

Appendix F

Religious Perspectives

It is estimated that about 60 percent of Americans, or 140 million people, belong to some established religious community. Table F-1 provides a membership estimate for the major religious groups in the United States. Table F-2 provides an overview of judgments about the licitness of reproductive technologies from the standpoint of each tradition.

This appendix both surveys these viewpoints and attempts to predict their present and future impacts on

individual choices and on community policy formulation (3).

At least three factors help determine the influence of religious viewpoints: the size of the relevant community, the authority of the current viewpoints within the community, and the unanimity and diversity of opinion in the relevant community.

The larger the community, all other things being equal, the more infertile couples there will be whose individual treatment decisions are influenced by the community's viewpoints and the more adherents there will be who address public policy formulation in light of those views. By the same token, the weight and authority of specific religious viewpoints will influence the number of adherents who draw on these views in considering public policy issues.

At one extreme are communities that emphasize the importance of individual judgments. These include religious communities such as the Baptists and the Evangelical. At the other extreme are traditions with centralized teaching authorities, such as the Roman Catholic Church. In between are communities that formulate general policies at organized centralized meetings but that see these policies as reflections of current thinking rather than as authoritative teachings. These include the decisions of the General Conven-

**Table F-1.—Membership Estimates,
Selected Religious Groups in the United States**

Denomination	Membership
Roman Catholic Church	52,393,000
Southern Baptist Convention	14,178,000
United Methodist Church	9,405,000
Lutheran Churches	7,877,000
Jewish	5,027,000
Mormon Churches	3,602,000
Presbyterian Churches (Reformed)	3,122,000
Episcopal Church	2,795,000
Muslims	2,000,000
Greek Orthodox Church	1,950,000
United Church of Christ	1,702,000
Jehovah's Witnesses	650,000
Seventh Day Adventists	624,000
Mennonite Churches	110,000

SOURCE: U.S. Department of Commerce, *Statistical Abstract of the United States*, 106th ed. (Washington, DC: 1985).

Table F-2.—Summary Table of Religious Perspectives

	Traditional infertility workups	AIH	IVF with spousal gamete and no embryo wastage	AID	IVF with no restrictions	Surrogate motherhood
Roman Catholic	No	No	No	No	No	No
Eastern Orthodox	Yes	Yes	No	No	No	No
Anglican	Yes	Yes	Yes	•	•	No
Lutheran	Yes	Yes	Yes	No	No	No
Reformed	Yes	Yes	Yes	•	•	No
Methodist	Yes	Yes	Yes	No	No	No
Mennonite	Yes	Yes	Yes	•	•	•
Baptist	Yes	Yes	Yes	•	•	•
Evangelical	Yes	Yes	Yes	No	No	No
Adventist	Yes	Yes	Yes	•	•	No
Christian Scientist	No	Yes	No	Yes	No	Yes
Jehovah's Witness	Yes	Yes	Yes	No	No	No
Mormon	Yes	Yes	Yes	•	No	No
Orthodox Jewish	Yes	Yes	Yes	No	No	No
Conservative Jewish	Yes	Yes	Yes	Yes	Yes	•
Reform Jewish	Yes	Yes	Yes	Yes	Yes	Yes
Muslim	Yes	Yes	Yes	No	No	No

Abbreviations: AIH—artificial insemination by husband, IVF—in vitro fertilization, AID—artificial insemination by donor.

Yes = Accepted as licit.

No = Illicit.

• = Controversial or dependent licitness.

SOURCE: Office of Technology Assessment, 1988.

tion of the Episcopal Church, the General Assembly of the Presbyterian Church, and the General Conference of the United Methodist Church. Also in between are communities that emphasize the authority of leading religious scholars, while recognizing that these scholars may disagree. These include the Muslim community and the Jewish community.

The final factor to consider is the unanimity and diversity of opinion in the relevant community. The greater the diversity of opinion, the less constrained individual infertile couples will feel when confronting choices about particular treatment decisions, and the less the community in question will be able to influence public policy decisions (3).

Roman Catholic

Interventions designed to augment the possibility of procreation through normal conjugal relations are morally licit (e.g., gamete intrafallopian transfer). Infertility workups that involve masturbation are morally dubious. All forms of artificial insemination, in vitro fertilization (IVF), and surrogate motherhood are rejected as morally illicit. The desire to procreate does not justify what is morally illicit (7,21-23).

