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Assisted Reproduction in the Abrahamic Religions: Ethical Contributions for a Pluralistic Society

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Abstract

Recent advances in reproductive science have prompted a profound reexamination of some of the most fundamental anthropological aspects of human life: the value of nascent human life, the meanings of motherhood and fatherhood, and the concept of family. Abrahamic religious traditions in particular offer a rich moral heritage, developed over centuries, that can significantly contribute to ethical reflection on assisted reproductive technologies. This article examines the Judeo-Christian and Islamic traditions, which are predominant in the Western cultural context and greatly influence the lives and moral frameworks of more than half of the world's population. The study underscores the strength of the ethical foundations shared across these religious traditions and common values, principles, and moral concerns, while also seeking to understand and integrate the distinctive nuances that differentiate them.

Keywords: assisted reproduction; motherhood; human embryo; family; religions

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1. Introduction

The origin of human life has always occupied a central place in the hearts and minds of humanity. Understanding our beginnings and ensuring the continuation of our lineage has been a constant concern throughout the history of every civilization. In the twentieth century, science and technology have made it possible to fulfill human reproductive desires in ways previously unimaginable: for infertile couples, same-sex couples, single women, widows, and even elderly women; using gametes from a spouse or a donor, and gestation in another woman's womb. Today, nearly anything seems possible in the realm of reproduction. The desire to become a parent, to have a child, is deeply cherished, and the modern market economy is increasingly willing to satisfy this desire under any circumstance.

However, not everyone interprets this desire through an economic lens, nor do they seek short-term answers to the profound questions surrounding the mystery of human origin and destiny. The world's major religions, as they have always done, engage with the new realities shaped by science and technology, offering ethical responses rooted in faith to billions of people. These responses aim to safeguard some of humanity's most ancient and cherished values and desires: life, love, family, and more.

This article explores the perspectives of the major Abrahamic religions: Judaism, Islam, and Christianity. It would be impractical to address all world religions within the scope of this study, and doing so would detract from the article's primary objective: to highlight the profound commonalities that unite us and to understand the more peripheral differences that distinguish us. Moreover, this study seeks to shed light on how more than half of the world's population views issues that are deeply rooted in human anthropology.

Religious traditions can make a significant contribution to public moral reflection by offering their millennia-old wisdom and the ethical experience of millions of believers throughout history. Their specific proposal in a pluralistic society centers on the defense of life—especially its most vulnerable forms—the value of conjugal love, the institution of the family, and the common good. At the same time, the concrete moral life of each believer can become a transformative force within society, contributing to the humanization of science and technology—an imperative that bioethics has emphasized since its inception (Cahill 2003).

To achieve this, we will examine the key ethical foundations that shape each religion's approach: first, the origin and value of human life; second, the meaning of motherhood and fatherhood, ancestry, and family; and finally, the role of science in the act of creation. All of this is aimed at offering their millions of followers a meaningful ethical framework and a vision of the "good life": one that contributes to building a better world for all, including future generations.

2. Assisted Reproduction in Judaism

The human being is considered the most precious of all God's creations, composed of a physical part, *basar*, and the breath of life infused by Yahweh, *nefesh*. Based on this foundational belief, Judaism is not a religion fully anchored in the past, limited to the Torah, the Mishnah, or the Talmud. Rather, it seeks to offer responses to the evolving challenges of society throughout history (Tapia 2016, p. 224). Specifically, assisted reproduction has been the subject of reflection beginning with the Talmud and more recent sources, but concrete ethical guidance is ultimately provided by contemporary rabbis. This has led to the emergence of diverse and, at times, even opposing interpretations and ethical norms. While the main legal principles are found in the Jewish *Halakha*, there is no absolute consensus. Below, we will examine the key anthropological issues and how they translate into concrete positions regarding assisted reproductive technologies (ART).

2.1. The Origin of Human Life and Humanity's Role in Creation

Halakha initially considers heterosexual marital relations as the normative means of conceiving new life, though this is not regarded as a moral absolute. The moral evaluation of reproductive procedures is entrusted to rabbinic authorities, rather than individual conscience-since the obligation to procreate may override the normative preference for natural methods (Grazi and Wolowelsky 2008).

Although the human being is seen as God's unique creation, Judaism views scientific and technological advances as a way of complementing God's creative work. This aligns with the collaborative role that Yahweh assigned to humanity in the development of the world and its stewardship. Consequently, ARTs have not been broadly questioned within Judaism, as they enable the fulfillment of the first divine commandment recorded in the Torah: "Be fruitful and multiply" (Gen 1:28).

2.2. Motherhood, Fatherhood, and Ancestry

In modern-day Israel, becoming a parent is, in itself, a normative step in the transition to full adulthood. At the same time, a complete family is generally understood to be one with at least two children. In general, there is broad acceptance of these techniques; in fact, when a couple is unable to conceive, in vitro fertilization (IVF) is not only permissible but may even be considered mandatory when medically indicated (Silber 2010, p. 476).

