



**THE SALVATION ARMY**

INTERNATIONAL MORAL AND SOCIAL ISSUES COUNCIL

# REPRODUCTIVE TECHNOLOGIES

INTERNATIONAL HEADQUARTERS



## INTRODUCTION

Rapid developments in the field of reproductive technology have opened up unprecedented opportunities to overcome human disease, disability and infertility. At the same time, these same technological advances have led to a number of ethical issues that previously did not exist.

The Salvation Army has developed this discussion document to help reflect on matters related to reproductive technologies. The hope is that this can better equip Salvationists to contribute towards broader dialogue or help inform personal choices they make related to the use of reproductive technologies.

Some key issues and some of the main ethical considerations related to the use of various reproductive technologies will be introduced and some pertinent biblical principles will be suggested. The aim is to stimulate personal reflection rather than to provide conclusive positions. Please note, none of the issues can be addressed exhaustively in the space available, and the material may not apply identically in all cultural contexts.

Salvationists may come to different conclusions regarding some issues, but will agree on the following: that every child should be welcomed and loved whatever the circumstances surrounding the start of his or her life, and that all people should be met with respect and practical empathy regardless of views or choices made with regards to the use of reproductive technologies.

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- ▶ **Discussion 1** – The Start of Human Life
  - ▶ **Discussion 2** – IVF: In Vitro Fertilisation and Embryo Transfer
  - ▶ **Discussion 3** – Surrogacy
  - ▶ **Discussion 4** – Prenatal and Preimplantation Genetic Diagnostic Testing
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## 1. THE START OF HUMAN LIFE

Life is a remarkable mystery and a precious gift from God. Almost anyone who holds a newborn baby for the first time will testify to feeling humbled and awed at the miracle of life. However, birth is not the beginning. The baby that is born has already been developing for approximately nine months.

But if birth is not the absolute beginning, what is? When does human life begin?

This has long been a question. Better prenatal science and the emergence of advanced reproductive technologies have made the ancient question more acute. It is not just a scientific question, however. Differing viewpoints can potentially have consequences for what one believes about the ethics and law regarding a number of issues, including the use of assisted reproductive technologies, the treatment of human embryos/foetuses and abortion. Therefore, this first discussion will centre around the question of the start of human life, as a foundation for the subsequent discussions.

Modern science gives a detailed insight into many of the physical processes that are part of the development of a new human life.

When a sperm cell and an egg (or ovum) fuse – known as the moment of fertilisation – they create a new cell that developmental biologists call a zygote. (Sometimes this is also referred to as a ‘fertilised egg’.) This zygote is genetically distinct from either of its parents. It is a living cell with human genetic materials that give it the capacity to replicate and grow.

As the cells multiply and differentiate, biologists use a new name: embryo.

Following fertilisation, the following are some of the key stages in the biological development:

- **Implantation** – the early embryo attaches to the mother’s uterus. In technologically unaided circumstances, this usually happens within the first week after fertilisation. (Technology may alter this. See the IVF section below.) This is a crucial step, and many embryos fail to successfully implant.
- **Embryonic phase** – from 1-2 weeks until around 12 weeks after fertilisation. Key organs begin to form and start developing. During this phase there is still a significant risk of miscarriage. In the early embryonic phase, there is also a possibility that an embryo will divide and ‘identical’ twins (or triplets or more) begin to develop separately.
- **Foetal phase** – from around 12 weeks after fertilisation. Organs, muscles and limbs are in place and maturing. The risk of miscarriage is reduced but still present.
- **Viability** – the ability to survive outside the mother’s womb with medical care. This will depend greatly on context, especially on the availability of advanced medical care. In other words, ‘viability’ is not a term to describe only the stage of foetal development. In some parts of the world viability is achieved around 28 weeks after fertilisation. Where advanced health care is available, the limit for viability is thought generally to be around 24 weeks. While ‘full term’ and birth usually occurs about 39 weeks after fertilisation, advances in medical science have led to cases where babies born as early as 22 weeks have survived, and so in situations where this is possible, the ‘limit for viability’ is thought of as occurring at 22 weeks (or barely five months) after fertilisation.

Modern science is providing ever-deeper insight into the complex biological processes involved in the creation of a new human life. But if human life is not only biological, we can't assume that biology will provide all the answers to when human life begins.

A key issue is whether the start of life from a strictly biological sense is the same as the point at which a human who has *moral* status from a philosophical, theological, legal or ethical point of view comes into being.

Some make a distinction between when *human life* begins from a strictly biological point of view and when (in contemporary terminology) *personal rights* are acquired.

While there is broad agreement that a newborn baby has the 'right to life', and as much right to life as its mother and father, not everyone agrees that a zygote or an embryo or a foetus has that same right to life.

Different answers have, at different times, in different cultures and by different people, been given to the question of when a life with full human rights starts. Some link it to a point on the continuum of biological development – at fertilisation, or when the heart starts beating, or when brain activity commences, or at viability, for instance. Others have historically linked it to the philosophical question of when the unborn body acquires a soul. For many modern thinkers, the critical link has been to when one acquires the essential character of being a 'person' (often equated with having certain intellectual capacities).

Many who locate the moral start and the biological start of life at the same point hold that the zygote has as much of a right to life as any other human being. A common argument for this view is: a) that fertilisation remains the only moment when one can say with certainty that the life of a new individual has begun; b) at birth we know there is a human individual with a full human right to life; and c) any other point between fertilisation and birth is at some level arbitrary. Therefore, it is argued that it is most logical to take fertilisation as the point at which a new rights-bearing being came into existence.

