

“And which one is my baby?” Parental options in IVF and their relevance for a Christian-Orthodox ethics of procreation

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Abstract:

The recourse to assisted procreation technologies is a growing phenomenon, including within Christian-Orthodox communities, but its moral and pastoral issues are still rather poorly evaluated. A special aspect of the *in vitro* fertilization procedures (IVF), that will be discussed here, is the loss that accompanies not the refusal to have children, but, paradoxically at first glance, the desire to have them. In this essay, I will examine this situation both logically and theologically. I will begin with a moral typology of abortions in the case of natural procreation, then I will present the procreative losses in the IVF context. Further, I will compare the two types of losses, aiming at identifying common and specific aspects. Although the human status of the unborn is a fundamental issue in the moral evaluation of procreative loss, the IVF context highlights the role that the parental project plays in the attitudes and decisions concerning the fate of those conceived.

Keywords:

in vitro fertilization, procreative loss, abortion, parental project, Christian-Orthodox

The recourse to assisted procreation technologies (APT) is a growing phenomenon, including within Christian-Orthodox communities, but its moral and pastoral issues are still rather poorly evaluated.² A special aspect of the *in vitro*

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² As far as I know, only two autocephalous Churches publicly pronounced on the medically assisted procreation: the Russian Orthodox Church, in the document titled *The Basis of the Social Concept of the Russian Orthodox Church* (2000), the chapter “Bioethics Issues” (available here: <https://mospat.ru/en/documents/social-concepts/xii/>) and, more recently

fertilization procedures (IVF), that will be discussed here, is the loss that accompanies not the refusal to have children, but, paradoxically at first glance, the desire to have them. In fact, significant procreative loss also accompanies the natural process, and this is often invoked to justify accepting IVF losses as well as those involved by human embryo research.³ In this essay, I will examine this argument both logically and theologically. I will begin with a moral typology of abortions in the case of natural procreation, then I will present the procreative losses in the IVF context. Further, I will compare the two types of losses, aiming at identifying common and specific aspects. Although the human status of the unborn is a fundamental issue in the moral evaluation of procreative loss, the IVF context highlights the role that the parental project plays in the attitudes and decisions concerning the fate of those conceived. This perspective rediscovers the Christian-Orthodox doctrine on the coming into life of the human being, according to which the ethical stake of the interference with the Creator in the act of procreation is not limited to observing or violating the right to life of the unborn, but what kind of parents will be those in question or, in other words, the extent to which their parental project and their own life is a path on the very way of Life.

The moral typology of abortion

If by abortion we understand the interruption of the life of the human unborn being or his/her death, regardless of its causes, an intuitive moral typology has two categories, according to its intentionality: 1) unintentional (involuntary) abortion - which can be spontaneous / unprovoked or induced / provoked (accidentally, imprudently or negligently) -, and 2) intentional (voluntary), which includes elective /on demand or on choice abortion (motivated by various reasons not to have a child, from frivolous to dramatic ones, for example, in a situation of rape or incest) and

(2013), in another document, namely "On the Baptism of Children Born to Surrogate Mothers", available here: <http://www.pravmir.com/on-the-baptism-of-born-children-mothers-to-surrogate/>; and the Orthodox Church of Greece, in The Holy Synod of the Church of Greece Bioethics Committee, *Basic Positions on Ethics of Assisted Reproduction*, Athens 2007 (available here: <http://www.bioethics.org.gr/en/Assisted%20Reproduction41.pdf>). See also, Metropolitan Nikolaos, "The Greek Orthodox Position on the Ethics of Assisted Reproduction." *Reproductive biomedicine online* 17 (2008): 25-33; Nikolaos Chatzinikolaou, "The Ethics of Assisted Reproduction." *Journal of Reproductive Immunology* 85.1 (2010): 3-8.

³ E.g., Julian Savulescu, and John Harris. "The creation lottery: final lessons from natural reproduction: why those who accept natural reproduction should accept cloning and other Frankenstein reproductive technologies." *Cambridge Quarterly of Healthcare Ethics* 13.1 (2004): 90-95. On the causality of this losses, David F. Albertini, "Explaining the futility of the reproductive process in humans: past, present, and future." *Journal of assisted reproduction and genetics* 34.2 (2017): 157-158.

eugenic abortion (motivated by a fetal anomaly that does not represent an obstetrical risk, such as Down's syndrome, spina bifida, or anencephaly).⁴ As a special case, medical abortion (so-called therapeutically, that is motivated by a major obstetric risk to the mother, the fetus or both) has aspects of both categories; the elimination of the unborn being, on the one hand, undesirable, on the other, not just foreseen, but also deliberately done (Figure 1).⁵

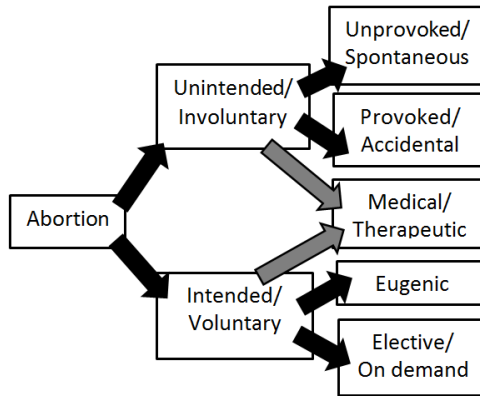


Fig. 1: Types of abortion in natural procreation

Obviously, although any form of abortion is regrettable, not all have the same moral burden; on the other hand, although only abortion on demand manifests an explicit anti-procreative intention, only a loss of the first type, unintentional and

⁴ The terminology of eugenic abortion for the removal of pregnancies with debilitating pathologies for the child is not common, but I consider it more morally relevant; see, Helen Watt. "Abortion for life-limiting fetal anomalies: Beneficial when and for whom." *Clinical Ethics* 12.1 (2017): 1-10. For medical aspects of procreation and abortion, see Roy G. Farquharson and Mary D. Stephenson, eds. *Early pregnancy*. Cambridge University Press, 2017; Márta Gávai and Zoltán Papp, "Spontaneous and indicated abortions"; in Joseph J. Apuzzio et al., Eds. *Operative Obstetrics*, 4th ed., CRC Press, 2017, 99-121.

⁵ The justification of medical abortion through the doctrine of double effect and the controversy raised by it are well-known. See, for example, Maureen L. Condit and Donna Harrison. "Treatment of an Ectopic Pregnancy: An Ethical Reanalysis." *The Linacre Quarterly* 85.3 (2018): 241-251. More general about the double effect, Helen Watt. "Double effect reasoning: why we need it", *Ethics and Medicine* 33.1 (2017): 13-19; Philip A. Reed, "The danger of double effect." *Christian Bioethics* 18.3 (2012): 287-300. An examination of the issue, from a Christian-Orthodox perspective, to Valerie H. Protopapas, *Abortion, oikonomia and "the hard cases"* (available here: https://www.oclife.org/files/articles/ABORTION_OIKONOMIA.wd6.pdf)

spontaneous (uninfluenced by previous human actions) can be considered innocent. Considering that the behavior of the father can affect the quality of his seminal contribution, and that the life of the unborn is deeply dependent on the mother, their behavior, during pregnancy and before, as well as the behavior of those who have a significant influence on them, may contribute in various and often immeasurable measures to the incidence of abortion. As such, ascertaining abortion in one or other of the above categories may be difficult or even impossible to achieve.⁶ On the other hand, this "greying" given by the circumstances does not justify the undifferentiated ethical treatment of those categories, a tactics widely used by pro-abortionists by invoking and extrapolating the permissibility of medical / therapeutic abortion or other difficult cases.

