prospect of children. God tells His people to be "fruitful". The Psalmist reminds us, "Sons are a heritage from the Lord, children a reward from him...Blessed is the man whose quiver is full of them" (Psalm 127:3&5). Our God is no liar. Children are

a blessing from Him. They are a reward to any Christian family. Why would anyone want to eliminate a loving God's blessing from their home? Wouldn't it be presumptuous to consider ourselves wiser and more loving than the Lord? To eliminate the prospect of children in a Christian marriage, is to be that presumptuous.

Now a new concern: are we playing God if we use the "Pill" or an "Intrauterine Device (IUD)" to prevent pregnancy? In order to understand why there may be problems with the use of the "Pill" or an IUD, you must understand how contraception works. To prevent pregnancy one of the following must be interrupted or avoided: ovulation, fertilization, and/or implantation of a fertilized egg. We are not presented with a moral problem if a product keeps an egg from developing or prevents sperm from fertilizing. However, when a fertilized egg is chemically prevented from implanting itself in the womb, now we have many questions to answer.

As the pastors here are aware our WELS Lutherans For Life are saying that to prevent implantation is another form of abortion. They state that life is conceived when an egg is fertilized and that to humanly interfere with it receiving food and shelter in the womb is a form of murder. In an interview with my wife's gynecologist, I was led to believe that information we received in the brochure, "Silent Abortions" was yellow journalism. Our doctor told me that the "Pill" and IUD were meant to interrupt ovulation and avoid fertilization. In a less specific way, Ann Landers would agree with our "baby" doctor.

DEAR ANN LANDERS: I am 20 years old and have been married for one year to a wonderful man. I went off the birth control pill four months ago because my husband and I were concerned about the possible effects on my health.

Recently I read a disturbing article in a magazine stating that birth control pills kill five times as many babies as abortion.

I always believed life began at conception and that the killing of that life was wrong. I thought birth control pills prevented conception, Ann. Do they? Please respond soon because this matter concerns me very much.

Upset In Butte

DEAR BUTTE: Birth control pills prevent conception. When there is no conception there is nothing to "kill."

It may sound like "Dear Ann" and "Dear Butte" have come to a meeting of the minds. I suspect they did not. They may have been working with two different definitions for the word "conception". Is life "conceived" when sperm penetrates egg, or when a fertilized egg becomes attached to a woman's womb? If life, by definition, doesn't begin until after implantation than the destruction of a fertilized egg won't be an abortion. You could say life was never conceived.

Now which way is it? What does God in His Word say? Is "conception" a fertilized egg or a fertilized egg that is attached to the mother's womb? Or another way of putting it, "When does human life begin?"

The Bible uses several words that could be translated "conceive" or "conception". The word most used in the Old Testament to convey the idea of conception is הָרָה. It means to "be pregnant" or "with child". When does conception begin? Is it at fertilization or implantation? You won't find your answer in this Hebrew word. When is a woman "with child"? We can only determine this *after* implantation.

Scan the Old and New Testament and you'll find most vocables used to describe "conception" are just as helpful! Consider the following:

זָרַע - "to sow", "to plant"	(When is a fertilized seed, for the garden, sown? Isn't it when it is " <i>planted</i> ".)
חָמָה - "to be hot", "to get warm"	(Used as in; "Surely I have been a sinner from birth, sinful from the time my mother got hot". Psalm 51:5)
γεννάω - "to beget", "to give birth"	(Derived from the root γένος: "to add to the family")

κοίτη - “Couch”	(Used with ἔχω the idiom literally means “to have or hold to the couch”.)
συλλαμβάνω - “to clasp” or “seize”	(When does mother’s body seize a fertilized egg and clasp it?)

I have done this word study to demonstrate how careful we must be in using Scripture to prove that “conception” in the Bible automatically means a fertilized egg. Most passages used to substantiate life in the womb, in my estimation, point to life after implantation. Many passages that faithfully support a Biblical pro-life or anti-abortion stand should not be used to determine that life begins at fertilization. Yes, John the Baptist was referred to as a βρεφός (“a newborn baby”) while he was in Elizabeth’s womb (Luke 1:41&44). But John’s mother was also six months pregnant at the time. Was this before or after implantation? Yes, Jeremiah was set apart as a prophet for the Lord before his birth (Jeremiah 1:4-5). Yes, in His foreknowledge, the Lord says He even knew Jeremiah, “before I formed you in the womb”. Now you are at a time before fertilization. Does the passage point out the providence of God or that life begins at fertilization? It never even mentions the latter. Most passages that can be quoted to prove that human life begins in the womb, might better support an “implantation” concept of “conception”. There is definitely life after the fertilized egg is implanted in the moist, soft tissue that lines a woman’s uterus.

But what excited me most in my study, was that our wise God could foresee the day when we would face this issue (and the day I would be chosen to write this paper). He did not leave us groping or wondering. Once in each Testament (I could only find each word used once) He used a word for “conception” that puts everything we’ve read so far, into a new and different light.

In the New Testament our word is recorded in Hebrews 11:11. It seems to be an open question whether the passage has Abraham or Sarah as its subject. But the idiom in question retains its meaning: δύναμιν εἰς καταβολήν. It can mean “to conceive” or “to have power to become a father”. Either translation answers the question, “When does life really begin?” Literally the idiom means “the power to found”, “to set a foundation”, or “life’s founding” in this context. Conception is the “founding” of life: “life at its very foundation.”

