



An Evaluation of Controversial Statements in *Etica Teologica Della Vita*

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Abstract

The teachings of the Catholic Church on human sexuality, contraception and the treatment of infertility are well established and clearly explained in many Church documents, including *Humanae vitae* and *Familiaris consortio*.

In 2022, a book was published in Italian which reported on a seminar organised by an Academy of the Catholic Church about the ethics of life. Titled the Theological Ethics of Life (abbreviated 'ETV' in Italian), the conclusion of chapter VII contains statements about contraception and assisted reproductive technologies (ART) which, though somewhat difficult to interpret, appear to be controversial with regard to accepted Church teaching on these subjects.

This paper presents a detailed analysis by a group of Australian Catholic doctors and ethicists of an English translation of paragraphs 172 and 173 of ETV and concludes that they contain statements which deviate from and contradict accepted Catholic teaching on contraception and ART.

The authors also claim that a thorough up-to-date knowledge and understanding of suitable current alternatives to contraception and ART (eg in-vitro fertilisation, IVF) which are safe,

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effective, readily accessible and consistent with Catholic ethics appears to be lacking in paragraphs 172 and 173 of ETV.

The authors suggest a better understanding of currently available methods to assist with fertility care, aided by input from Catholic medical experts working in the areas of Fertility Awareness Methods (FAMs) and Restorative Reproductive Medicine (RRM) would better inform ongoing debates about contraception and ART within the Church and be of service to the Faithful who should be encouraged to pursue these alternatives which are both effective and consistent with Church teaching on human sexuality and morals.

Keywords

assisted reproductive technology, Catholic moral teaching, catholic church documents, catholic medical association, contraception, Etica Teologica Della Vita, fertility awareness methods, human sexuality, pontifical academy for life, restorative reproductive medicine

Introduction

A group of Australian Catholic doctors and ethicists (the authors/we), including experts working in the field of human sexuality and fertility, studied an English translation of statements in the two concluding paragraphs (172 and 173) of chapter VII of the book *Etica Teologica della Vita* (ETV), published by the Pontifical Academy for Life (PAL) in October 2021.

ETV deals with various bioethical topics and chapter VII discusses procreation, contraception and assisted reproductive technology (ART).

Following a detailed analysis, the authors conclude that there are controversial statements in paragraphs 172 and 173 which deviate from and contradict accepted Catholic teaching on contraception and ART.

This paper seeks to critique ETV's statements and defend Church teaching on contraception and ART, based on ethical reasoning, current medical practice and a range of Church documents.

The authors contend that current evidence-based research in fertility care supports Church teaching and provides for the morally licit and effective alternatives of modern fertility awareness methods (FAMs) and restorative reproductive medicine (RRM). These methods should be encouraged and made more accessible to the faithful.

Dissent from Church Teaching on Contraception and ART

Ever since the publication of *Humane vitae* in 1968 many scholars have attempted to justify dissent from Church teachings of this significant encyclical, especially in regard to contraception. Too often vague, obscure and confusing language, combined with questionable ethical argumentation and insufficient understanding of current medical knowledge and practice, have been used to justify such dissent (Massa 2018). Similar responses were seen following the publication of *Donum vitae* in 1987, in relation to the Church's teachings on Assisted Reproductive Technology (ART) (Wildes, 1997). These dissenting responses may have led many of the faithful to reject Church teaching whilst claiming a 'morally valid' way to do so.

Our motivation in writing this critique is concern that ETV's unclear language in chapter VII and ETV's authors' apparent unfamiliarity and/or misunderstanding of current medical practice and knowledge, may lead readers to conclude that the Church's teaching on contraception and ART can be justifiably rejected.

From the outset we would like to highlight that the English translation of the original Italian text of ETV was produced by bilingual authors of this paper, experts in the fields of bioethics and medicine, for the purpose of

this critique. Despite not being credentialed translators, the authors contend that the translation is an accurate reproduction of the original text in substance, meaning and intent, and that the critique and its conclusions are not the product of mistranslation.

To simplify reading, the critique is formatted in two sections, one for each paragraph, each with subheadings. For the sake of clarity and detail, we will closely analyse both paragraphs in groupings of sentences, carefully elucidating the problems we have identified.

Section I: Chapter 172: ETV and Contraception

1(a). What ETV Says on Contraception.

Paragraph 172 of Chapter VII contains ten sentences which focus on the use of contraception.

“172. In the light of this generative alliance expressing love and responsibility, the fundamental instance inscribed in the formulae stated by HV 10–14 can be understood. The norm always refers to a good that precedes and exceeds it. Its truth cannot be reduced to its literal wording because – while it designates a moral imperative – it symbolically attests and refers to the experience of a good that requires to be willed by us. The truth of the norm, also in HV, holds together multiple aspects: it points beyond the literal observance of a law – a law that would be purely physical¹ – by urging the married couple to combine the mystery of procreation with the answer to such gift. The responsibility of procreating requires a practical discernment that cannot coincide with the automatic application and material observance of a norm², as is evident in the practice of natural methods itself³. There are in fact conditions and practical circumstances that would make the choice to procreate irresponsible, as it is acknowledged by the magisterium of the Church itself, which precisely allows the “natural methods”. Therefore, as already happens with these methods that already employ specific techniques and scientific knowledge, there are situations where the married couple that has already chosen or will choose to welcome children, can exercise a

wise concrete case-based discernment that, without contradicting their openness to life, does not foresee the latter at that very moment. The right decision will be made by appropriately evaluating all the possible techniques by considering the specific situation of the married couple and by, of course, excluding the abortive ones. These choices are far from the “contraceptive” and anti-birth mentality righteously criticised by HV and FC⁴. In this context, the alternative between “natural” and “artificial” methods is superseded: the radical issue here lies in the concretely possible approaches of a not less demanding responsibility in regards to the gift of procreating.”⁵

1(b). Why ETV Contradicts Church Teaching on Contraception. Sentences 1 to 4 of Paragraph 172

“(1) In the light of this generative alliance expressing love and responsibility, the fundamental instance inscribed in the formulae stated by *Humanae vitae* 10–14 can be understood. (2) The norm always refers to a good that precedes and exceeds it. (3) Its truth cannot be reduced to its literal wording because – while it designates a moral imperative – it symbolically attests and refers to the experience of a good that requires to be willed by us. (4) The truth of the norm, also in HV, holds together multiple aspects: it points beyond the literal observance of a law – a law that would be purely physical – by urging the married couple to combine the mystery of procreation with the answer to such gift.”

Comment. The opening four sentences lack clarity and leave the reader in some confusion. They appear to reflect a particular hermeneutic of interpretation of doctrine that allows for a change of meaning of the truth that has been handed down.

When ETV refers to the “*generative alliance expressing love and responsibility*,” it refers to the marital act of sexual intercourse, and is saying that this marital act is the “*fundamental instance*” pertaining to *Humanae vitae*.