However, some controversy remains regarding gamete donation. Orthodox Judaism (which represents approximately 10% of the Jewish population) regards gamete donation as a form of adultery, referencing the Torah (cf. Lev 18:20), and simultaneously questions

the reliability of fertility clinics in ensuring that the gametes used truly belong to the spouse. For this reason, Orthodox Jewish women are often present during the procedure to verify the spousal origin of the gametes, when this is both possible and desired by the couple.

In contrast, Reform Judaism—the majority denomination worldwide—interprets the prohibition of adultery strictly literally. Therefore, the use of donor gametes in ART is not considered adulterous. Rabbis such as Moshe Tendler and Moshe Feinstein leave the decision to use donor sperm to the private discernment of the couple (Sallam and Sallam 2016, p. 35).

It is also important to note that Jewish identity is matrilineal, a principle known as the "law of the womb." To ensure the child's Jewish identity, the oocyte must come from a Jewish donor. The most complex case arises with surrogacy, which is permitted by Reform rabbis, provided the surrogate is Jewish and unmarried.

Regarding male gametes, for practical reasons, it is often preferred that the donor not be Jewish to avoid potential issues of consanguinity in future generations. This concern is also highly relevant to the Samaritans of Israel, a related ethnoreligious group with strong risks for genetic inbreeding. A particular complication arises when the legal (but not genetic) father belongs to the *kohen* or *levi* clans. If the donor is anonymous, the child is classified as *yisrael* and cannot fulfill the religious duties associated with those clans. Nevertheless, due to the stigma surrounding infertility, ART is often pursued in secrecy, as being perceived as fertile is often prioritized over whether the child is biologically one's own (Inhorn et al. 2017, p. 47). Regarding inheritance, Judaism generally defers to the civil laws of each country, and in most cases, the father is considered to be the one who raises and supports the child, rather than the biological progenitor, though rabbinic opinions may vary on this point.

2.3. The Protection of Unborn Life

The use of assisted reproductive technologies (ART) raises a deeper ethical issue: the destruction of embryos, whether due to morphological abnormalities, genetic anomalies, or simply because they are surplus and no longer desired after implantation. In Judaism, it is believed that the soul does not enter the human embryo until forty days after conception. Therefore, all procedures involving the destruction of pre-implantation embryos, such as embryo cryopreservation, preimplantation genetic diagnosis, embryo selection, and embryonic research, are generally permitted.

Sex selection is allowed only when the couple already has four or more children of the same sex and under certain additional religious conditions. In general, the pre-implantation embryo is considered to deserve greater respect than ordinary human tissue, but it is not equated with a person. To minimize the need for embryo reduction, it is recommended to follow national legislation, which typically limits the number of embryos transferred to two or three.

After the forty-day threshold, abortion is only permitted when the mother's life is at risk; it is never allowed for economic or convenience-related reasons. In general, Jewish law permits abortion between forty days and twelve weeks of gestation (Tapia 2010, p. 23).

2.4. The Underlying Concept of Family

Despite the diversity of rabbinic opinions on this matter, it can be broadly stated that the divine command to procreate takes precedence over other considerations. Nevertheless, the religious and ethical ideal remains that human life should originate from the union of a married heterosexual couple. From this starting point, alternative possibilities are considered as nature presents obstacles to the ideal.

Same-sex couples are allowed access to ART in Israel. Surrogacy has been legal in Israel since 1996. In 2018, the law was extended to include single and infertile women, and since 2020, to single men and same-sex couples (Singer et al. 2021). However, implementation has been gradual. In all these cases, there is no universally binding religious norm; rather, each rabbi evaluates the situation individually.

In summary, the ethical framework of Judaism regarding assisted reproduction rests on three main pillars: the divine command to procreate, the concept of Hebrew marriage and family, and the protection of life-likely in that order. First, the *obligation to procreate* means that any technique aiding in the fulfillment of this command is seen as a good and necessary complement to God's creative work, albeit with certain limits. Second, *the Jewish understanding of marriage* significantly influences the identity and life of the child. Thus, concerns about the potential for adulterous origins (use of donor gametes), incestuous relationships (possible when both parents were conceived via donor gametes), or non-Jewish lineage (if the oocyte comes from a non-Jewish donor) may result in the child being classified as a *mamzer* (bastard), which would restrict their social standing and future ability to marry within the community (Godoy 2013, p. 108). Third, *human life* is the supreme value to be protected, beginning with the mother and, naturally, the unborn child. Embryos under forty days of development are not considered to possess a human soul and therefore do not fall under the same level of protection.

3. Assisted Reproduction in Islam

Attempting to present a single Islamic ethical stance on assisted reproductive technologies (ART) is, paradoxically, a fruitless task. Due to the absence of a centralized Muslim religious authority, ethical positions vary significantly between Sunni and Shia Islam, and within each tradition, individual Islamic countries establish their own laws and religious rulings.

