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Multiple Choice in Baby Making

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LIKE THE MISSISSIPPI RIVER FOLLOWING THE SPRING SNOW MELT, THE FAMILY landscape is being flooded with new technologies having to do with baby making or not making. The explosion of progress in reproductive technologies is creating choice in a dimension of life we previously consigned to destiny, namely, procreating children. Fertile women can stop baby making with Norplant, RU486, or abortion. Infertile couples can still make babies with the help of artificial insemination, in-vitro fertilization (IVF), donor semen, donor eggs, frozen embryos, and surrogate motherhood. Soon we will be able to exact quality control regarding the health and perhaps the genetic make-up of future children with the aid of genetic screening, genetic engineering, nuclear transplantation, egg fusion, cloning, selective abortion, and in-utero fetal surgery. A woman can become a mother at age 62. And if experiments in ectogenesis and interspecies gestation prove successful, a woman will be able to become a mother without herself becoming pregnant.

Technology and choice quickly translate into markets. The already nascent reproductive industry is likely to expand as new technologies open up new possibilities for baby stopping, baby making, and baby selecting. Infertility clinics will soon expand the range of services they offer; this may expand the clientele to include fertile couples and perhaps even individuals who are willing to pay for designer babies.

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Under market conditions will babies become commodities? The issue, in my judgment, is less that they might be bought and sold; rather, what is at stake is the value children will have for us when they are the result of engineering or selection in order to manufacture a superior product. Of course, parents want their children to enjoy good health. But choice at the level of reproductive technology means selecting the healthy baby and discarding the unhealthy. Of course, parents may yearn for a child with certain genetic traits or talents or abilities. But choice at the level of genetic screening for acceptable embryos or engineering for superior genetic configurations may lead to the perfect child syndrome, wherein the neighborhood children born the old-fashioned way may be led to feel inferior. Or, worse, something might go wrong – technology is seldom perfect – and something less than the perfect child will be produced, causing the parents to deprive the child of unconditional affection.

The possibility of treating children as commodities raises the specter that human dignity will be threatened. So, based upon observations of how Jesus behaved with poor and diseased outcasts, and also upon the theology of the incarnation wherein God loves the imperfect world enough to become a part of it, I submit the following as a fundamental principle: *God loves each of us regardless of our genetic make-up, and we should do likewise.*

Even those less interested than I in basing an ethic upon Jesus might hold some reverence for the enlightenment commitment to human dignity, to Immanuel Kant's dictum that we treat each person as an end and not merely as a means. My central concern here is that children – perfect or imperfect, by choice or by destiny – receive unconditional love from their parents and equal opportunities in society. I cede a certain presumptive primacy to the babies being made by reproductive technology, so that they are treated as ends in themselves and not merely as means for attaining some other social or parental values. I want an ethic that successfully places the love of children first and foremost and that orients all secondary concerns for parental fulfillment and for technological means toward this end.

I. THE CHILDREN OF MARTHA AND PHIL

One of the salient characteristics of the new situation being created by options in baby making is the increase in choice, the increased sense that people can take control of their family destiny. The advances in reproductive technology provide a sense of empowerment in the face of a biological destiny that in previous generations was a brute given. Science is providing hope. Yet with increased choice comes increased responsibility for new and delicate ethical concerns. I have found the experience of my friends Martha and Phil to be paradigmatic for many of the ethical issues surrounding reproductive technology. Their story will be instructive. So I tell it here.

"I was shooting blanks," Phil told me, meaning that the active half of his sperm seemed to be unable to penetrate and fertilize his wife's ovum. He had had a vasectomy reversal in order to ready the family for bringing children into the world. But it wasn't working. After a year of attempts with sperm concentration,

AIH (artificial insemination by husband), and other measures to assist impregnation, Phil was judged to be infertile. It was the mid-1980s and the midwest clinic helping the couple suggested alternative birth technologies.

Martha reports experiencing some confusion and even anger when she realized that she and her husband would not become parents the old-fashioned way. "I'd always wanted to have children," she said, so the infertility news came as a serious disappointment. It was comparatively less disappointing to Phil, who noted that he had undergone vasectomy before marrying Martha and had not been planning on becoming a father. Yet he and Martha are a very close couple, so he shared her initial grief and sought with enthusiasm to jump the hurdles necessary to create a family.