Eastern Orthodox

Infertility workups and medical and surgical treatments of infertility for married couples are advisable because of the significance of procreation. Artificial insemination by husband is morally acceptable and may even be advisable if needed, although artificial insemination by donor is rejected as a form of adultery. IVF is absolutely rejected when it involves the destruction of zygotes and is not recommended even if only one egg is fertilized. Surrogate motherhood is rejected. This teaching applies to the case when both gametes come from the married couple (who would also be the social parents) (9,16).

Interdenominational Protestant

The significance of procreation in the life of the community and in the life of individuals who want children leads to the appropriateness of society supporting the treatment of infertility for married couples so long as the treatment does not lead to a dehumanization of procreation or to a violation of covenantal relations. The most acceptable treatments of infertility are the traditional medical and surgical interventions and artificial insemination by husband. IVF using gametes from a married couple and avoiding harm to any zygotes is probably also acceptable. Artificial insemination

by donor, IVF that does not meet the stipulated requirements, and all forms of surrogate motherhood are at best morally questionable and at worst morally illicit (12,24,34,40).

These stipulations do not apply to a number of major Protestant denominations. The Pentecostalist churches, particularly the Assemblies of God, have specifically chosen not to address what they take to be social issues, such as questions surrounding the new reproductive technologies. There is no material available from such diverse groups as the Churches of Christ/Disciples of Christ, the Quakers, and the Unitarian-Universalists.

Anglican

Artificial insemination by husband and IVF using gametes from a married couple (who will also be the social parents) are morally licit. There seems to be no concern over the disposition of unused embryos in IVF. Considerable controversy surrounds the use of sperm from someone other than the husband in artificial insemination by donor and in IVF, and that issue will continue to be controversial in the near future. There is general opposition to surrogate motherhood on grounds relating to the resulting depersonalization of motherhood and to potential exploitation. This opposition would apply whether or not the surrogate mother donated the gamete or carried an implanted embryo to term (8,15,36).

Lutheran

Procreation within marriage is viewed as a positive blessing as well as a divine commandment, so the treatment of infertility is strongly encouraged. Procreative actions that take place within the general setting of a loving marital relation, even though the actual act of conception is divorced from it, are morally licit. Therefore, there is no objection to artificial insemination by husband or to IVF when it uses gametes and the womb of the married woman, and when all embryos are implanted (6,10).

Reformed (Presbyterian and United Church of Christ)

Responsible intentional procreation within marriage is viewed as religiously significant; thus medical and surgical interventions to treat infertility are generally encouraged, while contraception to avoid unintended procreation is also encouraged. There are no significant moral objections to the use of artificial insemination by husband and IVF using gametes from a mar-

ried couple (regardless of whether some embryos are not used). Artificial insemination by donor and IVF using donor gametes are more controversial, but will probably be treated as morally acceptable in the context of an infertile married couple mutually and freely choosing them. Surrogate motherhood will probably be treated as illicit, in part because of psychological and relational issues and in part because of fear of abuses (26,29,30).

Methodist

Methodists insist on the connection between procreation and conjugal sexuality only in that procreation is supposed to grow out of the physical and emotional union of a married couple. Therefore, they approve of artificial insemination by husband and IVF using gametes from a married couple, especially when all embryos are implanted. They are concerned that IVF not be used for sex selection or for the creation of experimental subjects. They are opposed to artificial insemination by donor, in vitro fertilization using donor gametes, and surrogate motherhood (25,37).

Mennonite

Both the single life and married life without children are religiously acceptable lifestyles, so there is no compelling religious need for infertile couples to pursue treatment of infertility. Such treatments are appropriate, however, if they strengthen the marital relationship and marital intimacy. Since there need be no connection between acts of conjugal sexuality and reproduction, artificial insemination by husband and IVF are acceptable. Artificial insemination by donor and (presumably) surrogate motherhood are acceptable, so long as they strengthen the marital relation and marital intimacy (14,27).

