

Embryo Adoption: An Opportunity for Life

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The world began a new revolution during the second half of the twentieth century. This revolution centered not on industry, but on biotechnology. Researchers unlocked the mysteries of procreation and genetics. The promise of science seduced common sense about the value of human life. Postmodern pluralism embraced the modernist idea of utopia through technology at the cost of the helpless.

Yet civilization is no closer to utopia than it was 50 years ago. Instead, we debate a whole host of new ethical dilemmas. Several debates focus on the creation, storage and eventual destiny of millions of human embryos. Hundreds of thousands of lives wait in frozen limbo for parents, politicians, theologians, and scientists to decide whether they live or die. Embryo adoption provides a chance at life. Unfortunately, several ethical obstacles delay acceptance of this option. This paper attempts to address these obstacles and provide justification for embryo adoption. To better understand the ethical issues, I review the history of the embryo dilemma and consider the opposing views on embryo adoption.

Historical Development of Assisted Reproduction

Fertility clinics became commonplace less than 30 years ago. However, assisted reproduction technologies (ART) have a much longer history. Scientists attempted in vitro fertilization of mammalian oocytes as early as 1878. In 1954, Charles Thibault documented the first fertilization of rabbit oocytes completely in vitro. Then in 1959, M.C. Chang successfully transferred cleaving rabbit embryos, fertilized in vitro, into surrogate does and produced normal offspring (Bavister, 2002). Twenty years later, Dr. Robert Edwards, Dr. Patrick Steptoe, and Jean Purdy achieved the in vitro fertilization (IVF) birth of Louise Brown in England (Edwards, 2005). Other countries quickly followed: Australia in 1980, the United States in 1981, and Sweden and France in 1982 (Cohen et al., 2005).

Initially, technicians harvested one oocyte using the patient's natural cycle (Cohen et al., 2005). Still, implanting multiple embryos would increase the rate of success. In response, Drs. Howard and Georgeanna Jones pursued induction of oocyte development and ovulation (Jones, 2002). Meanwhile, other researchers developed procedures for preserving embryos in liquid nitrogen and achieved healthy

births from these “frozen embryos” (Cohen et al., 2005). IVF clinics quickly adopted both practices as normative procedures. These techniques reduced repeated embryo transfer costs and decreased health risks from ovarian hyper-stimulation. Unfortunately, it also led to “excess” embryos in storage.

Most researchers did not set out to create “excess” embryos, but the dilemma also provided opportunities. Australian teams quickly devised a process for donating extra embryos to treat women unable to participate in traditional IVF (Cohen et al., 2005). At the same time, Dr. Edwards (2005) deliberately pursued IVF research to harness the potential of embryonic stem cells along with clinically treating infertility. Embryos without a purpose provided a convenient source for stem cells. While some of these options lead to potential life for an embryo, others lead to death, calling into question the appropriateness of ART and its consequences.

Couples participating in IVF treatment must now decide the fate of their “excess” embryos. They have five options. First, couples may use these embryos in future cycles. Second, the parents may elect to keep them in storage indefinitely. Third, they may decide to discard the embryos. Fourth, they may choose to donate the embryos for research purposes. Finally, they may choose to donate the embryos to another couple for implantation, or embryo adoption (Sullivan & Costerisan, 2008).

The Progression of Embryonic Ethics

Scientists, theologians, and politicians debated the ethics of these practices from the beginning (Cohen et al., 2005). Many theologians, especially Catholic theologians, vehemently opposed all ART based on moral beliefs about personhood and human sexuality (Cohen et al., 2005; Edwards, 2005; Jones, 2002). They still maintain this stance, making decisions about embryo adoption difficult.

Scientists rejected the notion that personhood began at conception, therefore their actions were ethical. They tended to take a more utilitarian view, easily accepting embryo research along with donation to other couples. Edwards (2005) described his own view, saying:

We were certainly trying to provide the greatest good for the greatest number...Were some embryos used as means to an end in early research in early embryonic growth? Yes, since there

were no other routes to gaining the untold clinical benefits of our research to millions upon millions of people. (p. 7)

ART entered the political arena much more slowly than the scientific and religious ones. The IVF researchers initiated many of the first biotechnology ethics boards after they began clinical practice (Cohen et al., 2005; Edwards, 2005; Jones, 2002). The first legislation did not appear until 1984 in Victoria, Australia, four years after the first successful IVF birth. Other jurisdictions added their own policies over the next 15 years. Even then, ethics boards and legislation simply regulated methods. All countries approved IVF, cryopreservation, embryo adoption, and embryonic research as ethical (Cohen et al., 2005).

