

2. Particular Reproductive Technologies

2.5 Gamete Intrafallopian Transfer (GIFT)

The Procedure and its Uses

The assisted reproductive technology of *Gamete Intrafallopian Transfer (GIFT)* involves several steps:

- The woman is given hormonal medications to stimulate her ovaries to produce and release multiples eggs, instead of the usual one per month. Ultrasound technology is used to check on the size of the ovarian follicles. (1)
- Around 10 – 14 days after the hormone treatment begins, eggs are retrieved. This may be done by passing a small, thin catheter up the vaginal wall and through the abdominal cavity until it reaches the ovaries; the ripe eggs are then aspirated out. (2)
- Approximately 3 hours before the woman's eggs are retrieved, the male partner's sperm is collected and "washed" (3) to separate sperm from seminal fluid and to get rid of dead or slow-moving sperm as well as chemicals that may impair fertilization. (4)
- Eggs and sperm are placed in a thin tube (catheter). (5) In the original protocol, the sperm and eggs were separated in the catheter by an air bubble. (6) The eggs and sperm are then inserted into the woman's fallopian tubes by laparoscopy, which requires a small incision to be made in the abdomen. (7) The intent is that fertilization occur in its normal environment within the woman's body. (8)
- Upon returning home, the woman takes drugs to have the lining of her uterus mature. If fertilization occurs, the embryo(s) will implant 5- 7 days later. (9)

The success rate of GIFT cycles resulting in pregnancy is estimated at about 25%. (10)

As an infertility treatment, GIFT may be appropriate for women with ovulations problems (such as infrequent ovulation or premature menopause); in the case of a male partner with poor sperm quality (too few sperm, sperm that don't swim well); for women with cervical abnormalities that prevent sperm from entering the uterus; for women having mucus hostile to sperm; for women with endometriosis that has not blocked fallopian tubes; in the case of couples who have physical problems that make it difficult to have sex; and for women over the age of 35. (11)

There are some risks and potential complications involved with the GIFT procedure. The drugs given to a woman to stimulate her ovaries to produce and release multiple eggs can result in ovarian hyperstimulation syndrome (OHSS). (12) Symptoms of OHSS can range from mild to severe. (13) The symptoms of mild to moderate OHSS may include mild to moderate abdominal pain, abdominal bloating or increased waist size, nausea, vomiting, diarrhea, tenderness in the area of the ovaries, and sudden weight increase of more than 6.6 pounds. (14) About 1% to 2% of women undergoing ovarian stimulation develop a severe form of OHSS which may involve rapid weight gain (e.g., 33 – 44 pounds) in five to ten days, severe abdominal pain, severe and

persistent nausea and vomiting, blood clots in the legs, decreased urination, shortness of breath, and a tight or enlarged abdomen. (15) Severe OHSS can be life-threatening. (16)

The GIFT procedure also involves a chance of infection (although slight) due to the invasive nature of the egg collection and the gamete transfer procedure. (17) Further, ectopic pregnancies can result from use of the GIFT procedure. (18) Or again, because more than one egg is usually transferred to the fallopian tubes, multifetal pregnancies can result. To decrease the chance of this happening, many fertility clinics will only transfer up to three eggs for women 39 years old and younger, and four eggs for women 40 years of age and older. (19)

The Moral Status of GIFT

The US Fertility Network describes GIFT as “the only form of assisted reproduction that the Catholic Church allows.” (20) Similarly, the Infertility Center of St. Louis states that “GIFT is the only A[ssisted] R[eproductive] T[echnology] that is completely acceptable to the Roman Catholic Church.” (21) These descriptions of the Church’s view of GIFT are not entirely accurate.

The *Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae)* from the Vatican Congregation for the Doctrine of the Faith (1987) did not explicitly pass judgment on the GIFT procedure. (22) Since the time of that document, the Church has neither officially approved nor disapproved of the GIFT technology.

