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**ПИТАННЯ БІОЕТИКИ В ПІДГОТОВЦІ МОЛОДІ
ДО ШЛЮБУ: РЕЛІГІЙНИЙ АСПЕКТ****THE QUESTION OF BIOETHICS IN PREPARING YOUNG PEOPLE
TO MATRIMONY: THE RELIGIOUS ASPECT****1. The Bible as the source of the Catholic bioethics**

The Catholic bioethics is, obviously, based on the Bible, which was written ages ago, so many contemporary problems such as: in vitro fertilization, IVF, cloning and genetic engineering were not known to its authors. Thus, can the dilemmas of the 21st century man be solved by such a seemingly anachronistic text? The biblical scholars from the Papal Biblical Commission tried to answer the question. In a study, entitled *The Bible versus morality. The Biblical roots of Christian behaviour*, they remind the most important fact- in Christianity God the Creator of life comes first, morality comes the second. *The man who sees himself as one of God's creatures, and who sees life as a miraculous gift for which he is responsible towards himself, others and the Creator*¹ - Rev. T. Jaklewicz writes. Such a perspective undoubtedly points to the sacristy of human life as the superior value.

In the second parts of the study the papal biblical scholars mention two "reflectors" that flash light on the concrete moral problems. The first is the principle of the conformity to the Biblical vision of a human being, according to which one has to ask two questions:

1. Is a particular moral stand in accordance with the vision of a man as "God's image" renewed by Christ?
2. Is it in accordance with Covenant theology (i.e. does it bring us closer or moves us away from God?)

As Benedict XVI points out- *Indeed, without God it is impossible to build any ethics.*

The second „reflector" is the principle of the accordance with the example of Jesus. The example of Jesus is not an unattainable ideal but it is a moral norm². The authors of the discussed document formulate six principles:

1. The principle of concurrence- many moral norms that appear in the Bible also appear in other cultures, that didn't have any contact with it. Thus, there exists some supernatural wisdom that appears, to some degree, in all religions and philosophies.
2. Defiance- the Bible defies any form of idolatry that is removing God and replacing Him with "anything"³.
3. Progress- the Bible presents a historical development of morality; the ethics of Jesus exceeds the moral teachings of the Old Testament. God gradually leads a man to perfection.
4. The common dimension of morality- morality is not limited for the responsibility for oneself; it embraces also the community- the family, the state, the Church, humanity.
5. Appropriateness- life doesn't end with death. The look beyond the horizon of earthly life influences our choices.
6. Differentiation- one has to differentiate between something in the Bible that is unchanging and something that is determined historically or geographically.

2. Bioethical documents of the Church

*The Church, faithful to its mission tries to address controversial issues concerning life, health and the development of medicine*⁴. The stand of the Catholic Church on the moral- ethical issues, such as: procreation, artificial fertilization and human life in general is presented in several documents. The papal encyclicals: *Humanae Vitae*. John Paul II's *About the value and sanctity of human life* are the most important. The first touches the problem of responsible parenthood. Parents taking the decision of conceiving, bearing and rearing children are aware of their responsibility towards God and become His partners.

Planning a family should follow a certain order, which means using the natural methods. The encyclical explicitly rejects contraception. The encyclical of John Paul II is devoted to showing the dignity and value of a human being, his health and life. Abortion, euthanasia or artificial insemination is connected with killing embryos, which John Paul II calls "attempts on human life". *These attempts gradually lose their "criminal" character and paradoxically gain a status of "law" to such an extent that people want them to be legalized and carried out for free by the health service*⁵. The encyclical of John Paul II draws a perspective of building a society based on respect for each human being from the moment of conception to the natural death.