Recent Developments Regarding Embryos

Despite legal acceptance, religious groups, politicians, scientists, and celebrities continue to debate the status and fate of “frozen embryos.” The Center for Disease Control and Prevention reported in 2005 that IVF has contributed to 38,910 live births of one or more children and estimated that as many as 500,000 embryos reside in frozen storage in the United States (Catlin, 2008). Australian records in 2003 noted that nearly 105,000 embryos remained frozen in that country (McMahon & Saunders, 2009). The realities of cryopreservation and stem cell research illuminate the ongoing plight of these embryos.

Cryopreservation

Cryopreservation involves two processes. First, cellular water is slowly replaced with cryoprotectants, such as dimethylsulphoxide (DMSO) or 1,2 propanediol, to prevent crystallization. Second, embryos are slowly cooled to -33°C (-27.4°F) and submersed in liquid nitrogen. Thawing reverses this process. Not all embryos survive freezing or thawing. Survival rates range between 56% and 94.8% depending on the technique (Nikolettos & Al-Hasani, 2000). Technicians often perform genetic and morphological analyses so that only high quality embryos are preserved. These practices raise serious questions for those who consider embryos to be morally valuable (Koninckx & Schotsmans, 1996; Nikolettos & Al-Hasani, 2000).

Some researchers prefer pronuclear oocytes. They believe this stage creates fewer ethical concerns because the conception process is incomplete. Pronuclear oocytes are fertilized, but have not initiated syngamy, and the oocyte has not yet achieved the diploid state. In addition, this process eliminates the possibility of genetic or morphological rejection. Some studies indicate that pronuclear oocytes actually survive the freezing and thawing process better, and achieve similar pregnancy rates as embryos frozen at later stages, making it an attractive alternative (Koninckx & Schotsmans, 1996; Nikolettos & Al-Hasani, 2000).

Freezing gametes before fertilization offers another alternative to freezing embryos. Intracytoplasmic sperm injection (ICSI) can successfully produce embryos from frozen sperm. This technique achieves similar pregnancy and birth rates compared to fresh sperm (Patrizio, 2000). Unfortunately, freezing of ova is not as widely accepted. Early research indicated more genetic anomalies in frozen mature ova. However, more recent studies report successful births from frozen ova (Porcu et al., 2008). In light of such alternatives, continuing to subject embryos to cryopreservation seems cruel, but what to do with them is hotly contested.

Embryonic Stem Cell Research

Stem cells are pluripotent (from Latin meaning “many powers”) because they can develop into multiple adult tissues. For instance, bone marrow contains stem cells that can develop into each of the different blood cell types (Sullivan & Schoonover-Shoffner, 2007). Unfortunately, many body tissues do not have stem cell precursors. An adult has all the heart and brain tissue they will ever have at maturity. In contrast, human embryonic stem (hES) cells remain undifferentiated and can develop into any of the adult tissues. As a result, many scientists believe that transplanting stem cells into diseased or injured tissue could replace it with healthy tissue, curing diseases (e.g. diabetes or Parkinson’s) or repairing injuries (Sullivan & Schoonover-Shoffner, 2007). Others desire to study stem cell differentiation processes to prevent certain conditions altogether (Edwards, 2005).

To obtain hES cells, scientists must remove the inner cell mass of an embryonic blastocyst, destroying the embryo. Since use of all 500,000 excess embryos is improbable, utilitarian beliefs suggest using them to benefit others (Sullivan & Costerisan, 2008). Scientists have developed very few applications, however. Current stem cell transplants require radiation or drug regimens often accompanied by uncomfortable and potentially dangerous side effects. In addition, no successful clinical treatments exists for hES cells. Scientists become increasingly skeptical about some hES benefits, such as for Alzheimer's disease, because of the sheer complexity of the disease and the human brain (Sullivan & Schoonover-Shoffner, 2007). This does not prevent the adamant request for more embryos. Like IVF, optimistic scientists believe it is "just a matter of time" (and money).

Again, alternative resources exist. Stem cells with nearly the same potential as embryonic stem cells can be obtained from amniotic fluid (Sullivan & Schoonover-Shoffner, 2007). Researchers have also created "induced pluripotent stem (iPS) cells" by reprogramming adult skin cells (Levin, 2009). This source of pluripotent cells holds therapeutic and ethical advantages by originating in the individual needing treatment. While this option precludes the destruction of embryos for research, it does not resolve the status of the embryos remaining in storage or being discarded to make space.