Cardinal Joseph Ratzinger, prefect of the Congregation for the Doctrine of the Faith at the time the *Instruction* was issued, gave the following directive regarding techniques whose use had been left open: “When the discussion is still open and there is not yet a decision by the magisterium, the doctor is required to stay informed, according to classic theological principles and concrete circumstances” and to “make a decision based on his informed conscience.” (23)

The Pope John Center, in consultation with Msgr. Carlo Caffarra, head of the Pope John Paul II Institute for the Family in Rome, approved the GIFT procedure in 1985 *with the restriction that sperm are collected during an act of sexual intercourse*. (24) In general, theological evaluation of GIFT has been mixed. Some reputable theologians have argued in favor of the moral permissibility of this procedure but others have argued against it; this discussion is reviewed below.

Thus what can we conclude about the moral status of GIFT? Cautiously, we can say that use of the GIFT procedure by Catholics is not excluded. (25) The following principle can be applied here: In the absence of official, definitive Church teaching on the morality of an act and in the absence of theological consensus on the morality of the act (i.e., there is ongoing theological debate), an individual may act according to the dictates of his/her rightly formed conscience that has examined the arguments for and against the morality of such an act. (26) Thus we will present the arguments for and against the moral permissibility of the GIFT procedure. These arguments are quite technical in nature. The pastoral counselor should help a couple to understand them *as they are able* in order to make an informed judgment of conscience about the use of this procedure.

In considering the arguments for and against the moral permissibility of GIFT, the following principles should be kept in mind:

A married couple may use methods of assisting reproduction which facilitate an act of sexual intercourse or which assist the act to achieve its objective of conceiving a child once the act has been naturally performed.

The conception of a child should not occur as the direct result of a technological process which replaces the interpersonal act of sexual intercourse. (27)

Defense of the Moral Permissibility of GIFT

In defending the GIFT procedure, Rev. Donald McCarthy of the Pope John Center reiterates that “it is clearly essential that human fertilization begin with an integral act of marital intercourse.” (28) He goes on to argue that collection of sperm with a perforated condom/silastic sheath during an act of marital intercourse for use in the GIFT procedure is morally permissible:

A husband and wife accomplish such an act when the husband’s act of penetration deposits his sperm in the wife’s vagina. The quantity of sperm is purely incidental to the moral integrity of the act. ...Therefore we do not believe that the retention of some sperm in a silastic sheath reduces the integrity of the marital act. (29)

The use of perforated silastic sheath is a morally acceptable means for obtaining a portion of the semen ejaculated during the conjugal act. The latter is not being replaced by this procedure but aids in reaching its objectives. (30)

McCarthy then describes the GIFT procedure as a *repositioning of ova and sperm* that assists the initial act of marital intercourse to achieve its goal of fertilization:

The conjugal act in the described procedure remains the essential step in getting the ovum and sperm to meet. This step is followed by the repositioning of the ovum and sperm in a manner which markedly increases the likelihood of fertilization. Hence, GIFT, as presented here, can be seen as a medical procedure which assists, rather than replaces, the conjugal act. (31)

In conclusion, while the GIFT technique uses technology to *assist* fertilization, it simply re-positions the sperm and ova to enhance the desired outcome of fertilization. The link between the marital act and procreation is realized by technical assistance. (32)

A second argument in favor the moral permissibility of GIFT is that the procedure “can be done within a period of time that could be considered to preserve a moral union between an act of marital intercourse from which the husband’s sperm is retrieved and the positioning of the discrete gametes within the fallopian tube of the wife, where conception normally and naturally can take place.” (33)

Further, Peter Cataldo has attempted to provide a criterion spelling out exactly what it means for a technological procedure to *replace* the conjugal act or to *assist* it:

A procedure replaces the conjugal act if it determines, of itself, those conditions which immediately secure the success of fertilization; a procedure assists the conjugal act if it does not determine, of itself, those conditions which

immediately secure the success of fertilization, but rather allows fertilization to take place under immediate conditions which are natural. (34)