“*The norm*” refers to a moral norm which directs free choice by indicating which choice is good and which is bad (Grisez 1993).

Accepting this premise, it follows that the meaning and good of marital intercourse is the good which both precedes the norm and actualises it, i.e., the unity and fruitful good of marital life. In sentences 3 and 4 the ETV authors shift from taking the truth of the norm literally and using it as such, to it becoming just a symbol of marital unity. The norm is then described as being rigidly legalistic and physicalist.

In the first place, it must be acknowledged that the Church has the God-given authority to preserve and interpret truths of faith and morals. As stated in *Dei Verbum*, the Dogmatic Constitution on Divine Revelation: “Christ the Lord in whom the full revelation of the supreme God is brought to completion (see 2 Cor. 1:20; 3:13; 4:6), commissioned the Apostles to preach to all men that Gospel which is the source of all saving truth and moral teaching (*Dei Verbum*, 1965).”

The Church does recognise that these truths of faith and morality are expressed in human words that, due to cultural and temporal influences, might need to be modified at times. As the Fathers of Vatican II write: “Theologians, within the requirements and methods proper to theology, are invited to seek continually for more suitable ways of communicating doctrine to the men of their times; for the deposit of Faith or the truths are one thing and the manner in which they are enunciated, in the same meaning and understanding, is another (*Gaudium et spes*, 1965, n. 62).” The authors of ETV refer to this in stating that “*truth cannot be reduced to its literal wording*”.

However, in what follows they apply a different hermeneutic - retaining the words of the Church’s teaching in HV (regarding the inseparability of the unitive and procreative meaning of the conjugal act) but changing the truth which these words aim to express. In this way the authors of ETV appear to depart from the Church’s tradition. This significant claim, made by the authors of this

evaluation, will be defended, and explained in detail in what follows.

Sentences 5 and 6 of Paragraph 172

“(5) *The responsibility of procreating requires a practical discernment that cannot coincide with the automatic application and material observance of a norm, as is evident in the practice of natural methods itself. (6) **There are in fact conditions and practical circumstances that would make the choice to procreate irresponsible, as it is acknowledged by the magisterium of the Church itself, which precisely allows the natural methods.***” [emphasis added]

Comment. These two sentences are confused and the use of the word ‘irresponsible’ is very strong and suggestive of moral grounds for the use of contraception. Practically speaking, sentence 6 refers to circumstances in which choosing to procreate would be highly imprudent or even unloving. Grave reasons for deferring or avoiding pregnancy include war, famine, a serious maternal medical condition, or an unavoidable serious foetal health condition. The chance of pregnancy using FAM in these situations is similar to that of effective hormonal contraceptives (as covered under sentences 7 and 8), and could be viewed as unacceptably high, especially if pregnancy predisposed the mother to a life-threatening situation. A couple could prudently and justly abstain completely from intercourse to avoid a new conception. The alternative is to use a modern FAM such as the Billings Ovulation Method, Sympto-Thermal Method and Creighton Model System to strictly limit coitus to the postovulatory phase. In this regard, the Sympto-Thermal Method has the advantage of using temperature in addition to other biomarkers to confirm that ovulation has occurred. Hilgers has proposed a variant of the Creighton Model System in which coitus is limited to the post-ovulatory phase as defined by a Family Planning Progesterone Level. Hilgers has established that a Day 3 post-peak serum

progesterone of 3.1 ng/ml or greater indicates with almost absolute certainty that ovulation has passed, and therefore intercourse confined to this part of the luteal phase is associated with a pregnancy rate approaching zero (Hilgers et al. 2003). All of these options are completely in line with *Humanae vitae*. However, if the couple saw their difficult situation as justifying the use of contraception or sterilization, this would be problematic in 2 ways: both methods are morally wrong in themselves per se as per *Humanae vitae* 16 and, in any case, do not exclude the possibility of pregnancy. Similarly, very strict use of a FAM as explained above may also carry a very small chance of pregnancy. However, such a choice is not necessarily ‘irresponsible’ as some couples would be prepared to take a very small risk, approaching 0%. Furthermore, ETV implies that choosing to procreate may be irresponsible but not the act of intercourse, thereby promoting separation of the unitive and procreative aspects of the conjugal act.

In sentences 1 to 4 we observed the moral norm reduced to a symbol regarded as being both physicalist and legalistic. Reducing the norm to symbolism opens the door to personal experience and the hard case which, in turn, drives a need to change Church teaching.

In sentences 5 and 6 the rationale for using fertility awareness methods to recognise the infertile phase is subsequently used to justify contraception. The ETV authors refer to ‘irresponsible procreat[ion]’, attributing the term or concept to ‘the magisterium of the Church itself’. However, the Church has never applied the term ‘irresponsible’ to procreation.

Humanae vitae (HV) refers only to ‘responsible parenthood’ and ‘serious reasons’ which, along with ‘due respect to moral precepts’, a couple may factor into their decision ‘not to have additional children for either a certain or an indefinite period of time (Paul VI, 1968, n. 10).’ This is consistent with Pope Pius XII’s statements from 1951 that exclusive use of infertile phases of the ovulatory cycle is acceptable only in grave circumstances (Pius XII 1951).

HV points out that ‘God has wisely ordered laws of nature and the incidence of fertility in such a way that successive births are already naturally spaced’ and the Church teaches ‘that each and every marital act must of necessity retain its intrinsic relationship to the procreation of human life (Paul VI, 1968, n. 11).’

HV states: “This doctrine, often expounded by the magisterium of the Church, is based on the inseparable connection, established by God, which man on his own initiative may not break, between the unitive significance and the procreative significance which are both inherent to the marriage act. The reason is that the fundamental nature of the marriage act, while uniting husband and wife in the closest intimacy, also renders them capable of generating new life—and this as a result of laws written into the actual nature of man and of woman. And if each of these essential qualities, the unitive and the procreative, is preserved, the use of marriage fully retains its sense of true mutual love and its ordination to the supreme responsibility of parenthood to which man is called (Paul VI, 1968, n. 12).”

In other words, according to the divinely ordained natural law and Church teaching, the unitive purpose must never be separated from the procreative purpose of the marital act of sexual intercourse.

Thus, the use of natural times of infertility is entirely different to using contraceptive-induced infertility. One is physiological and willed by God for family spacing, the other is not. Furthermore, modern Fertility Awareness Methods (FAMs) maintain the union of the procreative and unitive aspects of the conjugal act. Contraceptives separate them.

HV emphasises that sexual activity which harmonises union and procreation promotes ‘the expression and strengthening of the union of husband and wife (Paul VI, 1968, n. 11).’ Contraception in all its forms weakens this marital union and alters our understanding of human sexuality. On the contrary fertility awareness methods uphold the inherent connection between the unitive and procreative purposes of the conjugal act.

To be more specific, HV supports periodic continence as being in conformity with the objective criteria of morality, whereas it identifies contraception as an action that intends to render procreation impossible as ‘intrinsicly evil (Paul VI, 1968, nn. 14, 16).’