IVF and its losses

40 years after the first child born from a laboratory conception, the number of people who have gone through the test tube is estimated at 8 million worldwide and is continuously increasing.⁷ One of the notorious moral issues raised using procreation technologies is the embryonic and fetal loss that *IVF* involves. For reasons of medical effectiveness and financial efficiency, the number of embryos fertilized *in vitro* is deliberately greater than those transferred into the uterus for implantation, which in turn are usually more than infants born.⁸

⁶ A fact acknowledged in the service for the woman who cast out a fetus from the Prayer Book: “Thy handmaid, who today lieth in sins, having fallen into manslaughter, casting out, willingly or unintentionally, that which was conceived within her; and forgive her transgressions, voluntary or involuntary.” See also below, note 44. On the father’s role, see Richard Bronson, ed. *The Male Role in Pregnancy Loss and Embryo Implantation Failure*. Springer, 2015.

⁷ European Society of Human Reproduction and Embryology. "More than 8 million babies born from IVF since the world's first in 1978" (July 2018, <www.sciencedaily.com/releases/2018/07/180703084127.htm>. For example, according to data collected by the European Society for Human Reproduction and Embryology (ESHRE), in Romania, in 2013, 734 IVF children were born, i.e. 0.4% of all births, and in 2014, 1147 IFV children, i.e. 0.6% of the total births. I chose the last two years for which we have public data. Note that figures are underestimated because not all clinics have reported; see, European IVF-monitoring Consortium (EIM), et al. "Assisted reproductive technology in Europe, 2013: results generated from European registers by ESHRE." *Human Reproduction* 32.10 (2017): 1957-1973, here 1963; Ch. De Geyter, et al. "ART in Europe, 2014: results generated from European registries by ESHRE: The European IVF-monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE)." *Human reproduction* 33.9 (2018): 1586-1601, here, 6. I chose this data to illustrate the situation in two countries with a Christian-Orthodox confessional majority.

⁸ For technical details, see Daniel J. Kaser et al. "Assisted Reproduction." in *Yen and Jaffe's Reproductive Endocrinology*, 2019, p. 779-822; Mitchell Rosen et al., "Gamete and Embryo Manipulation." in *Ibidem*, p. 823-856; David K. Gardner et al. *Textbook of assisted reproductive*

Within *IVF* procedures there are several possible types of losses (see Figure 2, the blackheads), namely: undeveloped embryos until the stage proper for transfer into the uterus (3-days or the blastocyst stage); destroyed non-transplanted embryos (e.g., selected as unsuitable for transfer, so called "unviable"; or identified with genetic pathologies in the pre-implantation diagnostic procedure; or "supernumerary" preserved embryos because they are no longer meant for implantation; or embryos who do not survive cryopreservation); embryos transferred but not implanted; spontaneously lost fetuses; medically removed fetuses; ill fetuses eliminated by eugenic abortion (so-called selective termination); and healthy fetuses eliminated to reduce a multiple pregnancy (to singleton or tweens, usually) so as to prevent maternal and fetal morbidity and mortality (so-called fetal reduction or multifetal pregnancy reduction).⁹

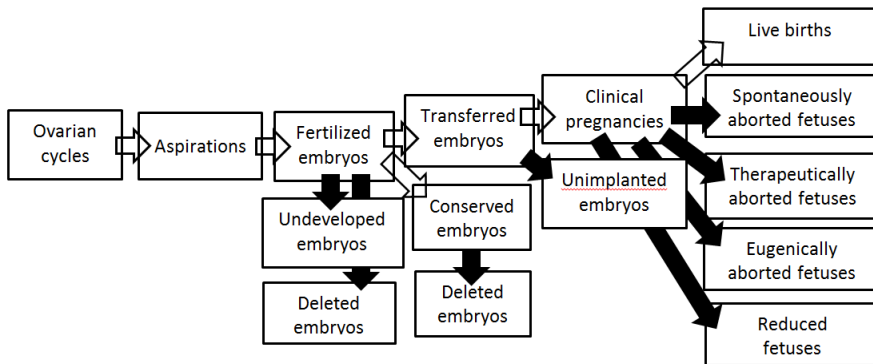


Fig. 2: The process of an *IVF* procedure and its losses

Comparatively, some of these *IVF* losses are like those of natural procreation. Obviously, spontaneous loss of undeveloped or unimplanted embryos, or spontaneous fetal loss, will be classified as spontaneous, unintentional abortions. In their turn,

techniques: laboratory and clinical perspectives. CRC Press, 2016; on the present situation of *IVF* and its issues, see P. R. Braude and Martin H. Johnson. "Reflections on 40 years of *IVF*." *BJOG: An International Journal of Obstetrics & Gynaecology* 126.2 (2019): 135-137; J. Wilkinson et al. "Reproductive medicine: still more ART than science?" *BJOG: An International Journal of Obstetrics & Gynaecology* 126.2 (2019): 138-141.

⁹ The literature does not have a uniform terminology for the latter two types; see, Claire-Marie Legendre et al. "Differences between selective termination of pregnancy and fetal reduction in multiple pregnancy: a narrative review." *Reproductive biomedicine online* 26.6 (2013): 542-554; Ana S. Carvalho et al. "Fetal Reduction." in Sorin Hostiuc ed. *Clinical Ethics at the Crossroads of Genetic and Reproductive Technologies*. Academic Press, 2018. 195-204; Fernando Zegers-Hochschild et al. "The international glossary on infertility and fertility care, 2017." *Human reproduction* 32.9 (2017): 1786-1801.

abortion of embryos and fetuses with various debilitating pathologies falls within the category of motivation for eugenic abortions, and those motivated by obstetric emergencies in the category of motivation of therapeutic abortions. In the moral examination for *IVF* specific situations, remain the destruction of unused embryos - both those not transferred for reasons of "poor quality" ("unviable") and those "supernumerary" - and abortion to reduce multiple pregnancy, both as cases of intentional abortion. The difference with respect to the natural procreation is not only the existence of new specific forms of intentional abortions, but also their higher incidence per cycle. Producing multiple *IVF* embryos per a treatment cycle makes many of these forms of loss occurring for a pregnancy, possibly, all of them.¹⁰ Of course, the motivation to accept the loss of the *IVF* process taken as a whole cannot be equated with the motivation of abortion on demand because the birth is not refused.¹¹ On the contrary, the desire for procreation lies at the origin of the appeal to *IVF*. Are they, however, justified on their own, simply by good intent to procreate?¹² I will compare *IVF* specific losses with relevant natural losses: spontaneous, therapeutic, and eugenic.¹³

¹⁰ Of course, in multiple pregnancy, a multi-abortion scenario is possible in the natural case, but it is a much less rare and numerically smaller a phenomenon.

¹¹ They are also different in that the pregnancy is not completely stopped, with one or two children being kept, so the loss of aborted babies is emotionally compensated with the birth of the preserved one.

¹² For the purpose of the present discussion, I ignore all the "slippery slope" arguments as to what can lead, and is already doing, the spread of *IVF*, on a growing scale and in increasingly diverse situations: the procreation not only outside marriage, but also outside of heterosexual couples; proliferation of parenthood (e.g., beyond normal ages); re-tailoring of kinship relationships (e.g., child with more than two biological parents); trafficking of biological material, etc. There are authors who even propose that parents be required to select children with the best chances in life (by preimplantation genetic diagnosis), which would involve normalizing the use of *IVF* and *PGD*. Another aspect ignored here, but extremely relevant, is the state of health of children born through *APT*; see, in this respect, e.g., Arne Sunde, "A duty to our grandchildren." *Human Reproduction Update* 25.2 (2019): 135-136; Sine Berntsen, et al. "The health of children conceived by *ART*: 'the chicken or the egg?'" *Ibidem*: 137-158.

¹³ I also ignore accidental situations, although accidents can have different causes and incidences in the two contexts, sometimes morally relevant; see, for example, Francesco P Busardò et al. "Accidental thawing of embryos, cryopreserved for transfer. Two Italian cases, Milan and Rome." *Current pharmaceutical biotechnology* 17.4 (2016): 321-325. A particular type of *IVF* accidents that can lead to abortion on demand is embryonic transfer to a mistaken mother; see, Paola Frati et al. "A Mix-up During Assisted Reproductive Technique: What is in the Best Interest of the New-Born?" *Current pharmaceutical biotechnology* 17.4 (2016): 326-329.

