

## **The New Reproductive Technologies: Defying God's Dominion?**

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The Evangelist Luke tells us that when Elizabeth conceived John the Baptist very late in her life, all who heard the news responded with joy. Indeed, this improbable pregnancy is recorded as a testament to the fact that “with God

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*nothing* will be impossible.”<sup>1</sup> But when sixty-two year old Rossana Dalla Corte gave birth to a son in July, 1994, the announcement generated more heated controversy than murmured wonder. The “miracle maker” in this modern-day pregnancy is Italian fertility specialist Severino Antinori. His use of donor-assisted *in vitro* fertilization therapy in post-menopausal women such as Dalla Corte has been called everything from “morally unsettling” to “border[ing] on the Frankenstein syndrome.”<sup>2</sup> In an editorial in the Vatican newspaper *L'Osservatore Romano*, theologian Gino Concetti denounced the practice as “violating biological rhythms,” accusing participants of “putting [themselves] above the laws of nature, . . . replacing God Himself by presuming to be the demi-urge[s] of what is to be made and the arbiter[s] of ethics and the law.”<sup>3</sup> . . .

But what is really being said when the charge of “playing God” is levied? More important, in debating the appropriateness of a proposed course of action (e.g., extending *in vitro* fertilization therapy to post-menopausal patients), what weight should be given to objections that we are testing—or defying—accepted limits of human agency? In what follows, I examine three forms of the argument that the new reproductive technologies<sup>4</sup> create problematic opportunities for “playing God”; in turn, I consider objections that these technologies: 1) usurp God’s rightful dominion in human reproduction (i.e., take us “above the laws of nature”); 2) allow us to “make” what should be received as a gift; and 3) involve us in a denial of human finitude. Although these three forms are intertwined in practice, I treat them separately in order to raise up the three distinct concerns they reflect: in the first, that these technologies promote wrong relationship with God or God’s authority; in the second, that they promote wrong relationship with offspring, and in the third, that they promote wrong relationship with ourselves.

I show that none of these objections to medically assisted reproduction is persuasive by *itself*; each rests on either an insufficient or a weak foundation. Nonetheless, I acknowledge that “playing God” objections are both persistent and rhetorically powerful because of the immense importance of the questions they raise. Taken seriously, they challenge us to articulate the right relationship between divine authority and human responsibility in reproduction, they force us to discern the meaning of creatureliness and co-creativity under new circumstances. Thus, warnings not to play God can have an important parenetic function in the debate over reproductive technologies, even if the case against medically assisted reproduction requires more careful argument.

## DEFYING GOD’S PLAN FOR HUMAN REPRODUCTION

The warning against “usurping God’s dominion in reproduction” has rarely been stated more powerfully than by Paul Ramsey in *Fabricated Man*. “[W]e should not play God,” he argues, “before we have learned to be men, and as we learn to be men we will not want to play God.”<sup>5</sup> And when are we “playing God?” When we fail to honor the “parameters of human life,” when we forget that we are essentially “creatures of flesh” born of other creatures “in the midst of love.”<sup>6</sup> In ordaining that it should occur in “the marital embrace,” God endows human re-

production with a distinct dignity and with a capacity to witness to the generative covenant which defines God's primary relationship with creation. When procreation is detached from its unitive or conjugal context (e.g., when it is accomplished through *in vitro* fertilization or with the use of donated gametes) it fails to be what it is destined to be: a creaturely reflection of the mystery that "God created nothing apart from His Love; and without the divine love was not anything made that was made."<sup>7</sup> . . . Altering the structures of reproduction is wrong because we risk losing the means through which we, as a species, correctly perceive our condition as graciously created and faithfully loved by God. Still, there is more than religious piety or "right relation" at stake in resisting the new reproductive technologies. There are predictable personal and social dangers in legitimizing procreation beyond the sphere of love or removing sexual love from the sphere of responsible reproduction.<sup>8</sup> Ramsey warns of several. Once the biological and personal dimensions of procreation are separated, he argues, there are no apparent limits to the possibilities for recombination.<sup>9</sup> "Hatcheries" and "designer babies" are not mere science fiction, but the logical outcome of making reproduction a union of *intentions* rather than of *bodies*. He dismisses the objection that a natural regard for children as human beings will prove a limit in itself to what reproductive options a society will permit. Our ability to regard children properly is based precisely on our understanding of how "human parenthood is a created covenant of life."<sup>10</sup> That ability is compromised with the first "breach" of two-in-one-flesh unity.<sup>11</sup>

Moreover, scientific self-modification (or self-creation) is inherently dangerous. Those who propose radical alterations in the form of human reproduction cannot know for certain whether their interventions will prove to be of sufficient benefit to justify the risk. By the time experience reveals what effects *in vitro* fertilization has had on offspring or on the institutions of marriage and the family, children may already have been harmed and the institutions at issue irretrievably altered. Since we human beings have not proven especially wise or responsible in our domination of the earth, Ramsey sees no strong reason to believe that we will do any better with "species domination."<sup>12</sup> "Only God knows, or . . . only God could know enough to hold the future in His hands";<sup>13</sup> thus, only God's wisdom should direct human choices at a place where the future of humanity as humanity is being determined.

