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# 1: The practice and ethics of artificial insemination

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In contrast with veterinary practice, the procedure of artificial insemination is comparatively rarely carried out in human medicine. In general terms, two types of artificial insemination are recognised:

1) **Artificial insemination (husband) (A.I.H.)**

a) *Method*

In the practice of A.I.H., which is usually performed by a gynaecologist, the husband by masturbation produces a sample of semen. He will usually have been advised to remain sexually continent for a week or so before the sample is collected, in order that its quality and quantity may be satisfactory. To the semen is added a measured quantity of a specially constituted buffer solution; this is then frozen for purposes of storage. The insemination will be timed to take place around the phase of the wife's ovulation, i.e., about fourteen days before the estimated date of the subsequent period, when her fertility is likely to be greatest. It may have to be carried out on several successive days, during each of three successive months before conception occurs. A success rate of 70-75% within three to four months has been reported.

b) *Indications*

The need for A.I.H. arises in situations in which both husband and wife, as far as can be judged from clinical and other tests, are fertile, but for physical or psychological reasons cannot have satisfactory sexual intercourse.

The indications for such a procedure include the following:

Hostile mucus in the cervical canal preventing penetration by the spermatozoa into the uterus.

Impotence on the part of the husband, possibly arising from central nervous system disease—e.g. paraplegia.

A painful spasm of the muscles of the vagina preventing adequate penetration during sexual intercourse.

Male sub-fertility. By collecting several samples of semen from such a male, the fluid can be concentrated before it is introduced into the female genital tract.

c) *Ethics*

It would appear that no ethical principles are involved in the practice of A.I.H., other than those of normal sexual relations. The practice is merely a technique whereby the husband's semen may be deposited safely within the wife's uterus, in the case of couples in which a disability of some sort prevents this taking place naturally. Christian couples need have no moral scruples in requesting that their doctor should arrange for this procedure to be carried out, if medical opinion confirms that the clinical situation is appropriate. It is important to appreciate however, that insemination should be considered only if the marriage is sound and stable. The hope that a marriage under tension would be made more secure by the wife's knowledge that she has conceived may well prove to be illusory.

a) **Artificial insemination (donor) (A.I.D.)**a) *Method*

The method of insemination is identical with that of A.I.H.; the fundamental difference lies in the fact that the semen is obtained from a source other than the husband. As a consequence, serious ethical, psychological, and legal questions surround the practice. The seminal sample is usually obtained from a university undergraduate whose heredity and health have been scrupulously examined. The fact that some attempt is usually made by the doctor involved in the procedure to obtain a sample from a male of similar build, colour and general physical characteristics to the husband, raises questions regarding the wisdom and morality of this form of eugenic practice.

b) *Indications*

A.I.D. is usually sought by couples of whom the husband is known to be infertile and the wife thought to be fertile. (The only certain proof of a woman's fertility is her ability to conceive.)

The cause of the husband's infertility may be local or general, resulting from disease, injury, or congenital abnormality. Certain types of hereditary disease passed on by the male, for example, haemophilia, or Huntington's Chorea, constitute a serious genetical hazard for subsequent generations. A condition in the wife that some authorities consider grounds for the practice of A.I.D. is that of maternal rhesus antibodies which preclude safe pregnancy if the woman's husband is the father of her child. Modern obstetric practice is causing a diminution of this problem.

c) *Ethics*

The main problems in connection with A.I.D. occur under this heading:

1. *Is the woman on whom A.I.D. has been performed guilty of an adulterous relationship?*

Churchmen have taught for many years that this is the case. The matter has been given careful consideration by Christian doctors; it appears that the general, but by no means unanimous view, is that adultery consists in sexual desire culminating in intercourse outside the bounds of marriage. Since in the practice of A.I.D. neither the sexual desire nor the act of intercourse are present, it does not seem that the situation that is created by A.I.D. is an adulterous one. The desire that the wife has, and that her husband endorses, is not for an extra-marital sexual experience but for a baby that she can truly call her own.

2. *If it is accepted that the procedure is not adulterous, is it wise?*  
It is on the grounds of wisdom rather than morality that many authorities, secular as well as spiritual, question the practice of A.I.D.

a. Although it is conceded by all responsible practitioners that the procedure should be contemplated only in marital situations that are mature, stable, and happy, and in which the husband wholeheartedly agrees with his wife's wishes, the fact that the wife will have borne another man's child is a potential source of discord and strife for the remainder of the couple's life together. The effect on the marriage of the practice of A.I.D. may well be more hazardous than that of the adoption of a child by a childless couple. In the latter case, the child is as much (or as little) the possession of one parent as the other. The former is marked by a lifelong inequality—the child is the wife's in a sense in which it can never be the husband's.

b. There are a number of legal problems that surround the practice of A.I.D. As the law stands, a child born to a woman through A.I.D. is illegitimate: the husband is not recognised in law as the father. Legal actions in connection with adultery, divorce, inheritance, and the registration of the birth, are all affected by the fact that the child has been conceived through A.I.D. The doctor who has no moral scruples about advocating, or even assisting in, the arrangement of A.I.D. for his patient, will hesitate to proceed unless the patient has first obtained legal advice from his solicitor. Some couples have attempted to circumvent the problem of illegitimacy by resorting to the legal adoption of their child in its early days.

3. *Should it be assumed that every married couple has a right to children, even when they do not possess in themselves the ability to procreate?*

Although Scripture clearly affirms that parents should look upon children as "a heritage from the Lord" (Ps. 127: 3) the converse—that the Lord shows His disapproval by causing couples to remain childless—is an unwarranted assumption. It would be uncharitable to underestimate the disappointment that a couple naturally feels when they discover their inability to procreate. The experience, however, of the Christian Church, has proved time and again that a husband and wife without the responsibility of children, may become spiritual parents and guardians of a far larger family. The woman who finds the disappointment especially hard to bear may be able to sympathise more fully with the feelings of a single woman, who, despite her natural longings, has neither husband nor children.

Statistical analysis suggests that on the basis of approximately 470,000 marriages annually in the United Kingdom, the number of couples that would possibly benefit from A.I.D. is about 1,400 per year. In the current situation of a shortage of babies for adoption owing to the reduced birth rate, however, most medical authorities anticipate an increasing demand for A.I.D. The need for Christians, in medical and lay circles, to think through the ethical issues involved, is therefore becoming more imperative, both from the point of view of personal practice, and social consequences.

Christians believe that in all things God works for good with those who love Him.

Christian couples who find themselves childless because of the husband's infertility, and make use of a practice that has an element of uncertainty in terms of morality, and grounds for serious doubts on the basis of prudence, may well have cause in future years to regret what appears to be an attempt to manipulate the will of God to suit their own desires. A husband and wife in such a situation should be encouraged carefully to analyse their real motive in considering such a course of action.

The Christian doctor, asked to assist a couple without a Christian commitment to obtain a child by this means, may well feel that it would be wrong to recommend a practice that might offend his conscience in the limited number of cases in which A.I.D. might prove suitable, and not prove to be to the long term benefit of the patients concerned.

For all believers, patients and doctors alike, a clear conscience in a situation that may involve physical and moral hazards, is a possession not lightly to be thrown away.