The opinion of the Church is also expressed in the letters and speeches of the popes. The problems that are mentioned in this paper are discussed in the speeches of Pius XII (4th International Congress of Catholic Physicians 29.09.1949, Congress of the Italian Catholic Union of Midwives 20.10. 1951, 2nd World Congress of Fertility and Infertility 19.05. 1956, 7th International Haematological



Congress 12.09.1958) in which he firmly rejects the artificial insemination of women and points out to the indignity of this method in which the act of insemination is separated from that of procreation, and where the in vitro inseminated life is endangered. John Paul II also devoted a lot of attention to the bioethical issues. He stressed that knowledge is not the highest value to which we should subordinate everything. The right to spiritual and physical life is prior to it⁶. The Pope condemned *the experimental manipulation with the human embryo, because a human being from the moment of conception to the natural death cannot be used for any purpose*. He didn't, however, oppose any experiments whose results could cure illnesses or chromosomal defects⁷. He, invariably, rejected experiments on fetus and called to observe the priority of ethic over technique. In his speeches, he always reminded of the dignity of a human being and the value of life. He claimed that even the potential disability of a conceived child did not predetermine its killing because the quality of life assumes life as such and a sacrosanct right of every human being to live⁸.

Documents of the Congregation of Learning Faith constitute another group that analyse the above problems. "Instruction on respect for new life and the dignity of giving life *Donum Vitae*" (22.02.1987) presents an assessment of the prenatal diagnostics, experiments on human embryos, artificial insemination and artificial fertilization.

There are also documents of other institutions, e.g. *The Charter of the workers of health service* (1995) issued by the Papal Council for health service chaplaincy, which constitutes a kind of the code of the medical ethic. Another one is *The reflections on cloning* and a communiqué on the human genome issued by the Papal Academy „Pro Vita”.

3. The sanctity of life

The basic paradigm of the personalistic bioethics is the sanctity of life, whose principle is based on the philosophical category of human dignity and the data of Revelation. *It appeared as the Christian- personalistic answers to the, so called principle of the quality of life, which understood human life in a utilitarian way. The sanctity of life was presented in John Paul II's encyclical Evangelium Vita (1995) as the principle that guards human life and guarantees an absolute respect for every human being, especially that endangered by genetic manipulation, abortion or euthanasia*⁹.

The data of Revelation mention three motifs of the sacralisation of human life: creating a man as an image of God, uniting the spiritual and material worlds in a man and giving friendship to a man by God- the Creator. A man, through his whole being, shows his direct descent from God (KKK 357)¹⁰. The sanctity of life doesn't refer exclusively to the religious sphere; life is sacred because it contains, what F. Angelini¹¹ called "eternal values". *Sacrum seems crucial, it is a reference point for what doesn't die, is immortal. Thus, sanctity is connected with the whole life of a person from the moment of conception to the natural death and with life*¹².

John Paul II points out that earthly life is "pre-ultimate"; ultimate reality is life to the full in God and it awaits us in eternity. Life is a gift from God but it doesn't make us masters of life.

4. Ethical aspects of artificial insemination

Sztuczne zapłodnienie polega na zapłodnieniu komórki jajowej nasieniem męskim i uzyskaniu poczęcia dziecka w sposób inny niż poprzez stosunek płciowy. Rozwój technik sztucznego zapłodnienia wiąże się ze wzrastającą liczbą małżeństw nieplodnych, zwłaszcza w krajach wysoko rozwiniętych. Pierwszy zabieg tego typu wykonano w Royal Hospital w Oldham k/Machesteru, w jego wyniku przyszło na świat pierwsze „dziecko z próbówki” – Louise Brown. W Polsce zapoczątkował stosowanie tej techniki prof. M. Szamatowicz w Białymstoku, w 1987 r. w tamtejszym Instytucie Ginekologii i Położnictwa urodziło się pierwsze polskie „dziecko z próbówki”. Szacuje się, że do chwili obecnej ponad milion dzieci przyszło na świat na skutek zastosowania jednej z metod wspomaganey prokreacji.

Artificial insemination is insemination of an egg cell with male semen in a different way than sexual intercourse. The development of techniques of artificial insemination is connected with the growing number of infertile couples, especially in highly developed countries. The first such procedure was carried out in Royal Hospital in Oldham n/Machester and its result was the first tube born child- Louise Brown. In Poland, Prof. M. Szamatowicz first used this technique in Białymstok in 1987 where in the Institute of Gynaecology and Obstetrics the first Polish test- tube baby was born. It is estimated that by now over a million children were born as a result of using a method of supportive procreation.