Finally, Ramsey warns that while the new reproductive technologies promise to make us all masters over nature, they will deliver only control of the many by the few. Echoing C.S. Lewis's observation that the "power of Man to make himself what he pleases means, as we have seen, the power of some men to make other men what *they* please,"<sup>14</sup> Ramsey sees in these technologies unprecedented opportunities for a scientific "manifest destiny." Once essential human nature becomes raw material, those who control reproductive and genetic technology control human destiny.<sup>15</sup> Eventually, "[w]e the manufactured [will] be everybody and we the manufacturers a minority of scientists and technicians."<sup>16</sup> For Ramsey, to permit a "morally blind" science—science without an anchor in the wisdom of God or nature—to define the future of humanity is a chilling prospect.

What should we make of the charge that procreation “outside the conjugal act . . . sets creation asunder?” . . .

What is really important in assessing medically assisted reproduction is whether it “entails an *inappropriate* involvement of the person,” whether, for example, such methods deny the spiritual or psychic good of the individual or a spousal relationship. Put another way, the limits of co-creation or cooperation emerge at the point where the proposed action would distort or destroy the nature of the good at issue (e.g., human reproduction as a biological *and* relational partnership). Cahill has argued persuasively that a line can be drawn on these grounds between homologous and donor-assisted methods of assisted reproduction.<sup>17</sup> Homologous intervention is a morally admissible exception to the ideal (or norm) for procreation and parenthood as “there remains a shared biological relation to a child, of two people whose committed union is expressed sexually (even if acts of sexual expression do not lead directly to conception and childbirth).”<sup>18</sup> . . .

We have to ask whether the consequences voiced by Ramsey and others (however likely to come to pass) follow directly from “laying our indefinitely tampering hands on reproduction,” that is, from procreating outside of the conjugal act. We can easily acknowledge that the new reproductive technologies have the potential to endanger the health of women and children and to alter certain core human relationships negatively. But the institution of “hatcheries” or the adoption of consumer attitudes toward children are not obvious consequences of separating the unitive and procreative dimensions of reproduction. They are more likely to result from two other factors: the abstraction of reproduction from the context of procreative responsibility, and the shift from a medical to a social rationale for reproductive therapy. That is, hatcheries will result not from our coming to think that procreative acts need not be sexual, but our coming to think that procreation need not occur in the context of a committed and responsible partnership. Likewise, it is when no normative distinction can be made in reproductive medicine between treating infertility and satisfying a desire for a child that legitimate concerns about “designer babies” arise. One might argue, of course, that these two moves follow directly from the original breach of the “one-flesh-unity” of sexual expression, but an intermediate step is needed to show why this must be the case.

Admittedly, a great deal is unknown about the long-term physical and psychosocial effects of medically assisted reproduction on offspring. Even less is known about the long-term effects of fertility treatment on women’s health and well-being. Available information suggests that the use of therapies such as *in vitro* fertilization does not pose *unacceptable* risks to women and children, although certain features of medically assisted reproduction (e.g., higher rates of Cesarean section deliveries) raise legitimate doubts about its safety.<sup>19</sup>

But suppose we concede that complete information regarding the consequences of utilizing assisted reproduction is unavailable, and that some of the information that is available suggests caution and on-going evaluation. . . . To respond this way is not to dismiss the dangers of human and scientific hubris or to deny the limits of human wisdom. It is merely to argue that the proper re-

sponse to these human factors is not helplessness but ongoing self-critique vis-à-vis the goods which we seek or the purposes we pursue. . . .

It should by now be clear why the objection that the new reproductive technologies necessarily involve a wrong and dangerous defiance of God's plan for reproduction fails to be persuasive. We need not deny some parameters set for human action by the knowable intentions of God—indeed we can appreciate the importance of seeking an understanding of reproduction as co-creation under new circumstances—to argue that a more careful analysis of medically assisted reproduction is needed to distinguish interventions which would distort or destroy the meanings of human reproduction from those which can legitimately serve them. In the same way, we can acknowledge the harmful potential of these technologies without concurring that disastrous consequences follow from an original defiance.