Continuing the Church’s constant teaching on artificial means of contraception, Pope Francis states, “We need to return to the message of the Encyclical *Humanae Vitae* of [Saint] Pope Paul VI (Francis, 2016, n. 82).” And more recently Pope Francis has insisted that “there is a need always to keep in mind the inseparable connection between the unitive and procreative meanings of the conjugal act (cf. Paul VI, *Humanae Vitae*, 12). The former expresses the desire of the spouses to be one, a single life; the latter expresses the shared desire to generate life, which endures even at times of infertility and in old age. When these two meanings are consciously affirmed, the generosity of love is born and strengthened in the hearts of the spouses, disposing them to welcome new life. Lacking this, the experience of sexuality is impoverished, reduced to sensations that soon become self-referential, and its dimensions of humanity and responsibility are lost (Francis, 2023).”

Broadly speaking, sentences 5 and 6 could be interpreted to be in line with Church teaching but that is not necessarily what they will be taken to mean.

Sentences 7 and 8 of Paragraph 172

“(7) Therefore, as already happens with these methods that already employ specific techniques and scientific knowledge, there are situations where the married couple that has already chosen or will choose to welcome children, can exercise a wise concrete case-based discernment that, without contradicting their openness to life, does not foresee the latter at that very moment. (8) The right decision will be made by appropriately evaluating all the possible techniques by considering the specific situation of the married couple and by, of course, excluding the abortive ones.”

Comment. Sentences 7 and 8 seem to promote the concept of case-by-case discernment to contracept based on two false premises: that couples using contraception remain open to life and, that effective non-embryocidal contraceptives exist. The first point has been covered in the discussion of sentences 5 and 6, and the latter point in subheading 1(c) which compares and contrasts FAM and contraception from the medical perspective.

Sentences 9 and 10

“(9) These choices are far from the “contraceptive” and anti-birth mentality rightly criticised by *Humanae Vitae* and *Familiaris consortio*. (10) In this context, the alternative between “natural” and “artificial” methods is superseded: the radical issue here lies in the concretely possible approaches of a not less demanding responsibility in regards to the gift of procreating.”

Comment. These sentences are particularly vague and difficult to interpret. However, we assume the authors of ETV are concluding that the use of contraception:

- (a) is not associated with or driven by a ‘contraceptive mentality,’
- (b) is morally and medically equivalent to using a FAM,
- (c) does not entail the renunciation of responsible parenthood.

If so, all three conclusions by the authors of ETV are incorrect.

Point (a) is discussed immediately below whilst point (b) is covered in subheading 1(c) and point (c) in the comment on sentences 5 and 6.

The authors of ETV apparently fail to recognise that the ‘contraceptive mentality’ is not something extraneous to action but is realised through and encouraged by it. Thus, the contraceptive mentality is revealed in the choice to render the unitive act infertile. It betrays the decision to withhold something

essential from one's spouse. It amounts to what John Paul II calls a 'lie', for the physical act of giving oneself totally to the other is subverted by the contraceptive choice (John Paul II, *Man and Woman He Created Them*, 2006).

In his Wednesday audiences John Paul II wrote: "It can be said that in the case of an artificial separation of these two aspects (unitive and procreative), a real bodily union is carried out in the conjugal act, but it does not correspond to the interior truth and to the dignity of personal communion – a communion of persons. The communion demands that the language of the body be expressed reciprocally in the integral truth of its meaning. If this truth be lacking, one cannot speak either of the truth of self-mastery, or of the truth of the reciprocal gift and of the reciprocal acceptance of self on the part of the person. Such a violation of the interior order of conjugal union, which is rooted in the very order of the person, constitutes the essential evil of the contraceptive act (John Paul II 1984)."

And in *Familiaris consortio* John Paul II is even more explicit:

"Sexuality, by means of which man and woman give themselves to one another through the acts which are proper and exclusive to spouses, is by no means something purely biological, but concerns the innermost being of the human person as such. It is realized in a truly human way only if it is an integral part of the love by which a man and a woman commit themselves totally to one another until death. The total physical self-giving would be a lie if it were not the sign and fruit of a total personal self-giving, in which the whole person, including the temporal dimension, is present: if the person were to withhold something or reserve the possibility of deciding otherwise in the future, by this very fact he or she would not be giving totally (John Paul II, 1981, n. 11)."

The authors of ETV also appear to have misunderstood *Familiaris consortio*, which instructs that contraception "leads to a refusal to be open to life" i.e., it cultivates a truly contraceptive mentality, and "a

falsification of the inner truth of conjugal love which is called upon to give itself in personal totality (John Paul II, 1981, n. 6)." The Apostolic Exhortation also states "the difference, both anthropological and moral, between contraception and recourse to the rhythm of the cycle...is a difference which is much wider and deeper than is usually thought, one which involves in the final analysis two irreconcilable concepts of the human person and of human sexuality (John Paul II, 1981, n. 32)."

Thus, there will always remain an unalterable and objective *difference* between FAMs and contraceptive methods which, because they are diametrically opposed, will never be overcome or 'superseded'.

1(c). Why ETV overlooks current medical evidence on contraception and FAMs.

This discussion relates to Sentences 7 and 8 of Paragraph 172.

Current medical literature suggests that hormonal contraceptives and intrauterine devices (IUDs) are the most effective contraceptives available and with 'perfect use' achieve an annual efficacy of 99+% (Trussel and Aiken, 2018). However, amongst their various modes of action, of concern is the potential for post-fertilisation effects. This includes an abortifacient effect by altering the lining of the uterus so as to inhibit implantation of the conceptus (AAPLOG, 2020). This point should form part of informed consent for women using any one of these methods but in practice is rarely mentioned and often is disregarded in the medical literature in favour of the other mechanisms of action.

It is worth noting that modern FAMs, such as the Billings Ovulation Method, Sympto-Thermal Method and Creighton Model System are also scientifically based and rigorously researched and have a 'perfect use' efficacy comparable to that of the combined oral contraceptive pill namely, 99%. In contrast and in their favour, FAMs have no embryocidal potential (Turner, 2016, 375–376; Bhargava et al., 1996, 69–74; Peragallo Urrutia et al., 2018, 591–604).

In comparison, the only contraceptives known to be non-embryocidal are barrier methods, such as the condom and diaphragm. However, the efficacy of barrier methods is likely to be inferior to that of modern FAMs with an annual pregnancy range of 2–16% with ‘perfect use’ versus 0.4–3% for modern FAMs (Trussel and Aiken, 2018).