Embryo Adoption

Embryo adoption attempts to resolve the plight of these vulnerable embryos, but a consensus is elusive. A multiplicity of terms for embryos and their transfer complicates decisions. As already noted, clinics freeze 5-day blastocysts or pronuclear oocytes. Pronuclear oocytes do not carry the same claims of personhood because of their lack of syngamy (Koninckx & Schotsmans, 1996). Yet, Nikolettos and Al-Hasani (2000) note "the largest percentage of live births in the literature have been reported with cryopreservation of supernumerary embryos at pronuclear stage" (p. 55). If this distinction is valid, the object being "adopted" will differ depending on a variety of factors, and directly influence how one defines the process.

Legal characterizations also confuse the status of embryos. The legacy of *Roe v. Wade* declares that human life before birth does not equal personhood, and is regarded as property (Catlin, 2008; Sullivan & Costerisan, 2008). Current adoption law states that only legal persons may be adopted (Catlin, 2008). In contrast, the United States government initiated a million dollar public awareness campaign to encourage “embryo adoption” (Freundlich, 2002). National ethics advisory boards and state legislatures declare that embryonic property is worthy of special respect, although they have not outlined the nature of this respect (Cheely, 2007; Manninen, 2007). Even the “successful embryo adoption” reported by JoAnn Davidson (2001) involved a relinquishment agreement that returns unused embryos to the genetic parents. Such agreements characterize property exchanges, not traditional adoptions.

Regardless of the embryo’s status, a variety of labels obscure the transfer process. Sarah-Vaughan Brakman and Darlene Weaver (2007) discuss this dilemma in their volume on embryo adoption. Technically, heterologous embryo transfer (HET) refers to the implantation of an embryo into the uterus of a woman who is not the genetic originator. While descriptive of embryo adoption, HET also occurs with surrogate mothers who gestate the embryo, but then relinquish the child to the legal parents at birth (Fuscaldo & Savulescu, 2005; Ku, Elster, & Nakajima, 2008). Other terms include embryo donation, embryo transfer, and embryo rescue. Brakman and Weaver (2007) argue that embryo transfer lacks specificity and embryo rescue implies a lower level of commitment to care than intended by the new family. Embryo adoption and embryo donation both carry moral connotations, but from opposing views. Adoption confers a notion of personhood on the embryo, whereas donation suggests it is nothing more than biological tissue. Recently, Thomas Atwood (2008), President and CEO of the National Council for Adoption, recommended using embryo placement (short for embryo placement for pregnancy and parenting) as a neutral term. Time will tell which term culture accepts.

Ethical Perspectives on Embryo Adoption

Ethical analyses of embryo adoption cover a wide range of concerns. They examine the needs and rights of the living, the dying, and the not yet born. They encompass issues of morality, utility, complicity, and freedom. They call into question long-held traditions in science, religion, and law; and the

conclusions are just as varied as the concerns they analyze. Support for and opposition to embryo adoption come from a multitude of philosophical perspectives. Those who accept the embryo as a person and those who reject it find themselves in peculiar juxtapositions; and few hold their positions absolutely.

Resistant Perspectives

Those who deny embryonic personhood understandably oppose embryo adoption. Utilitarian justification for hES cell research rests on the inevitable destruction of embryos (Sullivan & Costerisan, 2008). An increase in embryos designated for adoption would avoid destruction and decrease the number available for research. The public might then view embryos more as persons, putting support for embryonic stem cells, cloning, and similar research projects at risk. The Director of the National Institute of Child Health and Human Development, Duane Alexander (1996), expressed this very concern, saying,

There is intense interest in this whole area on the part of the congress, and there will be, obviously, a contest waged over whether to proceed with this work or not. If the needs of science and society for improvements in our ability to prevent birth defects, and to provide treatments that embryonic stem cells have the potential to do, will prevail, we will be able to move ahead with this work. (p. 413)

Only “wanted” children, who had the potential to “reach adulthood free of disease and disability,” are worthy of being born (Alexander, 1996). Even for those who grant a measure of value and respect to embryos, the utilitarian creed holds firm. The rights and interests of sentient humans will always override those of the non-sentient – individuals not afforded rights or capable of interests (Bortolotti & Harris, 2006). The 1973 Roe v. Wade decision depended on this belief. Therefore those who value the freedom of abortion also tend to fear the personhood implications of embryo adoption (Gregory, 2007).

