

Desire for Children and Reproductive Freedom

What Do Medicine, Social
Ethics, and Churches Say?

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Since the first IVF birth in 1978, assisted reproduction has grown, with millions of children born globally, including over 450,000 in Germany by 2024. While addressing involuntary childlessness, techniques such as IVF and ICSI raise ethical concerns, often prioritizing adult desires over the child's dignity. The German Embryo Protection Act limits such practices, but calls for a new reproductive medicine law challenge this. This article critiques the commodification of embryos, highlights risks such as feticide, and warns of the path toward eugenics, advocating for natural conception to uphold human dignity and the child's rights.¹

Assisted Reproduction and Its Taboos

In the forty-six years since the birth of Louise Brown on July 25, 1978, in Oldham near Manchester—Louise being the first person conceived in a laboratory—approximately ten million children have been born worldwide through artificial fertilization, with 388,716 in Germany up until 2021.² This latter number is expected to surpass 450,000 by the end of 2024. In the year 2021, there were 23,657 births resulting from 127,920 IVF/ICSI treatments performed on 67,043 women in 140 fertility or “child-wish” centers.³ Of the 795,492 total births in that year, around 3 percent resulted from artificial fertilization.⁴ If this trend continues, the proportion of children conceived through artificial fertilization in 2023 would be about 3.5 percent. Over the past forty years, *in vitro fertilization (IVF)* and *intracytoplasmic sperm injection (ICSI)* have expanded so much that they are often mistakenly seen as mere variations of natural conception rather than as their opposite.⁵ This expansion is driven by both the desire to have children

and the declining natural fertility of women, which is affected by career plans, lack of a partner, or fears of commitment, causing them to continuously postpone starting a family.

The desire to have a child is legitimate. Reproduction is a need that is independent of culture and time period; it is one of the most existential purposes of human nature. That a married couple desires children, that a man and woman long to become parents together and through each other, and that their love is enfolded in the birth of a child—all these are essential aspects of human, gender-focused identity.⁶ However, 10 to 15 percent of couples who desire to have children face difficulties conceiving without medical or psychological assistance.⁷ Involuntary childlessness is considered a medical condition, and artificial fertilization is seen as its treatment. Reproductive physicians justify assisted reproduction as a means to alleviate the suffering of their patients. Healthcare providers have adopted this perspective, covering artificial fertilization as a treatment for infertility, albeit with limitations.⁸ The term “infertility treatment” is, of course, misleading because it does not cure infertility but merely circumvents it. Even after a successful treatment resulting in childbirth, the underlying infertility remains unchanged. This does not exclude that women who have undergone IVF may still spontaneously conceive a child later after all. Reproductive physicians do not treat a disease with IVF and ICSI, but rather treat a desire, namely the desire for a child.⁹ This wish, it must be emphasized, is legitimate. Legitimate is, too, that medicine and psychology treat problems in the realization of one’s desire for a child through research and therapy. This is also pointed out by the Catholic Church.¹⁰

However, the legitimacy of medical intervention in reproduction depends on the doctor recognizing that he is dealing not only with the couple’s desire for a child but also with the child as a third subject. But the child is a taboo in assisted reproduction. Even proponents of assisted reproduction admit that the reproductive physician “cannot conceive of the outcome of his preservation and injection techniques as a subject.”¹¹ The focus on the adults’ desire for a child and the disregard for the child’s status as a subject have led reproductive medicine to continuously expand its arsenal for fulfilling this desire—beyond homologous artificial fertilization to include sperm donation, egg donation, surrogacy, embryo adoption, all the way to the Ropa method for lesbian couples, in which one donates the egg while the other carries the pregnancy after artificial fertilization. (Ropa = Recepción de óvulos de la Pareja.¹²)

The Stumbling Block: The Embryo Protection Act (ESchG)

The expansion of the arsenal in reproductive medicine has led to reproductive physicians encountering tensions with the German Embryo Protection Act (*Embryonenschutzgesetz*, ESchG) of 1990, which was designed to protect embryos, not to facilitate reproductive freedom for adults. It permits the fertilization of only as many eggs as can be implanted in the woman from whom they were obtained—no more than three, according to section 1, paragraph 1, clause 3 of the ESchG. Since 2017, there have been more vocal and increasing calls to replace the ESchG with a new reproductive medicine law. In May 2017, the 120th German Medical Assembly already demanded from lawmakers in two individual resolutions to provide legal clarity for couples struggling with infertility through a reproductive medicine bill. However, significant differences emerged in the reasoning behind this proposal. While the motion by Rudolf Henke, the then-chairman of the Marburger Bund and CDU member of parliament, together with twenty-eight other doctors, demanded that in the regulation of reproductive medicine “the child’s welfare be given priority consideration,”¹³ the board of the German Medical Association assumed in its motion that in this regulation “the right to self-determination of those affected by the desire for children”¹⁴ should be taken into account to the same extent as the child’s welfare¹⁵—an obvious squaring of the circle. In September 2020, the German Medical Association, in a memorandum for a reform of the ESchG, demanded the abolition of the three-embryo rule, that is, the restriction of fertilization to three egg cells, in order to enable elective single embryo transfer. For patients with good criteria, four embryos should be cultivated; for patients with poor criteria, “there can also be ten pre-implantation embryos.”