Baptist

There is no necessary connection between individual procreative acts and individual acts of conjugal sexuality. Procreation is a blessing, and a biblical attitude approves of artificial attempts to make procreation possible. This justifies traditional infertility workups and treatments. It also justifies artificial insemination by husband, artificial insemination by donor, and IVF. Some Southern Baptists may, however, oppose the use of techniques involving donor gametes. Since fetuses, especially at the earliest stages, only have anticipatory personhood, abortion concerns are irrelevant to the new reproductive technologies. In light of recent Southern Baptist statements, however, some Southern

Baptists may prefer limiting IVF to cases in which all embryos are transferred (5,35).

Evangelical-Fundamentalist

Although there is no absolute commandment on each individual couple to procreate, infertility is viewed in the Bible as a burden to overcome. This leads to a positive evaluation of infertility workups and treatments. In particular, because individual acts of procreation can be separated from each other, there are no moral objections to artificial insemination by husband or to IVF using gametes from a married couple. There is considerable controversy over artificial insemination by donor, IVF using donor gametes, and surrogate motherhood. Many oppose these techniques although they do not see them as adulterous. Others find them to be contemporary improvements over Biblical analogues. Recent Evangelical treatments support the former position (13,18).

Adventist

Given the legitimacy of separating individual acts of conjugal sexuality from individual acts of procreation, there are no moral objections to traditional workups and treatments of infertility and to artificial insemination by husband or IVF using gametes from a married couple. Artificial insemination by donor and IVF using donor gametes are more controversial, with some Adventists opposing them while Adventist institutions are using them. There is little support for commercialized surrogacy (19,31,32).

Christian Science

The best treatment for infertility is prayer that dispels the illusions that are the source of the problem. Individuals may choose to supplement that with techniques (e.g., artificial insemination) that employ neither drugs nor surgery, but techniques that do (including IVF) are inconsistent with the basic Christian Scientist viewpoint (38).

Jehovah's Witness

Infertility workups and traditional medical and surgical interventions are morally licit but are neither encouraged nor discouraged because no particular moral significance is ascribed to parenthood. Artificial insemination by husband is morally licit, as is IVF providing that the gametes come from the married couple, no zygotes are destroyed, and no blood products are used. Artificial insemination by donor, surrogate mother-

hood, and IVF (if the above conditions are not satisfied) are serious violations of some of God's fundamental laws (39).

Mormon Church

Because of their great emphasis on procreation, Mormons encourage infertility workups, traditional medical and surgical interventions, and accept artificial insemination and IVF using gametes from the married couple. While not encouraged, artificial insemination by donor is left as an option for couples. Surrogate motherhood and artificial insemination of single women are opposed. Though not explicitly addressed, the disposal of nonimplanted embryos in IVF would be problematic for many Mormons, as potentially a form of abortion (4,28).

Jewish

Because of the religious and personal significance of procreation, traditional infertility workups and treatments are encouraged, subject to the constraint of minimizing the use of masturbation. Artificial insemination by husband is acceptable, as is IVF when it uses gametes from a married couple and when all embryos are implanted. Artificial insemination by donor and IVF using gametes from a third party are more controversial. They are acceptable to Reform Judaism and are increasingly acceptable as a last alternative to Conservative Judaism, but are rejected by Orthodox Judaism (2,11,17,20).

Islamic

Because of the great significance of reproduction, Islam welcomes effective infertility workups and treatments and would not be troubled by use of masturbation. Muslims would have no problems with artificial insemination by husband and with IVF when both gametes come from a married couple and when all embryos are implanted. Artificial insemination by donor and IVF using donor sperm would be rejected on the grounds that they confuse lineage, and they might also be rejected as forms of adultery. A failure to implant all embryos in IVF might be prohibited (although not strongly) as a form of early abortion (1,33).

Other Religious Traditions

An increasing number of Asian-Americans have viewpoints rooted in such religions as Hinduism, Buddhism, and Confucianism. These are old and rich traditions, with extensive views on human sexuality, re-

production, nature, and technology. There is no evidence, however, that contemporary scholars in these traditions are attempting to apply their views to the topic of reproductive technologies.

A great many religious communities in the United States grow out of the Afro-American experience. They range in size from major segments of the Methodist and Baptist traditions to santeria and voodoo centers. No written material is available on what these religious groups think about the new reproductive technologies. In particular, it is not clear whether general Methodist and Baptist viewpoints would be equally shared by the major black Methodist and Baptist churches.

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