### BEGOTTEN, NOT MADE?

Some readers will object that the problem with the new reproductive technologies is not (or not only) that they place us in a wrong relationship with God or nature but that they place us in a wrong relationship to potential offspring. The important distinction between Elizabeth's story and the stories of "grandmother" births coming from modern fertility clinics is that in the latter the "miracle" has been planned or executed rather than witnessed. An event which ought to be blessing, gift, or grace becomes in medically assisted reproduction the intended outcome of a scientific process. Those who should be gifts bestowed upon their parents' love, the natural fruit of their parents' two-in-one-flesh unity, and the symbols of God's continued hope in the future of humanity become merely the products of a skilled technician's labor.

Oliver O'Donovan's critique of medically assisted reproduction illustrates this position well.<sup>20</sup> He does not object to the new reproductive technologies on the grounds that they breach the inseparability of relational and procreative ends in the sexual act. Indeed, he thinks it quite possible to see homologous *in vitro* fertilization as "not the making of a baby apart from the sexual embrace, but the aiding of the sexual embrace to achieve its proper goal of fruitfulness."<sup>21</sup> Rather, his concern is that the new reproductive technologies transform reproduction from "begetting" to "making." . . .

The appeal of this objection to medically assisted reproduction is obvious. Treating children as mere "commodities," products, or "parental need satisfactions" is morally distasteful. Concerns that the new reproductive technologies promote such behaviors appear frequently in both theological and secular commentaries on the new reproductive technologies.<sup>22</sup> They appear frequently enough, in fact, to suggest that this may be a decisive issue for many people.

But is the child of *in vitro* fertilization "made, not begotten"? . . . Does technical intervention into the reproductive process destroy in parents a proper sense of wonder at "how God has called [their child] out of nothing into personal being"? It is not obvious that it does. Couples who undergo medically assisted reproduction often endure many disappointments and wait a very

long time with no medical guarantees; for them the sense of wonder when they finally do give birth may be even greater than for others. Nor is it obvious that childbearing in the ordinary fashion cannot be undertaken as a project. Would-be parents have long tried various means (from choice of partner to conduct of gestation) to influence reproductive outcomes. Moreover, there is no reason to think that receiving a child “along the order of a gift” guarantees that parents will regard him or her with appropriate love and respect.

Nonetheless, O’Donovan’s point is terribly important: children ought not be thought of as products or commodities, as something owed to their parents or amenable to design, as existing to fulfill their parents’ desires or round out their possessions. We ought to resist whatever forces would erode our societal awareness of offspring as fully, equally, and uniquely human, and we ought to resist the new reproductive technologies insofar as they are such a force.

But resistance to a “production mentality” does not lie in continuing to see our offspring as “gifts”; it lies in continuing to see reproduction as a *trust*. . . . What we need to understand is that each new human life is entrusted to us, individually and communally, for our care; insofar as it is possible, each human life ought to be brought forth under conditions which honor that trust. Children ought to be brought forth by people who will attend to their well-being, take interest in their development, respect them as ends in themselves, and equip them for independent life beyond childhood. . . .

In sum, objections are often raised of the new reproductive technologies on the grounds that they involve acquiring or “making” children. We “play God” when we cease to wait for a child (for a miracle) and turn to medicine for assistance. Behind these objections are legitimate concerns about the effects of medically assisted reproduction on our attitudes toward children. But admonitions that children ought to be “begotten, not made” do not account sufficiently for the complexity of human reproduction, whether medically assisted or not. Rather, we ought to view reproduction as a trust. By so doing, we attend to the limits of co-creativity without negating the place of appropriate human agency in reproduction.

### **A SENSE OF LIMITS?**

Still, someone might argue that I am neglecting the most subtle and insidious of the temptations held out to us by the new reproductive technologies: the temptation toward self-deception. Like so many medical advances, these technologies give welcome solutions to long-suffered human problems. At the same time, they raise social expectations. Too easily we begin to slip over the line from asking medicine to help some people solve some problems to asking it to solve all problems for all people.<sup>23</sup> And when we finally demand that we be “saved from our human condition,” we have done more than simply invest medicine with divine powers. We have lost sight of what is most true about us: our finitude, our creatureliness, our ultimate dependence upon God.