In general, Sunni positions on reproductive matters are guided by two key *fatwas*: one from Al-Azhar University (Cairo 1980) and another from the Islamic Fiqh Council (Mecca 1984), along with two additional guidelines issued by the Islamic Organization for Medical Sciences (Kuwait 1991) and the Islamic Educational, Scientific and Cultural Organization (Rabat 2002). In contrast, Shia Islam does have a supreme religious authority (Aga Khan V), and in matters of ART, adheres to the fatwa issued by Ayatollah Ali Hussein Khamenei (Qom, Iran 1999) (Sallam and Sallam 2016, p. 42). As we will see, the primary dispute between these traditions lies in the permissibility of using donor gametes.

3.1. The Origin of Human Life and Humanity's Role in Creation

According to Sharia law, all creation is the work of divine omnipotence, and the human being is God's creature, over whom the Creator holds full rights. Human action must therefore aim to respect and protect the body. God is seen as the source of both illness and healing, and science and technology are expected to serve as intermediaries in this divine process (Ladeveze 2019, p. 37). In reproductive matters, the main concern is the elimination of sexual relations; however, when ART involves the gametes of the married couple, it is understood as a medical aid to fertilization, with Allah ultimately responsible for the creation of life. The divine authorship of human life remains unquestioned.

Several contextual factors shape reproductive ethics in the Islamic world:

(a) Infertility is a significant issue among Muslim couples, often due to male factors. This is largely attributed to the high prevalence of consanguineous marriages (between cousins or children of siblings), which are religiously permitted to preserve paternal lineage, promote family solidarity, and retain wealth within the family. Rates of such marriages range from 16% to 78% depending on the region (Inhorn et al. 2017, p. 43).

Infertility carries a heavy social stigma, especially for women, who may be accused of lacking femininity and subjected to various superstitions. As a result, infertility is often kept hidden (Zaviš et al. 2019, p. 23).

(b) Adoption is not permitted in most Islamic countries; only the practice of *kafala* (guardianship) exists. Adoption is seen as problematic because it obscures *nasab* (genealogy) and may be unjust to the child, who cannot inherit from non-biological parents and may unknowingly commit incest. Adoption is legal only in Shia Islam, Tunisia, and Turkey, but remains rare and culturally unpopular due to the limited number of adoptable children (Büchler and Kayasseh 2018).

(c) Islam is deeply pronatalist. Every marriage is expected to produce children to preserve humanity and fulfill the number of souls Allah has destined to enter the world (Zaviš et al. 2019, p. 48). Procreation is a social obligation that ensures lineage continuity, provides support in old age, and contributes to the family's labor force.

These three factors help explain the broad acceptance of ART in the Islamic world as a means to preserve marriage, alleviate suffering, and fulfill the divine mandate to procreate, albeit within certain limits. Consequently, the reproductive industry in many Islamic countries is among the most advanced globally, with some of the highest per capita rates of in vitro fertilization (IVF) cycles (Inhorn et al. 2017, p. 43).

3.2. Parenthood, Motherhood, and Filiation: The Importance of Genetic Lineage

This is where the most significant difference between Sunni and Shia Islam emerges, a difference rooted in cultural conceptions of kinship.

Sunni Islam places strong emphasis on *nasab* (biological lineage) and genealogy as a moral imperative for establishing legitimate identity. In this patrilineal society, knowing and securing genetic paternity is essential. The use of donor sperm is therefore strictly prohibited, as it disrupts *nasab*, violates the child's right to know their father, poses a risk of future incest, and is often equated with adultery, rendering the child illegitimate. As a result, gamete donation is categorically forbidden.

Shia Islam, by contrast, is guided by *ijtihad* (independent reasoning), which allows for diverse and context-sensitive interpretations of Islamic texts. Prominent Shia jurists (*maraji*) may issue differing, even contradictory, rulings. Couples and physicians are free to choose which *marja* to follow (Inhorn et al. 2017, p. 45). Thus, in Shia contexts, the use of donor sperm is permitted, preferably from a close relative to preserve family genetics, though this perpetuates the risk of incest and genetic endogamy.

Regarding female gametes, there is no objection as long as the arrangement is formalized through *mut'ah* (temporary marriage), in which the oocyte donor and the male partner enter into a time-limited marriage contract in exchange for a fixed sum of money. Once the term ends, the marriage is dissolved (Sallam and Sallam 2016, p. 43). In other cases, the concept of the milk mother (*madare rezayi*) is invoked, whereby a woman who breastfeeds a child is considered equivalent to a biological mother in terms of kinship.

Surrogacy is also permitted in Shia Islam, preferably within the framework of temporary marriage, to avoid the charge of adultery when a woman's gamete is gestated in another woman's body.

The legal consequences of gamete donation in Shia contexts are clear: the child may inherit from the biological mother (the oocyte donor), may bear the name of the infertile father, but can only inherit from the sperm donor, as the infertile man is considered an adoptive father in legal terms.