Martha and Phil moved to Berkeley, where for a period Martha was a student of mine. Now on the west coast they began to pursue adoption and to attend meetings of Resolve, a national organization offering referral, education, and support services for people dealing with infertility.¹ Discussions at Resolve regarding ethical issues surrounding adoption, especially private adoption, began to stir up doubts. Private adoption requires searching for a pregnant woman who might consider giving up her baby and then convincing her that these are the people with whom she should place the child. "Is this right" quizzed Phil, "to be in a position where you want a mother to give up a child?" Then typically the adopting parents provide the birth mother with financial support for four to seven months, pay medical expenses, and such. "Am I buying a baby?" Phil quizzed himself. Martha and Phil are highly reflective people and investigated the ethical ramifications of what they were doing while doing it; and the adoption process as they understood it left them feeling uneasy.

Compared to adoption, it seemed to this conscientious couple that AID (artificial insemination with donor sperm) had no greater ethical risk. The East Bay Fertility Clinic in Berkeley provided the reproductive services that led ultimately to the birth of two children by artificial insemination. The sperm donors for both Emily and Jeffrey are anonymous. I asked Phil if he had any feelings of jealousy regarding the presence of another man's sperm in his wife's body. "For me it was no big deal," he said. "In my mind I'd already separated sexual intercourse from procreation back when I got my vasectomy. I look on the donated sperm as a gift, a gift that made my family possible."

Martha told me that at first she thought nearly daily about the connection between her egg and the sperm of a strange man, wondering whether or not this might have a dramatic impact down the road. Now, with two youngsters romping around the home, she says she almost never thinks about it any more. Attending to the needs of growing children is totally occupying. She agrees with Phil: the donated sperm is a "gift."

The two of them went together for the insemination appointment. "Every-

¹Resolve, Inc., P. O. Box 474, Belmont, MA 02178.

thing was ready," Phil reported and, without pausing, went on to say, "I held her hand and then they inseminated her."

This matter of fact remark deeply impressed me. "Why did you hold her hand?" I asked.

"Because we needed to show it was the two of us doing this together," he said. The technology could be impersonal, he went on to explain; but these children are "the product of our relationship" regardless of the means of fertilization.

While a seminary student in Berkeley, Martha read widely in feminist literature, being influenced in particular by the relational epistemology and ethics of Carol Gilligan.² I asked whether the coldness or impersonalness of the reproductive technology was disruptive to the relational dimension of her life. "No," she said, quite to the contrary. She stressed that she and Phil had employed the technology as a means whereby the existing marital relationship could be enhanced by incorporating a relationship to children.

So far, so good. Now the story gets considerably more complicated. Emily, the first born, is a healthy, happy child, who could be the apple of any parent's eye. Jeffrey, equally loved and treasured by his parents, is finding life somewhat more difficult to negotiate. He has a genetic disorder known as Williams syndrome.

Affecting perhaps one in twenty thousand newborns, Williams syndrome is a genetic defect due to a missing piece of chromosome 7. Missing here is the gene producing the protein elastin that gives strength and elasticity to vessel walls. This condition is the result of a spontaneous mutation. Symptoms typically include congenital heart defects, slow physical development, mild mental retardation (IQ around 70), shortness of stature, propensity for high blood pressure, and loose joints. It is difficult for three-year-old Jeffrey to run straight down the hall without falling to one side or the other. Because knowledge of Williams syndrome is relatively new—only identified in 1961—not enough is known to predict life span. What is known is that some persons with Williams syndrome are currently in their sixties. Very few persons with Williams, it is assumed, will ever develop to where they can live and support themselves independently. Jeffrey is likely to be dependent upon his parents for support for his entire life. Now, we might ask, who will live longer?

A century or two ago, a child born with Williams syndrome, then unidentified as such, might have simply appeared as the weakling in the family. Many such children might not have survived beyond the postnatal period, and those who did certainly would not outlive their parents. They probably did not live long enough to procreate and pass the mutated chromosome 7 on to another generation. But with the aid of recent advances in medical technology, Jeffrey may outlive the parents upon whom he depends for support. Who will care for Jeffrey in his old age? What if Jeffrey as a young man decides to procreate; and what if he passes his defective chromosome 7 on to another generation? He would have a 50/50 chance of doing so. Who will care for the two generations of dependents?

²Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge: Harvard University, 1982).

I probed Phil to see if he might be holding a grudge against the man who donated the sperm. “No,” he said. He could not resent the donor. Because Williams syndrome results from a spontaneous mutation, it is not necessarily the case that the donor actually passed the defective DNA on to Jeffrey. Nevertheless, the geneticist reported the problem to the clinic, asking that the donor be told what had happened in the event that this news might influence decisions to donate in the future.

When Martha was pregnant with Jeffrey, she underwent prenatal genetic screening. The test showed no known genetic defects in the fetus. At that time no test for Williams syndrome existed, so prenatal knowledge of this disease was impossible. I asked the couple a speculative question, “If you had known at the time of genetic screening that Jeffrey would be born with Williams syndrome, would you have seriously considered an abortion?”

This was a disturbing question for Martha. “Maybe,” she conceded, “but I’m really glad that I did not have to face that decision at that time. Now that we have Jeffrey and love him, I could not conceive of not having him in our family. If I could decide now what to do back then, I would not have an abortion.”

“Did you make the right decision to pursue your family through reproductive technology?” I asked as a global question. Martha answered affirmatively and confidently. Phil too was affirmative. Then he added a piece of philosophical wisdom he had gained from theologian Joseph Sittler that he thought applied to their situation: “Make a decision and then offer up a prayer.”

II. LIBERTARIAN CHOICE VS. EGALITARIAN VALUES

The reproductive adventure of this family is packed with fascinating ethical issues, but our focus here is on one: choice. Advancing technology opened up new possibilities for Martha and Phil to create a family. Had they decided not to avail themselves of AID, this would have been a choice to frustrate a strong desire and commitment. Fully cognizant of what they were getting into, they decided to follow through with AID and accept the puzzling risks by committing themselves unconditionally to loving the children that would come into their family. Whether sitting still or taking action, they had choice. This situation leads University of Texas law professor John A. Robertson to exclaim:

Like Caesar crossing the Rubicon, there is no turning back from the technical control that we now have over human reproduction. The decision to have or not have children is, at some important level, no longer a matter of God or nature, but has been made subject to human will and technical expertise. It is now a matter of choice whether persons reproduce now or later, whether they overcome infertility, whether their children have certain genetic characteristics, or whether they use their reproductive capacity to produce tissue for transplant or embryos and fetuses for research.³

Thrilled with the opportunities provided by technological advance, Robertson

³John A. Robertson, *Children of Choice: Freedom and the New Reproductive Technologies* (Princeton: Princeton University, 1994) 5.

exhibits a touch of hubris in taking what used to be “a matter of God or nature” and subjecting it to “human will and technical expertise.” Robertson’s colossal mistake, in my judgment, is to ignore the fact that technology in the modern world has a life and a power of its own; so it is unlikely that we humans will subject it completely to “human will.” Nevertheless, he is right when he says that the flooding of new reproductive technology inundates us with choice. We are becoming overwhelmed with choice. We have no choice but to swim in a sea of choice.

When it comes to issues of choice, the American ethical psyche is schizoid. Like two house cats who sometimes hiss competitively and other times nap together as a single ball of fur, Americans operate out of two ethical visions – the libertarian and the egalitarian – that sometimes compete and other times complement. On the one hand, American culture is deeply committed to the libertarian vision which maximizes individual liberty, which assumes that each of us is born free and that the ethical or political task is to prevent criminals or government from eclipsing this freedom. Despite the fact that these values derive from the liberal vision of the eighteenth-century enlightenment, many today call this the conservative position. In complementary contrast, the egalitarian vision assumes that regardless of how we are born we are imprisoned by cultural prejudices or economic forces or political structures; so the ethical and political task of government is to liberate, to set us free. Legislation and law enforcement in behalf of equal opportunity or equal access to resources is the primary method for the egalitarians. Today, we dub this egalitarian position, also deriving from the enlightenment vision of a better world, the liberal position. It is my judgment that both the conservative-libertarian and the liberal-egalitarian camps need to attend to the threat of commodification and to defend the dignity of children.