There are two groups of the methods of artificial insemination: in vitro (in a glass) - extracorporeal and vitro (live) - intra -corporeal, which is artificial intra -corporeal. The idea of in vitro insemination is that a female egg cell is inseminated outside a woman's body, which is connected with a strong hormone therapy of the patient. The laparoscopy taken egg cells are inseminated with a man's semen in a tube. After 42 to 52 hours, if insemination takes place, 2 to 4 embryos are placed in the uterine cavity; the others are either frozen or destroyed, or used for other purposes (e.g. medical experiments). The intra -corporeal insemination seems to be less complicated; the semen is inserted to inseminate the egg cell.

No matter which technique is used for the artificial insemination, it brings a lot of moral dilemmas. They concern two fundamental rights: the right of parents to conceiving and having children and the right of a child to live; the physical integrity and conceiving in a marital act. A. Muszala adds... *there are different circumstances accompanying the particular methods, e.g. a third party participating in the act of conceiving, the way sperm is acquired, eugenic interference in male and female gametes before fertilisation and into a zygote before implantation, mother's health risk connected with the hormone stimulation therapy*¹³. The heterogeneous fertilisation (i.e. such in which one of the cells comes from a donor other than the man and wife) also raises doubts.

5. Moral evaluation of artificial insemination

- The right of parents to conceive and bring up their children.

Infertility is becoming bigger and bigger a problem in the contemporary world. Undoubtedly, it is a drama and very often a cause of marital problems. No wonder then, that doctors are trying hard to find more and more efficient ways of curing it and finding methods and techniques that will help parents realise their dreams to have a child. However, there is a question: **is the right of bearing and rearing children an absolute one and does it justify any method to achieve that goal?**

- The right of a child to be conceived in an act of unification of spouses.



The personalistic ethics of Christian provenance acknowledges a marital act as the only and proper way of conceiving a child. If any of the methods of artificial insemination is used, the condition is not fulfilled. *Giving life cannot be limited only to the biological sphere because it constitutes an act of creating a man- a being that is a psychophysical unity made for immortality. In this act the spouses cooperate with God- the first source and giver of life*¹⁴.

Christian ethics points out the technisation of the human procreation, which is reflected in terminology underlying the “productive” character of artificial insemination. The presence of the third party- the doctors is not to be underestimated; their expertise and technical skills, not the marital act, lead to the creation of a new life. Such an **introduction of technology constitutes a deep involvement into the marital act and passing human life, which prevents its moral approval**. That can lead to treating a child as an object what denies its dignity. *A child is a gift from God. It is the gift of marriage. A child cannot be treated as property (“a child wanted at all cost”). There exists a child’s right to be the fruit of the act of its parents’ marital love and to be a person from the moment of conception who has a right to be respected*¹⁵.

- A child’s right to life and bodily integrity.

The extracorporeal artificial insemination brings another problem- destroying embryos. It doesn’t concern only the embryos that are implanted into the womb (15-20% survive, whereas in normal conditions 60-70% survive). The not implanted embryos have still a lesser chance. 75% of the embryos are frozen and placed in zygote banks. 75% of these survive the process of freezing and defrosting. There are no legal regulations in Poland concerning the length of time storing embryos. In England it is 5 years. It is estimated that for one child born through the in vitro method there are 90 destroyed embryos.

Such practices bring dilemmas of ethical nature; they constitute *a violation of the rights of human embryo to whom the Christian personalism ascribes the status of a person with all rights, the basic right to life and bodily integrity included*¹⁶.

- The circumstances of artificial insemination.

One of the problems connected with the techniques used in artificial insemination, namely the way of getting sperm. It is masturbation, which according to Christian ethics is an act seriously inappropriate and disorderly.