In the IVF registry 2022, reproductive physicians once again state that “the call for a reproductive medicine law, including an unlimited permission for the creation of a blastocyst culture, cannot be called for loud enough.”¹⁶ The term “blastocyst culture” is revealing. Blastocysts are human beings at the earliest stage of their existence. Reproductive specialists want to select the most developmentally viable embryo in order to enable single embryo transfer and increase the success rates of their treatment. The others are discarded or frozen. The term “blastocyst culture” shows once again that the child is not perceived as a subject whose right to life is not dependent on the expected duration of life. In the coalition agreement of the “traffic light” government of 2021, the SPD, FDP, and the Greens agreed to “promote artificial fertilization also in the case of heterologous insemination, regardless of medical indication, marital status, and

sexual identity,” to review “the restrictions on age and treatment cycles,” and to completely cover the costs through federal funding. Embryo donations at the pronuclear stage and elective single embryo transfer should be legalized. Furthermore, a commission “on reproductive self-determination and reproductive medicine ... should examine the possibilities for legalizing egg donation and altruistic surrogacy.”¹⁷ It presented a 519-page report on this in April 2024.¹⁸

What speaks against the demand to replace the ESchG with a reproductive medicine law? There are a number of pragmatic reasons that speak against this demand, but also fundamental reasons that arise from the nature of the human conception process and that speak not only against a reproductive medicine law but against assisted reproduction itself. Both the pragmatic and the fundamental reasons presuppose that in the therapy of involuntary childlessness, not only the reproductive freedom of adults but also the perspective of the child must be taken into account. The legitimacy of a reproductive medical intervention therefore depends on whether the intervening doctor remains aware of the fact that he is dealing with an object that is at the same time a subject, that has rights and interests, which he must safeguard like a trustee. He must ask himself in his interventions whether he can assume the consent of the child. Since this significantly limits his therapeutic possibilities, he usually ignores the perspective of the child.

As a subject, however, the child is a person regardless of its developmental stage. As a person, it is entitled to a status that is not granted by others but is inherent to it by virtue of its existence. The use of the term “person” is “synonymous with an act of recognition of certain obligations toward the one referred to as such.”¹⁹ The moral status of the person, granted by existence, is their dignity. This dignity depends neither on merit nor on acknowledgment. It cannot be divided, at no stage of their life does a person exist without it, and it is equally attributed to all people. “The dignity of the person is inviolable. To respect and protect it is the obligation of all state authority,” as stated in article 1, paragraph 1 of the Basic Law (the Constitution of Germany). To have dignity thus means to be a legal subject, “never and nowhere to stand without rights ... no person, legally speaking, therefore starts from zero.”²⁰ Because the person has dignity, it has inviolable and inalienable human rights. Article 1 of the Basic Law expresses this in paragraph 2 with the word “therefore.” “The German people therefore acknowledge inviolable and inalienable human rights as the foundation of every human community, of peace, and of justice in the world.” The obligation to respect arising from human dignity extends to all people and to the person at every stage of their life, and also to the embryo. “Where human life exists,” stated the Federal Constitutional Court in its first judgment on abortion criminal law in 1975, “it is entitled to human dignity; it is not decisive whether the bearer is aware of this

dignity and knows how to preserve it. The potential abilities inherent in human existence from the outset are sufficient to establish human dignity.”²¹

That the guarantee of human dignity also applies to the embryo is frequently disputed in the bioethics debate. The purpose of the dispute is clear. If the embryo is not entitled to human dignity, reproductive medicine as well as research on and with embryonic stem cells have free rein. However, the fertilized egg with the double set of chromosomes represents the full life program for the development of this person from the very beginning. Neither implantation, nor birth, nor any other cutting points are associated with a genetic correction. Therefore, “the natural finality of the fertilized human egg ... is a given of the law. Therefore, the embryo is under the protection of the guarantee of human dignity.”²²