This view has a long history in Christian ethics and is traceable as far back as the second century AD.<sup>1</sup> However, thoughtful Christians have expressed different views on the issue over the centuries.

Another common perspective among the many different possibilities is *gradualism* – the viewpoint that the further along a foetus is in its development, the stronger its right to life becomes. Some who hold this view believe that human rights really belong to 'persons' and that the foetus becomes a 'person' only once its brain and nervous system has developed to the point at which it has acquired psychological traits like consciousness. It may be said that until that point the zygote, embryo or foetus is a 'potential person' (and therefore not just a piece of biological tissue), but that until it becomes a person it does not have the right to life that full persons have.

The question of when human life starts is a key issue. The conclusion can potentially have important consequences regarding one's views on the use of reproductive technologies, as well as on abortion. For instance, the view that morally significant human life begins with implantation opens the ethical door to a number of contraceptive methods which may be considered ethically impermissible if one asserts that life with full human rights begins at the moment of fertilisation. And if one believes that morally significant human life does not arise until viability, abortion before that would be relatively unproblematic. Essentially, this distinction is a key underlying issue in many sensitive contemporary debates.

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1 Dean Pallant (2019): *To Be Like Jesus! – Christian Ethics for a 21st-Century Salvation Army*

## Reflect and Evaluate – Biblical Principles<sup>2</sup>

The stated position of The Salvation Army is that the moment of fertilisation constitutes the start of human life in both the biological and the moral sense. Several biblical principles relevant to the question of the start of life are outlined in existing Salvation Army *International Positional Statements (IPS)*, including the statement on abortion.

### Concern for life in the womb

God's concern for humanity includes life in the womb (Psalm 139:13-16, Jeremiah 1:5). This is reflected in Old Testament law which imposes penalties upon those who cause the loss of foetal life (Exodus 21:22-23). The visit of Mary to Elizabeth (Luke 1:39-45) seems to demonstrate the continuity of life from the foetal stage. Although not specifically mentioning abortion, these texts imply that any decision deliberately to end an unborn life is a violation of its ongoing sanctity and is therefore a serious issue requiring justification to God.

### The sanctity of life

The Salvation Army believes in the sanctity of human life. Humankind was created in the image of God (Genesis 1:27). All people – without exception – are of value to him, holding a special place in his creation (Psalm 8:5), irrespective of age, gender, race, religion, health or social status, or their potential for achievement. The Bible makes it clear that human life is sacred: it is God who gives life (Acts 17:25). In particular the scriptural principle of the right to life of innocent human beings is firmly established (Isaiah 59:7, Jeremiah 22:3).

### Care for the vulnerable

The Salvation Army believes that the biblical witness teaches that society has a responsibility to care for others, and especially to protect and promote the welfare of vulnerable people, including unborn children.

While the Bible cannot give a precise answer to the question of exactly when human life and personhood begin, the Bible places a high value on each individual's inherent dignity and value, and indicates that God's care for humanity extends also to the unborn. These fundamental principles should help to shape a Christian approach to questions related to reproductive technologies.

## How Then Shall we Live?

A new human life cannot be seen in isolation but will always be intimately linked with the people who are welcoming this new life into the world. More than anyone else, the pregnant woman is intimately connected with the unborn child and she must not be ignored in these discussions. The woman's well-being, social situation, life and ability to participate significantly in any decision making are all important. Theorising about when life begins is one thing, but facing the complex, emotive and often difficult dilemmas of life is something else entirely. This point is duly noted also in the *IPS on Abortion*, for instance, which recognises the sometimes 'tragic and perplexing circumstances that require difficult decisions regarding a pregnancy' and the 'tremendous pressures that occur during an unexpected pregnancy'. Real-life questions related to the start of human life are often full of dilemmas. Accordingly, questions related to this must be approached with humility, sensitivity and compassion.

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2 The principles advanced in this section are largely drawn from The Salvation Army *International Positional Statement on Abortion*

An appropriate Christian response to ethical dilemmas in this field could build on the following:

- An emphasis that every child must be welcomed and loved, whatever the circumstances surrounding the start of his or her life. As a community and as The Salvation Army, our primary responsibility is to contribute towards this goal.
- A commitment to meeting all people with respect, compassion and practical empathy, providing support and care as necessary, regardless of views or choices made with regards to the use of reproductive technologies.
- A recognition that parenthood is both a God-given privilege and a profound responsibility, and that the best interests of the child or the unborn life should be accorded very high priority.
- A call to recognise the God-given dignity of all human life and to put this at the forefront of research and scientific development. A high regard for the fundamental dignity of human life implies that one should exercise caution and restraint. Prior to implementing new technologies there should be a thorough ethical reflection around their potential consequences in both the short term and long term, on individual, familial and societal levels.





## 2. IVF: IN VITRO FERTILISATION AND EMBRYO TRANSFER

While this is not the case for all people, many will testify to carrying a deep, existential longing to have their own children. Unfortunately, there can be many reasons why not all people who want to have children are able to do so. The sorrow of not being able to have children, whatever the reason, is often deep, and infertility can very often be a highly emotional and sensitive issue.

In addition to the personal pains, infertility can have significant negative social and familial consequences. Often the choices women make about reproductive technologies are choices that are hemmed in by strong cultural expectations.