III. PROCREATIVE LIBERTY: THE LIBERTARIAN VIEW

Robertson, mentioned above, belongs squarely in the libertarian camp. He advocates a comprehensive philosophy he calls procreative liberty. At its most general level, procreative liberty refers to the freedom either to have children or to avoid having them. Even though the freedom to choose whether or not to have a child is most frequently exercised by couples, Robertson is well aware that he is cultivating a rights-based political philosophy rooted in modern individualism. It follows that procreative liberty belongs not just to traditional married couples but also to gay and lesbian couples or even individuals.

What about the risk of commodification? He notes that the Human Genome Initiative will increase the capacity to screen out undesirable traits “by identifying new genes for carrier and prenatal testing, including, potentially, genes for alcoholism, homosexuality, and depression.”⁴ We already test fetuses in utero for such things as cystic fibrosis or Down’s syndrome and screen out the unhealthy ones by aborting those with defective genes. This method is also used to discriminate between genders, usually resulting in the aborting of female fetuses. In the future,

⁴Ibid., 150.

through selective abortion or the more sophisticated selection of embryos in vitro, couples will be able to engage in quality control by screening out potential children with undesirable genes. Past experience teaches clearly that “most affected fetuses will be discarded based on a judgment of fitness, worth, or parental convenience.”⁵ Because abortion is currently the most simple method of selection, these developments will make all pregnancies “tentative” until prenatal screening certifies that the fetus is acceptable.

The question of commodification arises at this point. Parental choice may mean that criteria such as fitness, worth, and convenience will determine which, if any, children will see the light of day. “The danger is that selection methods will commodify children in a way ultimately harmful to their welfare. Carried to an extreme, parents will discard less than ‘perfect’ children and engineer embryos and fetuses for enhanced qualities. A worst-case scenario envisages repressive political regimes using these techniques to create a government-controlled Brave New World of genetically engineered social classes.”⁶

Yet, after alerting us to the dangers of commodification, Robertson returns to his defense of individual liberty: “The perceived dangers of ‘quality control’ appear to be insufficient to remove these choices from the discretion of persons planning to reproduce.”⁷ Unless we can establish on a case-by-case basis that harm will be done to someone other than the planning parents, then the presumptive right to procreative choice requires social and legal protection. It is Robertson’s view that no religious ideals or cultural norms regarding family life are sufficient to justify restricting procreative liberty.

This doctrine of procreative liberty also seeks to protect the right to refuse to use the new technologies. Public action to prevent the birth of genetically defective or disabled offspring by mandatory means – a potential public threat as the current debate over community rating of health care insurance reveals – is not justified. Families should be permitted to have children the old-fashioned way, relying on the luck of the genetic draw, and still retain their rightful place in the communal health care system. The result will be some couples employing the new reproductive technologies to the maximum, with others continuing to accept the roll of the procreative dice.

IV. THE RELATIONAL CHALLENGE TO INDIVIDUAL CHOICE: THE EGALITARIAN VIEW

Robertson represents the libertarian side of the current values debate. On the egalitarian side we find the nuanced position of Lisa Sowle Cahill. A feminist and a Roman Catholic ethicist at Boston College, Cahill challenges the ideology of choice because it isolates the individual from society. Reproductive libertarianism leaves decisions about whether and how to combine intentional meanings with

⁵Ibid., 151.

⁶Ibid., 150.

⁷Ibid., 151.

biological ones strictly to individuals and protects them with policies of informed consent. Cahill's own position: a family ethic based on biological kinship ought not be replaced by an ethic based solely on choice.⁸

Cahill charges that practices such as donor insemination, in-vitro fertilization with donor gametes, and surrogate motherhood depend upon questionable assumptions: that choice is a universal and nearly absolute value; that individuals alone have the right to choose whether and how to recognize other moral values, such as the value of a biological relation to one's child; that trading with a donor who may be uninterested in a social relation to a child to which he or she is a co-parent is legitimized solely by its instrumental value; and that a biological asymmetry of the family parents' relation to the child will normally make no difference in family ecology. "The end result socially and morally," she fears, "is a dearth of resistance to patriarchal socializations of embodiment, including men's need for guarantees of biological paternity; women's social and self-definition through motherhood; the sale of gametes, embryos, and, in surrogacy, children; as well as the services of economically disadvantaged women."⁹

What is needed to redress this situation? Cahill recommends a reevaluation of intersubjectivity and biology as together normative for sex, marriage, parenthood, and family, a reevaluation in which biology is a subordinate but important and protected meaning in these social relations. The challenge she sees is one of reinstating the connection between the unitive and procreative dimensions of sexuality, to affirm embodiment of sexuality through the bodies of mother and father as well as children, and to make this affirmation in the context of gender equality. What she advocates here places us in the middle of the argument being pressed by the Vatican, a conversation to which we will return following some observations about the dignity of children.