Pragmatic Objections to Reproductive Medicine

There are a number of pragmatic objections that reproductive medicine must contend with: that the success rates of IVF and ICSI treatments are only around 20 percent,²³ that reproductive physicians consider a successful pregnancy as their success criterion, whereas for parents only the baby-take-home rate is relevant, that the rate of malformations in children after IVF and ICSI is significantly higher than with natural conception,²⁴ that multiple birth rates and the resulting premature births, with their health risks, are also higher, that pregnancies with a genetically foreign egg cell—that is, surrogacies—are significantly more risky than those resulting from one’s own egg cell,²⁵ that the procedures of assisted reproduction were introduced without an examination of their potential effects and harms, and that the industrialization of assisted reproduction by globally operating corporations has become a lucrative business that drives up the number of fertilization attempts per woman.

A number of other aspects of artificial fertilization come into conflict with human dignity and the duty derived from it to refrain from anything that existentially threatens the life, freedom, and equality of the embryo. The creation of embryos that never have a chance to be born, that are frozen or discarded, is a violation of the right to life and human dignity. The most obvious violation—because it is most easily accessible to empirical observation—is the practice euphemistically called “multiple reduction” or “fetal reduction,” also called feticide, after the successful implantation of multiple embryos. Reproductive medicine plays with the life of the artificially created child. The transfer of multiple embryos into the uterus is intended to increase the chances of pregnancy and birth but simultaneously carries the lethal risk of “multiple reduction.”²⁶ The situation for the parents is dramatic. Artificial fertilization forces them into

paradoxical decisions. They want a child, yet by choosing multiple reduction, they simultaneously decide to have one or more killed, to destroy a sibling relationship, and to expose the surviving embryo to growing up alongside the killed brother or sister—considering the killed embryo remains in the womb until the birth of the surviving one. Given the findings of developmental psychology and, in particular, prenatal psychology regarding the influences of psychological and social factors on the development of the embryo,²⁷ it would be surprising if feticide did not also represent a significant psychological burden for the remaining embryo. It also places the parents, especially the mother, in a schizophrenic situation. Her wish for a child is fulfilled at the price of infanticide. The success of *in vitro* fertilization is purchased at the cost of the mother's psychological destabilization.²⁸ No physician or psychologist can resolve the inherent dilemma of artificial fertilization between the desire for a child and the act of killing a child. Multiple reduction remains “a dark chapter of reproductive medicine.”²⁹

The cryopreservation of embryos violates human dignity, too. While the cryopreservation of embryos is prohibited in Germany, the cryopreservation of “pronuclear stage” cells is not. Already “the prolonged existence of the embryo in the freezer compartment, from which there is no escape, is inhumane.”³⁰ They are no longer regarded as persons but are instead treated as raw material. Among the future scenarios of assisted reproduction that violate human dignity is also the fertilization of artificial egg cells produced from the reprogramming of mature body cells, which offers the possibility that sperm and egg could come from the same individual.³¹ But even apart from this dizzying prospect, another problem remains: that children conceived through assisted reproduction using anonymous egg or sperm donations may grow up not knowing whether and how many siblings they have. As a result, they may not only spend their entire lives searching for their siblings, but also run the risk—when they themselves wish to have children—of unknowingly forming unions with their half-siblings.³²

Would assisted reproduction be compatible with human dignity if the problems of feticide, multiple births, and surplus cryopreserved embryos were resolved, if, for example, only one or two egg cells were fertilized and only one or two embryos were transferred? There may be reproductive physicians who categorically reject feticide and the cryopreservation of embryos and who implant at most two embryos in their patients. Are there still reasons for the incompatibility of artificial fertilization with human dignity that precede these specific problems? There are such reasons—both from the perspective of the parents and that of the child.

Fundamental Objections to Reproductive Medicine

Human reproduction is more than a technical process. It is the fruit of an intimate relationship between father and mother, the result of a physical union between two sexes, in which man and woman are more than mere suppliers of raw materials. It is an integral part of human sexuality. The union of man and woman in the sexual act is not merely a physiological process. It is an act of mutual dedication, a mutual gift that encompasses both body and soul. It is a communicative practice between persons of different genders, not an act of making or manufacturing. Therefore, the child is more than the product of technical reasoning, which a reproductive physician produces in a laboratory. It is a gift from the Creator. No technique, as Pope Benedict XVI stated, “can replace the mutual act of love between spouses, which is a sign of a greater mystery through which they, as protagonists, participate in creation.”³³ The body-spirit unity of union and procreation is lost through assisted reproduction. As early as 1985, the Evangelical Church in Germany (EKD) warned in a now largely forgotten “Guideline for Ethical Judgment” (*Handreichung zur ethischen Urteilsbildung*) about the mutual dependencies of physical and psychological processes in conception, pregnancy, and birth, cautioning against the loss of the physical-spiritual wholeness of procreation through IVF.³⁴ The Catholic Congregation for the Doctrine of the Faith’s declaration *Donum Vitae* (1987) defends the marital act in its physical-spiritual entirety as the only legitimate context worthy of human reproduction. Spouses have the right and duty “that one becomes a father or mother only through the other.”³⁵ Reproduction is deprived of its own perfection when it is pursued not as the fruit of the marital act of love but as the product of a technical intervention.