Are IVF losses similar to natural spontaneous ones?

In the ethical controversy over abortion, in general, as well as over the loss of the *IVF* process an argument often invoked is the existence and magnitude of spontaneous embryonic and fetal losses in the natural process.¹⁴ If we accept natural losses as inevitable or as justifiable, possibly as means of achieving procreation, does the same justification also apply in *IVF*?

First, natural spontaneous losses are properly speaking not means for natural births; there is no need for these losses, so the births take place. Only similar spontaneous losses within the *IVF* can be accepted in this category. This is not the case for unused (unviable or supernumerary) embryos and reduced fetuses, the first conceived, the others deliberately eliminated just to increase the chance of a live birth per a pregnancy. Also, while there are only two alternatives in natural fertility - engaging in procreative behavior with the risk of losing embryos or fetuses, or giving up own children - there are several alternatives in infertility diagnosis:¹⁵ 1) Continuation of natural procreative behavior, with the hope that it will eventually produce a birth, maybe using other medical procedures that do not involve any additional loss risks;¹⁶ 2) use of *IVF* under conditions of maximum efficiency, with the acceptance of virtually unavoidable losses; 3) the use of *IVF* with a protocol for the design and transfer of as few embryos as possible, taking the risk of not having one birth per pregnancy; or 4) renouncing to procreate. If generally the willingness to procreate is morally warranted, and even commendable, although the risk of loss is recognized, in natural fertility remains a single option, whereas in the case of infertility there are three. At the rigor, the second option of the three is avoidable by appropriate medical procedures: fertilizing only the number of embryos intended for transfer and

¹⁴ Particularly invoked to argue the logical and political incoherence of the pro-life movement, which opposes abortion on demand but does not pay attention to spontaneous abortions; see, Amy Berg, "Abortion and miscarriage," *Philosophical Studies* 174.5 (2017), 1217-1226; William Simkulet. "Cursed lamp: the problem of spontaneous abortion." *Journal of medical ethics* 43.11 (2017): 784-791.

¹⁵ For the definition, etiology and incidence of infertility, see Roger J. Hart, "Physiological aspects of female fertility: role of the environment, modern lifestyle, and genetics." *Physiological reviews* 96.3 (2016): 873-909; Mélodie Vander Borgh and Christine Wyns. "Fertility and infertility: Definition and epidemiology." *Clinical Biochemistry* 62 (2018): 2-10.; Cynthia M. Farquhar et al. "Female subfertility." *Nature Reviews Disease Primers* 5.1 (2019): 7.

¹⁶ One problem is defining infertility as illness after just one year of waiting; see, Egbert te Velde et al. "Ever growing demand for in vitro fertilization despite stable biological fertility—A European paradox." *European Journal of Obstetrics and Gynecology and Reproductive Biology* 214 (2017): 204-208.

birth, followed by transferring one embryo and preserving the others until a new transfer.¹⁷

How many unborn for a new-born?

As for the loss-size argument, although it has never gone unnoticed, the quantitative scientific evaluation of natural prenatal mortality began only a few decades ago and offers a very wide range of estimates, between 20% and 90%. Perhaps the most recent study on this subject, a thorough review of previous research, limits this range to 40-60%.¹⁸ If we accept as a reference term for the natural case the middle of that range, it means that on average, for each born child, another unborn child is spontaneously lost. On the other hand, an analysis of the 2004-2013 period assesses *IVF* losses for the US to about 80% of the embryos transferred,¹⁹ i.e. at least four other unborn babies are lost for each child born.²⁰

¹⁷ Cf. Rachel Cutting, "Single embryo transfer for all." *Best Practice & Research Clinical Obstetrics & Gynaecology* (2018), 53:30-37; James M. Kemper et al. "Single embryo transfer with frozen transfer of all remaining embryos without further embryonic testing should be the standard of care in IVF." *BJOG: An International Journal of Obstetrics & Gynaecology* 126.2 (2019): 142-144. An interesting issue is the finding that there is a higher risk of recurrent (habitual) abortion in the case of natural conception, compared with the use of *IVF*; see, V. A. Tamhankar et al. "A Comparison of Pattern of Pregnancy Loss in Women with Infertility Undergoing IVF and Women with Unexplained Recurrent Miscarriages Who Conceive Spontaneously." *Obstetrics and gynecology international* 2015 (2015): 989454-989454. In this case, is there is a moral obligation for a pro-life person to resort to *IVF* in order to avoid the loss of unborn babies? The issue requires a closer examination, as other studies show an increased incidence of ectopic pregnancies in the context of *IVF*; v. Bassem Refaat, Elizabeth Dalton, and William L. Ledger. "Ectopic pregnancy secondary to in vitro fertilisation-embryo transfer: pathogenic mechanisms and management strategies." *Reproductive Biology and Endocrinology* 1.13 (2015): 1-18.

¹⁸ Gavin E. Jarvis, "Early embryo mortality in natural human reproduction: What the data say." *F1000Research* 5 (2016). Noteworthy, the author's observations on the difficulty of estimations, especially for the pre-implantation period, estimated at 10-40%.

¹⁹ Sanaz Ghazal and Pasquale Patrizio. "Embryo wastage rates remain high in assisted reproductive technology (ART): a look at the trends from 2004–2013 in the USA." *Journal of assisted reproduction and genetics* 34.2 (2017): 159-166. Data from the previous period (1995-2001), also from the US, estimated the loss of about 85% of the embryos transferred; see, Pasquale Patrizio and Sherman Silber. "Improving IVF: is there a limit to our ability to manipulate human biology?" *Journal of assisted reproduction and genetics* 34.1 (2017): 7-9.

²⁰ According to data published by ESHRE (see *ibidem*, supra, note 6), in Romania in 2013, for the 734 *IVF* children born, at least 3748 embryos were transferred, which means that on average at least 5 embryos were transferred to born a child, or a loss of 4 unborn embryos for an embryo that is born; in 2014, for the 1147 *IVF* children born, at least 4687 embryos were

The difference is obviously significant. But even so, and even if the IVF procreative efficiency could not, in any future, exceed the efficiency of the natural process,²¹ the magnitude of the loss of the latter is in itself a reason to challenge for the unborn the quality of a human being: what reason can there be in that half of the human beings ever conceived not to have the chance to taste their own life? Is it not more plausible to accept that they are not, in fact, human beings?²² In this case, the comparison of losses would become morally irrelevant. I will come back on the question of the status of the unborn. It is enough, for now, to accept that in the two cases, the natural and the IFV, we are dealing with human biological entities with the same status.

Therefore, the likelihood of greater occurrence of loss, the nature of means, and the possibility of alternatives do not justify the assimilation of *IVF* specific losses with natural spontaneous ones. Could they possibly be similar to the therapeutic abortion, by virtue of the same procreative intentions, followed by unwanted, though assumed losses?

Are fetal reductions therapeutic or saving?

It is hard to see how the destruction of abandoned "supernumerary" embryos could be considered therapeutic. On the other hand, the destruction of those considered unviable for implantation can be rigorously avoided by IVF procedures, as we have seen above (option 3). Regarding the closest situation to the therapeutic case, namely preventive fetal abortions to reduce multiplicity, if the procedure was established for

transferred, i.e., on average, 4 embryos were transferred to born a child, or a loss of 3 unborn embryos for one born. In fact, IFV procreative efficiency is lower than estimated here, so losses are higher, because ESHRE data reported does not include the number of fertilized embryos. Also, only transfers under 4 embryos are reported distinctly, the higher ones being reported together; I also did not include thawed embryo transfers, which would increase the losses with the order of hundreds.