In vitro fertilization, for example, replaces the conjugal act because the immediate conditions of fertilization are created by the procedure itself. (35) When fertilization occurs in IVF, “it is so precisely because it occurs within conditions outside the body that are specific to the technology.” (36) On the other hand, Cataldo argues that GIFT satisfies the criterion for assisting a conjugal act:

...I believe that GIFT with a conjugal act assists that act because the immediate conditions of fertilization are not determined or created by the procedure itself. Unlike IVF and the other procedures which replace the conjugal act, fertilization itself takes place in GIFT within natural conditions which are essentially the same as those in which a pathology is not present. (37)

Arguments against the Moral Permissibility of GIFT

One argument against the moral permissibility of GIFT is that it makes the conjugal act incidental to achieving pregnancy, thus replacing the conjugal act rather than facilitating it. Specifically, the technology of GIFT could be used in the complete absence of a conjugal act, obtaining sperm by masturbation. There is no intrinsic connection between the GIFT procedure and the conjugal act; the only reason for a couple to engage in a conjugal act is to obtain sperm in a non-masturbatory way. (38)

On the other hand, Rev. Donald McCarthy argues that beginning a procedure with a conjugal act between spouses does make a difference morally:

...the misuse of this basic procedure independently of the marriage act...does not render the procedure illicit when it is used as a sequel to the marriage act... The abuse of new reproductive technology does not prevent the possibility of legitimate use any more than nuclear warfare prevents legitimate use of nuclear energy. (39)

Let us suppose that the sperm used in GIFT is collected during a conjugal act using a perforated condom/Silastic sheath. An objection is then raised that the sperm used in GIFT has been intentionally withheld from the marital act; thus it cannot be said to be integral to the marital act. (40) On the other hand, we have seen that Donald McCarthy believes that the retention of some sperm in a silastic sheath does not reduce the integrity of the marital act and can be seen as aiding the marital act in reaching its objective of fertilization (see above).

John Haas has argued against GIFT on the grounds that the number of interventions it involves breaks the intrinsic link between the conjugal act and new life. (41)

With all the procedures which intervene between intercourse and conception in GIFT an integral link between the marital act and procreation is lost. In other words, there is no longer an inherent, necessary and intelligible link between the marriage act and procreation. (42)

However, it is not simply the passage of time between coitus and the injection of the gametes which would seem to render GIFT immoral but the fact that the

intrinsic link between coitus and new life is broken by the intervening human acts. It would seem that the new life is more the result of the actions of technicians and medical personnel rather than the act of love between a husband and a wife. ...What is morally relevant is that the interventions of the technicians and substitution of a host of procedures come to replace the marital act. (43)

Peter Cataldo has put forward the following reply to Haas' line of argument:

The same procedures considered individually and apart from GIFT are found morally wrong within GIFT. The following interventions taken singly (and in conjunction with the conjugal act) are considered licit as means to overcome infertility: collecting semen with a perforated Silastic sheath; placing it in a syringe, injecting semen into the uterus, treating the sperm, the use of ovulatory drugs, laparoscopic retrieval of eggs, and injection of eggs into the fallopian tubes at an atypical site. Thus, what are considered individually licit interventions become illicit in GIFT because there are too many of them. It is the number as such, the total number of interventions, which is found objectionable. Further proof of this is seen from the fact that the very thing which makes each intervention licit individually is that each does not violate the intrinsic link between conjugal act and procreation. If the very thing needing to be preserved is preserved individually by each, then the reason for the rejection of those same procedures must be the size of their number taken in combination.