Another problem is endangering the mother’s health with the hormone stimulation of ovaries and frequent laparoscopy; also there is a higher risk of extra uterine pregnancy.

Approval of the methods of artificial insemination constitutes a starting point for dangerous practices in biomedicine, e.g. eugenic modification of human gametes and zygotes, and manipulating with the genetic human material, etc.(the so called argument of an inclined plane).

Thus, *from the moral point of view Church is against the homologous artificial tube insemination. It is contemptible and contradictory to the dignity of parenthood and the unity of marriage, even when everything is done to avoid the death of a human embryo*¹⁷.

- Moral evaluation of homologous artificial insemination.

We talk about homologous artificial insemination when gametes come from the spouses. The positive thing about the artificial insemination is that it takes place inside the mother’s organism. In this method no “extra” embryos are produced. So, here the argument of an inclined plane doesn’t apply and doesn’t endanger the mother’s health. However, there is still a question of the purpose marital act (mutual love and openness for conceiving a child) and obtaining sperm by masturbation. That is why here the Catholic Church takes a negative position.

- Ethical problems connected with heterologous artificial insemination.

In case of heterologous artificial insemination, both intra and extracorporeal, all previously discussed dilemmas apply; however, there is one more extremely important one, namely: **to conceive gametes coming from a person from outside the marriage are used, which is in contradiction to the unity and fidelity of the spouses**. Using gametes coming from anonymous donors is a violation of the child’s dignity that is to be conceived and born from a married couple. **Genetically, the child is not a descendent of his parents**.

A special case of heterologous artificial insemination is surrogate motherhood- implantation of embryos in a womb of a surrogate mother, usually a lonely woman. It leads to treating a child as an object, which becomes a commodity, an item of a contract. The feelings of the surrogate mother who is carrying the child are ignored.

It doesn’t change the fact, though, that every child, even if born with methods disapproved by the Church, is *to be accepted as a live gift of God’s goodness and should be reared with love*¹⁸. It has full rights like every other human being.

6. The effects of in vitro

The Family Council of the Polish Episcopate in a letter of December 2007 to the members of parliament called in vitro “a kind of sophisticated abortion”. However, the death of embryos is not the only negative effect of this method. In a brochure published by The Polish Society of the Defenders of Human Life several other effects are enumerated several others:

- death of 60-95% of children conceived with the in vitro method
- two-fold increase of perinatal death
- low birth weight (2,6 time risk increase)
- multiple pregnancies (51,3% of children conceived with the in vitro method are from multiple pregnancies)
- prematurity (two-fold risk increase)
- documented cases of death of women having IFV, even in Poland
- three-fold increase of the risk of congenital (in Russia 75% of tube babies are born disabled)
- two-fold increase of ovarian carcinoma incidence and three- fold breast cancer incidence

The above data come from publications in *New England Journal of Medicine (2002)*, *Obstetrics&Gynaecology (2004)*, *Lancet (1999)* and other significant medical periodicals.

The data were confirmed Swedish scientists from the university in Lund. They examined children conceived in the years 1982 – 2005 (26 692 children). The results are the increase of cancer incidence by 42% (blood, central nervous system and eyes cancer). In this group the Down syndrome is quite frequent. Detailed results were published in the “Paediatrics” magazine.



In the battle for in vitro the media try to drown out the testimonies of the couples that went through the horror of applying the IVF method. In an announcement, the Bioethical Experts Group talks about a *specific syndrome*. After a short period of satisfaction of having the long awaited child, there comes a *reflection and a realization that the child's life cost the death of many others. The syndrome intensifies when there are others waiting in a freezing state. Many women say that they are aware that they are mothers of those children as well.* Further we read: *the syndrome affects the child itself that will need some extra mental support when some day it finds out that it was born thanks to the death of many siblings in embryonic state*¹⁹.