²¹ A decrease observed for annual averages is due to the decrease in the number of transferred embryos, not to the increase in *IVF*'s procreative performance, which has largely remained the same since its inception, and, according to the opinion of specialists, would not be likely to exceed a certain biological limit natural; see, Patrizio Pasquale and Sherman Silber. "Improving IVF Results: How Far Can We Tamper with Human Biology?", in Joseph G. Schenker et al. *Reproductive Medicine for Clinical Practice*. Springer, 2018. 77-82.

²² In this case, it is not clear why infant mortality - once catastrophic - would not be an argument for the status deficit of human neonates and even the acceptance of infanticide. In fact, it is also not clear why the percentage would play such an important role: what is the meaning of the death of a single man before being self-conscious? For our culture, centered on the idea of "self" and self-determination, this seems to be the decisive criterion of personal life, both at the beginning and the end of life.

emergency situations, at death risk for the mother, then the indication expanded to prevent wider, non-lethal risks, in other words from a life-saving intervention to one for the quality of life.²³ Therefore, the comparison with the therapeutic situation is plausible only for the reductive losses and charged by the same moral problem of sliding from mortality to morbidity that occurs also in the natural case.

Sometimes fetal reduction is considered and justified as a limit, lifeboat-like situation, when the salvation of some passengers from an overcrowded boat would require heaving overboard the others.²⁴ It should be noted, however, that in the case of IVF, overloading is intentional from the outset, not unforeseeable and unpredictable, the additional number of passengers being initially a measure to ensure the very starting of the journey (in the case of unused embryos), then the reduction is a measure to complete it. What in the natural case is just a risk, namely that of multiple pregnancy, in the IVF case is practically certain. To be sure of the "success" of the transport, we initially decide to overload it, and then to reduce it.

Savior siblings?

The salvation argument can be formulated, more credibly, by analogy with the case of the "savior siblings" in which parents, in order to save the life of a child born but seriously ill, resort to the procreation of another child to become an organ, tissues or cells donor genetically compatible with the suffering brother. Naturally made in the beginning, recourse to IVF was subsequently chosen to allow preimplantation genetic diagnosis and immunological compatibility test for selecting and transferring only healthy and compatible embryos.²⁵ To the moral objection to the use of human beings (at least after birth) for the benefit of others - and in this case even conceived for the purpose of being used -, it can be answered that the motivation of conception and birth to save the life of a child can be considered superior to that of "accidental",

²³ Mark I. Evans et al. "Fetal reduction and selective termination." in Joseph J. Apuzzio et al., eds. *Operative Obstetrics*, cit., p. 85-97, here p. 89-90; v. și Radhika Rao, "Selective Reduction: "A Soft Cover for Hard Choices" or Another Name for Abortion?" *The Journal of Law, Medicine & Ethics* 43.2 (2015): 196-205.

²⁴ See, Guido Pennings. "Selective termination, fetal reduction and analogical reasoning." *Reproductive biomedicine online* 26.6 (2013): 525-527.

²⁵ Robert Sparrow and David Cram. "Saviour embryos? Preimplantation genetic diagnosis as a therapeutic technology." *Reproductive biomedicine online* 20.5 (2010): 667-674; Rita CS Figueira et al. "Preimplantation diagnosis for β -thalassemia combined with HLA matching: first "savior sibling" is born after embryo selection in Brazil." *Journal of assisted reproduction and genetics* 29.11 (2012): 1305-1309. See also, Malcolm K. Smith, *Saviour siblings and the regulation of assisted reproductive technology: Harm, ethics and law*. Routledge, 2016; Shih-Ning Then, *Children as Tissue Donors: Regulatory Protection, Medical Ethics, and Practice*. Springer, 2018.

"unexpected" or "unwanted" procreation so common in the natural case. And if, once accepted, the "unexpected" child can be loved just like any other child, the more one can love the "savior sibling", perhaps with a surplus of gratitude.

Returning to IVF, the "savior siblings" would be the embryos and fetuses sacrificed for the birth of a beneficiary brother (sometimes two, seldom more). In this case, one can also argue that those who actually suffer for such a sacrifice would not be the unborn - because they would not have developed the pain-associated nervous system until the third trimester of pregnancy²⁶ - but their parents.²⁷ The question that arises here, however, is how parents can be so selective in their attitude to their unborn children, the more so since we can expect that, by virtue of the intense desire to have children, the one that causes them to use the IVF in the first case, the parents recognize everyone alike.²⁸ And if the birth of one / some claim the discard of others, are the latter not, paradoxically, even more worthy of recognition?

For the time being, at the end of this comparison, we can see that IVF specific losses cannot be considered morally equivalent to natural procreation, mainly by the existence of several possible options, the most commonly used being the one that involves the most numerous and the more problematic moral losses.²⁹

²⁶ Reductive abortions are done in the second trimester of pregnancy before week 16 for twins with separate placentas, and after the 18th week if they have the same placenta. The onset of pain in the prenatal period is controversial; see, Slobodan Sekulic et al. "Appearance of fetal pain could be associated with maturation of the mesodiencephalic structures." *Journal of Pain Research* 9 (2016): 1031-1038; María J. Mayorga-Buiza, Javier Marquez-Rivas, and Emilio Gomez-Gonzalez. "Can fetus feel pain in the second trimester? Lessons learned from a sentinel event." *Child's Nervous System* 34 (2018): 195-196; also, Morgane Belle et al. "Tridimensional Visualization and Analysis of Early Human Development." *Cell* 1.169 (2017): 161-173.

²⁷ For a discussion from the psychological and religious perspective of parents reporting on this sacrifice, see Pierre-Yves Brandt, "La réduction embryonnaire: Sacrifice d'enfants?", in: J. Boboc, S. Moldovan (ed.), *Au carrefour de l'humain: religion, anthropologie, bioéthique*, Astra Museum, 2016, 27-32; see also, Julie Bindeman, "A Burden of Choice: The Ripple Effect: Parents' Grief and the Role of Family and Friends." in Joann Paley Galst and Marion S. Verp eds. *Prenatal and Preimplantation Diagnosis*. Springer, 2015: 323-335.

²⁸ In a study in Spain, almost 60% of couples prefer twins, especially to avoid the hardship of another IVF cycle; see, Rosario Mendoza et al. "Infertile Couples Prefer Twins: Analysis of Their Reasons and Clinical Characteristics Related to This Preference." *Journal of reproduction & infertility* 19.3 (2018): 167.

²⁹ The "minimal-IVF" option is costlier and more unattractive for clinics (competing for the effectiveness of procedures), but the transfer of one embryo is about to become the standard; see *supra*, note 16.

The status of the unborn

In the above discussion, I did not explicitly appeal to the status of the unborn, although the whole issue of procreative loss, both within the conflicts of conscience and the public controversy about it, focuses on this status. The only indisputable certainty, that is the unborn can become a human adult, is enough not only for the *pro-choice* vs. *pro-life* cultural warfare, but also to the painful embarrassment that accompanies decisions about the intentional or unintentional loss of the unborn, as well as the decisions on the use of exceptional means to produce the baby.³⁰

As we have already seen, and field research confirms us, the status of the unborn plays a more important role in the context of *IVF* than in the natural context, not only through greater losses but also by the more numerous decisions that parents are required for, as well as by the more intense focus on the development of embryos and fetuses. In fact, engaged by an explicit and firm procreative intent, the *IVF* mobilizes the full knowledge of the present science for the successful initiation and realization of the human potential at all prenatal stages of life, which gives this life a greater visibility and importance than that from the natural context. Produced by ethical and political controversies - and facilitated by current imaging technologies -, but denounced by the feminist movement as an ideologically deformed representation that ignores the reality of imbedding and total dependence of the unborn in the maternal body,³¹ the change of foreground from the body of the woman to the body of the embryo or fetus carried by her is almost necessary in the context of *IVF*, especially in the pre-implantation phase. Detaching the embryo from the woman's body makes it not only more visible but also more relational. Too near an inhabitant to the maternal body in order not to be confused with it in a natural context, the *in vitro/ex utero* embryo becomes in relation to the procreators a neighbor independent of the maternal body and dependent only on their procreating intent, a situation which can be prolonged by cryoconservation for years.³² The real bearing body of the pregnancy is, at least now, the parental project.

