
Fertility Treatment: An Expression of Evangelical Concern

In January 1994 the Human Fertilisation and Embryology Authority published a Public Consultation Document to consider issues relating to Donated Ovarian Tissue in Embryo Research and Assisted Conception (copies available from HFEA, Paxton House, 30 Artillery Lane, London E1 7LS). We are providing below the text of the response sent to the HFEA from evangelical churches.

This response to the Public Consultation Document is made on behalf of the 1.25 million Christians and 3,000 churches comprising the British Evangelical Council and the Evangelical Alliance. Whilst there is a range of views on some matters of detail represented among the churches in these two bodies, there is a common commitment to the authority of the Bible. This we accept because Jesus put his stamp of authority on the Old Testament and commissioned the writing of the New Testament. Thus the leaders of these bodies begin with the Biblical presupposition that human life begins at fertilisation and that it is morally indefensible to destroy such a life, whatever stage of development it has reached. Whilst respecting those who reach different conclusions about the commencement of a distinct personal life, we do speak here for the overwhelming majority of evangelicals in our constituency.

Even those who do not accept a Christian world-view recognise it has provided an unparalleled foundation for the development of good medical ethics and practice for many hundred of years. The legislative frame-work based on these Biblical principles is by no means invalidated by recent advances in technology.

We have a particular interest in these issues because they involve questions of the meaning, purpose and value of human life, along with the biological and social implications of childbearing, sexuality, marriage and family. In addition, some of us are involved, professionally and voluntarily, in counselling and providing practical care for women contemplating abortion. We too are concerned about childlessness because many within our own constituency and among our 'neighbours' are infertile.

This response is based on the following principles:

1. A major plank in our Christian ethical platform is the nature of human life, so vastly unlike all other life-forms that we are described as 'created in the image of God' (Genesis 1:27). The application of this doctrine, when allied to the view that life begins at fertilisation, is that all human life must be cherished and protected and that human embryos, as living human beings, also demand our utmost respect and care. We are not cogs in a mechanistic universe, nor are we merely biological material. To treat any human being as if they were, is simply wrong.
2. We affirm (as has the Health Secretary recently) that it is not our 'right' to have children - they are gifts from God (Psalm 127:3). We recognise that infertility can cause deep distress for many couples and are concerned to give them all the compassionate support we can. Whilst commending those forms of infertility treatment which do not involve the use of human embryos, we reject the notion that any and every technological means should be used to enable a woman to bear a child. We fear that IVF is rapidly

becoming another step down the road of consumerism, where children are about to become the ultimate product in the 'human body shop'.

3. We uphold the sanctity of the marriage relationship with its potential for procreation and family life, and with its endless opportunities for love and service (Genesis 2:24). Procreation was intended as a fruit of that most profound monogamous and permanent relationship between a wife and her husband. To bring in other people's gametes, whether sperm or ova, immediately introduces a third-party into the relationship and inevitably produces what was never intended. Since we are uneasy about IVF for husband and wife, we are decidedly opposed to IVF with ova or sperm donation.

4. The Biblical accounts of such reproductive practices and the pact between Abraham, Sarah and Hagar (Genesis 16: 1-4), are nowhere commended to us, indeed they represent a catalogue of disastrous outcomes and broken human relationships. Furthermore, we know that such donors and recipients can pretend that they have not given or received. Can deceit, however, be a proper basis for childbearing? In addition, children so conceived are denied the possibility of knowing both biological parents. We do not believe this is in the best interests of the child.

5. Because of the above arguments, we view these 'new' issues with grave concern and some alarm. The bizarre cases, widely publicised earlier this year, whereby IVF treatment was given to post-menopausal women, or where ova of ethnic origin different from that of the mother were deliberately sought and used, only serve to reinforce our great unease about developments in this area.

6. The use of ova from aborted fetuses introduces additional ethical dilemmas. Ova can only be harvested after a fairly late (approximately 20 week) abortion and presumably there must be some attempts to keep the unborn girl temporarily alive to ensure that her ova remain in good condition. Donor consent is obviously impossible. Moreover her parents, by asking for her to be aborted, have relinquished any reasonable responsibility and all proper care for her. When the putative test-tube baby grows up and asks about her own mother she must be told that her grandmother aborted her!

In this light we wish to challenge these presuppositions of the Document:

a) whereas the Document implicitly accepts IVF as normal medical treatment, we question its universal use. It is not just the excessive use of hormones, the physical and emotional demands, the high costs, or the lack of success that concern us. Our principal objection is that we remain totally opposed to any procedures that threaten the integrity of the human embryo. It is our understanding that IVF, as practised in the UK, usually includes these procedures.

b) The Document states that : 'The HFE Act has resolved the earlier debate on research on human embryos', as if everybody now supports such research. This is not true. We, and a large section of the general public, still maintain that the use of human embryos for destructive research purposes is unacceptable.

These issues highlight unwelcome trends in assisted reproduction. We do believe that moral slippery slopes exist. We note the legal changes made in 1967 which gave permission, under only limited circumstances, for abortion. That initial permission has become a current expectation, so women now expect abortion-on-demand. We fear a parallel with the HFE Act, which initially granted permission for the use of some assisted reproductive techniques to help a minority of infertile couples to have children. Now, novel addenda to these techniques are gradually, but continually, pushing back the

boundaries of public reserve, so that in the foreseeable future, unthinkable forms of IVF will become the means whereby every woman who wants a baby must have her expectations fulfilled.

We are not against research and scientific progress, but the assisted reproduction enterprise must be controlled by moral precepts, rather than by simple utility and cost-effectiveness. When these latter principles dominate, we all become less human. We would call for infertility treatments of a more ethical nature with less biological manipulation. We would call for more investigations into the cause of infertility resulting from a couple's sperm and ova. Studies into male infertility (apparently the cause of almost half of cases) demand additional research and resources. Adoption, which has honourable Biblical precedents, also requires better promotion among women considering abortion and among infertile couples.

Above all, we are concerned to uphold the dignity and sanctity of all human life and are therefore firmly opposed to the practices which the public Consultation Document proposes.

Guidelines subsequently issued by the HFEA banned human eggs from aborted foetuses being used in fertility treatment. The Chairman of the HFEA indicated, however, that their decision was largely driven by practical fears that appropriate processes are not yet perfected rather than by ethical principles. They have permitted the use of foetal ovaries for research purposes, arguing that this will improve future fertility treatment and prevent the passing-on of hereditary diseases. That permission was granted despite the fact that only 7% of respondents to the Consultation supported such procedures.

The Inscrutability of God

'Don't try to justify God'. He needs no defence. We will save ourselves a lot of heartache if we can come to terms with the inscrutability of God. By this I mean that there is something about God's dealings with us that is mysterious and impenetrable. God does not always disclose to us the reasons why certain things happen. We often torture ourselves by asking the unanswerable, 'Why?' The truth is that we do not know why, and the sooner we come to terms with that the better. I do not mean to suggest that Christians should not do some heart-searching in the presence of God after a momentous event in their lives. There is always the need for inner reflection and evaluation. There are always lessons to learn. But I am referring to the unnecessary and ongoing torture that some people inflict upon themselves in an attempt to penetrate the inscrutability of the divine will when it is utterly impossible. There is absolutely nothing wrong with replying to someone who asks 'I simply don't know'.

Frank Retief
TRAGEDY TO TRIUMPH
reflections on the St James Church
massacre at Cape Town in 1993.