V. DIGNITY CONFERRED AND DIGNITY CLAIMED

It is not my intention here to resolve the dispute between the libertarians and the egalitarians. Yet the dispute is instructive for two reasons. First, both represent deeply held ethical convictions in American culture and, in the case of Lisa Cahill, theological convictions as well. Second, both disputing parties are responding to one thing: choice. Whether we like it or not, choice has arrived on our doorstep.

Whether we invite choice more fully into our family home or try to keep it outside, my message to both libertarians and egalitarians is this: *God loves each of us regardless of our genetic make-up, and we should do likewise.* This is my proposed application of 1 John 4:11: "Beloved, since God loved us so much, we also ought to love one another." Among the ways God has manifested divine love toward us is the ministry of the incarnate Son that took him to the most humble of persons in first-century Israel: the beggars, the lepers, those crippled or blind from birth, and

⁸Lisa Sowle Cahill, *Sex and Gender and Christian Ethics* (Cambridge: Cambridge University, 1996) chapter VIII; cited here in prepublication manuscript form.

⁹Ibid.

social outcasts like adulterers or traitorous tax collectors. In addition, Jesus spoke over the stern objections of his disciples when he uttered the words, “Let the little children come to me, and do not stop them; for it is to such as these that the kingdom of heaven belongs” (Matt 19:14).

Among its many benefits, love creates dignity in the beloved. To be the object of someone’s love is to be made to feel valuable, to feel worth. Once you or I feel this sense of worth imputed to us by the one who loves us, we may then begin to own it. We may begin to claim self-worth. Worth is first imputed, then it is claimed.

It is often assumed that human dignity is innate, that it is inborn. Legally this makes sense, because such a dignity doctrine permits us in court to defend the rights of every individual regardless of how humble he or she might be. But phenomenologically this view is mistaken. Dignity – at least the sense of dignity understood as self-worth – is not simply inborn. Rather, it is the fruit of a relationship, an ongoing loving relationship. A newborn welcomed into the world by a mother and father who provide attention and affection develops a self-consciousness that incorporates this attention and affection as evidence of self-worth. As consciousness becomes constituted, this sense of worth can be claimed for oneself, and individual dignity develops.

Dignity has a proleptic as well as a relational structure – that is, it is fundamentally future oriented. The conferring of dignity on someone who does not yet in fact experience or claim it is a gesture of hope, an act that anticipates what we hope will be a future actuality. Martha and Phil conferred dignity upon their children-to-be through the loving devotion that motivated the extraordinary means they took to bring them into the world. They continue to confer dignity daily by treating their children, regardless of their children’s health, with a love that says: “You’re very valuable!” What Martha and Phil hope is that in the future, when Emily and Jeffrey become more mature, these two will claim that sense of dignity for themselves.

Our final dignity, from the point of view of the Christian faith, is eschatological; it accompanies our fulfillment of the image of God. Rather than something with which we are born that may or may not become socially manifest, dignity is the future end product of God’s saving activity that we anticipate socially when we confer dignity on those who do not yet claim it. The ethics of God’s kingdom in our time and in our place consists of conferring dignity and inviting persons to claim dignity as a prolepsis of its future fulfillment.

How does dignity function ethically? By “dignity” here I mean the enlightenment notion that a human person should be treated as an end and not merely as a means to some further end. There is nothing in this world we may value more highly than the existence and welfare of a human person. Yet human dignity understood this way may be under threat. The threat arises from the commodification of children due to the commodification of so many things surrounding the making of children. As the industry of reproductive technology expands in the free market, are we likely to treat the products – the babies being born – like other products we purchase, namely, as commodities we choose by taste and then

consume if they please us? Or, will we be able to differentiate between products and persons, consuming the former and loving the latter?

