

Addressing Infertility with Compassion and Clarity

By Rev. J. Daniel Mindling, OFM Cap.

What do infertility specialists tell couples?

Hoping to find out firsthand, I called the number in a newspaper ad and joined a dozen prospective clients for an open house at a well-known fertility clinic. The clinic staff assured me that anyone could come, with or without a spouse. I am sure that I was the only Roman Catholic priest there, although street clothes gave no clue to my identity.

There were about 15 people in my group. Some came by themselves, most with their spouse. Let me say right away that my experience that evening could not be the same as the others in the room. They were yearning for a child. They were hoping that the doctors would make it possible. They had taken a big step just to be there. They were deciding whether they should entrust their hopes to this clinic. I was there only to observe.

The clinic staff explained infertility as a *medical problem*, and the couple as patients with a *treatable condition*. Testing was part of *specialized medical diagnosis*; the use of donor eggs, freezing embryos, and in vitro fertilization were *therapies to overcome infertility*; and having a baby would be a successful *treatment of the parents*. The presentation was not unlike a sales pitch, aimed to persuade prospective patients to choose this clinic for diagnosis and treatment because these doctors were experts in *reproductive medicine*.

The staff laid out treatment options. These may include corrective surgery and hormone therapy, but also in vitro fertilization, and even donor sperm or eggs. Quality control was highlighted. Doctors, we were told, select only the healthiest embryos for implantation. In the case of donor eggs or sperm, care would be taken to provide for the best “outcome.” Problematic multiple pregnancies could be dealt with, although no one clarified that this generally will involve killing one or more of their children in the womb. Clinical staff admitted that sometimes infertility is hard to treat. Patients are encouraged not to “give up.” Sometimes, they said, the most effective *treatment* is in vitro fertilization, and as part of that treatment, some embryos can be frozen for later use. Sometimes, they continued, the quality of the egg (ovum) is such that the best *treatment* is to use donor eggs.

It was striking that these “treatment options” were explained without any acknowledgement that these procedures are contrary to the dignity and exclusivity of marriage, that they most often result in the death of innocent human lives. They were not treatments that assist marital intercourse to be fruitful, but substitutions which violate the dignity of marriage and subject the unborn to mistreatment and death.

These clinics do not and cannot provide spiritual support to couples suffering from infertility, nor appropriate moral guidance about the options under consideration. Pastoral care is indispensable and irreplaceable. Consider the needs. Couples experiencing infertility may find it hard to cope with this challenge to their natural desire to be parents and establish a family, a desire celebrated at their wedding. Well meaning family and friends may add to this burden with questions or expectations. Homilies or parish social events may presume that all young married couples are

parents. Cultural expectations can be very high. Some couples experience painful isolation as their peers or other family members are caught up with the responsibility for infants and toddlers. Health conscious men and women in particular may feel that their bodies or natural methods of family planning have “let them down.” Spouses with a history of contraception or even abortion may feel overwhelmed with regret and even believe mistakenly that God is punishing them. Some may feel similar remorse after having tried in vitro fertilization and other morally illicit treatments. Some may be coping with pregnancy loss or the loss of a child after birth. Some may be losing faith or hope as they face a prolonged challenge of infertility. Some need the ministry of Church organizations as they consider adoption or other ways of nurturing and caring for children. The need for compassionate pastoral care and support is great, and few have special training to offer it.

Working with infertile couples is a pro-life and pro-marriage ministry. As the Vatican Instruction *Donum Vitae* explained in 1987, marriage promotes respect for the dignity of the child and vice versa: “The fidelity of the spouses in the unity of marriage involves reciprocal respect of their right to become a father and a mother only through each other. The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage: it is through the secure and recognized relationship to his own parents that the child can discover his own identity and achieve his own proper human development” (DV, part II). The Church also supports morally sound treatment to help married couples have children, rejoicing that “many researchers are engaged in the fight against sterility. While fully *safeguarding the dignity of human procreation* some have achieved results which previously seemed unattainable. Scientists therefore are to be encouraged to continue their research with the aim of preventing the causes of sterility and of being able to remedy them so that sterile couples will be able to procreate *in full respect for their own personal dignity and that of the child to be born*” (DV, 8).

Simply presenting couples seeking a child with a list of prohibited procedures is far from a holistic and supportive pastoral approach. Pastoral care is more than the moral evaluation of treatment alternatives. At the clinic, infertile couples will hear a scientist or doctor offering them hope for a child, and at church they must receive much more than a priest telling them no. In *Dignitas Personae* the Church recognizes that “there are those who say that the moral teaching of the church contains too many prohibitions” (36) and reminds us that “behind every ‘no’ in the difficult task of discerning between good and evil, there shines a great ‘yes’ to the recognition of the dignity and inalienable value of every single and unique human being called into existence” (37). That “yes” must be apparent in our message to infertile couples.

“You send them away with theology, but the clinic sends them home with a baby,” one person told me recently. Aside from the fact that clinics send many couples home without a baby, this protest misses a great deal of the role of the Church. She should stand with the infertile couple in solidarity, and stand up for basic human rights whenever challenged by a culture that seeks to overcome infertility at any cost, viewing children as a product or a right. As *Donum Vitae* celebrates, there are indeed methods for treating the infertile couple with full respect for the dignity of the spouses and for the life to be born. A pastoral approach to the infertile couple supports their faith, their dignity, their marriage, and their vocation. It recognizes the fruitfulness that all marriages are called to share, including marriages without the blessing of children. It offers compassion and clarity. When needed, it offers reconciliation and healing.

My visit to the clinic convinced me more than ever of the need for the Church to respond to the challenges of couples who struggle with infertility. Let us offer the light of the Gospel and the warmth of the heart of the Church to all couples who yearn for a child.

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