In general, it can be said that most of the Islamic world does not approve of sperm donation, as neither Sunni nor Shia traditions fully recognize the child born through such means as a legitimate offspring. Nevertheless, some authors offer more nuanced and

comprehensive perspectives by asserting that social pressures, individuals' desire to have children, the decline in human fertility, and broader socioeconomic and sociopolitical realities must also be acknowledged (Padela et al. 2020, p. 18; Ghaly et al. 2020, pp. 24–25).

3.3. The Protection of Unborn Life: The Principle of Maslahah or Public Interest

Classical Islamic understanding describes the development of nascent human life in three stages: (1) the gathering of the substance in the mother's womb, lasting approximately forty days from fertilization; (2) the stage of the clot (*mudgha*), lasting another forty days; and (3) the stage of the lump of flesh (*alaqa*), also lasting forty days (Sahîh Al-Bukhari by Imam Muhammad ibn Isma'îl Al-Mughîra Al-Bujârî (2003, p. 209). After these 120 days, an angel is believed to descend and breathe the spirit into this previously biological substance (Zaviš et al. 2019, p. 43). Based on this framework, abortion is generally considered permissible within the first 120 days of gestation. In any case, legislation varies across Muslim-majority countries depending on their Islamic affiliation and the national *fatwas* that have recognized various grounds for legal abortion: to save the life of the pregnant woman, to preserve her physical or mental health, in cases of fetal malformation, incest or rape, and for social or economic reasons (Mahmoud 2022, p. 34).

Today, however, many Muslims affirm that "Fertilized eggs surplus to the requirements of IVF possess no privileged status and enjoy no sanctity before their implantation." (IOMS 2007, p. 3). This position was articulated during the International Seminar on "The Dilemma of Stem Cell Research, Future and Ethical Challenges", organized by the Islamic Organization for Medical Sciences in collaboration with the WHO Regional Office for the Eastern Mediterranean (EMRO), UNESCO, the Islamic Educational, Scientific and Cultural Organization (ISESCO), and the Islamic Fiqh Council in Jeddah.

A key concept that helps clarify ethical decisions in this domain is *maslahah*, or public interest. Islamic law defines "good" as that which benefits the entire Muslim community, and this principle is central to determining the permissibility or prohibition of actions. It is based on five essential goods: faith, life, intellect, progeny, and property (sometimes including honor) (Zaviš et al. 2019, p. 24). Within this framework, the sanctity and inviolability of human life created by God are affirmed, and compassion is owed to it from the moment of conception. However, when the mother's life is at risk, her well-being takes precedence over that of the fetus, invoking the principle of public interest.

This reasoning has also led to the acceptance of techniques such as embryo reduction when the viability of transferred embryos is compromised. Sex selection is permitted under specific conditions: to fulfill a religious or familial obligation, to protect a woman with high-risk pregnancies, and only in families with multiple children of the same sex who strongly desire a child of the opposite sex. However, sex selection is rejected when used for choosing the sex of a first child or for producing children of a single sex, as this is presumed to reflect a discriminatory bias against females (Serour 2008, p. 36).

3.4. The Concept of Marriage and Family

Marriage holds great significance in Islamic society, understood as the primary means of transferring wealth across generations. As previously noted, heterosexual and fertile marriage is considered a personal, social, and religious good to be preserved. Consequently, the use of ART by single women or same-sex couples is deemed *haram* (forbidden) and is not permitted under any circumstances. Embryo transfers must occur within the context of a valid marriage. They may be performed in widowed women only if the embryo is genetically related to the deceased husband and prior consent was given.

In conclusion, the ethical framework surrounding reproduction in Islam is fundamentally oriented toward values and goods similar to those found in Judaism: *lineage*, *marriage*,

and the sanctity of life. From these moral principles, diverse norms may emerge, but they are always directed toward the pursuit of the common good, understood as a good that lies at the heart of every man and woman.

4. Assisted Reproduction in Christianity

From the earliest days of Christianity to the present, Christian churches have consistently upheld the protection of God's most precious gifts: the sanctity of all human life, the dignity of conjugal love, and the family.

Although the theological and anthropological foundations are largely shared across Christian denominations, centuries of sociopolitical developments have shaped distinct worldviews within each tradition. With the emergence of assisted reproductive technologies (ART) in the twentieth century, the various churches have developed different ethical responses, all rooted in these common principles.

To better understand this diversity of perspectives, we begin with the foundational teachings of the Catholic Church's magisterial documents. From there, we will explore the specific normative criteria adopted by other major Christian traditions, namely, the Orthodox Churches and the Evangelical and Protestant ecclesial communities, in evaluating reproductive technologies.

It is important to clarify that what will be presented reflects the official ethical positions of the different Christian confessions, even though, on certain issues, the private moral stance of many believers—particularly Catholics in Europe and North America—has become more permissive and diverged from these official teachings. It should also be noted that there is considerable diversity among the various Christian traditions, which cannot be fully captured in this article, especially within Mainline Protestantism, as will be indicated.