By defending sexuality and the marital act as a body-soul unity, the churches express that there is a dignity to human reproduction that is often disregarded, not only in artificial fertilization—yet it remains a prerequisite for a successful life. The EKD speaks of the “dignity of nascent life,” while the Catholic Church refers to the “dignity of reproduction.”³⁶ Human dignity and the duty derived from it—not to use another person solely as an instrument for fulfilling the desire for a child—demand a form of reproduction in which man and woman encounter each other as persons, give themselves to each other, and “know” each other in the biblical sense. They demand that conception and pregnancy not be seen merely as technical processes but as fundamental anthropological experiences.³⁷ This perspective of the churches is indirectly confirmed by critical reports from women who have undergone IVF or ICSI treatment and experienced the procedures of hormone stimulation, follicular puncture, fertilization in the laboratory, and implantation as a violation of their dignity.³⁸ But feminist-oriented scientific

studies have also confirmed these impressions and problematize the marginalization of men in IVF or ICSI treatment.³⁹ The divorce rate among couples who have undergone IVF treatment is more than twice as high as that of other married couples, indicating a problem.⁴⁰ Assisted reproduction appears to harm rather than help the relationships of involuntarily childless couples. That parents suffering from childlessness can address the issue in other, more appropriate ways is demonstrated by the success rates of couples' therapy for long-term involuntarily childless couples, which exceed those of assisted reproduction,⁴¹ as well as methods for improving natural fertility such as FertilityCare, Sensiplan, and NaProTechnology.⁴²

What reasons speak against artificial fertilization from the child's perspective? The child is desired by its parents. This does not distinguish it from most naturally conceived children. However, unlike them, it is not the fruit of the marital act of love—which can be hoped for but never manufactured—but the production of the reproductive physician. It owes its existence to technical knowledge and dominion, to an “instrumental reason” that Aristotle already clearly distinguished as *poiesis* from *praxis*, the right action of man in view of his ultimate goal. The child is in existential dependence on those who make it. This conditional existence contradicts the symmetry of relationships, which is an essential prerequisite for interpersonal relationships and egalitarian treatment among persons.⁴³ It contradicts its fundamental equality as a human being and its freedom. Everyone wants to be recognized by others not because their existence aligns with someone's desire or preference, but simply because they exist. Hence, artificial fertilization violates human dignity, even if the artificially created human being is loved by its parents after birth, develops normally, and enjoys the same rights and duties as any other citizen.

Can a child be granted the right to be conceived naturally and not be produced in a “fertility center” laboratory? Even if one denies such a legal claim with the argument that no one can assert a subjective right before their existence, obligations for parents can still be derived from human dignity—obligations that do not begin only with the birth or implantation of the child but already concern its conception. The first duty of parents is to respect the child as a person and thus as a subject from the very first moment of its existence. The child is neither their product nor their property. It is connected to them with both body and soul, not just via the umbilical cord. This corresponds to a child's right to be regarded as a person from conception and to know its origins—to have both a father and a mother. It has the right to begin its existence through a conception that respects human dignity, rather than entering life as a certified and selected laboratory product or being treated as a commodity. It has the right “to be the fruit of the

specific act of conjugal self-giving of its parents.”⁴⁴ This defense of the sexual act by the Catholic Church is simultaneously a defense of the dignity of the child. It finds confirmation in both feminist and liberal positions. Theresia Maria de Jong concludes her book *Babys aus dem Labor. Segen oder Fluch?* (“Babies from the Laboratory: Blessing or Curse?”) with a plea for “the child’s right to natural conception.” It is time for the public to realize that the manufacturing of children is not truly in the interest of women, the children thus conceived, or their fathers.⁴⁵ Michael J. Sandel’s *Plädoyer gegen die Perfektion* (“Plea Against Perfection”) is also a plea for natural conception, for “appreciating children as gifts ... accepting them as they are, not as objects of our design, products of our will, or instruments of our ambitions.”⁴⁶