Hence, there must be some threshold number which makes the moral difference between assistance and replacement for those who disapprove of GIFT. But what is that number, and how is it to be determined? In fact, there cannot be such a threshold because it cannot be objectively determined. Moreover, *Donum Vitae* does not place an inherent, quantitative limit to the concept of assistance. The number of steps in between conjugal act and fertilization is not morally decisive for the difference between assistance and replacement... (44)

Another line of argument against GIFT looks at the *cause* of fertilization. Nicholas Tonti-Filippini interprets the "the principle contained in 'Donum Vitae'...that the origin of the child must be as the fruit of the conjugal act" to mean that "the conjugal act must have a direct causal relationship to the origin of the new life." (45) According to Tonti-Filippini, "that the conjugal act is posited is not sufficient, if the child does not originate from the conjugal act." (46) In the case of GIFT, "the conjugal act causes sperm to be made available" and then "the act of the technician is to take the sperm, thus made available, and to place them and the ova in the Fallopian tube in order that fertilization may occur as a direct consequence of that act." (47) Hence, "the causal relationship between the generative act of the technician and the origin of the child is clearly a direct relationship" while "the causal relationship between the conjugal act and the origin of the child would seem to be indirect." (48)

On the other hand, Peter Cataldo (as seen above) has a different view of what constitutes the immediate cause of fertilization in the GIFT procedure: "I believe that GIFT with a conjugal act assists that act because the immediate conditions of fertilization are not determined or created by the procedure itself. Unlike IVF and the other procedures which replace the conjugal act, fertilization itself takes place in GIFT within natural conditions which are essentially the same as those in which a pathology is not present." (49) In other words, the GIFT procedure can be seen

as placing ova and sperm in a position in which fertilization can take place within natural conditions within the woman's body.

Restrictions in Using GIFT

If a couple decides, based on an informed conscience, that it is permissible for them to use the GIFT procedure, there are several restrictions that they should keep in mind.

First, sperm must be collected during an act of sexual intercourse by a morally acceptable means (e.g., perforated condom/Silastic sheath).

Further, when the GIFT procedure was originally developed, the protocol included an air bubble between the sperm and ova when they were placed in the catheter for insertion into the woman's body. This keeps ova and sperm separated and prevents fertilization outside the body. This respects the Catholic view that extracorporeal conception is not morally permissible. (50)

Some current descriptions of the GIFT procedure speak of eggs being "combined with" or "mixed with" sperm in the catheter used to transfer them to the woman's fallopian tubes. (51) There is no explicit mention of eggs and sperm being separated by an air bubble when placed in the catheter. But if there is no separation between ova and sperm, it is possible that the process of fertilization could begin in the catheter.

Thus Catholics seeking to use the GIFT procedure should inquire how it is being performed at the fertility clinic they visit and request the original protocol in which an air space is placed between the ova and sperm when they are loaded into the catheter. It should not be a burden on the clinic to carry out the procedure in this way.

Some have suggested that, if ova are retrieved which are not used in the GIFT procedure, they may be used with IVF and the resulting embryos frozen for later use. (52) Because in vitro fertilization and the accompanying freezing of embryos are considered morally impermissible practices by the Catholic Church (see *Handbook section 2.3 In Vitro Fertilization*), it is never morally permissible to use the GIFT procedure in conjunction with them.

Finally, multifetal pregnancies can result from the use of the GIFT procedure, which pose health risks for both the fetuses and the mother. (53) Some health care professionals will recommend pregnancy reduction (that is, the selective abortion of some of the fetuses) in order to reduce these risks (54) If a multifetal pregnancy does result from the use of GIFT, *aborting some of the fetuses is never permissible*. This falls under the Church's general prohibition of abortion. (55)

