In the July 2009 issue of Ethics & Medics, Stephen Napier Jr. reexamined the morality of the Conceivex Conception Kit (CCK). First, this fertility technique assists the conjugal act and would therefore be a morally acceptable type of treatment for couples struggling with certain types of infertility. Second, the condom or "semen collector" that the husband wears during intercourse does not have to be perforated, since the procreative goal of semen collection renders the conjugal act fecund, or ordered to procreation. Here I present a moral analysis whose verdict impugns both of Napier's conclusions.

Background Considerations

An infertile couple using the CCK follows a five-step process. First, the couple charts their fertility using ovulation predictors to identify the maximum fertile window. Second, the husband uses a sperm-friendly intimate moisturizer and wares a perforated semen collector during the fertile sex act. Third, after coitus, the couple transfers the semen that has collected at the base of the perforated sheath into the conception cap. Fourth, the husband or wife inserts the conception cap onto the wife's cervix. The soft dome of the cap then collapses, putting close contact between her cervical mucus for up to six hours. Finally, the couple tests for pregnancy and, if the wife is pregnant, consults their obstetrician.

Four principles ground my ethical analysis of the CCK. First, the one context worthy of the dignity of a human being is a loving act of intercourse between husband and wife that is open to life (i.e., an integral act of sex during which the husband deposits sperm in his wife's vagina). Second, the new human life of the human being is morally ended if the loving act of sex between his or her parents. Third, any homologous infertility treatment that assists the conjugal act to achieve its natural end of pregnancy could be moral. And, fourth, fertility treatments must respect the life and bodily integrity of the newly conceived human being.

The difficulty of evaluating infertility techniques that could be categorized as assistance is that, although the Church, rightly rejecting the principle that originated with Pope Pius XII—any infertility treatment that assists the conjugal act to achieve its natural end could be moral—the Church refrains from applying the norm to specific examples of infertility treatments. I presume this lack of specificity means the Church recognizes that there is more than one way to legitimately interpret the "assistance" norm. Minimally, however, the principle requires that the infertility treatment under consideration includes an act of intercourse. Therefore, since it makes no sense to modify certain techniques to include a sex act, in vitro fertilization and intracytoplasmic sperm injection are examples of infertility treatments that replace rather than assist the conjugal act to achieve its natural end.

Before Conceivex was developed, the question of whether fertility techniques could be characterized as assistance was limited to the use of the husband's sperm in the context of GIFT (gamete intrafallopian transfer) and artificial and intrauterine insemination. Donum vitae states that "if the technical means facilitates the conjugal act or helps it to reach its natural objectives, it may be morally acceptable." In an effort to determine how these homologous infertility treatments would qualify as assistance to the conjugal act, some moral theologians postulated that if GIFT, artificial insemination, or intrauterine insemination were preceded by an act of marital sex in which the husband was perforated to collect some of the sperm ejaculate which would subsequently be transferred to the vagina (artificial insemination), uterus (intrauterine insemination, or fallopian tube (GIFT), then the "modified" fertility technique would be assisting the conjugal act to achieve its natural end, namely, pregnancy.

Previous Analysis

Before I took up my position as ethics director at the Pope Paul VI Institute, I defended the morality of the modified GIFT and insemination procedures. However, after observing how NaProTechnology's disease-based approach to infertility employs medical and surgical resolution of fertility imbalances as a means to infertility, I began to re-evaluate my position. I now believe that NaProTechnology's disease-based approach to infertility employs medical and surgical resolution of fertility imbalances as a means to infertility while preserving the dignity of the human person. The focus of the July 2009 issue was on the CCK, which is the only infertility treatment that replaces rather than assists the conjugal act to achieve its natural end.

The Conceivex Kit Reconsidered

Stephen Napier, Ph.D.

Stephen Napier is a staff ethicist at The National Catholic Bioethics Center in Philadelphia.

December 2009 Volume 34, Number 12

The Conceivex Kit Reconsidered

A Negative Moral Assessment

Stephen Napier, Ph.D.

DEFENDING THE DIGNITY OF THE HUMAN PERSON IN HEALTH AND THE LIFE SCIENCES Since 1972
The Conceivex system is explicitly designed for couples experiencing infertility issues such as low sperm count or poor sperm motility, or female infertility factors such as a tilted uterus or endometriosis. The technique involves aspirating the ovaries of the woman and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter. This method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The CCK is designed for couples experiencing infertility issues such as low sperm count or poor sperm motility, or female infertility factors such as a tilted uterus or endometriosis. The technique involves aspirating the ovaries of the woman and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter. This method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The term “Gift” method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.