Treating a human being as an object, when applying the IVF method, affects the mental state of the mother and the whole family and the relations between spouses. *I felt as if I was under the gynaecological table, turned upside down, not present in my own body. It was awful. I envied the fly on the wall. I was waiting to the end of the procedure wanting for it to end and numb wanted to go back home as quickly as possible (...). I thought that there was something wrong with me if something that was supposed to be a "medical procedure" "not questioned by anyone, turned to such a trauma for me(...). My feelings didn't matter*²⁰ - these were the memories of one of the patients who experienced several unsuccessful attempts of IVF. Here is another shocking testimony, this time of a father of an in vitro conceived baby girl: *We thought that the tense atmosphere between us will change. We hoped for some peace and quiet in the family. It turned down differently, though. The whole process of conceiving and giving birth actually brought us apart. The techniques used during the procedure, implantation left really unpleasant memories, which scarred our marriage. The process of "breeding" a human being has nothing of the intimacy that occurs in the marital act. Nobody made us aware of what was awaiting us.*

Although, we are both happy that we have a baby we wanted so much, there is still a feeling of disgust after the experience of IVF that prevents full joy and happiness. Every day I have qualms of conscience that somewhere in a freezer there are 25 our children that may be born or may die.

*Now, I am convinced that adoption is the most sensible solution. I am also warning all those who are still considering the option to think it over again. I do not wish anybody what we have and still are going through. I wish to protect other couples from entering the vicious circle*²¹.

Prof. Stanislaw Cebrat, the director of Genomics Unit at the University of Wrocław, as a geneticist has no doubt that this is only a beginning of problems connected with in vitro. The present research points to a great danger that in vitro brings incorporating new mutations to the genetic information of embryos. The results will be seen in next generations²².

7. Ethically acceptable methods of treating infertility

The problem of infertility is not treated as marginal. The Catholic Church understands the drama of hundreds of couples that cannot conceive and rear children. It is looking for such methods that can comply with the basic moral imperatives. Thus, it (the Church) suggests, the so called, support with conception, adoption and different forms of foster parenting.

The support with conception means using a technical device that will help to conceive but will not replace a marital act. LTOT is such a method. It is used when the infertility is caused by adhesions or defects of ovaries. With the help of laparoscope a ripe egg cell is moved to the fallopian tube and then, through a natural sexual act the spouses conceive new life. The Church approves of using pharmacological resources if erection is impossible.

Although with adoption rearing one's own child is impossible, but *it is a wonderful realization of the Commandment of loving one's neighbor and a testimony to the general human kinship based on having a mutual Father*²³.

8. Naprotechnology

What does naprotechnology deal with? *By using complicated diagnostic methods, surgery, microsurgery, hormone therapy it tries to discover the causes of infertility and ways to remove them. It is the combination of the newest medical technologies and understanding the human procreative system* – Dr Thomas Hilgers, who has worked on this problem since 1976²⁴, explains. The so-called Creighton model was worked out, the basis of which is the natural fertility cycle. For fifteen years Dr Thomas Hilgers treated his patients using this method. In 1991, the first guidebook for medical doctors was written. There are over 40 medical facilities all over the world that treat infertility using this method. According to Dr Thomas Hilgers, *naprotechnology gives the infertile couples even 80% chance to conceive a child within the first two years of the treatment*, whereas the in vitro method gives only 21-26% chance (April 2009, *Public Financing of IVF: Review of Policy Rationales*). Doctors, who deal with naprotechnology, helped 30% of couples that ineffectively used the in vitro method.

Dr Philip Boyle, an Irishman, the best known European physician practicing naprotechnology, the chairman of Fertility Care, points out that endometriosis is one the most frequent reasons of problems with getting pregnant, and unfortunately, it is very rarely diagnosed by gynaecologists. American doctors recognize it at 7% of patients, whereas Dr Hilgers diagnoses 70% of his patients with it, ten times more. The right diagnosis allows the right treatment and eliminates problems with getting pregnant. The risk of infertility rises if the patient used hormonal contraception before (after 10 years of taking the pill, the uterine cervix of a 30 years old woman looks like one of 50 years old) and when couples decide to postpone starting a family. Age, stress, polluted environment are the factors unfavourable to fertility. This is the price we pay for the development of civilization.