4.1. The Origin of Human Life and Humanity's Role in Creation

All life, from the moment of conception, originates in God. In this creative act, the couple also plays a role, as collaborators and interpreters of God's love as Creator (Second Vatican Council 1965, no. 50). This collaboration is expressed through the sexual union of the spouses, a unique and indissoluble act of love that is open to the generation of new life. However, as is often the case, sexual relations do not always result in the desired conception. Until the advent of ART, couples could do little more than entrust themselves to God, the only one who "opens the closed womb" (cf. Gen 20:18). With the birth of Louise Joy Brown in 1978, the first "test-tube baby", humanity had effectively declared its independence from God's will in reproduction: it became possible to reproduce despite infertility (through ART) and to avoid conception despite fertility (through contraceptive methods).

The *Catholic Church* places great value on science and technology, provided they fulfill their proper mission: to contribute to the integral good of human life and to respect its dignity, recognizing that only God, and not humanity, determines the origin and destiny of human beings (Sacred Congregation for the Doctrine of Faith 1987, Introduction, 3).

In the specific context of human procreation, the Church identifies two fundamental values that guide the ethical evaluation of reproductive techniques: the life of the human being and the unique way in which that life is transmitted within marriage (Donum Vitae, Introduction, 4). Therefore, every human life should be born from a loving act within marriage that is open to life. When this is not possible, science may play a decisive role, but only to treat, heal, or reduce the causes that prevent fertilization from occurring through sexual union. Thus, any surgical, pharmacological, or other method aimed at this goal, such as surgery to correct anatomical malformations, ovulation inducers, or NaProTechnology, is considered ethically acceptable.

The key to understanding the Catholic ethical position lies in discerning which techniques assist and which replace the sexual expression of conjugal love open to life. This is clearly stated in the evaluation of homologous artificial insemination (AIH): "Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose" (Sacred Congregation for the Doctrine of Faith 1987, II, B6; 2008, no. 22). Therefore, AIH may be considered morally licit only when it does not substitute for the couple's sexual union.

A similar perspective is presented by the *Eastern Orthodox Churches*, which view the origin of every human being as the image of God manifested in the union of human will with divine will. In this sense, modern technology may represent "a great blessing of God to man, if it is used with prudence and respect; at the same time, however, it could give man the possibility to oppose God's will as this is expressed through His natural laws" (The Holy Synod of the Church of Greece 2007, no. 19). The challenge, then, is to exercise free will faithfully, without falling into the greatest threat we face: relying solely on human will while disregarding the divine).

In the field of assisted reproductive technologies (ART), the Greek Orthodox Church expresses similar reservations to those of the Catholic Church. It holds that a new human being is conceived in a context detached from the sexual expression of conjugal love, and therefore is no longer born "naturally but he is being manufactured artificially" (The Holy Synod of the Church of Greece 2007, no. 37a). From this understanding arises the ethical legitimacy of medical and surgical treatments for couple infertility, as well as homologous artificial insemination (HIA), but not of in vitro techniques that separate human conception from the sexual act.

A different approach is taken by the *churches of the Reformation*, where a wide range of views exists, with emphasis placed on personal conscience and responsibility. Nonetheless, the use of ART in cases of infertility is generally accepted (Second European Ecumenical Assembly 1997). The Anglican Church, for example, holds science and technology in high regard, stating: "Scientific research and therapy are profoundly religious enterprises, ways in which we respond to God's promptings in us to bring healing and reconciliation to a fallen world" (Church of England Mission and Public Affairs Council 2004, no. 34).

4.2. The Protection of Unborn Life

This is the principal criterion by which the *Catholic Church* evaluates ART. It holds that human life, genetically distinct from its parents, begins at fertilization and must be protected from that moment onward (Sacred Congregation for the Doctrine of Faith 1974, no. 13; John Paul II 1995, no. 60). Any technique that endangers the life of the pre-implantation embryo, the implanted embryo, or the fetus is considered ethically illicit. Thus, IVF and its derivatives, embryo selection, preimplantation genetic diagnosis (when used to eliminate affected embryos), cryopreservation, and embryo reduction are all excluded for Catholic couples experiencing infertility.

In the 1980s, theologians discussed the so-called "simple case": an IVF procedure in which all fertilized embryos are transferred, and the sperm is collected through a conjugal act open to life. However, the instruction *Donum Vitae* clearly rejected this possibility, stating that it "deprives human procreation of the dignity which is proper and connatural to it" (DV II, B5), despite earlier acceptance of this method by some episcopal conferences (Massé 2015).