You can trace back your life to its very beginnings. I appreciated a quote in the brochure, “Silent Abortions”:

When did your life begin? The answer to this question can be phrased simply by going backward in time. Before you were an adult, you were an adolescent, and before that a child, and before that an infant. Before you were an infant –i.e., before you were born– you were a fetus, and before that an embryo. Before you were an embryo, around the time of your implantation, you were a blastocyst, and before that a morula, and before that a zygote or fertilized ovum. However, you were never a sperm or an unfertilized ovum. Therefore, while life is continuous, your life began when the nucleus of your father’s sperm fused with the nucleus of your mother’s ovum, or at fertilization.²

Peruse a biology text and what you have just read is confirmed by medical Science.

As soon as a sperm enters an ovum, marked changes take place in both structures. In the sperm, the head detaches from the body, increases in size, moves toward the center of the ovum, and takes on the appearance of a typical nucleus. At this stage it is termed the *male pronucleus* (Fig. 4-4). The body and tail of the sperm soon disappear, apparently through absorption by the cytoplasm of the ovum. After entry of a sperm, the ovum completes its maturation by separation of the second polar body. The chromosomes that remain in the ovum organize into a nucleus, which is now termed the *female pronucleus*. The two pronuclei move toward each other and soon

² WELS Lutherans For Life, “Silent Abortion”, 1985, p. 2

meet and unite (Fig. 4-4). The fertilization process that started when the sperm began to enter the ovum is complete with the joining of the male and female pronuclei.

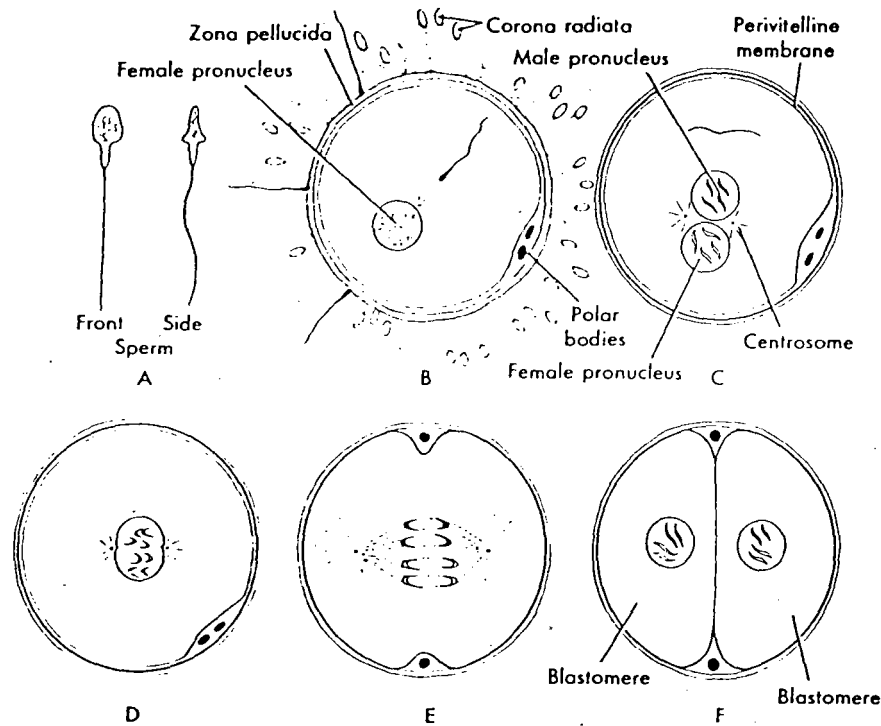


Figure 4-4. Diagram showing the fertilization of the ovum, the joining of the male and female pronuclei, the chromosomes organized on the spindle, and the two-cell stage of blastomeres. (Reprinted with permission from The Macmillan Company from *Kimber-Gray-Stackpole's Anatomy and Physiology*, 16th ed., by M. Miller and L. Leavell. Copyright © The Macmillan Company 1972.)

Union of the nuclei of an ovum and a spermatozoon results in a cell, previously nonexistent, termed a *zygote*. It is the beginning of the embryo as a single cell and is ready for the first cell division of the many that will follow in the development of a new being.³

Our Old Testament reference is Genesis 38:5. The Hebrew word of special interest in verse five is רָצַף. This section deals with Judah's Canaanite wife. We pick up the context in verse three where we read, "3 She became pregnant (הָרָה - "to conceive", "to be with child") and gave birth to a son, who was named Er. 4 She conceived (הָרָה) again and gave birth to a son and named him Onan. 5 She gave birth (רָצַף - "to conceive", "to add", "to increase", "to multiply") to still another son and named him Shelah. It was at Kezib and she gave birth to him." A more accurate translation of the start of verse 5 might be, "She conceived yet again and bore a son" (בְּן וְרָצַף עוֹד וְרָצַף). This translation would certainly follow the pattern Moses started in previous verses.

To think of "conception" as meaning "to add", "to increase" or "to multiply" suggests an interesting picture. It could be one of the mother's physical shape changing: getting bigger and bigger as mothers' tend to do when with child. But why does mother grow? Because life inside her is also "adding" and "increasing" and "multiplying." When *that* process starts you have "conception".

Pick up that biology text one more time.

³ Ziegel, Erna, "Obstetric Nursing", p. 77

CLEAVAGE, MORULA, AND BLASTOCYST

The zygote begins its development by undergoing a series of rapid mitotic cell divisions termed *cleavage*. The cells of these early divisions are called *blastomeres*. The zygote divides into two smaller cells, these two divide into four; the four into eight. Thus the process of division continues until a solid mass of blastomeres is formed, shaped something like a mulberry, and called the *morula* (Fig. 4-5).