The key points issued by the German Bishops’ Conference and the Central Committee of German Catholics on current issues in reproductive medicine on November 8, 2019, under the title “Child Welfare and Parental Wishes,” unfortunately omit the fundamental rejection of artificial fertilization by the Catholic Church. While it is stated that it is “morally paramount to adopt the perspective of the weakest, namely the unborn children,” it appears to be accepted if reproductive medicine aligns its instruments with this perspective.⁴⁷ The two instructions of the Congregation for the Doctrine of the Faith, *Donum Vitae* and *Dignitas Personae*, are not mentioned in the key points.

The Path to a Eugenic Society

Reproductive medicine has paved the way for the technologization and certification of conception. This path logically leads from the certified quality management of reproductive medical laboratories to the quality management of their product, then to eugenic birth planning. “If one day we can add a gene to make children more intelligent, more beautiful, or healthier,” the molecular biologist James Watson notes, who won the Nobel Prize in 1962 for his discovery of DNA structure, “then I see no reason not to do it.... If we can improve humanity, why not?”⁴⁸ The eugenic mentality is not being concealed. With the 2012 development of gene-editing technology using CRISPR/Cas9 by molecular biologists Emmanuelle Charpentier and Jennifer Doudna, which allows for the precise insertion or removal of genetic material, the temptation to genetically manipulate humans has increased once again.⁴⁹

A eugenic society is the consequence of humankind’s promethean pretense to view life not as a given gift, but as a self-created product. This hubris leads to a new, two-class society in which the makers stand opposite the made, the

biotech engineers opposite their own products. This undermines the foundation of a free society, which lies in the ontological equality of its members. Warnings about this new, two-class society abound. Biomedical possibilities, according to Robert Spaemann, “deconstruct the difference between person and thing,” thereby eroding the foundations of human dignity and the rule of law.⁵⁰ They alter, as Jürgen Habermas argues, “our ethical self-understanding as a species” and our “intuitive distinction between what is naturally given and what is artificially made, between the subjective and the objective.”⁵¹ The eugenic ambition to control the mystery of birth corrupts, according to Michael J. Sandel, “parenthood as a social practice that is defined by the standard of unconditional love.”⁵² Once genetic optimization is accepted, parental responsibility “expands into frightening dimensions. Parents become accountable for selecting or failing to select the right traits for their children.”⁵³ Sandel’s plea “against perfection” is also a case for recognizing life as a gift. If human beings no longer emerge “from the mystery of love, through the ultimately mysterious process of procreation and birth,” as Joseph Ratzinger argued in numerous publications since the mid-1990s and in his 2004 dialogue with Jürgen Habermas in Munich, but instead “are industrially produced as a product,” they are degraded to creations of human making and thus deprived of their dignity.⁵⁴ The instruction *Donum Vitae*, drafted under his leadership, therefore rejects assisted reproduction. It contradicts “the dignity and equality that must be shared by parents and children alike.”⁵⁵

Reproductive medicine also has significant consequences for natural conception. It has transformed prenatal diagnostics (PND).⁵⁶ The “different circumstances” in which a pregnant woman finds herself when undergoing PND are no longer those of “expectant hope” but of waiting anxiously for test results. Instead of “good hope,” fear and anxiety take hold, as the pregnant woman accepts her child only if PND certifies that it is medically unremarkable. This process suppresses the mother’s natural inclination to rejoice in her child and protect it. The pending PND result compels her to remain as detached as possible from her own feelings in order to endure the distressing state of a pregnancy on probation. PND not only delays the pregnant woman’s internal dialogue with her child but also transforms pregnancy from a natural phase of life into a risk condition that requires constant monitoring and control. Pregnancy is perceived as a production process, creating the illusion that the woman is an active producer. What matters in pregnancy is the product and its quality rather than the relationship between mother and child—life under the delusion of optimization, from the very beginning, at any cost. Parents feel this pressure particularly strongly. They are expected to be perfect parents to perfect children.⁵⁷ An untested pregnancy is considered irresponsible. A disabled child that survives pregnancy and is born

is viewed as a “failure of the woman.” Politics is called upon to act. Instead of legalizing an arsenal of assisted reproductive technologies, a reproductive medicine law should set limits on reproductive freedom and enforce the right to life and dignity of the embryo. Made-to-order children cannot be the goal of assisted reproduction. The widespread belief that technological progress is unstoppable or that national regulations are ineffective in an era of globalization can be overcome. In 2001, Wolfgang Huber questioned assisted reproduction as chairman of the EKD, citing nuclear energy as an example to illustrate that even with major technologies, new insights and revisions can prompt a reversal of course. Human dignity demands such a reversal in assisted reproduction as well.