³⁰ The two types of problems meet but do not coincide. Cultural war also has other reasons and implications than the fate of the unborn. Even if it is not just an epiphenomenon, its human status is also like that; see, Ronald M. Green, "Embryo as epiphenomenon: some cultural, social and economic forces driving the stem cell debate." *Journal of medical ethics* 34.12 (2008): 840-844.

³¹ Jenni Millbank, "Reflecting the 'human nature' of IVF embryos: disappearing women in ethics, law, and fertility practice." *Journal of Law and the Biosciences* 4.1 (2017): 70-93; David Albert Jones, "They deserve better': reflecting on 'Reflecting the "human nature" of IVF embryos." *Journal of Law and the Biosciences* 4.2 (2017): 397-403; Karen O'Donnell, "Reproductive loss: toward a theology of bodies." *Theology & Sexuality* (2019): 1-14.

³² The practice of some lab workers not to destroy embryos considered "unviable", but to let them die by non-freezing is telling; see, Anne-Sophie Giraud, "L'embryon humain en AMP,

The parental project

Empirical studies identify the representation of the embryos as a major factor in the attitude of the parents regarding their destiny. A series of representations and discourses have been inventoried: the biomedical discourse (the embryos as collection of cells or biological resource, perhaps with „expiry dates”); the life discourse (the embryos as human life, as children or „lost children”); the limbo discourse (the embryos as „potential”, not-fully-formed, children, neither persons as yet, nor only cells or commodity, for that matter); the kinship discourse (the embryo as „my or our child” or „family member”, a sibling to the existing children; however, as „second best” or „less desirable”, sometimes); the propriety discourse (the embryos as „personal investment” of value, as „owned”, as „goods” or „products” of the patients or even the clinics). All these perceptions and attitudes intersect in a variety of combinations, depending on the embryo situation (frozen, donated, implanted), the existence of a child already born through the IVF, the moment of assessment (before the procedures, during these, after their completion) the success or the failure of the procedure, including the state of health identified by preimplantation screening, if this has occurred.³³

Of course, once it is done, the transfer restores the natural dependence of the embryo on the maternal body, but the implantation of the embryo gives it a superior value status and recognition, both confirmed by the suffering following a possible loss, either spontaneous or selective, as well as, paradoxically, by the willingness to resort to fetal reduction as a means of avoiding any risk of failure precisely at the stage of completing the procedure.³⁴ Of course, the variability of representation properly

éléments pour une approche relationnelle." *Enfances Familles Générations. Revue interdisciplinaire sur la famille contemporaine* 21 (2014): 48-69, here, 58. On the other hand, the slaughter of laboratory animals sometimes gives professionals more problems than the destruction of laboratory embryos; see, Noémie Merleau-Ponty, "A Hierarchy of Deaths: Stem Cells, Animals and Humans Understood by Developmental Biologists." *Science as Culture* (2019): 1-21.

³³ Thus, the variability of embryo representation does not seem to be dependent so much by parent-specific socio-economic categories, as by relational categories; see. Sonja Goedeke et al. "The Fate of Unused Embryos: Discourses, Action Possibilities, and Subject Positions." *Qualitative health research* 27.10 (2017): 1529-1540; Jenni Millbank, "Exploring the Ineffable in Women's Experiences of Relationality with their Stored IVF Embryos." *Body & Society* 23.4 (2017): 95-120.

³⁴ Studies, rather few and not very recent, on the three types of loss suggest that suffering is greater in the case of spontaneous and selective abortion compared to reductive abortion. It should be noted that in the latter case there is a greater suffering for people with a higher religiosity, younger, or who have seen the fetuses several times through available imagery; see, Joann Paley Galst. "Helping Patients Cope with Their Decisions." in Galst and Verp, *op. cit.*

diminishes as it becomes more and more obvious which / who is the child so much desired and expected to be born.

The findings of these studies have nothing to surprise us. As a being in another being, with a relational existence, the ontology of the unborn can only be variable, depending on the parents' intention and relations (unless something else, a non-variable relationship, could give him unconditional recognition). What is generally true, APT and, in particular, IVF, disclose par excellence. The parental project, which mobilizes and commands them, is also the one that strengthens the relational recognition of the unborn. As someone says, "everything is done to concretize it."³⁵ This fact emphasizes both the significance of all the losses as well as the moral issue of differentiating and selecting among unborn babies, not only diachronically, during different phases of biological development, but also synchronously, in the perspective of a parental viability on which, in turns, both the medical viability and the legal recognition depend, not necessarily to the same extent.³⁶

Starting, as a rule, as a problem of lack of children, appealing to the IVF, rises for the potential parents, perhaps stealthily and maybe unthinkingly, another fundamental problem. The question is no (more) whether or not to have a child, but, to use a much-evoked parable in this context, "and who/which is /will actually be my child"?

supra, 287-321, here, 291 and her literature. Seeing the unborn seems to play a remarkable role. While for spontaneous or selective abortion, it is encouraged to mourn the lost fetuses, especially by viewing them - directly, through photographs or other images - their naming, and possibly burial, in the case of reductive abortion, which usually occurs earlier, none of these are addressed, the mourning being overwhelmed by the satisfaction of a birth, and the sight of the fetal body by its resorption into the mother's; see, Legendre, *art. cit.*, 548-549; Lisa M. Mitchell, "'Time with Babe': Seeing Fetal Remains after Pregnancy Termination for Impairment." *Medical anthropology quarterly* 30.2 (2016): 168-185. For supporters of the gradual perspective of the fetal status, the physicality of the fetus is the major criterion of recognition; see, Amanda Roth, "Experience as Evidence: Pregnancy Loss, Pragmatism, and Fetal Status." *Journal of Social Philosophy* 49.2 (2018): 270-293.

³⁵ Giraud, *art. cit.*, 56.

³⁶ Protected by law in the case of a parental project, including a donation, the embryo becomes a "cell mass" or a tissue, dispensable or possibly available for research, as the case may be. It is the same project that ultimately operates or at least justifies the discrimination between elected and reduced fetuses in multiple pregnancies; see, Elina Helosvuori. "Assembling Viability: The Art of Mundane Embryo Selection in IVF." *BioSocieties*, 2108, 1-22; also, Noémie Merleau-Ponty, "Sélectionner des embryons humains: Une relation opératoire au sein de laboratoires de biologie de la reproduction en Inde et en France." *L'Homme* 225 (2018): 101-124. On the legal perspective, see Vera Lúcia Raposo and Zhe Ma. "The juridical status of the unborn: a person, an object or a tertium genus?" *Peking University Law Journal* 5.1 (2017): 205-236.

A Christian-Orthodox Perspective

In general, the responses of Christians to the abortion phenomenon insist on recognizing the full human status of the unborn starting with the fertilization or conception, the "sacred" character of that life as the gift of the Creator, and the proper observance of the "right to life" based on this status. The same position seems to be adopted in the context of IVF, although it is a much less addressed topic. In this perspective, all IVF procedures and related research that causes loss - any kind of loss - of unborn babies, starting with conception, will be rejected as unacceptable.³⁷ Contemporary Orthodox theology seems to have joined this vision by calling upon the doctrine of the simultaneous animation, so clearly expressed by Saints Gregory of Nyssa and Maximus the Confessor.³⁸ However, I will not follow this approach. Although body-soul simultaneity has become the current doctrine of the Orthodox Church on prenatal anthropology, we must recognize that the Eastern Patristic tradition is not unanimous in this regard. With roots in Genesis 2: 7 and Exodus 21: 22-23, the opinion of the later animation appears in many patristic places - it is true, with brief insights, without proper examination - which belongs to authoritative figures like Efreem the Syrian, Makarios the Egyptian, John Chrysostom, Cyril of Alexandria, Photios the Great, Isaac the Syrian.³⁹ It is remarkable that the position of the one who was received by the posterity as the canonical position of the issue of abortion, namely St. Basil the Great, was reserved regarding the moment of animation,

³⁷ See, David Gareth Jones, "In vitro fertilization and the destruction of embryos." *Perspectives on Science and Christian Faith* 67.3 (2015): 163-174; Idem, "An Exploration of Religiously Based Opposition to Clinical and Scientific Interference with the Embryo." *Reflections on Bioethics. IntechOpen*, 2018 (<http://dx.doi.org/10.5772/intechopen.74549>). A interconfessional perspective, in David Jones, "A Theologian's Brief: On the Place of the Human Embryo Within the Christian Tradition and the Theological Principles for Evaluating Its Moral Status." *Ethics and Medicine* 17.3 (2001): 143-153. For Christian-Orthodox positions, see the documents of the Churches mentioned above, note 1, as well as the classical John Breck, *The Sacred Gift of Life Orthodox Christianity and Bioethics*, St Vladimir's Seminary Press, 1998.