Conversely, several individuals who adamantly oppose abortion and stem cell research also oppose embryo adoption. These scholars point to statements in the *Donum vitae (DV)*, the premier collection of Catholic teachings on bioethics. In 1987, this document declared that all assisted

reproductive technologies are unequivocally immoral (Onder, 2005). Furthermore, the document addressed excess embryos, stating,

“In consequence of the fact that they have been produced *in vitro*, those embryos which are not transferred into the body of the mother and are called ‘spare’ are exposed to an absurd fate (*sorti absurdae abnoxii permanent*), with no possibility of their being offered safe means of survival which can be licitly pursued.” (Berkman, 2002, p. 447)

While *DV* does not specifically address the subject, scholars conclude that the stated restrictions preclude embryo adoption. For instance, Msgr. William Smith believes that embryo adoption constitutes a form of surrogate motherhood. Since the law states that only born children can be adopted, embryos are not truly adopted until after birth. Therefore, the gestating woman acts as a surrogate until birth (Caulfield, 2001; Onder, 2005). Others view ART as violating marital integrity and respect due to the embryo. ART maligns marital and reproductive integrity because the experiences of marriage, sexual intimacy, procreation, and creation of a family are disconnected from each other. They no longer constitute a complete process between a husband and wife exclusively. Embryo adoption goes further by introducing a genetically unrelated child into the mix. Destroying genetic parenthood violates the embryonic child because, according to *DV*, it is “the right of the child to be conceived, carried in the womb, brought into the world, and brought up by his own parents...” (Onder, 2005, p. 82). Since embryo adoption falls within ART, it falls under the same prohibitions. To act otherwise would be to act out of a consequentialist ethic and “do evil so that good may result” (Romans 3:8, New International Version).

Protestant and Catholic scholars alike struggle with complicity and scandal related to embryo adoption. Many accept that IVF and cryopreservation are illicit, but concede that adoption of abandoned embryos may not be intrinsically wrong. Unfortunately, the very act of embryo adoption requires cooperating with fertility clinics in activities deemed illicit, specifically thawing embryos and possibly discarding “low quality” embryos (Kellmeyer, 2007). Since adopting couples benefit from the outcome of immoral acts, and because they must use a part of the immoral IVF process to accomplish their goal, they become subject to moral complicity. The moral guilt of IVF transfers to the couple by association

(Sullivan & Costerisan, 2008). Embryo adoption might also be scandalous because willing participation with fertility clinics might cause others to accept all clinic actions as permissible (Berkman, 2002).

Additional ethical review considers the prudence of embryo adoption. John Berkman (2002) reminds his readers that embryo adoption does not guarantee its conclusion. Low success rates for embryo transfer persist, leaving couples with renewed heartache. Embryo adoption might also cause unintended consequences. Through ART, children easily become commodities to possess at any cost, and parenthood becomes a right to be guaranteed (Gregory, 2007). Adoption advocates worry that the demand for embryos will leave more sentient children without families (Atwood, 2008).

Moral beliefs aside, creating couples present the most perplexing position against embryo adoption. These couples do not hesitate to create and freeze several embryos, yet they frequently refuse to allow either other infertile couples or researchers to use their embryos. Overwhelmingly, couples consider their embryos to be their own genetic children and feel responsible for their future welfare (Fuscaldo & Savulescu, 2005; McMahon & Saunders, 2009). One genetic mother felt like donating her embryos to another couple was equivalent to abortion (Catlin, 2008). Another considered suing the adopting couple for custody of the resulting child (Onder, 2005). Clearly, creating couples believe their embryos have inherent value. In response, some couples choose to store their embryos indefinitely, unwilling to destroy them or abdicate their care (Berkman, 2002). Instead, most couples choose to discard the embryos, believing that parental responsibility equals sovereignty over the life and death (Sullivan & Costerisan, 2008). In both cases, genetic relatedness carries more weight than a chance at life.

Supporting Perspectives

Embryo adoption support also runs the gamut of moral perspectives. Fertility clinics support embryo adoption from a basic utilitarian perspective. They view discarded embryos as wasted resources. Greater numbers of infertile couples could benefit from using frozen embryos. Some couples cannot afford IVF treatments, while others have medical hinderances. Preexisting embryos reduce costs and avoid potential health risks from repeated IVF cycles. Additionally, adoption relieves the burden of

storing increasing numbers of embryos (Fuscaldo & Savulescu, 2005). This reasoning still views embryos as a means, but to a different end.