In Poland, naprotechnology only starts to be practiced, but there are doctors who use this method: in Lublin, Warsaw, Toruń, Białystok, Bielsko-Biala, Miłówka, Mysłowice, Skoczów, Kraków. On 27th November a naprotechnology Clinique opened at the Centre of Family Help in Licheń. There are courses for doctors and instructors, which gives hope for popularization of this method and gives hope for childless parents.

9. Conclusion

The Church's stand on artificial insemination is firm and explicit. It is presented by the Cathetism of the Catholic Church: *The techniques that cause the separation of parenting by extra marital persons (giving out sperm or ovum, surrogate motherhood) is highly vile. These techniques violate the child's right to be born of mother and father who are bound by a marital vow. (2376).* And another article from the Cathetism: *These techniques (i.e. artificial insemination, homologous insemination) practiced within the marriage are, maybe, less harmful but they are still morally unacceptable. They cause the separation of the sexual act from the procreation act (...). It gives out the life and identity of the embryos into the hands of doctors and biologists; it introduces the domination of technology over the origin and destiny of a*



human being. Such domination, itself, contradicts the dignity and equality, which should be both in parents and in children²⁵. The aim of this paper was to present the roots of the stand and the arguments of the Catholic bioethicists. It doesn't, however, exhaust the subject.

There are a lot of contemporary events that confirm the above presented opinions. It is appalling that in 65 centers carrying out artificial insemination veterinary doctors are employed. The centers that carry out artificial insemination for animals advise their services on the internet for people. It is against the law, which forbids veterinary doctors to treat people.

Manipulating with genes is not just a gloomy vision of the future. Reports about children being treated as "spare parts" are not surprising; e.g. a child with a suitable genotype was conceived by artificial insemination in order to be a donor of bone marrow for its older brother (*The Lancet*, 2001, p.1195). Even more controversial is the case of two deaf lesbians Sharon Duchesneau and Candance McColough, who wanted to bring up a deaf mute child. They decided on in vitro and for the sperm donor they chose a man in whose family deafness repeated through several generations. As a result a deaf mute child was born. Another couple, with dwarfism, wanted to apply the in vitro method to have a child with this illness. The reason was - they wouldn't have to change the flat.

And what about abortion after in vitro? In Poland, so far, it has been unthinkable. In Britain, however, there are 80 abortions a year with women who conceived a child with the in vitro method. They take the decision to kill the child because, e.g. they parted with their partner. What we see here is treating the child as an object.

Dr Jacques Testart, the pioneer of this method, when commenting on such cases says that advocating artificial procreation one becomes an enemy of his own species: *I am tormented by a thought (...) about the crazy prospect of a child "born to order", whose coming to the world will be a disappointment* - J. Testart writes²⁶.

The final problem is money. Prof. Debora Spar from the prestigious Harvard Business School in her book - *The Baby Business* estimated the artificial insemination market for 500mln pounds a year²⁷. T. Wasilewski, a medical doctor, admitted that *infertility is such a "business" bringing colossal profit that it is not profitable to prevent or cure it*²⁸.

So, considering the fact that the pharmaceutical industry brings such a huge profit and contraception play a leading part in it, one shouldn't expect mass media to pass objective information about contraception as the reason of infertility. According to Prof. B. Chazan, infertility is not an illness but a symptom of male and female illnesses. Before a meticulous examination is carried out, though, the couple is offered in vitro²⁹. Why? One attempt costs from 7 to 15 000 PLN. The difference in price is the result of the quantity of pharmaceuticals taken by the future mother. So, again, here is the chance for the pharmaceutical industry. Is it necessary to develop the subject?

¹ T. Jaklewicz, Stara, dobra Biblia, „Gość Niedzielny”, 17 października 2010r.

² Biblia a moralność. Biblijne korzenie postępowania chrześcijańskiego, wyd. „Verbum”, Kielce 2009, s. 24.