In some cultures, women face pressure to conceive and deliver healthy babies and will bear the brunt of the blame if this does not happen. The social stigmas related to infertility can cause personal feelings of shame or inadequacy. The subject is often addressed only behind closed doors, so as not to bring shame to the families involved.

Women in Western cultures face extraordinarily difficult challenges to combine excellence in mothering and excellence in workforce employment at the same time. Because of the way these societies work, it is much more difficult for a woman to build a fulfilling career after bearing and parenting children than it is to put off having children until she is in her forties. This is a pressure men simply don't face in the way women do.

The use of reproductive technologies may in some cases offer a path to overcome some of these problems. One of the most fundamental technologies in this area is In Vitro Fertilisation (or IVF), a common procedure widely used around the world as a method to assist couples who are struggling to have children.

IVF is a great blessing for many, helping them to overcome involuntary infertility and providing the experience of welcoming a new life into the world. At the same time IVF and particular applications of this technology also raise some ethical questions. This section seeks to outline some of the ethical issues and present principles that can provide guidance to Salvationists.

### IVF

IVF is a complex series of procedures used to help with fertility or to prevent genetic problems and assist with the conception and eventual birth of a child.<sup>3</sup>

Mature eggs are collected (retrieved) from ovaries and fertilised by sperm in a lab. The resulting zygote or 'fertilised egg' develops in the lab for a period of days. Having developed to the embryonic stage, the embryo is transferred to a woman's uterus, and when the process is successful, embeds and the woman thereby becomes pregnant. One full cycle of IVF from the retrieval of egg and sperm to the transfer of the embryo takes about three weeks. Sometimes the process takes longer. And in all cases, there is a preparatory process to mature the eggs that are retrieved from the woman and to collect the sperm that is provided by the man.

From a technical standpoint, IVF can be done using a woman's own eggs and the sperm of a partner or donor, and then transferring the embryo into the woman's uterus. But, if infertility is the result of a problem with the woman's eggs or the partner's sperm (and one of these is often the reason for considering IVF), the procedure may involve eggs, sperm or embryos from known or anonymous donors. If infertility is caused by a problem with the woman being able to successfully carry a pregnancy to term, a 'gestational carrier' might be used. When the baby is born, the

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3 [www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716](http://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716)

gestational carrier's work is completed, and the baby is raised by its biological parents (see more on this subject in the section on surrogacy).

The chance of having a healthy baby as a result of using IVF depends on many factors, such as the age of the woman who supplies the eggs and the man who supplies the sperm, and the cause of infertility. To maximise the chance of implantation resulting in the birth of a baby, it is common to implant more than one embryo. This increases the chance of multiple births (twins, triplets, etc).

## What are some of the ethical issues associated with IVF?

### Surplus embryos

Although technology is continually improving, the process of IVF very often involves the production of more embryos than are transferred into the womb. This raises the question of what should be done with the 'surplus' or 'spare' embryos. The options available can depend on the context and available facilities. The first cycle of IVF might not result in the birth of a baby, and in that case, having stored 'surplus' embryos might increase the chances of eventual success. But if 'surplus' embryos are not stored for future pregnancy, they will typically be discarded or used for research purposes (for example, in stem cell research).

Some facilities offer what is termed *compassionate transfer*, where all fertilised embryos are implanted into the womb at the same time, most likely and knowingly resulting in the miscarriage or abortion of some of the embryos/foetuses.

On the other hand, the intentional production of embryos that will never be used for procreation presents an ethical question, especially for those who believe that a significant moral right to life exists from the moment of fertilisation.

Some will consider the use of embryos for research purposes to be an ethical dilemma. This research has helped to significantly reduce human suffering by helping cure diseases – but at the same time can be seen to reduce human embryos to a mere 'means to an end' rather than respecting them as human beings with inherent dignity.

### The use of donated sperm or ova

The fact that IVF can potentially take sperm and egg cells from any two adults and implant the resulting embryo into another woman's body leads to several ethical questions, including that of surrogacy, which is discussed in the next section.

On a more general level, some consider the use of donated sperm or eggs to be ethically problematic in itself, as social parenthood is intentionally separated from genetic parenthood. (That is, the parents who raise the child may not be related to the child biologically.) For many, familiarity with one's biological heritage constitutes a key source from which they build their identity. According to some, this is so important that it creates a right to know one's biological progenitors and a moral responsibility on donors to be prepared to be identified by the children they help create.

Questions therefore especially surface concerning the use of sperm or eggs from anonymous donors:

- The practice of using completely anonymous donors is inherently at odds with the right to know the identity of one's genetic parents.



- The practice prohibits a person from knowing whether someone they meet later in life might be a genetic half-sibling, and thus someone with whom it would be genetically risky to have children.
- Not knowing one's genetic parent(s) removes the opportunity to find potentially important health information.

## Societal dimensions

IVF can be time-consuming, expensive and invasive. IVF is common and in some parts of the world it is part of subsidised government health care, but it remains available only to wealthier individuals and couples in other parts of the world.

A more all-embracing question is related to societal norms and perceptions of parenthood. Is it a *right* to be able to have children? And should society accordingly make resources available to help anyone who wants to, to have a child?

Whether or not there is a 'right to have children', in many places women face social pressure both to have children and to have successful careers (and, for many, this is also a personal desire). Given existing social structures, however, it has proved difficult to achieve both during optimal childbearing years.