VI. DIGNITY FOR PERSONS OR DIGNITY FOR SEX?

Curiously, at this point in history it is the Vatican that champions for the world the cause of human dignity. This is curious because we normally identify the enlightenment as the torch bearer for dignity, noting that enlightenment humanism precipitated a vigorous conservative reaction by the Roman Catholic Church during the late nineteenth and early twentieth centuries. But now the baton has been passed, and it is the church who sees herself struggling to keep the dignity lamp lit as the fierce winds of impersonal technology and postmodernist relativism threaten to blow it out. Pope John Paul II warns us that in the world today “the criterion of dignity – which demands respect, generosity and service – is replaced by the criterion of efficiency, functionality and usefulness...[and this amounts to] the supremacy of the strong over the weak.”¹⁰

Perhaps at this point I should make clear where I stand regarding the forceful positions taken recently by the Vatican. In *Donum vitae*, otherwise known as *Instruction on Respect for Human Life in Its Origin and the Dignity of Procreation*, the Vatican’s Congregation for the Doctrine of the Faith appeals to dignity as its fundamental anthropological principle.¹¹ Our dignity is established because we are persons who are “endowed with a spiritual soul and with moral responsibility, and who are called to beatific communion with God.” Dignity elicits an ethic of “respect, defense and promotion” of human being. On this basis, argues *Donum Vitae*, each person has a “primary and fundamental right” to life.

The distinctively theological foundation for positing human dignity here is an assumed doctrine of creationism. This term, “creationism,” ought not be confused here with the fundamentalist Protestant school arguing for a six-day creation in opposition to standard theories of evolution. Rather, in the context of *Instruction*, it is the doctrine that God creates *de nihilo* a fresh soul for each human person at conception.¹² The document is clear: the “spiritual soul” of each person is “immediately created” by God.¹³ Human life is sacred because from the beginning – that is, from conception – it involves the creative action of God and remains forever in special relation to God. God is Lord from beginning to end, even to the end that

¹⁰Pope John Paul II, *The Gospel of Life* (New York: Random House, 1995) 42.

¹¹Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day*, Introduction 1-2; in Thomas A. Shannon, *Bioethics*, 3rd ed. (New York: Paulist, 1987). See also: Thomas A. Shannon and Lisa Sowle Cahill, *Religion and Artificial Reproduction* (New York: Crossroad, 1988).

¹²Creationism, referring to the creation of the soul at conception (or, according to some views, at birth), has been upheld since the days of Jerome in opposition to two alternative views, pre-existence and traducianism (sometimes called generationism). Origen and others held that each soul pre-exists and becomes incarnate at birth. Traducianists such as Tertullian and Gregory of Nyssa held that the human soul is transmitted by parents to children, usually through the physical act of generation. Pope John Paul II is a creationist in this sense of the term.

¹³*Instruction*, Introduction 5; in Shannon, *Bioethics*, 595.

never ends. It follows that no one can claim the right to destroy what God has created for eternity.

It follows further from this affirmation of human dignity that science and technology must be oriented toward serving human dignity. Science and technology are valuable resources, to be sure. But when it comes to values, they are dumb. In themselves they cannot show us the meaning of existence or call us to moral responsibility. "Thus science and technology require for their own intrinsic meaning, an unconditional respect for the fundamental criteria of the moral law; that is to say, they must be at the service of the human person, of his inalienable rights and his true and integral good according to the design and will of God."¹⁴ Such an assertion is more than a mere philosophical observation. Revealing the foreboding anxiety that must have led to the writing of this document, its authors announce that "science without conscience" will only lead to our ruin. The task of the church becomes, then, one of providing science with a conscience.

From the Vatican's point of view, not only does the human person as an individual have dignity, so also does the act of sexual intercourse have dignity. I find this to be a non sequitur. Yet the Vatican argues that the event in which God intervenes in human affairs to deposit a soul in the fertilized zygote imputes dignity not only to the zygote but also to the act of sexual intercourse that brought sperm and ovum into proximity. This is important to note: not only do persons have dignity, so also do certain acts, in this instance the act of sexual intercourse. This is the assumption that comes to the fore when *Donum vitae* prohibits the most innocent of the possible reproductive techniques, homologous techniques such as artificial insemination with the husband's sperm (AIH) or embryo transfer to the mother of her egg fertilized in vitro (ET).