³⁸ A comprehensive treatment, in Jean-Claude Larchet, *Pour une éthique de la procréation: éléments d'anthropologie patristique*. Cerf, 1998; summarily, in Nikolaos Koios, "Embryo and foetus as seen by Orthodox Church." *Periodicum biologorum* 111.3 (2009): 359-363.

³⁹ For a useful review of these statements, see Andrzej Muszala, *Embrion ludzki w starożytnej refleksji teologicznej*, Wydawnictwo WAM, 2009, here, 353 sq. The reference monograph is Marie-Hélène Congourdeau, *L'embryon et son âme dans les sources grecques (VIe siècle av. J.-C.-Ve siècle apr. J.-C.)*. Association des amis du Centre d'histoire et civilisation de Byzance, 2007; here, 392 sq, 422 sq.

a well-known stand but whose significance does not seem sufficiently appreciated.⁴⁰ Without going into detail, we have enough other passages from authors in both currents that justify us to consider that the moral criminalization of abortion by Eastern Patristic Tradition was based primarily on the faith, already expressed in passages like Job 10, 8-12; Ps 118,73 and 138,13, in the creation of every human being by the same Creator who modeled the first men and His care for the child in the womb, no matter how that work was and is still done.⁴¹

If, in this *theoplastic* perspective, the distinction between the different phases of embryonic and fetal development can no longer constitute a moral justification for "when" it is abortion legitimate, as we see in St. Basil the Great, how could the distinction be made between "who" may be aborted by varying degrees of unborn's "viability"? When they baptize their chosen and born children, the parents who have chosen them will hear the priest saying, in the name of those children, the words "Thy hands have made me, and they have built me" (Psalm 118: 73). Is it possible that these words are not also valid for their "batch siblings"?

Whatever it may be, another aspect of this perspective is worth noting. The emphasis it places on the specific Creator's work in procreation does not reduce the significance of the parental role. On the contrary, it puts it in a special light, as evidenced by a passage from St. Cyril of Alexandria.⁴² The passage emphasizes the quality of Creator's type / image that the parents receive through the self-working nature, both by the Creator's command (possibly an allusion to Gen. 1.28) and by the self-taught, i.e. without personal merit, act of procreation. If the mere choice to engage in procreative behavior gives *ipso facto* the dignity of the source of the coming into existence of other human beings, - surely, a second and instrumental source with respect to God -, in what relationship with the Creator are the parents placed by the other choices of their parental project interfering with His work?

If we follow this shift of attention from the moral status of the unborn to the situation of the progenitors, we can see that, beyond their choice in the context of IVF between preserved and eliminated unborn, there is a choice between different parental projects, different ways of being parents or, to put it generally, between different existential trajectories in which they engage by one choice or another. According to

⁴⁰ Although still provisional studies, I refer to S. Moldovan, "Prenatal anthropology in St. Basil the Great", *Revista Teologică*, 3 (2009):108-126 (in Romanian), and Idem, "The Eastern canonical tradition on abortion. The position of St. Basil the Great", *Anuarul Academic al Facultății de Teologie „Andrei Șaguna” din Sibiu 2006-2007*, Editura Universității Lucian Blaga, 2009, 113-125 (in Romanian).

⁴¹ For some relevant Patristic references, see the appendix to this paper. For a similar approach, see H. T. Engelhardt Jr., *Foundations of Christian Bioethics*, Scrivener Publishing, 2000, here, 192, 255, 261, 280-281.

⁴² See the appendix.

the Christian moral tradition, the Eastern Christianity's one, especially, the true victim of evil is not the one who suffers it innocently, but the one who does it.⁴³ This is because, in general, the first and most important implication of any human action is its effect on the one who does it, since by any choice and action we determine ourselves. It is precisely what the example of the merciful Samaritan shows. The well-known parable is usually used to argue that, contrary to the secular mentality, according to which the diminished human status of the unborn justifies a detrimental treatment of it, from the perspective of a Christian assumed belief, this very diminished status is, on the contrary, the reason of an assertive attitude, as we see, more clearly expressed in the word about the final judgment in Mt 25.

But the parable can also tell us something else. The Lord shows us how somebody's situation is the occasion that reveals different attitudes, choices and possible actions, and precisely the way we transform ourselves through them. Of course, the state of the victim and her salvation matter, but the principal beneficiary of the action of mercy is the one who proved it, who could have chosen otherwise, just like the ones before. Or, if he had chosen to go his way unabated, he would have remained the same Samaritan, but not a merciful one. *Mutatis mutandis*, the Lord's response on how we can change ourselves by approaching a "near-dead" one, also tells us the same thing in the context of representation, attitude and action toward a "not really alive," as the unborn has been characterized.⁴⁴ Those who use *IVF* will be other people than might have been by expecting that the nature alone will express the will of the Creator, and those who decide to use *IVF* only if they can avoid its specific loss will be other parents than in accepting a procedure with medical chances of maximum success, but with the inevitable selection of some unborn babies in favor of others.⁴⁵ If the results of the parental project options, which aim the number and

⁴³ For example, Lc 23:28 and St John Chrysostom's letter to Olympiada, the deaconess, known under the name *Quod nemo laeditur nisi a seipso*.

⁴⁴ Lc 10:30: ἡμιθανής; Milbank, "Exploring", *art. cit.*, 2. For another view, see D. Gareth Jones, "Dead Human Bodies and Embryos: Commonalities and Disparities in Ethical Debate." in Rhonda M. Shaw ed., *Bioethics Beyond Altruism. Donating and Transforming Human Biological Materials*, Palgrave Macmillan, 2017: 35-59.

⁴⁵ We can understand in the light of this moral doctrine of the path as a process of transformation by self-determination, under all sorts of inner and outer constraints, why in Eastern Tradition the distinction between voluntary and involuntary sins is more vague and relative than in the West. Hence the apparent diminution in the canonical tradition of the importance of intentional abortion and exaggeration of the unintentional one. In both cases, the effect on the perpetrators lies in the foreground, the former being considered as a suicide and the second as a manslaughter. For an analysis, see H. Tristram Engelhardt Jr., "Sins, voluntary and involuntary: recognizing the limits of double effect." *Christian Bioethics* 3.2 (1997): 173-180. For an extended approach, see Michael Davies, *Sins Voluntary and Involuntary: John of*

biological quality of children, are uncertain, what is certainly gained is a certain moral quality of the parents.⁴⁶

The first mentions and condemnations of abortion in the Christian tradition appear in the *Didache* (2.2) and in the *Barnabas' Epistle* (19.5), placed in the well-known doctrine of the two ways, the way of life and the way of death (cf. Dt 30:15; Mt 7:13-14). Of course, the way and the walk are metaphors of human behavior, with all the attitudes, choices and actions that it contains; they represent the life trajectory of each of us or, ultimately, ourselves as a summing result of all our deeds. What distinguishes these paths is not simply the fact of observing the will or law or commandments of God (cf. Gen 48:15, Ps 118:3,45 etc.), but what we become each of us following them (cf. Gal 5:16, Eph 2: 2; 5:2,8, Col 1: 10; 2:6, etc.). In perhaps the most dramatic denunciation of abortion, Clement of Alexandria said that those who commit it expel with their unborn the love for humans, also.⁴⁷ Of course, if it were not yet a human being, it cannot be love for humans, but as we have seen, God is already involved in bringing a human being to life. Also, the context that Clement contemplated was an anti-procreative one, but is his statement quite implausible in the *IVF* procreative context?

