



Supporting a pastoral commitment to a culture of life in the Archdiocese of Omaha

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Infertility

Q. Dr. Hilgers, what are the various causes of infertility in women? What are the medical options for couples who have infertility? –Omaha Archdiocesan Priest

A. About 15 percent of couples in the United States experience infertility—commonly defined as the inability to achieve a pregnancy (first or subsequent) over the course of one year of random acts of intercourse. Infertility is really a symptom of an underlying disease. While stress and promiscuity may be contributing factors, infertility is mostly caused by hormonal or functional problems or by organic problems. Hormonal or functional causes are usually related to abnormal ovulation patterns. Examples of organic causes of infertility include endometriosis, pelvic adhesions (scar tissue), infection with Chlamydia or gonorrhea, and polycystic ovarian disease.

I shall address two current approaches to treating infertility: “modern” reproductive technologies and NaProTechnology. “Modern” (or assisted or artificial) reproductive technologies commonly use such procedures as *in vitro* fertilization (IVF), GIFT, ICSI, ZIFT, intrauterine insemination, and artificial insemination. Not only does the Church reject these forms of treatment (Her reasons are explained in *Donum Vitae*) but, sadly, couples resorting to these procedures are not treated for the diseases affecting them, are usually not informed about what is causing their infertility, and are often left heart-broken with still being unable to achieve a pregnancy. Few people seem to realize that IVF is also a **highly abortive** treatment approach.

NaProTechnology should be part of the Catholic vocabulary when

considering women’s health issues. Unlike “modern” reproductive technologies, NaProTechnology is a disease-based approach to health care—which is the best way to treat infertility. Remember, infertility is a symptom of an underlying disease. A FertilityCare physician (www.fertilitycare.org) looks for the underlying diseases causing the infertility by performing a comprehensive evaluation and, then, develops a full program of treatment. **When the underlying diseases are treated as they are with NaProTechnology, a woman’s chances of achieving a pregnancy increase significantly!** NaProTechnology’s success rates are up to 2.8 times greater than *in vitro* fertilization.

NaProTechnology is the only complete women’s health science that is consistent with Church teachings. Our patients find this a great relief. NaProTechnology’s primary diagnostic tool is a woman’s Creighton Model FertilityCare chart. The Creighton Model System of natural fertility regulation can be used to both achieve and avoid a pregnancy while completely respecting the dignity of the human person and the integrity of married love. NaProTechnology scientifically validates the consistent teachings of the Church and has answers to complex problems like infertility. Its scientific research foundation has remained faithful to Church teaching.



Thomas W. Hilgers, MD

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Cervical Cancer Vaccine

A priest called me recently with a question posed by one of the mothers in his parish: Would there be any moral objection to obtaining the new vaccine against the sexually transmitted virus that causes cervical cancer? The mother’s concern was that getting her daughter vaccinated might be seen either as approval of so-called safe sex or promotion of casual sex.

Before we consider the morality of the vaccine, here is some contextual information. Merck & Co has developed a vaccination for girls/women between the ages of 9 and 26 which would protect recipients against 2 kinds of human papillomavirus, or HPV, that cause 70% of cervical cancers. In the U.S. alone, 10,000 women every year contract cervical cancer after being infected with HPV and approximately 4,000 of them succumb to the cancer. The vaccine, called Gardasil, will be administered in three shots over six months and will cost between \$300 and \$500. It also protects against 2 other kinds of viruses that cause 90% of genital warts. All four of these viruses are sexually transmitted. The vaccine has been approved by a U.S. federal advisory panel and, as of this writing, it appears the FDA will approve the vaccine soon and make it available to the general public by the end of June, 2006.

As many public health experts point out, the vaccine has major benefits and no significant risks for those inoculated save, perhaps, for the moral one alluded to at the outset. Some argue that the vaccine should not be made available because it could send the wrong message—encouraging those inoculated to engage in promiscuous sexual activity. Or the vaccine could raise the false expectation that those vaccinated need not worry about adverse health consequences from even reckless sexual behavior. Do these possible immoral eventualities render the act of getting vaccinated immoral?