Despite opposing IVF, some Catholic scholars support embryo adoption. They look beyond the teachings of the *DV* and related official documents for justification. Theologian Steven Kellmeyer (2007) argues that embryo adoption differs from surrogacy because of the women's differing intentions. A woman adopting an embryo commits her whole person to the future child. On the other hand, a surrogate commits herself to the commissioning parents. One views the embryo as a person to nurture and cherish, the other treats the embryo as a commodity to use and possess. For John Berkman (2002), from Catholic University of America, the words of Christ in Matthew 25:31-46 influence the morality of adopting embryos. In this passage, Christ condemns those who refused to care for the needy and vulnerable, a group which certainly includes embryos. Mary Jo Iozzio (2002) suggests that tolerance of an immoral activity is necessary. Countries will not reverse lawful operation of fertility clinics. Besides, immediate closure would require the destruction of all existing embryos.

Other supporters question inconsistencies they see in the Catholic teachings. Helen Watt (2001) points out that postnatal adoption and embryo adoption both result in the same violations – a child is not raised by his genetic parents and a couple has a child disconnected from their sexual union. Logically, prohibition of embryo adoption contradicts the Church's support of postnatal adoption. John Stanmeyer (2007), an embryo adoptive father, believes that opponents falsely require a choice between sanctity of life and sanctity of marriage. If pregnancy were critical to the marital union, then any sexual union without pregnancy would be incomplete. Second, he challenges gestation as necessary for procreation:

Through EA [embryo adoption], we did not separate the unitive and procreative aspects of the marital act....The procreative act began and ended at conception when God infused the soul into the embryo. At that point, a unique, differentiated, individuated human life exists, a body-soul composite that is ready for gestation. Those who argue that procreation includes not just conception but the whole process of pregnancy must logically conclude that you do not have a

human person until gestation is over. That flies in the face of Catholic teaching on the personhood of the unborn. (Stanmeyer, 2007, pp. 232-233)

Few Protestants engage in the debate, but they generally support embryo adoption (Gregory, 2007). However, support is usually more practical than academic. For instance, Nightlight Christian Adoptions runs Snowflakes, the most notable embryo adoption program (Davidson, 2001). A number of other prominent Christian organizations, including Focus on the Family and the Family Research Council, publicly endorse embryo adoption. Even former President George W. Bush, embraced embryo adoptive families and enlisted their aid when justifying his veto of stem cell legislation (Gregory, 2007). Since most Protestants are not bound by the absolute connection of marital unity and procreation, they feel compelled to honor the sanctity of embryonic life when possible.

Concluding Ethical Analysis

Undeniably, the multitude of voices on embryo adoption rise out of firmly held philosophies about the nature of human life – when it begins, when it ends, and what shapes its existence in between.

Unfortunately, the most gifted individuals have contemplated these questions since the beginning of time and have yet to reach universal conclusions. I unswervingly contend that personhood begins at the moment of conception.

Biblically, an eternal and infinite God created humans beings in their entirety (Genesis 1). He fashioned man (male and female) in His own likeness, like an artist creating a self-portrait (Gen. 1:27). God then granted man dominion over the rest of creation (Gen. 1:26-31, Psalm 8:5-8). By virtue of this unique creation, all human life has inherent and irrevocable value.

Biologically, ART techniques can now distinguish between fertilization and syngamy. However, this distinction is irrelevant to the adoption question, and will not be addressed here. Suffice it to say that from the moment of fertilization, without purposeful intervention or biological failure, the oocyte contains all the potential necessary to become a unique human being. Therefore, the principle of continuity defines

the embryo as a moral person, deserving of all the respect, value and care given to any sentient human (Sullivan, 2003).

From this foundation, I reject the belief that all forms of ART violate the sanctity of marriage. Scripture addresses several purposes for sexual intimacy within marriage, including procreation (Gen. 1:28), unity (Gen. 2:24), and pleasure (Proverbs 5:18-19, Song of Solomon). Procreation is only one possible outcome of marital intimacy. Therefore, marital intimacy does not require the possibility of procreation, otherwise infertile couples would have an incomplete union.