I will not try to answer this question.⁴⁸ No one can deny the suffering to give some of the conceived children up in order to give birth to one of them, nor can be minimized the extent of the suffering experienced by spouses who have no children - either infertile or because they have spontaneously lost them -, a suffering caused not by the unfulfillment of an arbitrary desire, but by the meaning inscribed in the very nature, both biological, spiritual and sacramental, of the marriage, as evidenced by the blessings of the Sacrament of Wedding. Of course, adoption is always an option, but not always accessible in practical terms and not necessarily compensating. Also, to emphasize, in the spirit of a traditional conjugal asceticism, that procreation is the superior sense of intimate relationships, can make the desire to have children even

Damascus, Natural Integrity and the Moral Vision of Eastern Orthodoxy. Diss. Graduate Theological Union, 2007, here, 81-89.

⁴⁶ We cannot establish a simple correspondence between the three evoked options and three moral categories, possibly "good", "less evil", "evil"; moral quality, in the Christian-Orthodox tradition, depends on the relationship with God's will (Rom. 12: 2), which is revealed in the various contexts and circumstances of each individual situation; see below; also, The Holy Synod of the Church of Greece Bioethics Committee, *Basic Positions on the Ethics of Assisted Reproduction*, IV.21: "every human being should be the fruit of the humble and free compliance of his/her parents' will with the will of God."

⁴⁷ ἐξαμβλίσκουσιν ἅμα τῷ ἐμβρύῳ τὴν φιланθρωπίαν, *Pedagogue*, 2.10.96.1.5.

⁴⁸ Only to be noticed, that anti-procreation abortion often accompanies the desire to procreate, in the case of the so-called "family planning"; what in one case occurs serially in the context of *IVF* is simultaneous.

more imperious. But as we know it too well, the fulfillment of some of our most ardent desires does not in itself guarantee our happiness and of those around us, here, in this life, or in the next one.

What each of us have to do, so that the way of our life be a path of participating in Life is indicated in its commands, which are not just roadmaps, but the very modalities of this transformational participation.⁴⁹ To know, however, in the concrete conditions of our lives, and especially in the furnace of sufferings, what we must do to fulfill the commandments needs a little more than referring to the letter of a norm. As St Maximus the Confessor states, "every word of a divine commandment stands in absolute need of instruction and revelation for the realization of its determinate manner of application."⁵⁰ In all our life, including the parental projects, the acquisition of such spiritual knowledge, by grace, seems to be the main task by which, in fact, takes place the gestation of the regeneration from Above of our lives.

Appendix. Eastern Patristic texts on prenatal anthropology

Didache 2.2

Δευτέρα δὲ ἐντολὴ τῆς διδαχῆς: οὐ φονεύσεις, οὐ μοιχεύσεις, οὐ παιδοφθορήσεις, οὐ πορνεύσεις, οὐ κλέψεις, οὐ μαγεύσεις, οὐ φαρμακεύσεις, οὐ φρονεύσεις τέκνον ἐν φθορᾷ οὐδὲ γεννηθὲν ἀποκτενεῖς...

“And now the second commandment of the teaching. Do not murder, do not commit adultery, do not engage in pederasty, do not engage in sexual immorality. Do not steal, do not practice magic, do not use enchanted potions, do not abort a fetus or kill a child that is born.”

Didache 5, 1-2

Ἡ δὲ τοῦ θανάτου ὁδὸς ἐστὶν αὕτη· πρῶτον πάντων πονηρά ἐστι καὶ κατάρας μεστή· φόνοι, μοιχεῖαι, ἐπιθυμίαι, πορνεῖαι, [...] οὐ γινώσκοντες τὸν ποιήσαντα αὐτοῦς, φονεῖς τέκνων, φθορεῖς πλάσματος θεοῦ...

⁴⁹ The presence of Christ in the commandments and his discovery through their fulfillment is a recurrent Patristic theme, for example, in authors like Makarios the Great, Mark the Monk, Diadochos of Photike, Maximos the Confessor, Symeon the New Theologian, Nicholas Cabasilas.

⁵⁰ The quote continues as follows: „For nowhere does there exist anyone who can know the manner in which a word is to be applied without a revelation from the one who uttered the word.”, in St. Maximus the Confessor, *On Difficulties in Sacred Scripture: The Responses to Thalassios*, Fr. Maximos Constatas trans., CUA Press, 2018, 183; also, “the knowledge that comes from grace possesses, without study, the whole of wisdom that man can possibly contain, which bubbles forth in a variety of ways with a view towards his needs”, *Ibidem*, 240.

“And the path of death is this. First of all, it is evil and filled with a curse: murders, adulteries, passions, sexual immoralities, [...] nor knowing the One who made them; murderers of children and corruptors of what God has fashioned.”

The Apostolic Fathers, Volume I: I Clement. II Clement. Ignatius. Polycarp. Didache, Bart D. Ehrman ed. trans., Loeb Classical Library 24, Harvard University Press, 2003: 418-19, 426-427.

St Athanasius of Alexandria, *On the decreet of the Nicene Synod, 9.1*

Εἰ δὲ καὶ πλέον τις τῷ πρωτοπλάστῳ δοίη διὰ τὸ κατηξιῶσθαι τῆς τοῦ θεοῦ χειρὸς αὐτόν, ἀλλ' ἐν τιμῇ καὶ μὴ τῇ φύσει τὸ πλέον εἰς αὐτόν ὁ τοιοῦτος λογιζέσθω. ἐκ γῆς γὰρ γέγονεν ὥσπερ καὶ πάντες· καὶ ἡ χεὶρ δὲ ἡ πλάσασα τότε τὸν Ἀδὰμ αὐτῆ καὶ νῦν καὶ αἰεὶ τοὺς μετ' ἐκεῖνον πάλιν πλάττει καὶ διασυνίστησι. καὶ τοῦτο ὁ θεὸς αὐτὸς τῷ μὲν Ἰερεμῖα, ὡς προεῖπον, φησὶν· «πρὸ τοῦ με πλάσαι σε ἐν κοιλίᾳ ἐπίσταμαί σε». περὶ δὲ τῶν πάντων ἔλεγεν· «ἡ χεὶρ μου ἐποίησε ταῦτα πάντα». καὶ πάλιν διὰ Ἡσαίου φησὶν· «οὕτως λέγει κύριος ὁ λυτρούμενός σε καὶ πλάσσων σε ἐν κοιλίᾳ· ἐγὼ κύριος ὁ συντελῶν πάντα ἐξέτεινα τὸν οὐρανὸν μόνος καὶ ἐστερέωσα τὴν γῆν». ὁ δὲ Δαυὶδ τοῦτο γινώσκων ἔψαλλον· «αἱ χεῖρές σου ἐποίησάν με καὶ ἔπλασάν με». καὶ ὁ ἐν τῷ Ἡσαίᾳ λέγων· «οὕτως λέγει κύριος ὁ πλάσας με ἐκ κοιλίας δοῦλον ἐαυτοῦ» τοῦτο σημαίνει. οὐκοῦν κατὰ τὴν φύσιν οὐδὲν ἡμῶν διαφέρει, κἂν προάγῃ τῷ χρόνῳ, ἕως καὶ τῇ αὐτῇ χειρὶ συνιστάμεθα καὶ κτιζόμεθα πάντες. εἰ τοίνυν οὕτως, ὦ Ἀρειανοί, καὶ περὶ τοῦ υἱοῦ τοῦ θεοῦ φρονεῖτε, (Migne, *Patrologia Graeca*, vol. 25, col. 429-431.)