Both the use effectiveness and the cultural acceptability of a modern FAM have been demonstrated in the context of low socioeconomic and low educational demographics. In a 21-month study of over 2000 women using Billings Ovulation Method (BOM) of whom 32% were illiterate, continuation rates at 12 months and at 21 months (76 per hundred users and 52 per hundred users respectively) exceeded continuation rates previously observed for intrauterine devices and combined oral contraceptive pills at 12 months (Indian Council of Medical Research Task Force, 1996, 69–74; Indian Council of Medical Research 1986). The inconveniences and side effects of the latter methods had diminished continuation rates. After initial instruction in BOM using symbols for the poorly educated, or letters, autonomy of charting was achieved. The cumulative pregnancy rate of 15.9 per hundred users was comparable between illiterate and literate users at 21 months, and similar to some user failure rates of barrier methods previously observed (Population Crisis Committee 1988). Cognitively impaired persons who lack autonomy and require assistance in activities of daily living would be expected to require assistance in mucus symptom interpretation and application. For those with autonomy, use of symbols and signs, perhaps with some measure of interpretative assistance may be required as in other areas of their lives. Of the three modern FAMs listed above, BOM and the Sympto-thermal method may be better suited to illiterate and cognitively impaired couples due to its simplicity of use.

This leads to a question about sentences 7 and 8: why are the authors of ETV indirectly advocating barrier contraceptives that are morally illicit and likely to be inferior in

efficacy to modern FAMs that *are* morally licit? This recommendation lacks rigorous ethical reasoning based on current medical evidence.

If we assume for a moment that hormonal contraceptives are morally licit, one need only examine their well-documented medical, social, economic and environmental effects to conclude that FAMs merit a first line recommendation because they are based on physiology, and therefore avoid all pharmacologically induced phenomena. Women seeking birth control have a right to know how to avoid these risks by using effective hormone-free methods like FAMs.

Recent medical literature suggests that the widespread use of hormonal contraception is associated with adverse effects which include (Williams et al., 2021a, 291–316; Williams et al., 2021b, 126–148):

- (a) A higher likelihood of serious illnesses such as thrombo-embolism, breast cancer, cervical cancer, inflammatory bowel disease, lupus and multiple sclerosis.
- (b) An increased risk of cystitis, bone fractures, depression, mood disorders and suicides, fatty weight gain, and female sexual dysfunction.
- (c) An increased risk of acquiring HIV with long-acting injectable contraceptives.
- (d) Sociological effects including abortion, exploitation of women, a weakening of marriage, and an increase in divorce with negative effects on children such as child poverty, poorer health, lower educational achievement, suicide risks, drug and alcohol abuse, criminality, and incarceration.
- (e) Economic impacts related to the hormonal side effects based on the cost of caring for the diseases which are linked to their use.
- (f) Environmental impacts such as the feminization and trans-gendering of male fish downstream from the effluent of city wastewater treatment plants with declining fish populations.

By contrast, modern FAMs have none of the medical, economic, and environmental impacts, and have claimed social benefits including a lower incidence of induced abortion and a lower divorce rate (Pallone et al., 2009, 147–57). The social benefits may be due to the methods or selection bias, although neither has been clearly established.

This discussion would be incomplete without mentioning that hormonal contraceptives can be used in an ethically licit way so long as it is for genuine non-contraceptive medical indications and the conditions for the ethical principle of double effect are fulfilled (Eijk et al., 2014, 112–115). For instance, the oral contraceptive pill (OCP) could be used to treat debilitating symptoms of endometriosis, ideally in the short term to minimise the risk of developing the side effects listed above. Similarly, an intrauterine contraceptive device (IUD) which releases levonorgestrel (progestogenic hormone), could be used to treat heavy menstrual bleeding and precancerous changes of the womb lining.

There are three different situations to consider:

- (a) The patient is not and does not intend to be sexually active.
- (b) The patient is or intends to be sexually active, and she and/or her husband have proven sterility e.g., previous sterilization procedure with no subsequent pregnancy.
- (c) The patient is or intends to be sexually active, and the couple have potential fertility.

In the first two situations the OCP and the hormonal IUD can be used in an ethically licit way.

The third situation falls into two distinct cases.

1. If the patient is sexually active and mindful of the abortifacient character of the treatment proposed, then such sexually active patients could, in theory, practice one of the FAMs to avoid as far as possible the abortifacient effect of the treatment. No

studies on the use of FAMs in this context have been published, however, this approach would certainly be morally licit.

2. If the patient intends the treatment to be used for birth control as well as for the management of her medical condition, then the treatment is morally problematic and puts the Catholic doctor in a difficult position. This could be managed by appeal to the principle of double effect. There are two moral agents involved, the doctor and the patient.

The doctor, in prescribing the OCP or the hormonal IUD intends the prescription for the morally sound purpose of managing a condition where the other therapeutic modalities up to that point have been unsuccessful or inappropriate to alleviate the condition. The undesired secondary effect would be the potential loss of embryonic life. This secondary effect must be proportionate to the intention of the doctor.

The other moral agent is the patient. Unless the patient agrees to learn and apply FAMs, which would be a matter for her conscience, the doctor must consider whether he or she would be enabling embryocide.

Section 2: Chapter 173: ETV and Assisted Reproductive Technology (ART)

2(a). What ETV says about assisted reproductive technology (ART)

Paragraph 173 of chapter VII also has 10 sentences which mainly deal with the treatment of infertility using ART.

“173. In this ethical and anthropological perspective, an evaluation of the various medically assisted procreation techniques (IVF) can also be included, by acknowledging in them irreducible difference¹. Therefore, in homologous medically assisted procreation in its various forms, obviously avoiding the generation of “supernumerary embryos”, procreation is not artificially separated from

sexual intercourse, because the latter is “in itself” infertile. On the contrary, the technique acts as a form of *therapy* that allows the *remediation* of infertility, without substituting intercourse, but allowing procreation.

Heterologous IVF instead significantly modifies the practical and ethical quality of the experience of the subjects involved. The male or female gamete “donor” is limiting himself or herself to providing “biological material” and emptying of meaning the symbolic function of paternity and maternity. In the “client” couple the child is not generated by one by means of the other, but only one is the genetic father or mother and this establishes within the couple a relational disequilibrium, further aggravated in “maternal surrogacy”, given the ever-increasing importance recognised in regards to the experience and significance of pregnancy.

Finally, heterologous IVF radically changes the child’s experience, by belittling its identity-forming force. Denying a child knowledge of its male or female “donor”, of its biological father or mother, truly means prohibiting it access of its origins, deceiving it in its relationship with one of the two “parents”. If instead, the child was to be told the truth, it would become difficult for it to name its father or mother, with the child living in a confusing multiplication of “paternal” and “maternal” figures. In heterologous IVF⁶, and even more so in surrogate maternity, one’s own body is reduced to a biological object and relationships are emptied of their practical and symbolical form in the name of an absolutized demand for a child, with that child becoming the son or daughter of a mere desire.”

2(b). Why ETV Fails to Consider Non-ART Approaches That Are Scientifically Validated and Morally Licit

Sentence 1 of Paragraph 173

“(1) In this ethical and anthropological perspective, an evaluation of the various medically assisted procreation techniques (IVF)

can also be included, by acknowledging in them irreducible differences.”