Notes

1. Notes within this translated essay have been lightly edited. The German original was published as “Kinderwunsch und Reproduktionsfreiheit. Was sagen Medizin, Sozialethik und Kirchen?” *Zeitschrift für Lebensrecht* 31 (2022): 439–52.
2. In Germany, the first birth after artificial fertilization took place on April 16, 1982, at the University Clinic in Erlangen. The leading gynecologist of the Erlangen medical team, Sigfried Trotnow, is said to have declared twenty years later, according to a former employee, that he would never do it again.
3. German IVF-Registry 2022, 18. The numbers for 2022 are released in the yearbook 2023, released on November 23, 2024.
4. Revealing figures from France for 2017 (with around 67 million inhabitants) show that 310,000 embryos were created through assisted reproductive technology (PMA —Procréation médicalement assistée), resulting in 18,650 children. This means that for every child born, 17 embryos were created. Of the 310,000 embryos, 52 percent were destroyed, 22 percent were frozen, and 25 percent were used for implantation attempts in a uterus. The success rate, as in Germany, is around 17 percent.
5. Andreas Bernard, *Kinder machen. Neue Reproduktionstechnologien und die Ordnung der Familie* (Frankfurt: S. Fischer Verlag, 2014), 426.
6. A report on opposing views to “anti-natalism” can be found in Dana-Marie Luttert, “Es gibt nur egoistische Gründe, Kinder zu bekommen,” *Süddeutsche Zeitung*, October 15, 2024, R2.
7. Involuntary childlessness, according to the definition of the World Health Organization (WHO), occurs when a couple desiring children has not conceived a child despite having regular intercourse for two years.
8. They compensate 50 percent of the costs for three attempts.
9. This was also established by the Federal Constitutional Court in a decision dated February 27, 2009, which stated that health insurance companies are not obligated to reimburse the costs. *Bundesverfassungsgerichts, Entscheidungen des Bundesverfassungsgerichts (BVerfGE)* 117, 316ff.
10. Congregation for the Doctrine of the Faith, “Instruction *Dignitas Personae* on certain bioethical questions,” 2008, 3. The Church “looks with hope to scientific research and wishes that many Christians dedicate themselves to progress in biomedicine and bear witness to their faith in this field.”
11. Bernard, *Kinder machen*, 134; Eva Maria Bachinger, *Kind auf Bestellung. Ein Plädoyer für klare Grenzen* (Vienna: Deuticke Verlag, 2015), 81. “Customers of reproductive medicine are couples, not children.”

12. Ed. note: "Receiving eggs from the partner."
13. 120th German Day of Physicians, TOP Ib-42.
14. 120th German Day of Physicians, TOP Ib-05.
15. K. Reinhardt, P. C. Scriba, and J.-S. Krüssel, "Dreierregel, Eizellspende und Embryospende im Fokus—Memorandum für eine Reform des Embryonenschutzgesetzes," German Medical Association, accessed September 29, 2022, https://www.wbbaek.de/fileadmin/user_upload/_old-files/downloads/pdf-Ordner/MuE/2020-09-11_Memorandum_DAEB_final.pdf.
16. German IVF-Registry 2022, 7.
17. *Mehr Fortschritt wagen*, Koalitionsvertrag von SPD, Bündnis 90/Die Grünen und FDP 2021–2025, 116.
18. Bericht der Kommission zur reproduktiven Selbstbestimmung und Fortpflanzungsmedizin, 2024.
19. Robert Spaemann, *Personen. Versuche über den Unterschied zwischen 'etwas' und 'jemand'* (Stuttgart: Klett-Cotta, 1996), 26.
20. Christian Hillgruber, "Die Würde des Menschen? Passé? Verfassungsrechtliche Anmerkungen zur bioethischen Debatte," *Zentralkomitee der deutschen Katholiken, Salzkörner. Materialien für die Diskussion in Kirche und Gesellschaft* 10, no. 3 (2004): 4; Ernst-Wolfgang Böckenförde, "Menschenwürde als normatives Prinzip: Die Grundrechte in der bioethischen Debatte," *Juristen-Zeitung* 58, no. 17 (2003): 810.
21. BVerfGE 39, 1 (41).
22. Christian Starck, "Hört auf, unser Grundgesetz zerreden zu wollen," *FAZ*, May 30, 2001; Christian Starck, "Verfassungsrechtliche Grenzen der Biowissenschaft und Fortpflanzungsmedizin," *Juristen-Zeitung* 57, no. 22 (2002): 1065ff.; Christian Starck, "Menschenwürde von Anfang an: Der Embryo ist ein Wer, kein Was," *Die Welt*, November 1, 2003.
23. German IVF-Registry 2017, 8 (22.5 percent at fresh transfers, 17.7 percent at cryo-transfers). Much less successful are cases when the calculation is done per treatment, not per embryo transfer.
24. Martina Lenzen-Schulte, "Das Risiko der Retortenkinder," *FAZ*, October 10, 2018, N1; Bachinger, *Kind auf Bestellung*, 232f. About an increased cancer risk of children after cryo conservation: Nona Sargisian et al., "Cancer in Children Born after Frozen-Thawed Embryo Transfer: A Cohort Study," *PLoS Medicine* 19, no. 9 (2022): 1–21.