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Notes

1. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*. <http://fertility.treatmentabroad.com/treatments/gamete-intra-fallopian-transfer-gift>. Accessed 2017. Also US Fertility Network, *Gamete Intrafallopian Transfer*. <http://usfertilitynetwork.com/services/gamete-intrafallopian-transfer>. Accessed 2017.
2. *Ibid.*
3. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*. Also The Infertility Center of St. Louis, *Gamete Intra-Fallopian Transfer (GIFT)*. <http://www.infertile.com/gift-gamete-intra-fallopian-transfer>. Accessed 2017.
4. Fertility Center of California - Sperm Bank, Inc., *Sperm Washing*. <http://www.spermbankcalifornia.com/male-sperm-washing.html>. Accessed 2017. Also Shared Journey, *Sperm Washing*. https://www.sharedjourney.com/iui/sperm_washing.html. Accessed 2017.
5. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*; US Fertility Network, *Gamete Intrafallopian Transfer*.
6. John M. Haas, "GIFT? No!" *Ethics and Medics* 18/9 (Sept. 1993): 1-3 at 1.
7. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*; US Fertility Network, *Gamete Intrafallopian Transfer*.
8. The Infertility Center of St. Louis, *Gamete Intra-Fallopian Transfer (GIFT)*.
9. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*; US Fertility Network, *Gamete Intrafallopian Transfer*.
10. US Fertility Network, *Gamete Intrafallopian Transfer*. Fertility Treatment Abroad estimates 20 – 30%; see Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*.
11. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*; US Fertility Network, *Gamete Intrafallopian Transfer*.
12. *Ibid.*
13. Mayo Clinic, *Ovarian hyperstimulation syndrome*. <https://www.mayoclinic.org/diseases-conditions/ovarian-hyperstimulation-syndrome-ohss/syndromes-causes/syc-20354697>. Accessed 2018.
14. *Ibid.*
15. *Ibid.*

16. *Ibid.*
17. Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*; US Fertility Network, *Gamete Intrafallopian Transfer*.
18. *Ibid.*
19. US Fertility Network, *Gamete Intrafallopian Transfer*.
20. *Ibid.*
21. The Infertility Center of St. Louis, *Gamete Intra-Fallopian Transfer (GIFT)*.
22. Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae)*, II.A.1. 1987. Available at <http://w2.vatican.va> > English > Roman Curia > Congregations > Doctrine of the Faith > Documents. Accessed 2018.
23. *Origins* 16/40 (March 19, 1987): 697, 699-11 at 699, marginal notes.
24. Rev. E. Bayer, Letter to Rev. William Gallagher with translation from Msgr. Carlo Caffarra regarding GIFT. Pope John Center, July 9, 1985.
25. Cf. the assessment of Thomas O'Donnell, S.J.: "*Moral Conclusion Regarding LTOT and GIFT*: It is of some significance that although the Vatican Congregation for the Doctrine of the Faith studied these procedures there was no comment on them in the instruction of February 22, 1987. This would seem to signal an intention to leave the matter open for further study. Thus while reliable and responsible Catholic theologians view the procedures as at least probably acceptable, they may be adopted in practice barring any statements by the Holy See." *Medicine and Christian Morality*, 2nd ed. rev. (New York: Alba House, 1991), pp. 239-40.
26. This principle is suggested, in the context of the debate about the proper disposition of frozen embryos, by Nicanor Pier Giorgio Austriaco, O.P., *Biomedicine and Beatitude An Introduction to Catholic Bioethics* (Washington, DC: Catholic University of America Press, 2011), p. 109 and by Edward J. Furton, "Embryo Adoption Reconsidered," *National Catholic Bioethics Quarterly* 10/2 (Summer 2010): 329-47 at 341.
27. Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and On the Dignity of Procreation (Donum Vitae)* II.4, 6. Reiterated in Congregation for the Doctrine of the Faith, *Instruction Dignitas Personae On Certain Bioethical Questions*, no. 12. 2008. Available at <http://w2.vatican.va> > English > Roman Curia > Congregations > Doctrine of the Faith > Documents. Accessed 2018. See also the United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), no. 38. Available at <http://www.usccb.org/about/doctrine/ethical-and-religious-directives>. Accessed 2018.
28. Rev. Donald McCarthy, "Gift? Yes!" *Ethics and Medics* 18/9 (September 1993): 3-4 at 3.
29. *Ibid.*
30. *Ibid.*, p. 4.

31. *Ibid.*, p. 4.

32. *Ibid.*, p. 4.

33. Thomas J. O'Donnell, S.J., *Medicine and Christian Morality*, p. 239. O'Donnell reports a point made by Msgr. Orville N. Griesse, *Catholic Identity in Health Care: Principles and Practice* (Braintree, MA: Pope John Center, 1987), p. 48 and by Rev. Donald McCarthy, "Gift? Yes!" p. 4.