In some societies, there is an emerging trend for healthy women to harvest and freeze unfertilised eggs for potential future use. Some will view this as a positive safeguard against future infertility, or as a means to allow for the pursuit of other life and career goals before starting a family later in life. At the same time, childbearing postponed until later in life can potentially increase health risks for both mother and children.

## Reflect and Evaluate – Biblical Principles

### The gift of life

As outlined in Discussion 1, the Bible teaches that life – including prenatal life – is sacred (Psalm 139:13-16). Everyone is equally created in the image of God. This includes every child – irrespective of whether they have been created with the help of reproductive technologies or not. The Bible portrays children as a gift to be valued and cherished. Jesus specifically blesses children saying, 'the Kingdom of God belongs to such as these' (Luke 18:16).

### Infertility and childlessness in the Bible

There are many instances of infertility and childlessness in the Bible. Many of these examples affirm the deep sorrow that can result from infertility. In the Bible we see God interacting with several women who struggle to bear children. One of the most prominent is Hannah, who weeps before the Lord. God hears her cry and blesses her with Samuel (1 Samuel chapter 1). Other passages contain examples of God's miraculous intervention to overcome infertility. Most prominent are the cases of Abraham and Sarah (Genesis chapters 16-21) and Zechariah and Elizabeth (Luke chapter 1).

The biblical witness on this topic affirms that God does not take the sorrow of involuntary childlessness lightly, and that overcoming infertility is in itself something that is pleasing to God. Notwithstanding this, Scripture does not promise that every couple who pray will bear children. While the Bible celebrates the gift of life, it also illustrates that parenthood is not possible for everyone. Nowhere in the Bible does God condemn a man or woman because of infertility or childlessness. Importantly, infertility is not conveyed as the result of sin or a curse.

### **Moral imperative to combat disease**

Scripture promises that God is committed to redeem human sorrow – ‘Surely he took up our pain and bore our suffering’ (Isaiah 53:4). There exists within the context of the Holy Scriptures a moral imperative to combat disease.

Jesus not only ministered to the soul – he also healed the sick of their physical ailments and spent much of his time on Earth alleviating physical suffering (Matthew 4:23-24 and Mark 1:32-34). Thus, followers of Christ should in principle favour efforts to develop technology that can reduce human suffering – including technology that can contribute to addressing the sorrow of infertility.

### **Singleness and adoption**

Even though the Bible was written in a context of significant cultural expectations – particularly on women – to bear children, it does not uplift childbearing as a necessary aspect of having a full and meaningful life. Indeed, Paul even recommends that some Christians stay single so that they can better focus on ministry (1 Corinthians 7:32-35).

The Bible speaks positively of those who had no children and of those who were raised by those who were not their biological parents. Moses, for instance, was raised by an Egyptian princess as her own (Exodus 2:1-10). Eli fostered Samuel (1 Samuel chapters 1-2). And Jesus, who himself was single and had no offspring, was adopted (Matthew 1:18-25).

The Bible contains several examples of godly men involved in infertile relationships who seemed to care more for their wives than any potential offspring. For instance, in Genesis chapter 16, it was Sarah who pushed her handmaiden Hagar onto Abraham as a surrogate heir-bearer. See also Jacob (Genesis 29:30) and Elkanah (1 Samuel 1:8) who fiercely loved their wives despite troubles with infertility.

Naturally, the Bible cannot offer direct answers to the questions raised by modern technologies such as IVF. However, the sum of these perspectives can be read to indicate that there is not any biblical imperative that could be used to argue against IVF in itself, and indeed that assisted reproductive technologies such as IVF can be seen as a tool to help further God’s work of creation.

However, biblical principles require that we treat all life, at the prenatal stage as well as after birth, with sanctity, dignity and respect, and this should be held paramount in any application of assisted reproductive technology, including IVF. Further, the biblical message affirms that the ability to have children is not a necessary prerequisite for living a full, fulfilling and godly life.

### **How Then Shall we Live?**

Just as The Salvation Army believes that the Christian duty of care and compassion applies to unborn children, it would also apply to persons who, for whatever reason, find themselves in situations where they face difficult decisions related to the use of reproductive technologies.

The distress often caused by childlessness must never be taken lightly. Accepting childlessness can involve a grieving process so close to the heart that a person feels they cannot share the pain, even with close friends or family. This can apply to both couples who are not able to have children and to single persons who wish to be parents.

A key focus for Salvationists must be to ensure that appropriate and sensitive pastoral support is available to couples and individuals who need it. In this context, a pastor’s primary role is to be Christ sharing in suffering.

Often, social pressures can, even if unintentionally, compound the burden of infertility. Even something as simple as frequently being asked about when they plan to have children can be painful for couples suffering from involuntary childlessness. Salvationists should be sensitive to such scenarios and avoid reinforcing a culture that can compound the sorrow that couples may be facing.

Social constraints don't make the choice to use IVF or other reproductive technologies any more ethical, but they should prompt us to ask questions of social justice. How can we change the situation to accommodate female biology? Perhaps we need to work towards a society that creates other options – financially supporting young mothers who are not in the paid workforce, for instance, or young mothers who are going to school, or a society that does not look askance when a mature woman's résumé has very little employment experience but years of child rearing.

Furthermore, Salvationists should avoid reinforcing cultural norms that define a woman's worth by her capacity to bear children. Rather, Salvationists should aim to build a culture where singleness, childlessness and adoption are also uplifted as fulfilling and biblical life choices or outcomes, and where those who, for whatever reason, do not have children are equally valued and included in all aspects of social life as those who do have children.