Comment. The opening sentence fails to mention the restorative approach to infertility, in which the underlying causes of infertility are identified and treated thereby restoring reproductive and general health in the married couple. This enables conception to occur naturally (physiologically) as a direct result of the conjugal act. By referring only to ‘various medically assisted procreation techniques,’ the authors set the stage to discuss only assisted reproductive technology such as in-vitro fertilisation (IVF).

Restorative treatments, which include Prof. Thomas Hilgers’ Natural Procreative Technology (NaProTechnology) and Prof. Pilar Vigil’s Fertility Education and Medical Management (FEMM), have numerous advantages over ARTs (Hilgers, 2004; Tham et al., 2012, 267–274; Duane et al., 2022; Vigil et al., 2017, 343–355). They can be at least as effective in achieving pregnancy, but without the high costs and ethical dilemmas associated with the handling of gametes and embryos (Peterson et al., 2019). And, whilst the majority of IVF-conceived children are healthy, IVF conception has been associated with a higher prevalence of adverse obstetric, perinatal and long-term health outcomes, including congenital anomalies, compared with pregnancies conceived naturally (Sullivan-Pyke et al., 2017, 345–353; Yamamura et al., 2023). The association appears stronger for IVF with intracytoplasmic sperm injection (ICSI), especially for foetal anomaly, for singleton and multiple pregnancy (Qin et al., 2017a, 577–597; Qin et al., 2017b, 285–301; Zheng et al., 2018, 472–482).

Single embryo IVF mitigates but doesn’t completely eliminate the association with adverse outcomes, signalling that either the method or underlying causes of infertility may confer some risk (Sullivan-Pyke et al., 2017, 345–353). Finally, restorative fertility services exist primarily to serve the health interests of their patients. On the other hand,

directors of ART corporations have a statutory duty to serve the best interests of the company and its shareholders. This entails focusing on sustainable creation of commercial value over time rather than short term maximisation of profits, considering other stakeholders such as employees, customers, and the environment, and maintaining and advancing the company's reputation and community standing ([Australian Institute of Company Directors](#)).

2(c). Why ETV Contradicts Church Teaching on ART

Sentences 2 to 4 of Paragraph 173

“(2) Therefore, in homologous medically assisted procreation in its various forms, obviously avoiding the generation of “supernumerary embryos”, procreation is not artificially separated from sexual intercourse, because the latter is “in itself” infertile. (3) On the contrary, **the technique acts as a form of therapy that allows the remediation of infertility, without substituting intercourse, but allowing procreation.** (4) Heterologous IVF instead significantly modifies the practical and ethical quality of the experience of the subjects involved.”

Comment. Sentences 2 and 3 both make the erroneous claim that when conception occurs with ART, the procreative and unitive aspects of the conjugal act remain intact. It seems to suggest that because infertility brings about a ‘natural’ separation between the unitive and procreative significance of the conjugal act, it is therefore legitimate to positively will the separation by achieving procreation independently of the unitive act. This is consistent with the authors’ claim (made above) that recourse to the naturally occurring periods of infertility to avoid pregnancy is morally equivalent to choosing infertility using contraceptives. However, as already noted, morality is a function of the will. To rationally choose to dissociate the procreative act from its unitive dimension is to form a will contrary to the divine order.

Sentences 2 and 4 introduce the terms ‘homologous’ and ‘heterologous’ in relation to treatments for infertility without reference to definitions. Paragraph 2376 of the Catechism of the Catholic Church (CCC) draws attention to the way in which ‘heterologous’ is defined in Catholic teaching ([Catechism of the Catholic Church, 1994](#)). The term ‘heterologous’ is used to refer to techniques of artificial insemination and fertilisation that involve the use of donated gametes (sperm and/or eggs) or a surrogate’s uterus. Heterologous techniques accomplish the dissociation of husband and wife by the intrusion of persons other than the couple ([Donum vitae, 1987, II 1](#)).

By contrast, homologous artificial insemination and fertilisation are defined in CCC paragraph 2377 as involving only the married couple. Both homologous and heterologous techniques are considered morally unacceptable because they dissociate the sexual act from the procreative act. In other words, procreation *is* separated from sexual intercourse, contrary to the authors’ claim in sentences 2 and 3.

This is clearly illustrated by considering the steps involved with artificial insemination (AI) and in-vitro fertilisation (IVF). With AI, sperm are normally collected from the husband (AIH) or sperm donor (AID) by masturbation or the husband wearing a condom during intercourse.

The sperm are injected into the woman’s upper genital tract, either the cervix, uterus and/or Fallopian tubes. Conception occurs within the mother’s body (in-vivo fertilisation) but not as a direct result of the conjugal act. During IVF, sperm is collected similarly, eggs (oocytes) are retrieved by ultrasound-guided needle aspiration of the ovaries, and both are combined in a laboratory dish with culture medium to bring about conception outside the mother’s body, hence the term in-vitro fertilisation (IVF). In CCC heterologous methods are regarded as more morally culpable because they betray the spouses ‘right to become a father and a mother only through each other’ ([Donum vitae, 1987, II 1, I 1](#)).

Two other techniques of assisted *in-vivo* conception are worthy of mention namely, Gamete Intra-Fallopian Transfer (GIFT) and Natural Egg Sonographic Transfer (NEST) (Kelly, 1988, 6–7; McLean, 1988, 18–24; Scarisbrick, 1993, 34). GIFT separates the sexual act from procreation whilst NEST maintains the unity of both components. At the present time, GIFT is rarely if ever practiced. It entails the collection of sperm and eggs and use of minimally invasive surgical techniques that directly place gametes in the Fallopian tube(s), resulting in *in-vivo* conception. NEST is an experimental technique for overcoming infertility due to the absence or otherwise untreatable occlusion of both tubes. It involves ultrasound-guided egg retrieval followed by intrauterine egg transfer and natural coitus. This technique is morally licit as it allows conception to occur *in-vivo* as a direct result of the conjugal act. Unfortunately, no data is available as the uptake in research centres has been limited. It is worth noting that restorative surgical techniques, for instance microsurgical or laparoscopic tuboplasty, may correct tubal causes of infertility (Chua et al., 2017).

The term ‘supernumerary embryos’ is also undefined. The implication is that of ‘excess’ potentially unwanted embryonic humans which signifies that they may not complete the intrauterine and postnatal phase of their life.

One of the ethical concerns of IVF is the enormous and deliberate wastage of embryos resulting from several factors: intentional discarding as a quality control measure (embryo selection), embryo death from freezing and thawing associated with embryo storage, the planned overproduction of embryos to increase pregnancy rates, and because of preimplantation genetic diagnosis or prenatal testing and abortion (Tonti-Filippini, 2013, 103). Natural cycle IVF with fresh embryo transfer (i.e., transfer of every embryo conceived in each cycle without cryopreservation) avoids the ethical issues associated with embryo storage and selection. These include embryo donation, experimentation, preimplantation testing, sale, and destruction. Nevertheless, natural cycle IVF remains morally problematic in ways already described.