Two features of medically assisted reproduction make it a particularly vulnerable site for the limitless duel of promise and demand. First, patients seeking

medically assisted reproduction are typically healthy adults who are highly motivated and committed to seeing the treatment process through to a successful outcome. The ordinary limits of time, physical stamina or capacity for discomfort which often serve to signal the appropriate end of a therapeutic process do not function well here. Each new ovulatory cycle presents a new possibility of conceiving; as long as their resources hold out, many patients cannot "quit" for this next time might be the time.<sup>24</sup>

Second, reproductive services are delivered primarily on a fee-for-service basis. Because resources have usually determined access to therapy, there has been little attention to developing general therapeutic criteria for treatment. Thus, fertility clinics differ widely as to whether they admit as patients only "clinically infertile individuals," or only married couples, or whether they admit any patient who seeks procreative services. Because these therapies often function more like consumer goods than health care goods, there is no universal agreement over whether it is *infertility* reproductive specialists should be treating or any form of involuntary childlessness. Since there is often no normative clinical distinction made between seeking medically assisted reproduction to satisfy a desire and seeking it to overcome a disability, it then becomes difficult to draw boundaries around legitimate desires. If the access category is simply a generalized "involuntary childlessness," for example, there is no obvious basis on which to distinguish "involuntary childlessness resulting from natural menopause" from "involuntary childlessness resulting from absence of a partner," from "involuntary childlessness resulting from a blocked fallopian tube." Therefore, in the context of medically assisted reproduction, the temptation to collapse "needs" and "desires" in determining appropriate care is even greater than in health care generally since the working assumption that therapy should address illness or disability is absent from the start.

But what difference does it make if we bring unlimited expectations and demands to reproductive medicine and if reproductive medicine attempts to offer satisfaction? Setting aside questions concerning the conditions under which it is appropriate to bring forth new life, are there discernible risks or losses incurred by a reproductive medicine which is motivated by the willingness to satisfy any and all human desires? We can identify at least three: First, a promise to overcome all human limitations is inherently illusory. To expect medicine to solve all human problems assumes that energy, time, and skill will eventually transcend all limitations, even those of death and disability. This is no less a lie in reproductive medicine than anywhere else. . . .

Moreover, infertility is to some extent a socially constructed impairment. The availability of technology increases the burden many patients feel to pursue all methods of conceiving a genetically related child; now, not even menopause releases the infertile woman from the "obligation" to continue trying! When reproductive medicine denies finitude, when it denies "the law of the body," it fails patients in the area where they most need assistance: in discerning what is an appropriate pursuit of fertility.

Finally, the expectations we bring to medicine help define our social priorities. As the current health care situation in the United States attests, when



we invest medicine with God-like expectations, we give it an unlimited budget. While we are waiting to be “saved from the human condition,” we are diverting moneys from the pursuit of a wide variety of goods and projects. The third risk in denying the reality of procreative finitude, therefore, lies in its contribution to this wider problem. Reproductive care is only one area in which we do not have a clear sense of what needs and desires medicine ought to be addressing. However, where large investments are being made in the pursuit of a complex combination of needs and desires, and the technology is still comparatively new, it is a logical candidate for critical assessment in light of social needs. How to go about such an assessment is too complex a question to address here. The important thing is simply to acknowledge the problematic relationship between expectations and investments.

So, there is something important to be taken from the suggestion that reproductive medicine may be caught up in an unhealthy denial of human limitation. . . .

But as we saw earlier, acknowledging the reality or necessity of parameters (or in this case the value of charity) merely *initiates* reflection. What remains to be offered is 1) some framework for distinguishing when reproductive medicine is “assisting in the courageous effort to conceive,” and when it is “encouraging self abuse”; 2) some means for defining the proper scope of reproductive medicine (e.g., by drawing a line around “unjust” or “untimely” reproductive impairments); 3) some principle for interpreting the “laws of the body” in this context; and 4) some suggestion concerning how procreative services might be weighed against societal needs and interests. . . .

## CONCLUSION

. . . I have shown that Ramsey’s objection that procreation outside the conjugal act “plays God” fails to be persuasive without some further argument, as do other sorts of claims about “playing God.” Nonetheless, the exhortation not to exceed creaturely limits appears for good reason in debates over the new reproductive technologies. We can doubt whether the parameters of human responsibility are as clearly marked out or the obligations of co-creativity so obvious in the area of assisted reproduction as Ramsey or O’Donovan assume. And we can disagree on the conditions under which medicine ceases serving and begins violating those parameters or breaching those obligations. Still, the warning that there are some things we ought not do continues to surface and garner support precisely because of the importance of what it seeks to preserve: a sense of boundaries drawn by respect for offspring as human persons, the character of parenthood as a reproductive trust, and the natural limits of our bodily and psychic natures. We need not accept admonitions about “play-ing God” as conclusions about the permissibility of medically assisted reproduction to welcome the persistent challenge they issue: that in whatever possibilities for reproduction we consider, we continue to ask what it means to be created by God and entrusted with the responsibility for furthering that creation.