The *Eastern Orthodox Churches* also prioritize the ethical protection of human life from the moment of fertilization. Their arguments regarding the ontological and ethical status of the human embryo closely mirror those of the Catholic Church. They affirm that from

fertilization, the embryo "is a perfect human being in regards to its identity, and is constantly being perfected as per its phenotypic expression and development" (The Holy Synod of the Church of Greece 2007, no. 27). Therefore, they initially recommend adoption to infertile couples and, as a last resort, permit only those techniques that do not involve embryo destruction, provided that all embryos created from the couple's gametes are transferred, as affirmed by Bishop Gregorios of the Coptic Orthodox Church (Gregorios 1988).

Among *Protestant churches*, once again, there is no unified position. There is general agreement among many Evangelical churches that the human embryo deserves respect from the moment of fertilization, and especially from implantation, but there is no consensus on how that respect should be concretely expressed (Cruz 2003, p. 103). Those who accept IVF and its derivatives (including cryopreservation and embryo donation) typically do so only within marriage, provided that all embryos are transferred and no embryo reduction is performed (Sallam and Sallam 2016, p. 37).

The *Anglican Church*, for its part, draws a clear distinction between the ontological and ethical status of the human embryo. On the one hand, it affirms that scientific knowledge of the embryo, together with theological reflection from Scripture and Tradition, should inspire "an attitude of profound respect, love and wonder at the sheer mystery and intelligence of creation and life" (Church of England Mission and Public Affairs Council 2004, no. 38). On the other hand, it does not derive any specific ethical obligation from this attitude. Instead, it encourages each believer to form their conscience through teleological or ontological reasoning, discerning the truth while respecting differing moral conclusions (Church of England Mission and Public Affairs Council 2004, no. 42). As a result, while affirming the sanctity of the human embryo and the need to treat it with profound respect, most Anglicans subordinate this to other goods and values, such as alleviating human suffering (General Synod of the Church of England 2003). The Church maintains that an evolutionary view of human personhood has always been present in Christian thought. Therefore, it sees no ethical problem in using IVF and its derivatives, even when embryo destruction or research is involved, provided it occurs within the first fourteen days of development and is pursued for "serious purposes that otherwise would be unattainable" (Church of England Mission and Public Affairs Council 2004, no. 50).

4.3. The Dignity of Conjugal Love

This is the second fundamental criterion by which the *Catholic Church* evaluates ART. The dignity of conjugal love implies that "the gift of human life must be actualized in marriage through the specific and exclusive acts of husband and wife, in accordance with the laws inscribed in their persons and in their union" (Sacred Congregation for the Doctrine of Faith 1987, Introduction, 5).

This argument mirrors the one formulated in the ethical evaluation of contraception, namely, that there should be no sexual act without openness to life (Paul VI 1968, no. 12), but applied in reverse to ART: every human life must be the fruit of a specific conjugal act (Sacred Congregation for the Doctrine of Faith 1987, II, B4a).

Accordingly, for the Catholic Church, any intervention by third parties (through gamete donation or gestation) in the conception of new life constitutes a grave violation of the dignity of the couple and of the child's right to be conceived through an act of love between their parents (Sacred Congregation for the Doctrine of Faith 1987, II, A1). The concern here is not about lineage, inheritance, or even genetics, but rather the illegitimate intrusion of a third party, genetically and necessarily, into the conception of a new life. There is no fatherhood apart from genetic fatherhood, nor motherhood apart from biological and genetic motherhood, though adoption remains a legitimate and valued exception.

Once again, we find significant convergence between Catholic and Orthodox ethical perspectives. The *Greek Orthodox Church*, for instance, states that "every form of heterologous assisted fertilization degrades the concept of motherhood and fatherhood" (The Holy Synod of the Church of Greece 2007, no. 42), as they involve the necessary intervention of a third party in the process of human reproduction and in the mystery of marriage, though not considered a form of adultery. Surrogacy, while potentially seen as a way to achieve motherhood through love, is ultimately deemed unjust to both the genetic parents and the child, as it denies them the essential bond formed during pregnancy. More importantly, it disrupts family unity, leading the Church to express its "difficulty in giving Her blessing to such a deviation from the natural pregnancy procedure" (The Holy Synod of the Church of Greece 2007, 46).

In contrast, the *Evangelical Church* departs from the Catholic position by emphasizing not fidelity to natural law, but the overall well-being of all persons involved. Assisted reproduction is understood as an act of love in which the husband acknowledges his biological limitations and offers his wife the opportunity to become a mother. The couple's loving intention becomes the ultimate criterion for ethical evaluation. As such, ART is generally viewed positively within marriage. Even in cases involving donor gametes, the ethical question becomes: what is better for the couple who desires children but cannot conceive, having a child or not? And for the future child, living or not living?

The *Anglican Church*, consistent with its previously stated principles, accepts gamete donation, while affirming that each Anglican must discern whether or not to make use of this option. In such cases, the ability to know the genetic origins of children conceived through these techniques is considered important.

Among the wide range of *other Christian denominations*, it is generally accepted that IVF using the couple's own gametes and without embryo loss is permissible, while gamete donation is not. For example, the Church of Christ, Scientist, does not approve of IVF due to its reliance on medications and surgical techniques, although the final decision is left to the couple's conscience.