Sentences 5 to 10 of Paragraph 173

“(5) The male or female gamete “donor” is limiting himself or herself to providing ‘biological material’ and emptying of meaning the symbolic function of paternity and maternity. (6) In the “client” couple the child is not generated by one by means of the other, but only one is the genetic father or mother and this establishes within the couple a relational disequilibrium, further aggravated in “maternal surrogacy”, given the ever-increasing importance recognised regarding the experience and significance of pregnancy. (7) Finally, heterologous IVF radically changes the child’s experience, by belittling its identity-forming force. (8) Denying a child knowledge of its male or female “donor”, of its biological father or mother, truly means prohibiting it access to its origins, deceiving it in its relationship with one of the two “parents”. (9) If instead, the child was to be told the truth, it would become difficult for it to name its father or mother, with the child living in a confusing multiplication of “paternal” and “maternal” figures. (10) In heterologous IVF, and even more so in surrogate maternity, one’s own body is reduced to a biological object and relationships are emptied of their practical and symbolical form in the name of an absolutized demand for a child, with that child becoming the son or daughter of a [mere] desire.”

Comment. We agree with the authors of ETV in their critique of the ethical problems associated with heterologous IVF presented in these six sentences. However, no mention is made of the significant moral problems associated with homologous IVF and that frozen embryos, whether the result of homologous or heterologous IVF, are halted in their further development and prevented from establishing any human relationships. There is also no mention of the effects of such techniques on the couple.

With homologous ART, ‘the act which brings the child into existence is no longer an act by which two persons give themselves

to one another, but one that “entrusts the life and the identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children (*Catechism of the Catholic Church*, 1987, II 5).”

Donum vitae also states, “Under the moral aspect procreation is deprived of its proper perfection when it is not willed as the fruit of the conjugal act, that is to say, of the specific act of the spouses’ union.... only respect for the link between the meanings of the conjugal act and respect for the unity of the human being make possible procreation in conformity with the dignity of the person (*Donum vitae*, 1987, II 4).”

In addition to these problems, heterologous ART, infringes the child’s right to be born of a father and mother known to him or her and bound to each other by marriage, and betrays the spouses’ “right to become a father and a mother only through each other (*Donum vitae*, 1987, II 1).”

2(d). Why ETV Calling ART ‘Therapy’ Is Problematic

Sentence 3 of Paragraph 173

“(3) On the contrary, **the technique acts as a form of therapy that allows the remediation of infertility**, without substituting intercourse, but allowing procreation.” [emphasis added]

Comment. Sentence 3 mistakenly claims that ART is ‘a form of therapy that allows the remediation of infertility.’ However, ART achieves pregnancy without restoring reproductive health because it completely bypasses that part of the natural reproductive system responsible for conception.

The capacity of IVF to ameliorate childlessness, albeit in a minority of infertile couples who undertake it, is exceptional in modern medical practice in the sense that the desired biological outcome, a baby, is achieved

without restoring function in the body system responsible for that outcome namely, the reproductive system (*Tonti-Filippini*, 2013, 83). Expressed in other words, even when IVF achieves a child, the couple’s infertility problem persists and remains potentially reliant on future ART. Male factor infertility treated by ICSI may also be transmitted to male children, and thus become transgenerational (*Aitken*, 2022, 629–638).

In this way, homologous IVF contradicts the clearly expressed maxim that “If the technical means facilitates the conjugal act or helps it to reach its natural objectives, it can be morally acceptable. If, on the other hand, the procedure was to replace the conjugal act, it is morally illicit (*Donum vitae*, 1987, II 6).” In contrast, a restorative approach to infertility including NaProTechnology and FEMM can, in varying degrees, restore fertility (*Duane et al.*, 2022). Restorative reproductive medicine (RRM), through seeking to identify and holistically treat the causes of reproductive disorders and so restore health, is the converse of ART.

RRM consultants work closely with fertility awareness educators to identify cycle abnormalities. Indeed, often it is simply by identifying the most fertile time in a woman’s cycle that success for infertile couples is found (*Marshall et al.*, 2019, 1–7; *Stanford et al.*, 2002, 13331341). A restorative approach offers much to those who are seeking a healthy, ethical approach to fertility and infertility, including couples who have tried and failed IVF (*Boyle et al.*, 2022).

Closing Remarks and Conclusion

The authors of this paper are aware of the significance of asserting that the paragraphs of Chapter VII of ETV contain statements that deviate from and contradict Church teaching, especially given ETV was published by the Pontifical Academy for Life.

However, our concerns are not unique. For example, the Scuola Camen expert group raised their concerns in its response entitled *Church, contraceptives and ART: Experts*

expose serious errors in the text of the *Pontifical Academy* (de Irala et al., 2022), highlighting that contraception and ART both separate the unitive and procreative aspects of the conjugal act, and ART introduces third parties into the marriage and fails to restore reproductive health.

Given the significance of our analysis and conclusions, we sought the input, feedback and endorsement of various international Catholic Medical Associations (CMAs), including; the International Federation of Catholic Medical Associations (FIAMC), Catholic Medical Association (CMA) of the United States, Asian Federation of Catholic Medical Associations (AFCMA), Catholic Doctors Association of Malaysia (CDAM), Polish Catholic Medical Society, Belgian Medical Association Saint-Luke, MaterCare International (MCI) and MaterCare Australia.

In conclusion, our critique raises the following points:

1. We have grave concerns about the obscurity and confusion in the wording of ETV. This is not the result of the translation into English but is inherent in the original Italian text. Such wording and language obscures rather than clarifies the truth about the Church's teaching on these subjects which are of vital importance to the faithful.
2. The authors of ETV exhibit a lack of understanding of current science and practice of modern fertility awareness methods (FAM) and ignore restorative reproductive medicine (RRM). FAMs and RRM have advanced considerably over recent decades, and warrant elevation to first-line management based on evidence of efficacy and safety and compatibility with Catholic moral criteria.
3. Some of the statements and conclusions made by the authors of ETV deviate from and contradict the teachings of Catholic Church on contraception and ART.

Recommendations

In light of the statement in *Familiaris consortio* that 'the evangelical discernment effected by the Church becomes the offering of an orientation in order that the entire truth and the full dignity of marriage and the family may be preserved and realized,' (John Paul II 1981); we offer the following recommendations as a service to the Church and for the benefit of its faithful:

- A closer collaboration and formal consultative process be established by the Pontifical Academy of Life, under the auspices of FIAMC (the International Federation of Catholic Medical Associations), with recognised Catholic Medical Association fertility care experts.
- The Pontifical Academy of Life issue a corrigendum to ETV to address and correct issues raised in this review.
- That current methods and approaches to fertility care (FAMs and RRM) which have been developed in accord with, and inspired by, the teachings of the Catholic Church (especially *Humanae vitae* and *Donum vitae*), receive widespread encouragement and promotion among the Faithful.

