

Questions and Answers
from the ITEST Webinar
In Vitro Fertilization and the Sanctity of Human Life

Dr. Turczynski, can you explain more about the visual grading of human embryos? Do any apparent malformations bear much weight in how they will develop? Or because they are so young at that point, is that more subjective and more of a discrimination?

I answered this and will summarize here. The current method of evaluating viability is based on visual inspection and we have some ideas of what makes a viable embryo, but it is imperfect. Things such as symmetry, fragmentation, stage of development for age of the embryo, vacuoles and appearance of the cells, shape, etc. The field has used PGD to try and confirm viability but even that is being questioned now because of the embryo's capacity to self-correct by pushing abnormal cells to the placenta. The current approach being pursued is Artificial Intelligence, essentially computer analysis of videography.

If you have known individuals who have gone through IVF and had a crisis of conscience, have they been ready to hear some of these truths immediately? What usually instigates their regret over IVF, from your experience?

Everyone is different and they come from different faith backgrounds. I would say the majority are not Catholic. That is why I think the natural law argument is the best place to start. IVF is not the best way to treat infertility. Every couple should start with some method of fertility awareness, also called NFP (the Church's wisdom). This allows the woman to know her reproductive health and if she is ovulating. She will also know when something is not normal, and this can be diagnostic for treatment. Any treatment for infertility should investigate the root cause including anatomic, metabolic, and endocrine issues. Identifying and treating the root cause, balancing the woman's cycle, and maximizing the man's health should always be done before the couple attempts to conceive. Restore health, fertility returns.

Like me, the light of natural reason alerts them to the evil in most cases. Some, when their Catholic faith becomes convicted will convert but even then, I believe it is because they now find the wisdom in the teaching from their experience.

A question for both presenters: I am currently in seminary and am anticipating a life of pastoral ministry. Recognizing the pervasive presence of ART in contemporary society, I am preparing to meet this issue in my ministry. In the future, when I have couples who meet with me and are considering pursuing ART, based on your respective areas of expertise and your experiences with ART, what simple practical pointers would you recommend that I share to dissuade them from going down this road?

Start with the fact that there are other ways that are more healthy for them and the baby (see above answer). There are scientific publications that demonstrate pregnancy from restorative reproductive medicine even after failed IVF. Please see the attached paper from Dr Phil Boyle. Some will not believe you however and it helps to have some examples. The paper we published will help with that but there probably also needs to be something better for the lay person. I hope to have that in the future. Others who have used IVF and realized their mistake need to tell their story.

Where can I find a copy of the paper?

It is published in the Linacre Quarterly but if you don't have a subscription, please contact Craig Turczynski at Craig@boma-usa.org and he can send you a copy of the pdf for your own use only.

Dr. Turczynski, were you directly involved in cryopreserving the "spare" embryos? Briefly, what percentage does not survive the freezing and thawing, and approximately how much does it cost to keep a single - or multiple - embryo(s) frozen per year? Catholics who are paying these annual cryopreservation fees are financially supporting these IVF clinics, correct?

Yes, we did cryopreservation in our program but during the time I was there, we did only a few dozen thaw/transfer procedures and none of them resulted in pregnancy. The techniques are improving but significant loss of life occurs either due to the cryopreservation process or because some programs only freeze highly viable embryos leaving the less than perfect embryos to die. The cost is primarily in the salaries and equipment. There has to be safeguards and constant quality control checks, alarm systems, etc. The cost of LN2 is not that significant and it costs the same if there is one embryo or thousands of embryos in the same tank. I used to have this cost at the top of my head but would need to do some calculations to estimate it now. Some programs charge to make this a net positive source of revenue so yes, technically they are supporting the programs.