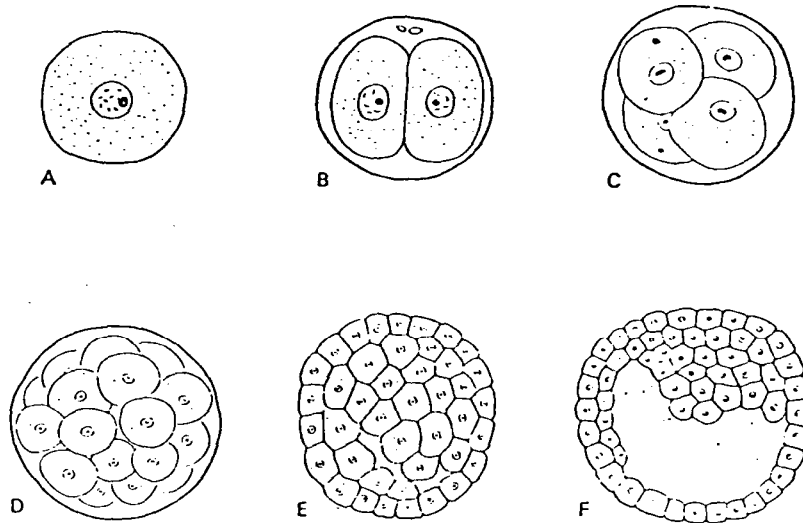


Figure 4-5. Diagram to show very early stages of mammalian development. A. One-celled embryo. B. Two-celled embryo. C. Four-celled embryo. D. Berrylike ball of cells or *morula*. E. Beginning formation of the blastocyst. F. Well-developed blastocyst, consisting of a hollow ball of *trophoblast* cells and an inner mass of cells known as the *embryoblast*. (Reprinted with permission from The Macmillan Company from *Kimber Gray-Stackpole's Anatomy and Physiology*, 16th ed., by M. Miller and L. Leavell. Copyright ©The Macmillan Company 1972.)

...Muscular contractions of the fallopian tube and perhaps ciliary action move the morula along. Movement through the tube covers a period of three to four days. The developing zygote is then free in the uterus for another two to three days, continuing its existence as a floating blastocyst, and thereafter attaches to the endometrium.⁴

On the basis of Scripture we can make a statement concerning the beginnings of life. The “foundation” of life is at fertilization, and long before implantation new life grows and increases. With a better understanding of our God’s gift of human life, we can sing with the psalmist, “You created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made...My frame was not hidden from you when I was made in the secret place...your eyes saw my unformed body” (Psalm 139:13-16).

Now if conception is synonymous with fertilization, to use a birth control process that would somehow terminate this life would be a silent abortion. Does the “Pill” or Intrauterine Device do this?

I’ve studied all the information that was sent to us by “WELS Lutherans For Life”. Information shared in that correspondence is most convincing, but could be bias propaganda put out by pro-life organizations. We have to at least consider that our “WELS Lutherans For Life” could be misinformed. My wife’s gynecologist and Ann Larders (my expert witnesses on the other side) would insist that all is well and that there is nothing to worry about. But I will let you base your conclusions on a neutral brochure put out by Ortho Pharmaceutical Corporation. My wife’s doctor hands these out in his office. It’s a pamphlet written in layman’s language and positively promotes the use of all types of contraception.

⁴ Ziegel, pp. 79,80

In the chapter entitled, “The Pill or Oral Contraception”, it reads:
The Pill or oral method of contraception consists of taking a pill by mouth on a regular basis.

Most pills are a combination of two hormones (progestogen and estrogen) and are called combination oral contraceptives. There are some pills which contain only one hormone (a progestogen). These are called progestogen-only pills which are synthetic versions of the sex hormones produced normally in your body.

There is also available a newer concept in combination oral contraception—the bi-phasic contraceptive. This oral contraceptive was specifically designed to provide an appropriate hormonal balance for both phases of the cycle.

In the pill that contains both hormones (combination pills), the estrogen prevents pregnancy primarily by stopping the development of the egg in the ovary. The progestogen changes the mucus in the cervix and helps prevent the sperm from reaching the egg. Also, the lining of the uterus does not become fully developed so that even if an egg does ripen and is fertilized, there is little likelihood that it would become implanted.

Another type of pill (often called progestogen-only pills) contains only progestogen. The progestogen prevents the development of the egg in some women. However, pregnancy may also be prevented by changes in the cervical mucus or the lack of development of the endometrium (the lining of the uterus).⁵

When dealing with “The IUD or Intrauterine Device”, it states:

The IUD is a small, flexible device that is inserted by a health practitioner into the uterus. It can be plastic wrapped with copper wire, or plastic impregnated with a hormone. IUD’s come in different sizes and shapes. All have a “tail” of plastic thread that extend through the cervix to the upper vagina. How the IUD prevents pregnancy is not completely understood. Some believe that the presence of the IUD may speed up the normal contractions of the fallopian tubes so that when the fertilized egg reaches the uterus, the endometrium is not ready to receive it and the egg is discharged with the next menstrual flow. It is also possible that the IUD simply causes changes in the uterus which prevent a fertilized egg from implanting.⁶

I believe that more study needs to be done on this subject. If the material from “WELS Lutherans For Life” is still sitting on your desk at home, I’d suggest you take a day and thoroughly digest it. I believe (I’m not a doctor) they are right in labeling the “Pill” and IUD as abortifacients. This will deeply wound the hearts of some of our people who, in ignorance, have used them. As more study is done, and more information is distributed to our congregations, be ready to comfort God’s people. How thankful I am for Christ, who died for sins I recognize...and for those I don’t realize.