Procreation without sexual intimacy is harder to justify. The conception of Jesus provides the only related example. Mary was a virgin, yet became pregnant and gave birth to a child. I do not intend to degrade this supernatural event by comparing it to IVF treatment. However, Mary legitimately conceived and bore a physical and legal heir to King David apart from sexual relations with her husband (Matt. 1:1-17, Luke 3:23-37). I believe this example at least lends support to the permissibility of ART.

Permissibility includes certain limitations, however. Third party gametes, third party DNA, and surrogates violate the singular union between a husband and wife designated by God and should not be used (Gen. 2:24). Discarding excess embryos or using them for research violates the intrinsic value of human life. This practice reduces human persons to slaves, tools to be kept when useful and thrown away when not.

Cryopreservation is equal to child endangerment. Embryos inevitably die in either the freezing or thawing process. Little difference exists between this and leaving an infant in a hot car in 90-degree heat without food and water.

Unfortunately, without a radical change in cultural beliefs, couples will continue to create and store excess embryos. By permitting IVF and embryo transfer, I readily accept the moral permissibility of embryo adoption. Still some disagree with my permission of IVF. Does this rule out embryo adoption as well? Would rescuing an embryo violate the principle of Romans 3:8: refusing to “do evil so that good may result”? I do not believe so.

Four arguments support this conclusion. First, even if IVF violates the principles of procreation, the genetic parents already completed the procreative act (Schudt, 2005). Unique individuals already exist in their own right. Second, embryo adoption attempts to redeem human persons from the sin acted upon them by cryopreservation. The primary theme of the Bible is God's redemption of man from his own sin. For example, Solomon was redeemed to build the temple and be an ancestor of Christ despite the immorality of his parents' initial union (2 Samuel 12:24-25). Third, I agree that the intentions of the adoptive parents rule out surrogacy (Kellmeyer, 2007). Pregnancy is simply the vehicle for nurturing the child, an intermediate process (Schudt, 2005). In contrast to surrogacy, the woman intends to continue nurturing and cherishing the child after birth. Finally, as noted above, Mary did not sin by bearing a child not her husband's and not the result of an immoral sexual union. As John Stanmeyer (2007) argues, if gestation is essential to the procreative act, then the whole assertion of personhood loses credibility.

Permissibility must still address the issues of complicity and scandal. Embryo adoption does necessarily involve cooperation with clinics that violate moral principles related to embryos. This cooperation may encourage others to think all clinic actions are permissible. Scripture does not appear to wholly condemn such cooperation, though. The spies to Jericho cooperated with a prostitute to complete their mission. Nowhere does it indicate that this cooperation transferred the guilt of prostitution to the spies, nor that prostitution was condoned (Joshua 2). Rahab even lied to the King of Jericho, yet God spared her and declared her righteous by faith (Joshua 6:25, Hebrews 11:31). In the case of IVF, no evidence suggests that the availability of embryo adoption increases the demand for treatment. Furthermore, couples may counter such effects through consistent explanation of their actions and condemnation of the immoral actions avoided (Berkman, 2002).

When addressing prudence, I consider Paul's statements in 1 Corinthians 10:23-33. He states, "Everything is permissible" – but not everything is beneficial. "Everything is permissible" – but not everything is constructive. Nobody should seek his own good, but the good of others." This passage explains that we have freedom to do many things within grace. However, these actions must not allow selfish motivation to violate the commands to love God and our neighbors. I believe embryo adoption is a valiant attempt

to love other human beings by giving them a chance at life. In addition, these couples choose to give life to someone else's genetic child instead of pursuing their own through IVF. This act condemns the selfish motivation that first created the embryos and bears witness to God's redemptive nature. Prudence, "right reason about what needs to be done," indicates that these adoptions are not only permissible, but laudable (Iozzio, 2002).

In conclusion, even if some agree with all I have said, they question whether adopting embryos does a disservice to existing children in need of adoption. Embryos need parents, but not as urgently as children already born (Berkman, 2002). I acknowledge this quandary. Adopting couples should always wrestle between these two options. On the other hand, it is likely that neither all orphaned children nor all abandoned embryos will find homes. Does the reality that I cannot save them all hinder me from saving any? Jesus Christ answered this question decidedly by saying, "*whatever you did for one of the least of these brothers of mine, you did for me....whatever you did not do for one of the least of these, you did not do for me*" (Matt. 25:40,45, emphasis added). When given the opportunity, the "one" in front of us is the one that matters, whether already living or waiting to live.

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