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Notes

- 1 The perspective that we propose is set within a framework – that, as we just recalled, is definitely desired by VG – of an inter and trans-disciplinarity of knowledge. The complexity of the human experience of procreation demands the overcoming of a merely biological knowledge, but requires the instituting of a “systemic” relationship between different bodies of knowledge and between the different dimensions at play, that allows the highlighting of a multiplicity of meanings. In this way every body of knowledge enriches the other and each and every one is interpreted within the more comprehensive mediation of anthropology.
- 2 Regarding the link between discernment and conscience, which we already discussed, Pope Francis rightly wrote: “It is true that general norms present a good that should never be disregarded or neglected, but in the way in which they are formulated, they cannot absolutely encompass all individual situations. At the same time, it should be said that, precisely because of this reason, what belongs to a practical discernment facing a given situation, cannot be elevated to the level of a norm” (AL 304).
- 3 Pius XII had already reminded us that the use of natural methods neither can nor should mean that the married couple ought to decide to only have sexual intercourse during the infertile periods, as this would trigger an “essential flaw of marital consent” (Pius XII, Speech to the attendants of the Congress of the Catholic Italian Union of Midwives, III, 29th October 1951) which would render the sacrament null.
- 4 Here it is important to remember how, as already at the time of HV, the cultural context was pushing, in different parts of the world, for a Malthusian government control to limit population growth. See in this connection the discussion Paul VI’s UN speech was critically referring to: “Respect for life, also concerning the great problem of fertility, should here take up its highest profession and its most reasonable defence: you should ensure that there is enough bread for the table of humanity rather than favouring an artificial and irrational control of births to decrease the number of diners at the

banquet of life” (Paul VI, Speech to the *United Nations*, 4th October 1965).

- 5 Here too, we can recall the notion of the “possible good”, recalled in multiple instances by Pope Francis in EG 44–45 and in AL 308.
- 6 On heterologous IVF, see L. Grion (Ed.), ‘Things or Persons? On being children at the time of heterologous IVF,’ In *Anthropologica. Annuario di studi filosofici 2016*, Portogruaro 2016.

References

- AAPLOG Committee Opinion 7: Embryocidal Potential of Modern Contraceptives 15/1/20 <https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-7-Embryocidal-Potential-of-Modern-Contraception-1.20.20.pdf>
- Aitken, R. J. 2022. “The Changing Tide of Human Fertility.” *Human Reproduction* 37 (4): 629638.
- Australian Institute of Company Directors. <https://www.aicd.com.au/company-policies/corporate-social-responsibility/examples/best-interests-duty.html>
- Bhargava, H., J. C. Bhatia, L. Ramachandran, P. Rohatgi, and A. Sinha. 1996. “Field Trial of Billings Ovulation Method of Natural Family Planning.” *Contraception* 53 (2): 69–74.
- Boyle, P. C., T. de Groot, K. M. Andralojc, and T. A. Parnell. 2022. “Healthy Singleton Pregnancies from Restorative Reproductive Medicine (RRM) After Failed IVF.” *Frontiers in Medicine* 5: 210.
- Catechism of the Catholic Church. 1994. *Official edition for Australia and New Zealand*. Homebush: St. Pauls.
- Catechism of the Catholic Church, n. 2377, with citation from Congregation for the Doctrine of the Faith. *Donum vitae: Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation, Replies to Certain Questions of the Day*. 1987. II, 5.
- Chua, S. J., V. A. Akande, and B. W. J. Mol. 2017. “Surgery for Tubal Infertility.” *Cochrane Database Of Systematic Reviews* 1 (1): CD006415.
- Congregation for the Doctrine of the Faith. 1987. *Donum vitae: Instruction on Respect for*

- Human Life in its Origin and on the Dignity of Procreation, Replies to Certain Questions of the Day.
- de Irala, J., M. Barbato, J. A. Bazebozo, M. Boerci, P. Bordin, S. Del Zoppo, I. Ecochard, P., et al. 2022. Church, contraceptives and ART: Experts expose serious errors in the text of the Pontifical Academy. Scoula Camen. <https://www.camen.org/Documentis/IndexAn>
- Duane, M., J. B. Stanford, C. A. Porucznik, and P. Vigil. 2022. "Fertility Awareness-Based Methods for Women's Health and Family Planning." *Frontiers in Medicine* 9: 858977.
- Eijk, W. C., S. Kampowski, L. M. Hendriks, J. R. Raymakers, and J. I. Fleming. 2014. "Manual of Catholic Medical Ethics: Responsible Healthcare from a Catholic Perspective." In *The Principle of Double Effect*, 112–115. Ballarat, Australia: Connor Court Publishing.
- Grisez, G. G. 1993. *The Way of the Lord Jesus. Living a Christian Life*. Vol. 2. Quincy, IL: Franciscan Press.
- Hilgers, T. W. 2004. *The Medical & Surgical Practice of NaProTechnology*. Omaha, Nebraska: Pope Paul VI Press.
- Hilgers, T. W., S. K. Hilgers, A. M. Prebil, and K. D. Daly. 2003. "The Creighton Model FertilityCare System: A Standardized Case Management Approach to Teaching." In *Book II: Advanced Teaching Skills*, First Edition, 275–277. Omaha, Nebraska: Pope Paul VI Institute Press.
- Indian Council of Medical Research. 1986. Task Force Study. Psychosocial factors affecting continuation and discontinuation of intrauterine device and Oral Pill in Urban India. New Delhi, 1986.
- Indian Council of Medical Research Task Force on Natural Family Planning. 1996. "Field Trial of Billings Ovulation Method of Natural Family Planning." *Contraception* 53: 69–74.
- JohnPaul II, Man and Woman He Created Them. 2006. *A Theology of the Body*. English translation by Michael Waldstein. Boston: Pauline Books, p. 633.
- John Paul II's Wednesday Audience on August 22, 1984: https://www.vatican.va/content/john-paul-ii/it/audiences/1984/documents/hf_jp-ii_aud_19840822.html
- Kelly, J. 1988. "Gamete Intra-Fallopian Transfer (G.I.F.T.)." *Catholic Medical Quarterly* 34 (1): 6–7.
- Marshall, M., M. Corkill, M. Whitty, A. Thomas, and J. Turner. 2019. "Stratification of Fertility Potential According to Cervical Mucus Symptoms: Achieving Pregnancy in fertile and Infertile Couples." *Human Fertility* 24 (5): 1–7.
- Massa, M. S. 2018. "Charles Curran and "Loyal Dissent: The First Post-Classicist Natural Law Paradigm", In *The Structure of Theological Revolutions: How the Fight Over Birth Control Transformed American Catholicism*, edited by M. S. Massa, 79–105. New York, NY, USA: Oxford University Press.
- McLean, J. M. 1988. "Is There an Alternative to IVF for Tubal Infertility?" *Cath Med Quarterly* 34 (1): 18–24.
- Pallone, S. R., and G. R. Bergus. 2009. "Fertility Awareness-Based Methods: Another Option for Family Planning." *J Am Board Fam Med* 22 (2): 147–157.
- Peragallo Urrutia, R., C. B. Polis, E. T. Jensen, M. E. Greene, E. Kennedy, and J. B. Stanford. 2018. "Effectiveness of Fertility Awareness-Based Methods for Pregnancy Prevention: A Systematic Review." *Obstet Gynecol* 132 (3): 591–604.
- Peterson, C, and E. Author. The Case for Public Funding of a Restorative Reproductive Medicine Clinic. Abstract Ref: 2792. iPoster code: IP.2183. RCOG World Congress. ExCel London, England. 17th-19th June, 2019.
- Pius XII, Moral Questions Affecting Married Life: Addresses given October 29, 1951, to the Italian Catholic Union of midwives and November 26, 1951, to the National Congress of the Family Front and the Association of Large Families, National Catholic Welfare Conference, Washington, DC. <https://www.ecatholic2000.com/cts/untitled-267.shtml> <https://epublications.marquette.edu/cgi/viewcontent.cgi?article=4168&context=lnq>
- Pontifical Academy for Life. 2022. *Etica Teologica della Vita: Scrittura, tradizione, sfide pratiche*. Introduction by Vincenzo Paglia. Libreria Editrice Vaticana.