Technological advances that further the gift of life should in themselves be considered a source of joy and blessing. The ethical questions associated with IVF can be understood to relate to particular applications of the technology, rather than with the technology itself.

Interestingly, in many locations IVF technology is improving sufficiently and successfully so there may be no need to fertilise several eggs. If so, this eliminates the presence of 'surplus' embryos, one of the key ethical questions.

Even where this concern is eliminated, the ethical scrutiny of IVF remains. From the earliest moments of its existence, The Salvation Army's view is that human embryos have a moral worth and cannot be treated simply as tissues or reproductive materials to be used or disposed of as others see fit. It follows that The Salvation Army would oppose the production of embryos purely for research purposes.

Faced with infertility, people should also be enabled to consider adoption or living without children to be true and fulfilling options. In a world with large numbers of abandoned, malnourished, suffering and parentless children, adoption needs to be considered as a positive alternative to reproductive technologies for adults desiring to become parents. The nurturing of children through fostering is another option to be considered by more families. In company with this, corps need to be Christian communities that welcome and nurture families not defined only by biology.

For those actively considering IVF, the following are some possible questions that could be considered:

- How do we feel about the creation of 'surplus' embryos as part of the IVF process?
- What options are available in our context for the use of 'surplus' embryos?
- Are we comfortable with donating 'surplus' embryos to research?
- How do we feel about the use of donated sperm or eggs?
- Is adoption or fostering a child in need an option that we would consider?

### 3. SURROGACY

For many couples, IVF can provide a pathway to overcoming infertility and experiencing the blessing of parenthood. Unfortunately, this is not the case for all. In many cases IVF will be unsuccessful, and depending on the situation and the cause of infertility, IVF may not be a viable option at all. In such cases, one of the options that may be available for having children (aside from adoption) is surrogacy.

Surrogacy is a process by which one woman bears and delivers a child on behalf of others who subsequent to birth become the legal parents of the child. Surrogacy offers a path to parenthood for couples that for various reasons are unable to bear children, and for whom IVF is not a viable option. Surrogacy gives the opportunity for at least one of the parents who raise the child to be the genetic parent too.

A distinction is often made between ‘commercial’ surrogacy (where the woman bearing the child to term does so in return for economic compensation) and ‘altruistic’ surrogacy (where the woman bearing the child does so without any such expectation). While commercial surrogacy remains illegal in many countries, it is legal in some, and altruistic surrogacy is legal in a broader number of countries.<sup>4</sup>

A further distinction can be made between ‘traditional’ surrogacy and ‘gestational’ surrogacy. ‘Traditional’ surrogacy means the surrogate is a genetic parent, having provided the egg which has been fertilised using artificial insemination. In ‘gestational’ surrogacy the surrogate carries an embryo created with IVF using sperm and egg cells from two donors who will typically, but not necessarily, be one or both of the persons who become the legal parents of the child once it is born.

In some respects, the concept of surrogacy is not a new phenomenon. For thousands of years, long before the invention of IVF, women have borne children and given birth to them on others’ behalf. Indeed, this may still be an accepted practice in some cultures.<sup>5</sup> However, technological advances and changing cultural attitudes are resulting in a current increase in the practice. It has been described as ‘a global phenomenon’.<sup>6</sup>

#### What are some of the ethical dilemmas?

##### The potential for exploitation

A key concern related to surrogacy is the potential for exploitation of vulnerable persons who are used as surrogates. This is especially so in commercial surrogacy. In such cases, particularly where there is no prior relationship between the surrogate and the intended parents, the surrogate will very often come from a low-income background and the economic compensation will constitute a key motivation for undergoing the pregnancy.

It is natural to ask: would this be a case of wrongly taking advantage of economic inequalities and poverty?

Opponents of commercial surrogacy contend that ‘renting’ someone’s body in this way is ethically questionable as a matter of principle. In 2018 the United Nations (UN) warned that ‘commercial surrogacy ... usually amounts to the sale of children’ and many countries are now

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4 UN Human Rights, Surrogacy <https://www.ohchr.org/EN/Issues/Children/Pages/Surrogacy.aspx>

5 Surrogacy: Why the world needs rules for ‘selling’ babies <https://www.bbc.com/news/health-47826356>

6 Ibid

shutting down surrogacy industries.<sup>7</sup> These fundamental ethical concerns are compounded by the fact that any pregnancy inevitably involves significant risks to the physical health of the woman as well as emotional and psychological stress.

Supporters of commercial surrogacy, on the other hand, respond that, if regulated well, it can offer a way out of poverty for women with few other options while at the same time helping infertile couples to have children.

### **Social pressures and psychological burdens**

Supporters of surrogacy argue that the practice of altruistic surrogacy avoids many of the ethical problems associated with commercial surrogacy. Morally speaking, they would argue there is a difference between freely offering one's body as a gift and being economically compelled towards the commodification of one's body.

However, this practice also raises some ethical questions. For instance, some are concerned that legalising and normalising altruistic surrogacy risks creating situations where women face significant social pressures – direct or indirect – to bear children on behalf of relatives or close friends who are suffering from infertility.

An underlying concern in all cases is that surrogacy places a significant psychological burden on surrogates when they have to give up the child after birth. This perspective stresses that the emotional and physical bonds that are created between mother and child over the course of a pregnancy must not be underestimated, and that these in themselves can make surrogacy morally problematic, whether it be for commercial or altruistic reasons.