A homologous IVF and ET procedure that is free of any compromise with the abortive practice of destroying embryos and with masturbation, remains a technique which is morally illicit because it deprives human procreation of the dignity which is proper and connatural to it.¹⁵

Because the conjugal sex act retains its own independent dignity, it takes on moral valence in two directions. In one direction, if a married couple engages in sexual intercourse then they must avoid contraception and embrace openness to forces that transcend them and determine if they will procreate a child. In the other direction, a married couple ought not pursue bringing a child into their family by any means other than sexual intercourse. I find it notable that through some slippage in logic the understandable dignity that should accrue to a human person suddenly applies not to a person but to an act.

Returning to the dignity of the child conceived, the Vatican combines the forces of grace and exhortation in support of the love of children.

Although the manner in which human conception is achieved with IVF and ET cannot be approved, every child which comes into the world must in any case

¹⁴*Instruction*, Introduction 1-2, in Shannon, *Bioethics*, 591-592.

¹⁵*Instruction* II. A.5; in Shannon, *Bioethics*, 609.

be accepted as a living gift of the divine Goodness and must be brought up with love.¹⁶

Although I am grateful to the Vatican for including this final exhortation to love children regardless of their procreative origin, I believe the unquestioned connection between the sex act and the making of a baby needs to be questioned. With the advent of improved birth control methods in the 1960s and now the exploding frontier of advancing reproductive technologies, increased choice means increased separation between sex and baby making. That the quality of sexual love enjoyed by two parents might indirectly affect the atmosphere of love in a child's household is a connection that will perdure, to be sure. But the connection between a specific sex act and the bringing of a child into the world is becoming less and less necessary. So to make an ethical argument that borrows moral capital from the rich idea of human dignity and try to make it pay duty on the moral purchase of the sex act is a form of ethical embezzlement.

It seems to me that if we press the notion of human dignity as an ethical principle to help us forage through the jungle of reproductive technology, and if we acknowledge that the connection between sexual intercourse and baby making will in the future lose its sense of necessity, then we will have to find another basis for establishing the value of sexual bonding. Sexual intercourse is not justifiable solely on the grounds that it makes babies. It must have some other more independent value. Perhaps this other value is intuitively obvious; but those of us afflicted with ethical minds find we must try to spell out what is obvious, noting that we then discover that it may not have been so obvious after all. The obvious value of sex is that it is fun. But many things are fun, and fun all by itself is insufficient to justify such a complicated phenomenon as sexual relationship. Love is involved too, and love elicits the interest of theologians.

VII. SEXUAL LOVE AND THE LOVE OF CHILDREN

Theologically, the Vatican does not have a patent on justifying ethically the value of sexual relationship. The turn of the century Russian Orthodox theologian Vladimir Solovyev offers an alternative. He emphasized that human loving has the capacity to lift the self up and go beyond itself. Love, especially sexual love, has the power to overcome egoism and self-centeredness. "Love is of importance," he writes, "not only as one of our feelings, but as the transfer of all our interest in life from ourselves to another, as the shifting of the very center of our personal life. This is characteristic of every kind of love, but *par excellence* of sex-love; it is distinguished from other kinds of love by greater intensity, by a more engrossing character, and by the possibility of more complete all-around reciprocity."¹⁷

What is the relation of such love to the begetting of children? Because sexual love has a beauty and value in and of itself, the making of babies – as important as it is – is by no means entailed in the love relationship of a man and a woman. "The

¹⁶Ibid.

¹⁷Vladimir Solovyev, *The Meaning of Love* (London: Geoffrey Bles, 1945) 30.

coincidence of a strong passion of love with the successful begetting of children is merely fortuitous," says Solovyev, "and even so is sufficiently rare; historical and every day experience proves beyond doubt that children may be successfully begotten, ardently loved, and excellently brought up by their parents, though these latter should never have been in love with each other."¹⁸ What Solovyev wants to demonstrate here is that love between parents is a most valuable thing; and its value is intrinsic, independent of its connection to giving birth to children. I appreciate this point; and I would like to go on to stress the other side of the equation, namely, that our love for children is independent of its connection to sexual love and even to such things as biological inheritance or reproductive technology. ⊕

¹⁸Ibid., 31.