Do People Play God Who Use In Vitro Fertilization?

You are probably more familiar with the term “test-tube birth” than you are with in vitro fertilization. Both terms refer to the same process. “In vitro” literally means “in glass”.

You’ve read about the process and may even have a horrendous misconception of what actually happens when a baby is in a test tube. It does tend to cause people to imagine that some doctor kept a fetus alive in an artificial glass womb and then just poured it into a mother’s arms after nine months. Not even close! Only fertilization or conception occurs outside the body in a petri dish or test tube. After a number of days the live embryo is then inserted into the mother’s womb. If all goes well and the embryo implants itself, nine months

⁵ “A Guide To The Methods Of Contraception”, Ortho Pharmaceutical Corporation, pp. 6,7

⁶ “A Guide To The Methods Of Contraception”, p. 8

later you should have a baby. The first child produced by this process was Louise Joy Brown (five pounds, twelve ounces). She was born on July 25, 1978, at Oldham General Hospital, England.

The process for obtaining ripe eggs from a mother, the technology involved to promote fertilization, the care taken to maintain the life of a growing child in embryo form, is a fascinating study. There are many moral and ethical questions that accompany each stage of the process. I would suggest that such questions be covered in a paper dealing only with in vitro fertilization.

I would like to deal with one moral question surrounding in vitro fertilization. Remember that at fertilization life begins. Now the question: "Of all eggs fertilized by the in vitro process, how many babies are successfully implanted and born?" Another question akin to the first: "If conceived children are being destroyed by experimentation, then aren't those involved actually killing some in the hope that it will result in the birth of one?"

In vitro fertilization is not an exact science. Doctor Patrick C. Steptoe made 200 attempts before the successful birth of the Brown's baby. You may assume that the process is far more effective today than it was in the 70's. I would like to share some current information with you.

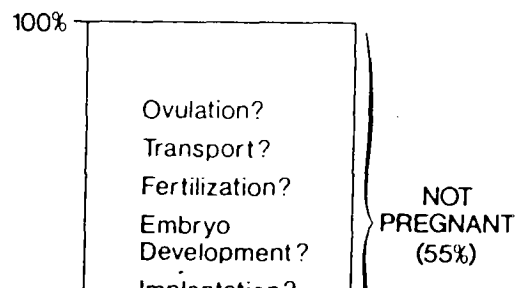
In a January, 1985, article on the need for careful psychological screening of prospective in vitro parents, the author asks, "How realistic is the couple about the chance for success with IVF? Do they recognize the small chance of success or do they appear overinvested in believing treatment must work and that they will achieve pregnancy?"⁷

In another recent article, exploring the use of ultrasound equipment as an aid to embryo transfer, the following was confessed; "Programs for in vitro fertilization of human oocytes and embryo transfer...have been established at many centers throughout the world. A growing literature for pioneer groups, established centers, and newer programs have a common theme: despite success with egg recovery, fertilization, and cleavage, most transferred embryos fail to implant."⁸

Dr. Michael R. Soules M.D. chided his brothers in the medical profession for inflating success rates in IVF programs. He begins talking about natural human reproduction and its success rate and then makes a comparison with in vitro fertilization.

The conception rate per menstrual cycle for a normal couple of reproductive

EFFICIENCY OF NATURAL HUMAN REPRODUCTION (per cycle)



⁷ Freeman, Ellen, "Psychological Evaluation and Support In A Progr Sterility, January, 1985, p. 49

⁸ Streckler, Ronald, "Ultrasound Guidance For Human Embryo Tran

age having unprotected intercourse is nearly 50%, with a viable pregnancy rate approaching 25% (Fig. 1). These figures for natural conception at first appear to be high, but they have been substantiated by several demographic studies. Natural pregnancies can be broken down into three basic types: (1) clinically unrecognized spontaneous abortions—a transient increase in serum human chorionic gonadotropin (hCG) levels, sometimes referred to as “chemical pregnancies”; (2) recognized spontaneous abortions (at 6 to 20 weeks’ gestation); and (3) viable pregnancies. The three types of pregnancies cited occur with IVF conceptions as well and with about the same ratios as noted in Figure 1. The overall IVF pregnancy rate has advanced rapidly but has not yet reached the level of natural conception.⁹

Figure 1 The percentage of normal women who conceive per menstrual cycle and the outcome of these pregnancies.

It may surprise you that God is so selective in granting children through the natural reproductive process. What happens when man and his technology try playing God? According to Dr. Soules:

An overall 13% viable pregnancy rate (1209 pregnancies) per active IVF cycle was tabulated. Another acceptable way to present the IVF pregnancy rate is to state the pregnancy rate per IVF cycle per number of embryos transferred. The current pregnancy rate as calculated in this manner is 10% viable pregnancies per single embryo transfer, 15% pregnancies per two embryos transferred, and 19% pregnancies per three embryos transferred.¹⁰

As you can see, the success rate for in vitro fertilization is dependent on the number of fertilized eggs placed in the mother. In another article that appeared in February of this year, a larger sampling of in vitro statistics revealed that the percentage rate of success also increased if more eggs were fertilized, allowing for a greater selection.