### **Surrogacy and parenthood**

A further question to consider concerns the separation of genetic/biological and legal/moral parenthood.

In addition to questions discussed in the previous section related to identity and the ability to know one's biological heritage, additional questions arise in the case of surrogacy. For instance, the following questions can raise both legal and ethical questions:

- What happens if the surrogate changes her mind mid-pregnancy?
- What happens if she does not want to give the child up after birth?
- What happens if the intended legal parents demand that the surrogate undergo prenatal diagnostic procedures or maintain exercise and dietary regimens the surrogate does not want?
- What happens if the intended legal parents change their mind – for instance, if the child is born with a disability.

The legal diversity and ambiguity around surrogacy, coupled with the fact that surrogacy agreements often cross international borders, make such questions even more complex. In some cases, there is a lack of clarity regarding the legal rights and status of children that are born to surrogates in one country and then taken to a country where surrogacy is not legal. Opponents of surrogacy argue that the best interests and rights of the child are not at the forefront in such cases.

Those considering parenthood from a moral rather than purely legal standpoint need to ask how the child's interests are promoted and protected.

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7 Ibid

### **‘Commodification’**

Finally, there is the concern that the practice of commercial surrogacy in particular contributes to the commodification of reproduction in general – encouraging the development of a market for the buying and selling of eggs, sperm or embryos. For some this is a matter of principle. They regard a market for embryos as at odds with the sanctity of life, and the treatment of childbearing as one more commodity to be bought and sold as inherently wrong. Such developments can also be considered fundamentally problematic when underlying economic inequalities are a key driving force, giving rise to the potential for exploitation.

### **Reflect and Evaluate – Biblical Principles**

While the technology underlying modern surrogacy obviously was not available during biblical times, the Bible still contains several cases that illustrate similar dynamics.

#### **Emotional complexities**

Early in the Scriptures we read the story of the patriarch Abraham and his wife Sarah, who are childless. Sarah ‘gives’ her maidservant Hagar to Abraham to conceive an heir. Abraham impregnates Hagar. In the resulting tensions with Sarah, Hagar flees to the wilderness. There she encounters an angel of the Lord who instructs her to return and she gives birth to a son, Ishmael (Genesis chapters 16-21).

Upon marriage to the patriarch Jacob, Rachel is given Bilhah as her handmaid. When Jacob and Rachel fail to have children, Rachel ‘gives’ Bilhah to Jacob saying, ‘Sleep with her so that she can bear children for me and I too can build a family through her’ (Genesis 30:3). In time Bilhah bears two boys whom Jacob claims as his sons.

Additionally, Leah (Rachel’s older sister) ‘gives’ Zilpah, her maidservant, to Jacob, and she bears two children whom Jacob also claims as sons (Genesis 30:9-12).

While written in a very different context and culture, these accounts illustrate some of the emotional complexities involved in surrogacy arrangements.

#### **Imperative against exploitation**

The message of justice flows through the entire biblical narrative, which consistently condemns the exploitation of vulnerable persons. Particular concern should therefore be given to guarding against the potential for exploitation that is inherent in the technological possibility of surrogacy.

As Paul indicates in 1 Corinthians 8:9-13, what in some instances can be felt to be unproblematic may place another brother or sister in a difficult situation. This principle would entail that strong consideration be given to whether an opening for surrogacy even as an altruistic arrangement can cause social pressures and/or exploitation of others.

### **How Then Shall we Live?**

Those who support surrogacy believe that effective regulation counters many of the practical and ethical issues and that it should be seen primarily as an effective means to overcome infertility. There are also other voices arguing particularly that the case of altruistic surrogacy could be viewed as a radical example of a woman’s love for her neighbours and a way for her to take part in God’s work of creation.<sup>8</sup>

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8 *Christianity Today*, 20 February 2018, ‘America’s Surrogacy Bump: Is Fertility a Blessing to Be Shared?’



On the other hand, the combination of the various ethical issues previously cited and the general issues raised in the section on IVF, means that many denominations counsel against surrogacy.<sup>9</sup>

In considering a response to surrogacy, Salvationists should especially be mindful of the prevalence of exploitation that is undeniably part of commercial surrogacy and also be aware of the subtle social pressures that altruistic surrogacy can lead to.

Above all, however, Salvationists will want to ensure that children born through surrogacy receive the same rights, protections, respect and love as any other children.



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9 <https://sojo.net/articles/christians-considering-surrogacy-encounter-conflicting-views>

## 4. PRENATAL AND PREIMPLANTATION GENETIC DIAGNOSTIC TESTING

Everyone who is expecting a child, or hoping to become pregnant, hopes and prays that the child will be healthy and will grow up and live a life without having to endure serious disease, disability or hardship. All parents have the highest aspirations for their children. The urge to know as much relevant health information as possible about one's future child is deeply human. Modern science and medicine have taken huge strides in allowing these hopes to become a reality for an ever-greater proportion of the world's population.

Nevertheless, sickness and various hardships remain part of the human condition. The challenges faced by parents of children who have special needs in life must not be underestimated, and the burden of learning that the child being carried might have to endure significant suffering later in life, or perhaps require life-long care, is not something to be taken lightly.

Are there limits to the lengths one should be prepared to go to in order to eliminate the risk of disease and suffering in life?