The GIFT method also involves aspirating ova from superovulated ovaries of the wife and transferring them together with the husband’s sperm to the wife’s fallopian tubes via a fine-gauge catheter.
a pregnancy, I came to better understand the meaning of an infertility treatment that unambiguously assists the act of sex between spouses struggling with infertility.

Thus, I began to reevaluate my defense of the morality of the modified homologous insemination technique. And in that process, several questions that produced what I think are morally significant answers. First, if conception were to occur after the use of modified artificial or intratrine insemination, which sperm do you think would most likely be responsible for the fertilization of the woman’s ovum? Would the sperm that was part of the husband’s ejaculate deposited in the wife’s reproductive tract via the insemination procedure be the sperm from the “enriched” semen collected at the base of the sheath? Although we can never know with 100 percent certainty, we can say that, most probably, the husband’s wayward sperm was instead deposited by the woman into her vagina and transported into the Fallopian tubes either spontaneously or via the insemination process. Second, if this be the case, in what sense could the child be conceived as a result of these modified techniques be called the “fruit” of a loving act of sexual union between the spouses? And the answer, of course, is that a child conceived by means of the modified GIFT or insemination techniques could not, in most instances, be described as a fruit of a loving act of sex, in the specific sense the Church intends it.

What helped to confirm my moral conclusion that modified homologous techniques replace and do not assist the conjugal act was an account of four infertile couples who had tried modified intrauterine insemination, did not conceive, and subsequently consulted me about NaProTechnology’s infertility protocols. When I asked them if they had any sense, retrospectively, whether modified intrauterine insemination assisted or replaced their act of sex, they admitted that, for them, the reality on the ground was, “Let’s hurry up with the sex act so we can get the semen specimen down to the laboratory without compromising the technique of insemination.” In other words, the experience left them feeling that the center of things was the technique of insemination and that the act of sex was merely instrumental to getting the process done. The couples experienced their act of sex as assisting the technique rather than, as it should be, the technique assisting their conjugal act.

Analysis of Napier’s First Conclusion

Although the CCK is, at best, ambiguous in its ability to “assist the conjugal act” to achieve its natural end of procreation, I find myself more and more convinced that the question of whether the use of semen donors who have used similar forms of Spermastar or cervical caps, Edward J. Furton says, “The use of a cervical spoon to help sperm in their migration into the vaginal canal is more likely recognized as one such form of legitimate assistance.”

To be clear on this issue we need to keep in mind that the criteria we pick out for distinguishing between an act of sex that is truly assisted and one that is not, must not be drawn too strictly, so as to collapse the distinction altogether. An act of assisting the conjugal act is, in virtue of its assisting, a different act, distinct from the conjugal act itself. Thus, contraceptive acts, which is an act of sex that is a “replacement” as any act in addition to the conjugal act that secures fertility. Where do we line the draw the line then? As explained, if the event of fertilization can traced its causal origins to a conjugal act, then the intervening acts assist the conjugal act. If not, then the conjugal act has been replaced.

Defending ConceiveX as Assistance

I would like to thank Sr. Mirkes for advancing this discussion. I am, however, left unconvinced that my original position should be revised. In this short reply I aim to do two things: (1) establish that my argument is rooted in well-accepted criteria for what it is to achieve its natural end of procreation (in a responsible use of the conjugal act of sex);” she then would have us conclude that if a child were conceived by use of the Conception Kit, the child would not be the fruit of an integral act of sex. It seems obvious to me that, however, the concept of “being a part of something” is radically different from “being the fruit of something,” and therefore one cannot entail the other. The term fruit suffices here in a metaphorical sense, whereas to suggest a part-whole relation. It is part of the definition of triangle that the figure is three sided. But is a triangle the fruit of being a three-sided figure? This is at best odd thinking and at worst a simplification of concepts.

Confusion persists if we back up and ask what is meant by the semen being a part of the conjugal act? This is an important question, in that it seems obvious to me that the phrase does not garner clear, a general level of description, biological material. The phrase involves the most generic level of description, a human act, and the parts of a human act are the circumstance, end, and object. In what sense, then, can biological material be a part of a human act? No explanation is given.

Sr. Mirkes goes on to offer testimonial evidence that something is awry with CCK. Commenting on couples who have used similar “techniques” she says, “The experience of infertile couples is that the use of something is the technique of insemination and that the act of sex was