Table 7. Pregnancies per Treatment Cycle (n) in Relation to Number of Oocytes Collected¹¹

⁹ Soules, Michael R., “The In Vitro Fertilization Pregnancy Rate: Lets Be Honest With One Another”, *Fertility and Sterility*, April, 1985, p. 511

¹⁰ Soules, p. 512

¹¹ Wood, Carl, “Factors Influencing Pregnancy Rates Following In Vitro Fertilization And Embryo Transfer”, *Fertility and Sterility*, February, 1985, p. 248

Oocytes collected	n	Pregnancies	%
1	229	10	4.4
2	259	26	10.0
3	247	38	15.4
4	173	37	21.4
5	114	18	15.8
6	40	8	20.0
7	18	4	22.2
8	8	2	25.0
9	4	1	25.0
10	2	0	0.0
11	3	1	33.3
Total	1097	145	13.2

If you read “table 7” properly you get an idea of how many fertilized eggs, how many children, die to produce a “test-tube baby”. Look at the statistics. The percentages in the far right column represent the number of pregnancies compared to the number of mothers in treatment cycle. Read the statistics another way. Multiply the number of fertilized eggs by the mothers involved and then get a percentage rate of success. How many conceived children die due to this manipulation of human reproduction? How many very little children are washed down the drain; used for experimentation before the implantation and then discarded; frozen for future research and development?

In an excellent paper entitled “The Moral And Scriptural Principles Concerning Test-Tube Babies”, Pastor John Gawrisch examines a “Pandora’s Box” of adverse consequences which may accompany IVF research. Here is a sampling: “the genetic selection or manipulation of early embryos; the transfer of nuclei from adult individuals to early embryos, or cloning; extracorporeal gestation, or bring the embryo all the way to viability in the laboratory; the effect on the unity of the family; the desensitizing or dehumanizing effect on investigators; and the psychological effect of being a test tube baby on the child.”¹²

I have given you but a taste of the moral problems connected with in vitro fertilization. This process is meant to do something good; to give children to the childless. For this reason some say in vitro should not be compared with abortion. But innocent children are being killed in the procedure. If you totaled up the one cycle of in vitro experimentation, pictured in the graph provided, you would discover that of the 3,261 laboratory conceptions only 145 children were successfully implanted. How many of these pregnancies were viable? How many of these ended in spontaneous abortion (a miscarriage)? I trust God’s wisdom when planting seed in the womb. Man is not God. Are so many killed in the name of science, or to pass on a family name, or to make some doctor’s name great? The One who is rightly named the Lord God must frown in heaven when men masquerade as the Creator.

Are We Playing God When We Use Sperm Banks or Artificial Insemination?

In this country, doctors have had the knowledge and techniques for artificial insemination since 1866. In 1979 over twenty thousand babies per year were conceived by this method and over one million Americans had been born as a result of artificial insemination. I was unable to find current figures on the subject. Obviously they would be much higher.

The technique is relatively simple. Semen is collected and introduced, by means of a syringe, into the female vagina, cervical canal, or uterus to induce pregnancy. The procedure has a high probability rate for success, depending on the semen specimen, the mother’s reproductive system, and timing of the insemination.

¹² Gawrisch, John, “The Moral And Scriptural Principles Concerning Test-Tube Babies”, October, 1980, p. 14

No one is killed by this procedure. There is no hard evidence that the semen is injured. Results would seem to say this is a safe and productive process.

Perhaps the greatest difficulty in the process is having to use the donor's sperm almost immediately. The normal life expectancy of sperm is 48 hours. Since the "50's", specimens have been frozen and then used at a later time. Frozen sperm in cattle seem hearty enough to withstand this treatment. Human sperm is more fragile. No one is quite sure of the effects freezing has on human sperm when it is put in a "bank". Some who thought the sperm of younger days would be superior to later specimens, or who "banked" their paternal power to reproduce and opted for a vasectomy, or who stored sperm early in life because of the onslaught of disease, may have expectations "cooled" in the future when their deposits are unthawed.

Artificial insemination is of two basic types: homologous, when the semen is obtained from a husband (AIH); and heterologous, when the semen is acquired from a donor (AID). Reasons for AIH may include physical or psychological difficulties that make insemination through intercourse impossible, or a deficient sperm count in a husband's ejaculation. If the latter is the case, ejaculations can be pooled and spermatozoa can be separated from the semen so that a wife can be inseminated in concentrated form.

As I look at AIH I can see some difficulties. To obtain semen samples, masturbation is normally involved. It is not the purpose of this paper to research masturbation or other alternatives for collecting sperm specimens. There wouldn't necessarily have to be problems here. At the same time there could be legitimate moral questions in the area of the Sixth Commandment.

One other thing that bothers me with the process is the possible notion by a couple that their marriage is incomplete, or the essence of marriage threatened, if they are unable to bear children naturally. The essence of marriage does not depend on childbearing. Commitment is the essence of marriage (Genesis 2:24, Matthew 19:4-6) and children are a God-given blessing. Great pressure can be placed on a relationship, unhappiness and a loss of esteem can develop if undue emphasis is placed on reproductive power. Pastor John Gawrisch, concerned with reproductive manipulation wrote:

If the childless couple recalls the promise they made before God to each other on their wedding day, "Wilt thou love her, comfort her, honor her, and keep her in sickness and in health" and "Wilt thou love him, comfort him, honor and obey him in sickness and in health", is not unforeseen infertility included?¹³

There are several problems with sperm banks. For example, in a sperm bank who has control over the use of semen? Even if specimens were given with the intent of AIH who is left with the ultimate responsibility as to whether they may be used for AID? In many cases the limits of responsibility remain undefined. And after sperm is deposited in a bank, what guarantees does a husband/donor have that when his wife comes to make a "bank" withdrawal that she will without question receive his sperm. If guidelines have not been specifically laid out, than an AIH might in reality be an AID. Who can positively know? In a financial type bank, officials never keep my money separate from that of all others even though my name is on my account. There is no problem when I cash my check and get, in reality, dollar bills deposited by someone else. Is the same true in a sperm bank?