One of the fields of science that has seen rapid advances in recent decades is prenatal and preimplantation genetic diagnostics (PGD). Modern PGD can detect various genetic disorders, risk factors and diseases in unborn children. A number of diagnostic tests are readily available for use at very early stages of development and can mean effective treatment to prevent certain diseases or alleviate negative effects of genetic disorders.

This can significantly improve the quality of life of the child that is eventually born and, in the best cases, save lives. Early diagnosis can also allow parents to prepare physically and mentally for meeting additional challenges that a child with special needs may face. However, these technologies also raise several ethical issues, some of which will be outlined below.

*Prenatal* diagnosis for genetic disorders is where a diagnostic test is performed on a foetus in the womb. Testing genetic material taken from the placenta or from the amniotic sac can reveal if the foetus has any one of a number of genetic disorders.

*Preimplantation* genetic diagnostic testing is a significant **addition** to prenatal diagnosis for genetic disorders. Embryos formed through IVF are tested for gene disorders or chromosome abnormalities **prior** to embryo transfer.<sup>10</sup>

- Either form of diagnostic procedure helps to detect known genetic diseases or chromosomal abnormalities before the birth of a baby.
- Preimplantation genetic diagnosis can identify embryos with some genetic abnormalities. Those embryos may be selected not to be transferred to a uterus.
- Preimplantation genetic diagnosis can reduce the risks of multiple pregnancy by identifying healthy embryos and only selecting them for implantation.
- Either form of diagnostic procedure can decrease the risk to couples or individuals with serious inherited disorders of giving birth to children affected by the same problem.

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10 <https://emedicine.medscape.com/article/273415-overview>

## What are some of the ethical issues related to PGD?

### Selective abortions and selective embryo transfer

One key ethical issue is that prenatal diagnosis opens the possibility for selectively aborting fetuses that are shown to have certain characteristics, defects or risks of disease. Similarly, preimplantation diagnosis opens the possibility of not implanting embryos because they have been shown to have certain characteristics. Beyond the questions of abortion and the moral value of embryos in themselves, opponents would argue that facilitating such selectivity is, by its very nature, problematic and can be understood as a form of discrimination.

Some of the potentially problematic mechanisms in this possibility can be illustrated by the example of using PGD to determine sex. In some cultures where a female child is considered less desirable than a male child, records indicate a disproportionate number of boys being born. For example, although it is illegal in India to divulge a foetus's sex, prenatal sex testing still occurs. This has been a contributor to a significant gender imbalance in society, as the strong preference for male children means that a disproportionate number of female fetuses are aborted,<sup>11</sup> and consequently more males than females are born and fewer females reach adulthood. Similar mechanisms could also apply to other characteristics that can be uncovered by the use of PGD.

### Pressures on parents and societal perception of disabilities

The ability to know a number of risk factors at an early stage of pregnancy, or before the completion of an IVF cycle, can bring additional pressure on parents to abort unborn children or to not implant embryos that are shown, for example, to be at risk of a genetic disorder. Some are concerned that this can lead to a general trend that babies with 'unwanted' characteristics are actively filtered out. A general question that can be raised in this context is whether such developments also affect the wider societal perceptions of persons with genetic disorders or disabilities.

An example of this that is often referenced is people with Down syndrome (also known as trisomy-21), a condition caused by the presence of an extra chromosome. This syndrome can lead to various physical and intellectual challenges in life. Statistics from several countries show that a high proportion of women choose to abort embryos when PGD reveals them to have Down syndrome.<sup>12</sup> Similar tendencies are apparent in several countries where at-risk mothers (e.g. women over a certain age) are routinely offered prenatal diagnostic tests.<sup>13</sup>

Beyond the ethical concern about abortion itself, the question also arises as to whether this kind of development, in time, will affect the wider societal view of persons living with Down syndrome. In some cases, people with Down syndrome and their family members report feeling devalued and unwanted in a context where their condition is considered, on its own, a valid reason to choose abortion. This in turn can affect how a society in general values people with a variety of disabilities.

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11 'Every year, at least another 2 million girls worldwide disappear because of gender discrimination.' Nicholas Kristof and Sheryl WuDunn, *Half the Sky: Turning Oppression into Opportunity for Women*, Vintage, 2010, p xv

12 The United States has an estimated termination rate for Down syndrome of 67 per cent (1995-2011); in France it's 77 per cent (2015); and Denmark 98 per cent (2015).  
<https://www.cbsnews.com/news/down-syndrome-iceland/>

13 In Denmark, the number of children born with Down syndrome has roughly halved after routine screening was introduced, and in Iceland where such screening is routinely provided, hardly any children are now born with Down syndrome. European Down Syndrome Association, [www.edsa.eu](http://www.edsa.eu)

In summary, some fear that a development towards a society where unwanted characteristics and diseases are routinely filtered out pre-birth will inevitably lead to a loss of respect and victimisation for people with disabilities and parents who choose to carry their pregnancies to term in spite of receiving a diagnosis showing the risk of a genetic disorder.<sup>14</sup>

Beyond diagnosing the existence of already present conditions, diagnostic methods can also indicate whether a child is genetically predisposed to contracting certain serious diseases later in life. This raises the overall question from a mental health perspective of whether it is necessarily positive for us to know such things.

The greater the breadth of knowledge about their unborn child, the more difficult the choices that parents may face. In some societies where PGD has become routine, parents face increasing pressure to know as much as possible about their future children.

