Artificial Wombs and Embryo Adoption

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1 Introduction

In this essay, I will offer a tentative assessment of the ethics of both embryo adoption (Heterologous Embryo Transfer-HET) and the use of an artificial uterus on the basis of currently articulated Catholic teaching. While embryo adoption is already a present reality, a discussion of an artificial uterus may seem utterly unrelated to any real possibility, akin to an ethical evaluation of using a Star Trek transporter. However, such a judgment must also reckon with contemporary developments. In 1973, viability was considered to begin at around 28 weeks gestation and neonates under 1,000 g were allowed to die, but by the year 2000 premature infants of only 18 weeks and 470 g are reported to have survived (Singer & Wells, 1984, p.131; Oderberg, 2000, p. 5). Since then, efforts by scientists to lower the threshold of viability have continued, in particular at Temple University,1 Cornell University,2 and Juntendo...

1 At Temple University, Dr. Thomas Schaffer, Professor of Physiology and Pediatrics, has developed a synthetic amniotic fluid of oxygen rich perflubron, an inert liquid that can carry more oxygen than blood. (See C.L. Leach et al. (1996). ‘Partial liquid ventilation with perflubron in premature infants with severe respiratory distress syndrome,’ New England Journal of Medicine, 335, 761–767; J.E. Salon (1997). ‘Perflubron in infants with severe respiratory distress syndrome,’ New England Journal of Medicine, 336, 660. Most premature infants die because their lungs cannot get sufficient oxygen, but Professor Schaffer’s synthetic amniotic fluid could overcome this obstacle. He has tested the liquid on premature lamb fetuses who were successfully sustained using the artificial amniotic fluid after being transferred from their mothers’ wombs. Lack of funding has thus far prevented tests on infants born prematurely (See, S. Zimmerman (2003b). ‘The fetal position: The real threat to Roe v. Wade,’ in The New Republic[Online], August 18, 2003. Available: https://ssl.tnr.com/p/docs/sub.mhtml?i=20030818&s=zimmerman081803).

2 Dr. Hung Ching Liu, Professor of Reproductive Medicine in Clinical Obstetrics and Gynecology and Professor of Clinical Reproductive Medicine at Cornell University, has “taken steps toward developing an artificial womb by removing cells from the lining of a woman’s womb and then, using hormones, growing layers of these cells on a model of a uterus. The model eventually
University in Japan. Given the technological progress that has already taken place in pushing back the limits of gestation, and given the teams of researchers working to move the threshold back even further, the advent of artificial wombs seems less science fiction and more science future.

Of special importance in accessing the moral permissibility of the use of the artificial uterus as well as embryo adoption from the vantage point of Catholic ethics, particularly the teaching of the magisterium, will be the *Donum Vitae* (Instruction on Respect for Human Life), as well as Pope John Paul II’s encyclical *Evangelium Vitae* (The Gospel of Life). These documents present the Catholic Church’s teaching on certain contemporary issues in the creating of human life including in vitro fertilization, surrogate motherhood, and embryo experimentation.

Although the official teaching office of the Catholic Church has never explicitly addressed the question of the moral permissibility of artificial wombs or embryo adoption, Catholic teaching does provide principles that could be applied to both. Indeed, although these principles might at first glance seem to imply the moral impermissibility of both practices, I believe nothing proposed by the magisterium thus far, would necessarily lead to a comprehensive condemnation of either artificial wombs or embryo adoption in all circumstances. Indeed, I believe fundamental principles of Catholic moral thought as well as accepted practice lead to the opposite conclusion.

However, in order to argue for this conclusion, several important arguments against artificial wombs and embryo adoption must first be acknowledged: (1) the IVF objection, (2) the embryo transfer objection, (3) the integrative parenthood objection, (4) the marital unity objection, (5) the surrogate motherhood objection, and finally, (6) the wrongful experimentation objection. These objections suggest