- Pope Francis. Vatican. *Amoris Laetitia*. Apostolic Exhortation on Love in the Family. 2016. vatican.va.
- Pope Francis. Message of His Holiness to participants in the WOOMB International Congress on “The ‘Billings Revolution’ 70 Years Later: From fertility knowledge to personalized medicine.” Rome, Catholic University of the Sacred Heart, 28–29 April 2023.
- Pope John Paul II. Vatican. *Familiaris consortio*: Apostolic Exhortation on the Role of the Christian Family in the Modern World. vatican.va. Vatican City, 1981.
- Pope Paul VI. Vatican. *Humanae vitae*: Encyclical Letter on the Regulation of Birth. July 25, 1968. https://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_en-c_25071968_humanae-vitae.html
- Population Crisis Committee. 1988. “A guide to modern contraceptive methods, Washington DC 1985.” In *Natural Family Planning-A guide to provision of services*, 6,63–69. Geneva: WHO.
- Qin, J. B., X. Q. Sheng, H. Wang, G. C. Chen, J. Yang, H. Yu, and T. B. Yang. 2017a. “Worldwide Prevalence of Adverse Pregnancy Outcomes Associated with In Vitro Fertilization/Intracytoplasmic Sperm Injection among Multiple Births: A Systematic Review and Meta-Analysis Based on Cohort Studies.” *Arch Gynecol Obstet* 295 (3): 577–597.
- Qin, J. B., X. Q. Sheng, D. Wu, S. Y. Gao, Y. P. You, T. B. Yang, and H. Wang. 2017b. “Worldwide Prevalence of Adverse Pregnancy Outcomes among Singleton Pregnancies After in Vitro Fertilization/Intracytoplasmic Sperm Injection: A Systematic Review and Meta-Analysis.” *Arch Gynecol Obstet* 295 (2): 285–301.
- Scarlsbrick, J. J. 1993. “Guild of Catholic Doctors Research Trust.” *Catholic Medical Quarterly* 44 (2): 34.
- Second Vatican Council. *Dei Verbum*: Dogmatic Constitution on Divine Revelation, n. 7.1965.
- Second Vatican Council. *Gaudium et spes*: Pastoral Constitution on the Church in the Modern World. 1965. vatican.va.
- Stanford, J. B., G. L. White, and H. Hatasaka. 2002. “Timing Intercourse to Achieve Pregnancy: Current Evidence.” *Obstet Gynecol* 100 (6): 1333–1341.
- Sullivan-Pyke, C. S., S. Senapati, M. A. Mainigi, T. Kurt, and K. T. Barnhart. 2017. “In Vitro Fertilization and Adverse Obstetric and Perinatal Outcomes.” *Semin Perinatol* 41 (6): 345–353. <https://www.sciencedirect.com/science/article/abs/pii/S0146000517300733?via%3Dihub>
- Tham, E., K. Schliep, and J. Stanford. “Natural Procreative Technology for Infertility and Recurrent Miscarriage: Outcomes in a Canadian Family Practice.” *Can Fam Physician* 2012;58(5):e267–e274. <https://www.cfp.ca/content/58/5/e267.long>
- Tonti-Filippini, N. 2013. *About Bioethics, Volume 4: Motherhood, Embodied Love and Culture. Chapter: Assisted Reproductive Technology*, 83–103. Ballarat, Australia: Connor Court Publishing.
- Trussel, J., and A. R. A. Aiken. 2018. “Contraceptive Efficacy.” In *Contraceptive Technology*, edited by Chapter 26 R. A. Hatcher, A. L. Nelson, J. Trussell, C. Cwiak, P. Cason, M. S. Policar, A. Edelman. 21st ed. New York, NY: Ayer Company Publishers, Inc.
- Turner, J. V. 2016. “Fertility-awareness Practice and Education in General Practice.” *Aust J Prim Health* 22 (5): 375–376.
- Vigil, P., C. Lyon, B. Flores, H. Rioseco, and F. Serrano. 2017. “Ovulation, a Sign of Health.” *Linacre Quarterly* 84 (4): 343–355.
- Wildes, K. W ed. 1997. *Infertility: A Crossroad of Faith, Medicine, and Technology*. Kluwer Academic Publishers.
- Williams, W., J. Brind, L. Haynes, M. Manhart, H. Klaus, A. Lanfranchi, G. Migeon, M., et al. 2021a. “Hormonally Active Contraceptives, Part 2: Sociological, Environmental, and Economic Impact.” *Linacre Quarterly* 88 (4): 291–316.
- Williams, W., J. Brind, M. Manhart, H. Klaus, A. Lanfranchi, G. Migeon, M. Gaskins, E. Author, L. Ruppertsberger, and K. Raviele. 2021b. “Hormonally Active Contraceptives, Part 1: Risks Acknowledged and

Unacknowledged.” *Linacre Quarterly* 88 (4): 126–148.

Yamamura, A., A. Okuda, A. Abe, Y. Kashihara, Y. Kozono, K. Sekiyama, Y. Yoshioka, and T. Higuchi. 2023. “The impact of assisted reproductive technology on the risk of postpartum hemorrhage: Difference by the mode of delivery and embryo transfer.” *J Ob Gyn Research*. <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/jog.15572>

Zheng, Z., L. Chen, T. Yang, H. Yu, H. Wang, and J. Qin. 2018. “Multiple Pregnancies Achieved with IVF/ICSI and Risk of Specific Congenital Malformations: A Meta-Analysis of Cohort.” *Reproductive BioMedicine Online* 36 (4): 472–482.

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