25. Maria P. Velez et al., “Severe Maternal and Neonatal Morbidity Among Gestational Carriers: A Cohort Study,” *Annals of Internal Medicine* 177, no. 11 (November 2024): 1482–88.
26. The German IVF-Registry 2015 reports on 292 “fatal reductions” with 394 killed embryos (p. 18), 2016 has 227 “multiple reductions” with 303 killed embryos (p. 24), 2020 has 252 (p. 34), 2021 has 358 (p. 36), and 2022 has 418 “induced abortions” (p. 36) without naming the number of killed embryos.
27. See Cynthia Lightfoot, Michael Cole, and Sheila R. Cole, *The Development of Children* (New York: Worth Publishers, 2002), 90ff.; Werner Gross, *Was Erlebt ein Kind im Mutterleib? Ergebnisse und Folgerungen der pränatalen Psychologie*, 3rd ed. (Freiburg: Herder Verlag, 2003), 182f.
28. H. Hepp, “Höhergradige Mehrlingsschwangerschaft – klinische und ethischen Aspekte,” *Frauenarzt* 48 (2007): 443. “... six months after partial feticide, there are cases of sadness and sorrow in 70 percent of the cases and in 18 percent of cases persistent depression.”
29. Bachinger, *Kind auf Bestellung*, 199.
30. Chr. Hillgruber, “Recht und Ethik vor der Herausforderung der Fortpflanzungsmedizin und ‘verbrauchender Embryonenforschung,’” in *Bürgerliche Freiheit und Christliche Verantwortung. Festschrift für Christoph Link*, ed. Heinrich de Wall and Michael Germann (Tübingen: Mohr Siebeck, 2003), 639.
31. Thomas Heinemann, “Menschliche artifizielle Keimzellen,” *Zeitschrift für Lebensrecht* 26 (2017): 109ff.
32. On the topic of children from egg cell donation—not uncritically: Jochen Bittner, “Woher komme ich?,” *Die Zeit*, October 2, 2014, 35f.
33. Benedict XVI, “Ansprache anlässlich des 40. Jahrestages der Enzyklika *Humanae Vitae* am 8.5.2008,” *L’Osservatore Romano* (German), May 30, 2008.
34. *Von der Würde werdenden Lebens. Extrakorporale Befruchtung, Fremdschwangerschaft und genetische Beratung. Eine Handreichung der EKD zur ethischen Urteilsbildung* (Hanover: Kirchenamt der Evangelischen Kirche in Deutschland, 1985), 2.7.
35. Congregation for the Doctrine of the Faith, *Donum Vitae*, February 22, 1987, sec. 2.1, 2.4. Cf. Catholic Church, *Catechism of the Catholic Church*, 2376–77. Paul VI had already spoken of spousal love as a simultaneously physical and spiritual love in the encyclical *Humanae Vitae* (sec. 9).
36. The two churches do not differ in their criticism of artificial fertilization. However, they differ in the degree of rejection. The EKD advises “general restraint,” while the Catholic Church rejects it as “intrinsically unlawful.” Cf. *Donum Vitae*, sec. 2.5.