“But though we were to allow some prerogative to the Protoplast as having been deemed worthy of the hand of God, still it must be one of honour not of nature. For he came of the earth, as other men; and the hand which then fashioned Adam, is also both now and ever fashioning and giving entire consistence to those who come after him. And God Himself declares this to Jeremiah, as I said before; 'Before I formed you in the womb, I knew you Jeremiah 1:5;' and so He says of all, 'All those things has My hand made Isaiah 66:2;' and again by Isaiah, 'Thus says the Lord, your redeemer, and He that formed you from the womb, I am the Lord that makes all things; that stretches forth the heavens alone; that spreads abroad the earth by Myself.' And David, knowing this, says in the Psalm, 'Your hands have made me and fashioned me ;' and he who says in Isaiah, 'Thus says the Lord who formed me from the womb to be His servant Isaiah 49:5,' signifies the same. Therefore, in respect of nature, he differs nothing from us though he precedes us in time, so long as we all consist and are created by the same hand.” <http://www.newadvent.org/fathers/2809.htm>

St Basil of Caesarea, *Homilies on Psalms, CXIV*

Φυλάσσων τὰ νήπια ὁ Κύριος· ἐταπεινώθην, καὶ ἔσωσέ με. Εἴτε κατὰ τὸν φυσικὸν λόγον, οὐκ ἂν συνέστη ἡ ἀνθρωπίνη φύσις, μὴ τῶν κομιδῆ νηπίων καὶ ἔτι βρεφῶν ὑπὸ τοῦ Κυρίου φυλασσομένων. Πῶς γὰρ ἢ τὰ ἐν τῇ μήτρᾳ κυοφορούμενα ἠδύνατο τρέφεσθαι ἢ κινεῖσθαι ἐν οὕτῳ στενοῖς χωρίοις, καὶ μηδεμίαν ἔχουσιν ἀναστροφὴν, ἀλλ' ἐν σκοτεινοῖς τόποις καὶ ἐνύγροις τὴν ζωὴν ἔχοντα, καὶ οὔτε ἀναπνεῖν δυνάμενα, οὔτε ζῆν τὴν τῶν ἀνθρώπων ζωὴν, ἀλλὰ δίκην ἰχθύων τοῖς ὑγροῖς ἐμφερόμενα, εἰ μὴ τῇ παρὰ τοῦ Θεοῦ φυλακῇ διεκρατεῖτο; (Migne, *Patrologia Graeca*, vol. 29, col. 489.)

“The Lord is the keeper of little ones I was humbled, and he delivered me.’ According to natural reason human nature would not stand unless the little ones and those still infants were kept by the Lord. For, unless it was preserved by the custody of God, how could the fetus in the mother be nourished or moved while it was in such narrow spaces, with no room for turning, and while it lived in dark and moist places, unable to take a breath or to live the life of men, but, on the contrary, was borne around in liquids, like the fish?” Saint Basil. *Exegetic Homilies* (The Fathers of the Church, Volume 46), A. C. Way trans., CUA Press, 1963, 356.

St John Chrysostom, *Homilies on Genesis, XXXVIII,2*

σφόδρα κούφως καὶ ἀνοήτως ταῖς γυναιξὶ λογιζόμενοι καὶ τὴν ἀπαιδίαν καὶ τὴν εὐπαιδίαν, οὐκ εἰδότες ὅτι τοῦ τῆς φύσεως ἐστὶ δημιουργοῦ τὸ πᾶν, καὶ οὔτε ἡ συνουσία, οὔτε ἕτερόν τί ἐστὶ τὸ δυνάμενον συντελέσαι πρὸς τὴν τῶν παίδων διαδοχὴν, μὴ τῆς ἄνωθεν χειρὸς συνεφαπτομένης, καὶ τὴν φύσιν διεγειρούσης πρὸς τὸν τόκον [...] Καθάπερ γὰρ ἡμεῖς, φησὶν, ἐπὶ τῆς οἰκίας κλείομεν καὶ ἀνοίγομεν, οὕτω καὶ ὁ Δεσπότης ἐπὶ τῆς φύσεως ἐργάζεται, καὶ τῷ οἰκείῳ προστάγματι καὶ τὰς κλεῖς ἐπάγει, καὶ πάλιν ἠνίκα ἂν βουληθῆ ἀνοίγει, καὶ κελεύει τὴν φύσιν τὸ ἑαυτῆς ἐργάζεσθαι. (Migne, *Patrologia Graeca*, vol. 53, col. 352.)

“[The majority of men] quite stupidly and without reason attributing both sterility and fecundity to their wives without acknowledging that everything comes from nature’s Creator and that neither intercourse nor anything else is capable of ensuring succession unless the hand from above intervenes and prompts nature to birth. [...] She [Sarah] is saying, after all, just as we close and open our house, so too the Lord works on our nature, turning the key by his personal command and then open it whenever he wishes, and bidding nature take its course.” Saint John Chrysostom, *Homilies on Genesis 18–45* (The Fathers of the Church, Volume 82). Robert C. Hill trans., CUA Press, 2001, 358-59.

St Cyril of Alexandria, *Adoration and Worship in Spirit and in Truth*, VII

Οὐκοῦν θεμέλιον ὥσπερ τινὰ προκαταθεῖς ἀναγκαίως τὸ ἀκριβὲς εἰς θεογνωσίαν, καὶ τοῦ νομοθέτου τὴν εἴδησιν προενριζώσας αὐτοῖς, κάτεισιν ἐπὶ τὰ ἀνθρώπινα, καὶ τῇ εἰς Θεὸν αἰδοῖ γείτονα τίθησι καὶ συνημμένην εὐθὺς τὴν εἰς πατέρα τε καὶ μητέρα, δι' ὧν εἰς τὸ εἶναι τε καὶ ὑπάρχειν ὅλως Θεοῦ κατανεύοντος κεκομίσμεθα, δευτέραν ὥσπερ τινὰ τάξιν ἐχόντων τοῦ Δημιουργοῦ· θεῖοις μὲν γὰρ νεύμασι καὶ αὐτοδιδάκτῳ τέχνῃ ζωοπλαστεῖ τὸ τικτόμενον ἢ φύσις ἐν ἑαυτῇ· δημιουργικὴν δὲ ὥσπερ ὑποπλάττεται δόξαν· καὶ ὥσπερ ὁ Θεὸς πάντων ἐστὶν ἀρχὴ καὶ γένεσις, καθὸ Ποιητὴς καὶ Δημιουργός, οὕτω καὶ ἕκαστος τῶν εἰς γονέας τετελεκότων τῶ ἐξ αὐτοῦ φύντι τέκνω ρίζα τις ὥσπερ ἐστὶ γενέσεως, καὶ τῆς εἰς τὸ εἶναι παρόδου πηγὴ. Εἰς τύπον δὴ οὖν τοῦ πάντων δημιουργοῦ, ἡ πατρὸς καὶ μητρὸς ὑπουργία πρὸς ὑπαρξιν, εἰς ἅπαντας τοὺς ἐπὶ τῆς γῆς. (Migne, *Patrologia Graeca*, vol. 68, col. 508A)

“Therefore, having first established as a necessary foundation the right knowledge of God and rooted their knowledge of the Law-Giver, he [Moses] descend to the things human and immediately portrays as near and united with the respect for God, the respect for the father and the mother, by which we were brought into being and existence, by God’s commandment, holding so-called the second place after the Creator. For nature shapes in itself the one who is born by the divine commandment, through an untrained work, imitating the glory of the Creator. And just as God is the origin and the beginning of all, as the Creator and Maker, so also every one of those initiated to the science of bearers is like a root of the birth of the child as born of itself and as a source of its passing into existence. Therefore, the service of the father and the mother to bringing to life all those on earth is an image of the Creator of all.” (my trans.)