34. Peter J. Cataldo, "Reproductive Technologies," *Ethics and Medics* 21/1 (January 1996): 1-3 at 2.

35. *Ibid.*

36. *Ibid.*

37. *Ibid.*

38. William May, "Catholic Teaching on the Laboratory Generation of Human Life" in Marilyn Wallace, R.S.M. and Thomas W. Hilgers (eds.), *The Gift of Life The Proceedings of a National Conference on the Vatican Instruction on Reproductive Ethics and Technology* (Omaha, NB: Pope Paul VI Institute Press, 1990), p. 88; William May, *Catholic Bioethics and the Gift of Human Life*, 3rd ed. (Huntington, IN: Our Sunday Visitor, 2013), p. 108; Donald DeMarco, "Catholic Moral Teaching and TOT/GIFT," in Donald G. McCarthy (ed.), *Reproductive Technologies, Marriage and the Church* (Braintree, MA: Pope John Center, 1988), p. 133; Rev. John F. Doerfler, "Technology and Human Reproduction," *Ethics and Medics* 24/8 (August 1999): 3-4 at 4.

39. Rev. Donald G. McCarthy, "TOTS is for Kids," *Ethics and Medics* 13/12 (December 1988): 1-2 at 2.

40. May, *Catholic Bioethics and the Gift of Human Life*, p. 108. See also Germain Grisez, *Difficult Moral Questions*, Questions 52: May an infertile married couple try tubal ovum transfer with sperm, including note 193. <http://www.twotlj.org/G-3-52.html>. Accessed 2017.

41. Cataldo, "Reproductive Technologies," p. 2.

42. Haas, "GIFT? No!", p. 2.

43. *Ibid.*, p. 3.

44. Cataldo, "Reproductive Technologies," pp. 2-3.

45. Nicholas Tonti-Filippini, "'Donum Vitae' and Gamete Intra-Fallopian Tube Transfer," *Linacre Quarterly* 57/2 (May 1990): 68-79 at 73.

46. *Ibid.*

47. *Ibid.*, p. 75.

48. *Ibid.*, p. 75. For this type of argument, see also May, *Catholic Bioethics and the Gift of Human Life*, pp. 103; Doerfler, "Technology and Human Reproduction," pp. 3-4. A similar line of argument is offered by Benedict Ashley and Kevin O'Rourke, *Health Care Ethics A Theological Analysis*, 4th ed. (Washington, DC: Georgetown University Press, 1997), p. 247.

49. Cataldo, "Reproductive Technologies," p. 2.

50. United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), no. 41.
51. US Fertility Network, *Gamete Intrafallopian Transfer*. Also American Pregnancy Association, *Gamete Intrafallopian Transfer: GIFT*. <http://americanpregnancy.org/infertility/gamete-intrafallopian-transfer>. Accessed 2017. Also Fertility Treatment Abroad, *Gamete intra-fallopian transfer (GIFT)*.
52. American Pregnancy Association, *Gamete Intrafallopian Transfer: GIFT*. Also American Society for Reproductive Medicine, *Revised minimum standards for in vitro fertilization, gamete intrafallopian transfer, and related procedures*. <http://www.asrm.org/Media/Practice/revised.html>. Accessed 2000.
53. See *Handbook Section 1.3 Morally Permissible Methods of Addressing Infertility*, discussion of multifetal pregnancies resulting from fertility drugs.
54. American Society for Reproductive Medicine, *Fact Sheet Fertility drugs and the risk of multiple births*. <http://www.reproductivefacts.org>. Accessed 2017. Also American Society for Reproductive Medicine, *Patient Fact Sheet Complications and Problems associated with Multiple Births*. http://www.uicivf.org/uploads/ASRM_complications_multiplebirths.pdf. Accessed 2017.
55. Congregation for the Doctrine of the Faith, *Instruction Dignitas Personae On Certain Bioethical Questions*, no. 21.