There are even greater concerns with AID. Whether rightly used or not, words like "illegitimacy", "incest", and "adultery" are connected with AID. In many states a child conceived with donor sperm is considered by the court system as illegitimate. In other states (e.g. Georgia, Kansas, New York, Oklahoma) the opposite is true. What kind of pressure will such confusion cause the child?

With AID there is the chance of disease or genetic defects due to donor semen. If this happens who is responsible? Should parents who use AID be guaranteed a healthy baby, and can they return a "model" that proves defective?

¹³ Gawrisch, p. 25

My greatest concerns, however, are directly related to the God-given institutions of marriage and the family. I see these under attack, due to procedures like AID. Closely related to this, and chipping away at the foundation of the family, is the controversial use of surrogate mothers.

Is It “Playing God” To Manipulate The Home With AID And Surrogate Motherhood?

The Christian knows that marriage and the family are divine institutions. We can trace this back to the Garden of Eden. In Genesis chapters one and two we see our Lord laying the foundation of the home. In Genesis 2:18-24 we learn reasons for marriage and the family (companionship, etc.), see God form a wife for Adam, and listen to man’s joy in receiving Eve. Adam said, “This is now bone of my bones and flesh of my flesh.” (Genesis 2:23)

Is this simply a poetical way to express the closeness that would exist between Adam and the wife fashioned from his body? Oscar E. Feucht, in his book *Family Relationships and the Church*, sees much more in this expression. “The Hebrew words for bone (etzem) and flesh (basar) are frequently used idiomatically to express family or blood relationships.”¹⁴ I’ve checked it out and it is as Feucht says (Genesis 29:14, Judges 9:2, II Samuel 5:1 *Look at Hebrew*). In Genesis 1:23 then, he sees the institution of the family.

I think more naturally we see God’s institution of marriage and the family in Genesis 2:22 where we read, “Then the Lord God...made a woman...and he brought her to the man.” The divine act causes Moses, by inspiration, to write, “For this reason a man will leave his father and mother and be united to his wife and they will become one flesh”.

Why did God go to all this trouble? Secure marriages and solid family units were to be the very foundation of society. Husbands, wives, and children would enjoy security, trust, love, and nurturing in the home. This would best serve God’s plan for the physical and spiritual development of His people.

Please realize that AID and surrogate motherhood force another wedge into the door that leads to the demise of the family.

From experience with marriage counseling, I have seen how much damage can be done to a home when a couple refuse to follow God’s guidance in their relationship. Satan doesn’t need much room in a marriage. If allowed, he will eventually construct a mansion, holding a permit to build a hut.

It may seem like a small thing, but God commands that the “two” in marriage will be as “one”. (Genesis 2:24, Matthew 19:6) There will be trouble if anyone attempts to make “three” or more into “one”. Both AID and surrogate motherhood do this.

Although we are not psychiatrists, we still need to be aware of the psychological impact, of both AID and surrogate motherhood, on a home. When childless couples adopt, the responsibility for sterility is blurred. No one is labeled as sterile. In most cases where AID or surrogate motherhood are used, either a husband or a wife are clearly labeled as having reproductive problems. The effect can be devastating. Consciously or subconsciously, resentment can build because of what is perceived as “finger pointing”. This can lead to sexual problems, rejection of the child born under these unusual circumstances, (“She’s your baby, not mine!”) and a division in the home.

What effect is there on the family and marriage when the human body becomes a reproductive machine rather than a husband or wife, a father or mother? In the use of AID and surrogate motherhood society seems more interested in the technology of reproduction than in the people involved. Could children brought into the world in this way feel more “bred” than respected and loved? Might the child be scarred never knowing its real father or mother? Instead of being viewed as a gift of God, does a child become more like a car off the assembly line? (“I paid my money. I get my kid!”) If a couple who is supposedly sterile suddenly conceive a child naturally, will a child produced, in an artificial technological way become less valued? If the child born is handicapped, who’s responsible? Bad technology gets sent back to the factory!

¹⁴ Feucht, O.E., *Family Relationships and the Church*, St. Louis: Concordia, 1970, p. 28

Always remember, too, that people are people and we must contend with their changing feelings. When AID is used a couple may consent. Later on might the husband begin to feel like his wife has been unfaithful because another man's sperm has been placed in her? In time might a wife feel she has been wronged because "another woman" has touched her home when her husband's sperm has artificially inseminated a surrogate mother? And if you choose a surrogate, what about her feelings? What if at the last minute, the surrogate changes her mind and wants to keep her baby? What if she is not so unnatural as to give up the child she bore without a fight? Does a surrogate mother get visitation rights? Does she have the right to impose her will when it comes to raising the child? How will guilt shape a woman's life and her future family, after being a surrogate and giving away her baby? People cannot ignore God's plan for marriage or the family without serious consequences.

At this point I suppose someone could argue for artificially inseminated in vitro surrogate motherhood and ask, "Isn't that just like adoption?" If the name alone doesn't prove the tangled mess this would be, no arguments previously offered or tendered in the future will combat a determined critic.