This raises a very basic question: Does it help us to know the predisposition of an unborn child to various diseases later in life? Or does it generate more – potentially unnecessary – concern? In terms of societal norms, some people question how this changes our perception of life and what it means to have a good life.

### Reflect and Evaluate – Biblical Principles

The sum of the principles described in previous sections can also provide a basis for reflection around this subject. In addition, the following key principles should be considered.

#### **The sanctity of life and the value of diversity**

The Bible teaches the equal value and dignity of all persons, irrespective of characteristics or capabilities. As the *IPS on Disabilities* states: 'All human beings are created in God's own image, uniquely reflecting God's nature and character (Genesis 1:27-31). God's creation is signified by diversity and that diversity is good (Genesis 1:31; Psalm 8). God loves and values every person, giving each one equal dignity and worth, and commanding us to love and value each other.'<sup>15</sup>

#### **Care for the vulnerable**

The Bible consistently highlights God's particular concern for the vulnerable and advocates that they be treated with compassion and care. This would imply a particular concern for safeguarding the well-being of vulnerable groups in society, such as persons with disabilities or genetic disorders. They are, like everyone else, an equal and integral part of the human family – not a separate category of persons with 'unwanted' characteristics. As the *IPS on Disabilities* states: 'Paul described the community of the Church as a body, stating that "those parts of the body that seem to be weaker are indispensable" (1 Corinthians 12:22 *NIV*). The perceived weaker members help to shape our knowledge of God, and without them we are less.'<sup>16</sup>

#### **The presence of suffering**

In Genesis 32:22-32 Jacob struggled with God and came out of the experience limping. A truly good and blessed life does not have to be a life devoid of challenges and pain. The Revelation vision (Revelation 21:1-4) points towards 'no more death or mourning or crying or pain' (v 4), but the same is not promised in this life.

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14 'Down Syndrome: Coercion and Eugenics,' McCabe and McCabe, *Genetics in Medicine*, August 2011

15 *International Positional Statement on Disabilities*

16 *Ibid*

While as humans we are tempted to search for the perfect life, free from the risk of sickness or suffering, this does not correspond with the biblical message where God is present in the midst of every human circumstance. We recall that the resurrected Christ appears with a body that is scarred (John 20:19-27).

### How Then Shall we Live?

It follows from the above that Salvationists could respond in the following ways:

- Advocate and actively work for societies where all people, irrespective of abilities, are equally valued.
- Advocate for skilled counselling, pastoral care and support to be available for all faced with difficult decisions or the burden of difficult information.
- Ensure adequate compassionate spiritual, emotional and practical support and care for those who, when faced with the burden of such information, make the difficult choice to terminate a pregnancy or a process of IVF.
- Make every effort to ensure spiritual, emotional and practical support is available for those who choose to carry to term children whom they know will face additional challenges in life.
- Strongly advocate against the preference of boys over girls, or any other forms of birth selectivity based on specific characteristics or predispositions.
- Advocate for exercising caution in implementing new types of diagnostic testing prior to a thorough consideration of the potential ethical consequences in both the short and long term, and advocate for putting the well-being of unborn children and vulnerable groups at the forefront of decision-making.

### CONCLUSION

In 1985, General Shaw Clifton wrote a book on Salvation Army ethics.<sup>17</sup> The conclusion of the chapter on assisted human reproduction is still applicable today:

‘The issues in the field of human assisted reproduction are many and complex. There are no very easy answers. Debate will and must continue and Christians must play their full part – that is, Christian doctors, theologians, lawyers, social workers, parents. It will be difficult to balance strong doctrine and principle with strong mercy and sensitivity. For those seeking fulfilment in parenthood who are prepared to go to any length, Salvationists will not water down their beliefs, but neither will they utter one syllable of condemnation as they offer love and counsel in Christ’s name.’<sup>18</sup>

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17 Shaw Clifton, *Strong Doctrine, Strong Mercy*, The Salvation Army, International Headquarters, 1985

18 Ibid, p19-20, with minor editing

## SUGGESTED ADDITIONAL RESOURCES

Arbo, Matthew, *Walking Through Infertility: Biblical, Theological, and Moral Counsel for Those Who Are Struggling*, Crossway Books, 2018.

Center for Bioethics and Human Dignity. Trinity International University.

<https://cbhd.org/category/issues/reproductive-ethics>

<http://ivfcanada.com/ivf-treatment/preimplantation-genetic-screening-diagnosis-pgs-pgd/>

<https://my.clevelandclinic.org/health/articles/7247-fetal-development-stages-of-growth>

<https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-testing/art-20045177>

<https://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716>

<https://www.webmd.com/baby/ss/slideshow-fetal-development>

*International Positional Statement on Abortion*. The Salvation Army. 2010.

[https://s3.amazonaws.com/cache.salvationarmy.org/ae01d6b4-9a44-4fe8-9d25-b10154f136ec\\_English+Abortion+IPS.pdf](https://s3.amazonaws.com/cache.salvationarmy.org/ae01d6b4-9a44-4fe8-9d25-b10154f136ec_English+Abortion+IPS.pdf)

*International Positional Statement on Disabilities*. The Salvation Army. 2020.

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Pallant, Dean. *To be like Jesus! Christian Ethics for a 21st-Century Salvation Army*, Salvation Books, The Salvation Army International Headquarters, 2019.



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### Approved by the General, March 2021.

This international discussion document does not constitute the official position of The Salvation Army. It is intended for internal organisational use only as a means of promoting thoughtful reflection and discussion on the issue.

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