³ T. Jaklewicz, Stara, dobra Biblia..., op. cit.

⁴ Encyklopedia bioetyki, red. A. Muszala, Radom 2005, s. 50.

⁵ Ibidem, s. 51.

⁶ Osoba, nie wiedza jest miarą i kryterium wszelkiego działania ludzkiego, w: W trosce o życie. Wybrane dokumenty Stolicy Apostolskiej, red. K. Szczygieł, Tarnów, 1998, s. 123.

⁷ W trosce o życie. Wybrane dokumenty Stolicy Apostolskiej, red. K. Szczygieł, Tarnów 1998, s 56.

⁸ Każde życie jest święte, w: W trosce o życie. Wybrane dokumenty Stolicy..., op. cit., 67.

⁹ Encyklopedia bioetyki..., op. cit., s. 449.

¹⁰ Katechizm Kościoła Katolickiego, Kielce 2005r., s. 40.

¹¹ Encyklopedia bioetyki..., op. cit., s. 450.

¹² Ibidem, s. 450.

¹³ Ibidem, s. 430.

¹⁴ Ibidem, s. 431.

¹⁵ Katechizm Kościoła Katolickiego..., op. cit., s.161.

¹⁶ Encyklopedia bioetyki..., op. cit., s. 432.

¹⁷ Ibidem, s.432.

¹⁸ Ibidem, s. 434.

¹⁹ Oświadczenie Zespołu Ekspertów ds. Bioetycznych Konferencji Episkopatu Polski, „Gość Niedzielny”, 4 kwietnia 2010r.

²⁰ Moje uczucia nie mogły się liczyć, w: O niepłodności. Prawdziwe..., op. cit., s.3.

²¹ Ibidem, s.3.

²² P. Kucharczak, Za in vitro zapłaca potomkowie, „Gość Niedzielny”, 14 listopada 2010r., s. 33.

²³ Encyklopedia bioetyki..., op. cit., s. 435.

²⁴ J. Bątkiewicz-Brożek, M. Muller, Alternatywa istnieje. Bioetyka katolicka. Dodatek do GN, „Gość Niedzielny”.. 13 grudnia 2010r., s.14.

²⁵ Encyklopedia bioetyki..., op. cit., s. 435

²⁶ Dlaczego nie in vitro. Bioetyka katolicka. Dodatek do GN, „Gość Niedzielny”, 13 grudnia 2010r., s.10.

²⁷ Prawdziwe rozwiązanie rzeczywistych problemów..., op. cit., s.3.

²⁸ Media o tym milczą, „Miłujcie się”, nr 4 – 2010.

²⁹ Dlaczego nie in vitro..., op. cit., s.8.

1. Biblia a moralność. Biblijne korzenie postępowania chrześcijańskiego, wyd. „Verbum”, Kielce 2009.

2. Bioetyka katolicka. Dodatek do Gościa Niedzielnego, „Gość Niedzielny”, 13 grudnia 2010r.

3. Encyklopedia bioetyki, red. A. Muszala, Polskie Wydawnictwo Encyklopedyczne, Radom 2005.

4. Katechizm Kościoła Katolickiego, wyd. „Jedność”, Kielce 2005r.

5. T. Jaklewicz, Stara, dobra Biblia, wyd. „Gość Niedzielny”, 17 października 2010r.

6. P. Kucharczak, Za in vitro zapłaca potomkowie, wyd. „Gość Niedzielny”, 14 listopada 2010r.

7. „Miłujcie się”, nr 4 – 2010.

8. Niepłodność. Prawdziwe rozwiązanie rzeczywistych problemów, „Broszura Polskiego Stowarzyszenia Obrońców Życia Człowieka”, Warszawa 2013.

9. Oświadczenie Zespołu Ekspertów ds. Bioetycznych Konferencji Episkopatu Polski, wyd. „Gość Niedzielny”, 4 kwietnia 2010r.

10. Wybrane dokumenty Stolicy Apostolskiej, red. K. Szczygieł, Tarnów 1998.