Are We Playing God With Reproductive and Genetic Engineering?

There is not a question in my mind that we are! Man is the offspring of God (Acts 17:29). Spiritually and morally, humankind was created in the image of the divine Godhead (Genesis 1:26-27) and although this image was lost in the fall (Genesis 5:3) yet by God's grace that image is regained through faith (Ephesians 4:24, Colossians 3:10) and will perfectly be restored in heaven. Physically, the first man was formed from the dust by God Himself (Genesis 2:7), and his wife was fashioned from his side (Genesis 2:21,22). Mankind, as the design of God, is "fearfully and wonderfully made" (Psalm 139:14) Viewing man as he originally came from his Creator, it is evident that our Lord is the One who "is perfect in knowledge" (Job 37:16), and man like the rest of His creation was "very good" (Genesis 1: 31).

Since the fall into sin, man has degenerated both spiritually and physically. Present generations have become heirs to ills and sufferings passed on since the fall. We use science and medicine to ease those ills, and trust our God for healing or the strength to cope when healing doesn't come (II Corinthians 12:7-10). We are also aware that in a fallen world, our Lord even uses our handicaps and troubles to bring us a harvest of good (Romans 8:28-39). That is why it frightens me when modern day scientists propose to create and redesign human beings. Who is God, anyway? What right do twentieth century Dr. Frankensteins have to play "Creator"? Such research is frightening, and we, gentlemen, are left to give witness that enough is enough.

You have probably heard of "cloning". This is an example of asexual reproductive engineering. The word "clone" is derived from the Greek κλάδος, which means "a grafting", "a twig", a "branch". Experimentation started at Cornell when carrot root cells were successfully cloned and new fully developed plants were the result. Those plants were genetically the same as the plant originally cloned.

In 1952 Drs. Robert Briggs and Thomas King, of the Institute for Cancer Research in Philadelphia, cloned a leopard frog. It developed into an identical copy of the original work of God. Since then, successful cloning has been accomplished with insects and amphibians.

To understand the cloning process, you need to realize that every cell of a living thing contains within its nucleus the exact replica of the genetic code of the entire individual. In the human, there are 46 chromosomes in each nucleus in each body cell. A sperm cell and an egg cell each contain 23 chromosomes. During fertilization, the union of these two cells results in 46 chromosomes in the fertilized egg. In cloning, the secret is to trick the egg into thinking that it has received its 46 chromosomes in the union of sperm and egg. This is done when the nucleus of the egg is removed and replaced by the nucleus of a cell meant for cloning. That's it! When successful, the egg, theoretically, would behave like a fertilized ovum, and nine months later an identical replica of the human is cloned. John Buuck writes:

Some estimate that it will be possible to have a cloned human within ten-fifteen years, although certain difficulties still persist. First, it is realized that the technique of transferring the nucleus

from a human cell to the human egg is much more difficult than from a frog. Second, there is no assurance that the development would be the same as that in other animals.¹⁵

It is true that scientists have had much more difficulty in attempts to clone mammals. To my knowledge they have not as yet been successful. But experimentation is being done with mice. If a way can be found to successfully clone “Mickey” it is just a short jump to the time when they will be able to clone me!

Does a clone have a soul? Is his soul my soul? Can my clone be “cut up for parts” when my body needs transplants? Does a clone have rights? Will a clone be raised as a child or as a “vegetable”? Is a clone considered human or is it like a growth or a tumor? I have a million other questions that I pray never need answers.

Genetic engineering may seem more harmless on the surface but do not be fooled. In 1959, two scientists, James Watson and Francis Cook, discovered the fundamental molecule of biological life - a chemical substance known as DNA (deoxyribonucleic acid). Each of your 46 chromosomes is made up of this chemical and its the DNA that carries the genetic code for all traits. In 1967, Dr. Khorana and his associates at the University of Wisconsin were the first to decipher this code.

Genes can presently be “mapped” to determine their specific function. Genetic codes can then be changed in an organism by using bacteria and viruses. We are rapidly approaching the time when we will be able to change genetic traits of individuals, altering the genetic code of over 1,000 inherited genetic disorders that are known.

Where do we go from here? Again, John Buuck in an article on biomedical ethics lists several possibilities for us. Some of these already strike dangerously near home.

Shall we continue to encourage research in this area? If we stop this kind of research, that would mean that those individuals with genetic disorders would continue to populate. But in many circumstances that also means we are allowing them to die without possibly trying to help them. There are several possibilities that might be considered. The first is to continue to attempt to treat disorders such as: diabetes, phenylketonuria, sickle-cell anemia, and tay-sachs diseases, without attempts to change the code.

The second option is known as “negative-genetics,” i.e., eliminating hereditary qualities by preventing individuals from carrying defective genes. One such technique is amniocentesis, used to identify over 70 different genetic disorders. It can be performed on a fetus between the 13th and 18th week. A needle is inserted into the abdominal wall, through the placenta into the amniotic cavity. Here amniotic fluid is drawn which will include cells flaked off from the skin. Observation of the chromosomes or chemical analysis can detect any of 70 different disorders. If the individual has one of these disorders there is a choice of aborting the abnormal individual or allowing the defective child to survive. Genetic counseling is now available in over 600 clinics scattered throughout the world. Parents can be advised of the mathematical chances of having a defective child or of having abnormalities, such as sickle-cell anemia, cysticfibrosis, etc.