I think not. The morality of being vaccinated against HPV 16 and 18 that can lead to cervical cancer ought to be analyzed this way. The intention for which one would be vaccinated is good: to prevent cervical cancer. The action to accomplish that end—being vaccinated—is intrinsically good for at least two reasons: first, it will protect against a form of cancer that can be and often is lethal. And think about this: Since HPV can just as easily be transmitted in nonconsensual sexual activity such as rape and incest as in consensual sex, the vaccine

would provide protection for chaste individuals who might suffer either of these latter abuses. Even in cases of consensual sex between two married heterosexual spouses, this vaccine would provide protection from cervical cancer when, let’s say, an uninfected spouse has sex with his or her infected spouse who perhaps does not even know he/she is an HPV-carrier.

Second, the advent of this vaccine provides the pediatrician, parent, or counselor an opportunity to highlight both the beauty and security of chastity. Adults can explain to pre-teens or adolescents, first, that abstinence from genital sexual activity means they will be saving the gift of their sexuality for marriage—the only context capable of respecting the true meaning of sex: an act of self-giving love that is open to new life. Moreover, the doctor, parent or counselor could also use the vaccine as a springboard to some commonsense, let’s-be-real conclusions. A young person will get it when we help them see that the only reason society needs this new vaccine so badly is because condoms and other safe sex paraphernalia are egregiously ineffective in protecting people from sexually transmitted diseases. Bottom line: Abstinence is the only way to prevent STDs and all of their adverse consequences. Safe sex is not safe. Truth to be told, the staggering numbers of HPV-infected individuals that drove the researchers to develop this vaccine expose the fatuity and duplicity of the “if you’re going to have sex, at least be safe” axiom.

I would advise parents who inquire about the morality of getting themselves or their children inoculated to follow Merck’s packaging caveat. Which is to say, parents should tell their children that the only 100% protection against HPV and cervical cancer is abstinence. With that approach, getting our children vaccinated should result in more positive education to chastity rather than in more promiscuity. Although we are responsible for bringing about as many good effects from our actions as possible, we are not morally culpable for bad consequences that might, some time in the future, follow from a here-and-now action that is good in and of itself. So, just because a child vaccinated



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Pope Paul VI Institute
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In this issue: Infertility and Cervical Cancer Vaccine

The Home of **FertilityCare™** and **NaProTECHNOLOGY™**

Building a Culture of Life in Women's Health Care

Holy Mary, Mother of God,
you have given the world its true light,
Jesus, your Son—the Son of God,
you abandoned yourself completely
to God's call
and thus became a wellspring
of the goodness which flows forth from him.
Show us Jesus. Lead us to him.
Teach us to know and love him,
so that we too can become
capable of true love
and be fountains of living water
in the midst of a thirsting world.
~Closing Prayer of the Encyclical Letter "Deus Caritas Est",
Benedict XVI, December 25, 2005.

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Direct all other questions to:

Chapel of the Holy Family
Open business days, 8:00 a.m.–4:30 p.m.
8:30 a.m. Mondays and 1st/3rd Fridays
Adoration
8:15 a.m. to 9:15 a.m. Thursdays

More resources can be found on our web sites:
www.popepaulvi.com
www.creightonmodel.com
www.naprotechnology.com

Access this newsletter online at
www.popepaulvi.com/connect.htm

- **FertilityCare™ Center of Omaha**
To learn the Creighton Model FertilityCare System
(402) 392-0842 or fcoco@popepaulvi.com
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- **National Center for Women's Health**
For clinic questions:
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Linda Cady (Dr. Hilger's head nurse)
- **Creighton Model FertilityCare Allied Health Education Program**
For FertilityCare provider education.
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