

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 an open house at a fertility clinic. I am sure that I was the only Roman Catholic priest there, although street clothes gave no clue to my identity.

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 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.

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. Well-meaning family and friends may add to this burden with questions or expectations. 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. 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 spiritual and ethical guidance while they continue to

hope for a child, others may need help as they carry the cross of incurable 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.

Working with infertile couples is a pro-life and pro-marriage ministry. As the Vatican Instruction *Donum Vitae* explained, 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 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” (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 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. 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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