Thus, we observe a shared desire among Christian churches to protect and uphold the dignity of conjugal love, though each tradition expresses this in different ways through its ethical teachings. Unlike other religions that emphasize patrilineal inheritance or the biological transmission of faith, Christian ethics, whether absolutely or significantly, prioritize the expression of conjugal love and its intimate connection to God's creative will.

4.4. The Family as a Value to Be Protected

In this area, we find one of the most consistent points of agreement among Christian denominations: the belief that new life should be born within a family formed by a heterosexual marriage open to life (Sacred Congregation for the Doctrine of Faith 1987, Introduction, 5).

The *Orthodox Church* expresses a similar view: "The law of God designates that each human being be born out of profound marital love and not just out of the artificial union of genetic cells (gametes)" (The Holy Synod of the Church of Greece 2007, no. 38). Consequently, they reject the use of ART in cases involving single parents, same-sex couples, widows, or even elderly women. In the latter case, they argue that such a conception is centered on the woman's selfish desire to have a child, which is unjust to the newborn (The Holy Synod of the Church of Greece 2007, 48).

Churches of the Reformation also affirm that the ideal context for the birth of new life is the natural expression of love within a heterosexual marriage. However, while this is considered the best context, they acknowledge that other situations may be ethically permissible to avoid greater harm. Nonetheless, there is near-unanimous ethical rejection

of ART for single women, same-sex couples, or widows, based on arguments similar to those of the Orthodox Church: the self-centered desire to avoid loneliness or the need for both maternal and paternal figures for the child's psychosocial development (Cruz 2003, pp. 89–90). At this point, many mainline Protestants in recent years have indeed differed substantially from the Catholic and Evangelical positions presented.

The *Anglican Church* has also expressed concern about the use of ART by single women or same-sex couples. In its response to the *Joint Committee on the Draft Human Tissue and Embryos Bill* (2007), the Church of England clearly stated that a child's right to have a father outweighs any so-called right to have a child. A law permitting otherwise would signal that fathers no longer matter and that children have no right to the best possible start in life (Church of England Mission and Public Affairs Council 2007).

As we can see, the concept of family and the need to protect it represent the most unified area of agreement among Christian churches in the field of reproductive ethics. From different arguments and foundations, whether ontological or teleological, Christians understand that life is born from the fruitful love of a heterosexual marriage, in which the spouses live their vocation to motherhood and fatherhood through the generous gift of self in founding a family, rather than through a desire to have a child as a means of personal fulfillment.

5. Conclusions: The Contribution of Abrahamic Religions to the Ethical Reflection on Assisted Reproduction

In today's technologized world, where scientific and technical advances often seem ethically justified simply by their capacity to fulfill human desires, religions still have much to offer. Many men and women of faith turn to their religious traditions in search of a voice that gives meaning to their deepest human dimensions: life, motherhood, fatherhood, and family.

The Abrahamic faiths, Jewish, Christian, and Islamic traditions, offer ethical frameworks that, at their core, share more common ground than might initially appear, even if their normative expressions differ. At a time when the mystery of life's origins seems to have been unveiled, the treasure that Jews, Muslims, and Christians alike are called to preserve becomes all the more valuable. This *shared legacy* includes:

(a) The protection of conjugal love and the family. The love between spouses is a sacred space that deserves full respect and protection, whether from the intrusion of third parties (a reality present in all times and cultures), from the threat infertility poses to the couple's relationship, or from the risk of family breakdown and the fragmentation of communal bonds. Today, more than ever, voices are needed to defend the couple and the family, especially as infertility and the reproductive industry risk reducing this institution to the mere fulfillment of a reproductive desire. With their distinct emphases and nuances, the Abrahamic religions consistently affirm the value of the family, founded on a couple whose expression of love is open to life, even if not always successfully.

(b) The defense of human life. Human life is a gift from God and must be protected. While there is no consensus on the ontological status of the human embryo, its genetic humanity and potential to become a person warrant special protection, whether total and unconditional from the moment of fertilization (as proposed by the Catholic and Orthodox Churches), or gradual, evaluated in relation to other values and goods in conflict (as proposed by other Christian communities, Islam, or Judaism).

(c) The protection of the child and their personal and social future. The desire to become parents is not an absolute right. Any couple's reproductive project must always consider the well-being and rights of the future child, viewed through the richness of diverse traditions and cultures: the right to be born into a context of love, to grow up with

parental figures, to fully belong to a family tradition, to know one's origins, to inherit, not only material goods but also religious duties and obligations, to recognize their identity, and to one day form a family without compromising their religious conscience or genetic health. ART must serve the couple and the children born through it, not turn children into a means of fulfilling personal desires.