A third alternative is “positive genetics,” that is, controlling the reproduction through the techniques previously mentioned (artificial insemination, artificial inovation, cloning) to assure that non-defective individuals are born.

The fourth alternative is to change the genetic code through genetic engineering, using viruses as genetic messengers to change abnormal traits. If we change abnormal traits, then one can also change eye color, intelligence, height, and other characteristics.

Shall we reengineer man to have greater brain capacity, better senses, taller, more intelligent? Who should decide whether genetic engineering should occur? Should parents have that right? The government? The scientific community? Will we get to the point where a baby

¹⁵ Buuck, John, “Biomedical Ethics, Are We Playing God”, *Academy*, 1979, p. 46

has to pass a genetic acceptability test before it is allowed to live or die? These are numerous ethical dilemmas deriving from genetic engineering. Therefore it becomes extremely important that we as individuals begin to communicate and discuss the possibilities, learning what is possible and evaluating the implications.¹⁶

Playing cowboys and Indians used to be a blast! There were few ethical questions about child's play. But when you play games with reproduction and the genetic make-up of individuals, you are playing with the minds and bodies, the lives and souls of the "Kit Carsons" and "Geronomos" of future generations. Is sinful mankind wise enough to remodel what God designs? The thought of it should make us uneasy. "Playing God" is no game for a Christian!

¹⁶ Buuck, pp. 47,48

Bibliography

- “A Guide To The Methods Of Contraception”, Ortho Pharmeceutical Corporation, October 1983
- Angus, Fay, “The Promise And Perils Of Genetic Meddling”, *Christianity Today*, May 8, 1981, pp. 26-29
- Beck, Hubert, “Biomedical Ethics A Theological Response”, *Academy*, 1979, pp. 49-70
- Buuck, John, “Biomedical Ethics, Are We Playing God”, *Academy*, 1979, pp. 39-47
- Childs, James, “In Vitro Fertilization: Ethical Aspects And Theological Concerns”. *Academy*, 1979, pp.7-20
- Frankel, Mark S., “Artificial Insemination”, *Encyclopedia of Bioethics*, New York, Macmillan, 1978, pp. 1444-1445
- Frankel, Mark S., “Sperm And Zygote Banking”, *Encyclopedia of Bioethics*, New York, Macmillan, 1978, pp. 1446-1448
- Freeman, Ellen et al, “Psychological Evaluation And Support In A Program Of In Vitro Fertilization And Embryo Transfer”, *Fertility And Sterility*, Vol.43, No. 1. January 1985
- Frerking, Kenneth, “Biomedical Ethics A Sociological Response”, *Academy*, 1979, pp. 71-82
- Gawrisch, John, “The Moral And Scriptural Principles Concerning Test-Tube Babies”, October 1, 1980
- Jackson, Wayne, “Moral Aspects Of Modern Medical And Scientific Technology”, *The Christian News*, June 24, 1985, pp. 12-13
- Kirsten, Hans, “Birth Control As Ethical And Pastoral Problem”, *Lutherischer Rundblick*, 1967, pp. 32-43
- Largey, Gale, “Reproductive Technologies - Sex Selection”, *Encyclopedia of Bioethics*, New York, Macmillan. 1978, pp. 1439-1443
- Lehmann, Richard, “Surrogate Motherhood And Test Tube Babies”, *Youthink*, Spring 1985, pp. 3-5
- Mastroianni, Luigi, “In Vitro Fertilization”, *Encyclopedia of Bioethics*, New York Macmillan, 1978, pp. 1448-1451
- McCormick, Richard A. “Reproductive Technologies: Ethical Issues”, *Encyclopedia of Bioethics*, New York, Macmillan, 1978, pp. 1454-1464
- Muenkel, Herbert, “Birth Control, Abortion, and Sterilization”, January 18, 1972
- Noonan, John T., “Contraception”, *Encyclopedia of Bioethics*, Vol. 1, New York. Macmillan, 1978

- Robertson, John A., "Reproductive Technologies: Legal Aspects", *Encyclopedia of Bioethics*, New York, Macmillan, 1978, pp. 1464-1469
- Schaumbey, Glen, WELS Lutherans For Life, correspondence on the "Pill" and IUD, May 1985
- Schwartz, Marcia et al, "Amniotic Fluid And Advances In Prenatal Diagnosis", *Clinics In Laboratory Medicine*, June 1985
- Sellers, James, "Test-Tube Conception: Troubling Issues", *Christian Century*, August 16, 1978, p. 757-758
- Sinsheimer, Robert, "Asexual Human Reproduction", *Encyclopedia of Bioethics*, New York, Macmillan, 1978, pp. 1451-1454
- Soules, Michael R., "The In Vitro Fertilization Pregnancy Rate: Lets Be Honest With One Another", *Fertility and Sterility*, Vol. 43, No. 4, April 1985, pp. 511-513
- Spuller, Robert L., "The Call For Bioethics", *Academy*, 1983, pp. 44-56
- Streckler, Ronald et al, "Ultrasound Guidance For Human Embryo Transfer". *Fertility And Sterility*, Vol. 43, No. 1, January 1985
- "Test-Tube Results", *Christianity Today*, August 18, 1978, pp. 35-37
- Wood, Carl et al, "Factors Influencing Pregnancy Rates Following In Vitro Fertilization And Embryo Transfer", *Fertility and Sterility*, Vol. 43, No. 2, February 1985
- Ziegel, Erna, *Obstetric Nursing*, New York, Collier Macmillan Limited, London, 1961, pp. 73-80