37. Cf. Robert Spaemann, "Kommentar zu 'Donum Vitae,'" in *Die Unantastbarkeit des menschlichen Lebens. Zu ethischen Fragen der Biomedizin* (Freiburg: Herder Verlag, 1987), 91f.; Stephan E. Müller, "Vom Ursprung des Kindes. Frucht einer Schenkung oder Ergebnis eines technischen Eingriffs? Bewertung der In-Vitro-Fertilisation aus ethisch-theologischer Sicht," in *Unerfüllter Kinderwunsch. Assistierte Fortpflanzung im Blickfeld von Medizin und Ethik*, ed. Stephan E. Müller (Berlin: LIT, 2008), 61ff.
38. Magda Telus, "Trauma statt Baby," *Genetischer Informationsdienst* 139 (April/May 2000): 21ff.; Ina Zuber-Jerger, "Zu hohe Risikobereitschaft," *Deutsches Ärzteblatt* 99 (2002): A 617ff.
39. Elke Barbian and Giselinde Berg, *Die Technisierung der Zeugung. Die Entwicklung der In-vitro-Fertilisation in der Bundesrepublik Deutschland* (Pfaffenweiler: Centaurus, 1997), 74ff.
40. Theresia Maria de Jong, *Babys aus dem Labor. Segen oder Fluch?* (Weinheim: Beltz, 2002), 17.
41. Christina Hölzle et al., "Lösungsorientierte Paarberatung mit ungewollt kinderlosen Paaren," in *Ungewollte Kinderlosigkeit, Psychologische Diagnostik, Beratung und Therapie*, ed. Bernhard M. Strauß (Göttingen: Hogrefe, 2000), 170. Cf. de Jong, *Babys aus dem Labor*, 202ff.
42. Elisabeth Steinmann, "Reproduktion geht auch katholisch," *Die Tagespost*, April 27, 2017, provides an overview of these procedures and mainly relies on Susanne van der Velden, who heads a FertilityCare clinic at the Karl Leisner Clinic in Kleve. Cf. also the interview with Velden in *Lebensforum Spezial* on the topic of reproduction and obstetrics, 2024, 26ff.
43. Jürgen Habermas, *Die Zukunft der menschlichen Natur. Auf dem Weg zu einer liberalen Eugenik?*, expanded ed. (Frankfurt: Suhrkamp Verlag, 2002), 62, 131; Michael J. Sandel, *Plädoyer gegen die Perfektion. Ethik im Zeitalter der genetischen Technik*, 3rd ed. (Berlin: S. Fischer Verlag, 2015), 100f.
44. *Donum Vitae*, sec. 2.8.
45. Jong, *Babys aus dem Labor*, 224.
46. Sandel, *Plädoyer gegen die Perfektion*, 67.
47. Deutsche Bischofskonferenz und Zentralkomitee der deutschen Katholiken, *Kindeswohl und Elternwünsche. Eckpunkte zu aktuellen Fragen der Fortpflanzungsmedizin*, November 8, 2019, 5.
48. James Watson, interview in *Die Welt* on September 12, 2005.

49. On the perspectives, see Paul Cullen, “Der Embryo als Ware,” *Lebensforum Spezial* 2024, 20ff.
50. Robert Spaemann, “Wann beginnt der Mensch Person zu sein?” in *Biopolitik. Probleme des Lebensschutzes in der Demokratie*, ed. Manfred Spieker (Paderborn: Schöningh, 2009), 39ff.
51. Habermas, *Die Zukunft der menschlichen Natur*, 85.
52. Sandel, *Plädoyer gegen die Perfektion*, 102f.
53. Sandel, *Plädoyer gegen die Perfektion*, 109. Cf. Habermas, 138: Every person could “henceforth consider the composition of their genome as a result of a blameworthy action or omission.”
54. Joseph Kardinal Ratzinger, *Gott und die Welt. Glauben und Leben in unserer Zeit. Ein Gespräch mit Peter Seewald* (Stuttgart/Munich: DVA, 2000), 115; Joseph Ratzinger, “Was die Welt zusammenhält. Vorpolitische moralische Grundlagen eines freiheitlichen Staates,” in Jürgen Habermas and Joseph Ratzinger, *Dialektik der Säkularisierung* (Freiburg: Herder Verlag, 2005), 45.
55. *Donum Vitae*, sec. 2.5.
56. Manfred Spieker, “Von der zertifizierten Geburt zur eugenischen Gesellschaft,” *Imago Hominis* 19 (2012): 261ff.
57. Monika Hey, *Mein gläserner Bauch. Wie die Pränataldiagnostik unser Verhältnis zum Leben verändert* (Munich: Deutsche Verlags-Anstalt, 2012), 14; Barbara Duden, “Pränataldiagnostik: Die Freiheit der Frau, ‘Nein’ zu sagen. Die Möglichkeiten der modernen Medizin machen aus Schwangeren Risikomanagerinnen. Dafür, sich auf das Kind zu freuen, bleibt kaum noch Zeit,” *Süddeutsche Zeitung*, August 9, 2019; Bachinger, *Kind auf Bestellung*, 174.