Freezing Eggs, Not Embryos

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Last week a British infertility specialist reported a breakthrough in which a healthy baby was born to a woman whose eggs had been frozen and then thawed and fertilized in vitro. The baby is now three months old and in good health. 

This is great news for couples who want to use IVF but who do not want to face the prospect of destroying the leftover embryos that are commonly created by this technology. Now a woman's eggs can be frozen, thawed, and fertilized a few at a time, thus making it possible for couples to use IVF without the unwanted consequence of leftover embryos or the prospect of selective termination due to an excessive number of embryos implanting. This is precisely the kind of option that the couple who now has the 3-month-old child desired. Due to their Jehovah's Witness convictions, they did not want to deal with the implications of leftover embryos and they did not have to. It is also good news for women who must undergo medical treatments that could damage their eggs. Such women can simply have their eggs harvested and frozen prior to undergoing the treatments, thereby making their own eggs available for use when they are ready to have children. Further, this technique will enable women who want to wait until their 30's (or even into their 40's) to have children to do so with less difficulty than might have been encountered in using eggs that had aged naturally.

It is important to recognize that freezing eggs is very different from freezing embryos. If a frozen egg cannot be successfully thawed, such a failure is not comparable to what happens when a frozen embryo cannot be successfully thawed. When that happens, a person dies. While an egg damaged in the thawing process is a loss, it is not analogous to the destruction of an embryo. Eggs are not persons, though when combined with sperm they become a person. An embryo, on the other hand, is a person in a very early stage of development. Thus, there are very significant moral differences between eggs and embryos.

Of course, lots of questions regarding the freezing of eggs remain. For example, can this initial success be duplicated with enough regularity to allow infertility clinics to make this technique
widely available? Other clinics have also reported some initial successes in egg freezing, only to have a track record of disappointment in this area later. Further, will enough women elect to have their eggs frozen to make this a commercially viable option? We will have to wait to see how this developing technology and responses to it unfold, but, as of today, this recent advance is very encouraging to those who hold that personhood begins at conception and that all embryos - having inherent dignity as persons made in God's image - should be protected from avoidable risk of destruction.

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