The ethical proposals of the religious traditions analyzed here reveal *the richness of religious diversity*, new perspectives on a new reality, shaped by centuries of wisdom. Below are a few ethical insights that may enrich and inform our own worldviews:

(a) The value of group identity and belonging to a long-standing tradition. This is what Judaism seeks to preserve by ensuring Jewish identity through maternal lineage, and what Islam protects through *nasab*, which legitimizes the child's identity. Just as parents must provide food, clothing, and education, they must also safeguard their child's religious identity and sense of belonging to a human community that welcomes, socializes, and protects them from meaninglessness. In a society where everything seems subject to individual choice, religions offer what the market cannot: group solidarity, a millennia-old journey undertaken as a family through adversity, and the conviction that, no matter what happens, we are not alone in this life.

(b) The personal and conjugal vocation to be fruitful, to give life, to participate in the work of Creation. This is the shared response of all the traditions studied to the divine imperative of Genesis: "Be fruitful and multiply" (Gen 1:28). With varying nuances, each ethical framework emphasizes the need to be active participants in God's creative work, assuming personal and conjugal responsibility, and making free, autonomous, and value-consistent decisions. It is no longer about reproducing irrationally or irresponsibly, but about making love fruitful in a way that seeks the good of all: children, families, society, and religious communities.

(c) Reproduction is not solely a personal or even conjugal vocation; it is a social responsibility. This is the lesson of the Islamic concept of *maslahah* (public interest), which closely resembles the ethical principle of the lesser evil (or greater good) when values and stakeholders are in conflict. In reproductive ethics, countless scenarios arise in which major goods must be weighed: the life of the mother versus the child; the life of one embryo versus the chance that at least one survives in a multiple pregnancy; the life of the embryo versus the social exclusion of the mother or her entire family, and so on. Often, the ideal option is not available, and one must choose the greater good or the lesser harm.

In politically polarized Western societies, religious discourse has gained renewed prominence. Social tensions are increasing, hindering the integration of Jews, Muslims, and Christians into societies that have traditionally not been Jewish, Muslim, or Christian. Within this context, there remain areas where we can still think together: the service of life, the dignity and eternity of love, and the meaning of family. Perhaps by thinking together, we may also learn to build together a more human and fraternal society.

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Abbreviations

The following abbreviations are used in this manuscript:

AIH	Homologous Artificial Insemination
ART	Assisted Reproductive Technology
Gen	Genesis
IOMS	Islamic Organization for Medical Sciences
IVF	In Vitro Fertilization
Lev	Leviticus

References

Al-Bujârî, Imam Muhammad ibn Isma'îl Al-Mugîra. 2003. *Sahîh Al-Bujârî*. Buenos Aires: Oficina de Cultura y Difusión Islámica Argentina. Available online: https://d1.islamhouse.com/data/es/ih_books/single/es_Sahih_Al-Bujari_Version_para_imprimir.pdf (accessed on 18 July 2025).

Büchler, Andrea, and Eveline S. Kayasseh. 2018. Fostering and Adoption in Islamic Law—Under Consideration of the Laws of Morocco, Egypt, and the United Arab Emirates. *Electronic Journal of Islamic and Middle Eastern Law* 6: 31–56.

Cahill, Lisa Sowle. 2003. Bioethics, Theology, and Social Change. *Journal of Religious Ethics* 31: 363–98. [CrossRef] [PubMed]

Church of England Mission and Public Affairs Council. 2004. *Embryo Research: Some Christian Perspectives (GS 1511)*. London: Church of England. Available online: https://www.churchofengland.org/sites/default/files/2018-10/gs1511-embryo-research-some-christian-perspectives.pdf (accessed on 18 July 2025).

Church of England Mission and Public Affairs Council. 2007. Response to the Call for Evidence from the Joint Committee on the Draft Human Tissue and Embryos Bill. Thinking Anglicans. Available online: https://www.thinkinganglicans.org.uk/3093-2/ (accessed on 18 July 2025).

Cruz, Antonio. 2003. *Bioética Cristiana: Una Propuesta para el Tercer Milenio*. Barcelona: Clie.

General Synod of the Church of England. 2003. July 2003 Group of Sessions 11 to 15 July 2003. Anglicans online. Available online: https://anglicansonline.org/news/articles/2003/CofEsynod0703.html (accessed on 18 July 2025).

Ghaly, Mohammed, Maha El Akoum, Alia Abd El Hadi, and Aisha Yousuf. 2020. *Islamic Ethics and Infertility Treatment: Assisted Reproductive Technologies (ARTs). The Struggle to Conceive: An Islamic Approach*. Doha: World Innovation Summit for Health.

Godoy, María Olaya. 2013. Régimen Jurídico de la Tecnología Reproductiva y la Investigación Biomédica con Material Humano de Origen Embrionario: Protección de los Derechos Fundamentales de los Sujetos Implicados. Ph.D. thesis, University of Vigo, Vigo, Spain.

Grazi, Richard V., and Joel B. Wolowelsky. 2008. The Use of Cryopreserved Sperm and Pre-Embryos in Contemporary Jewish Law and Ethics. *Jewish Law*. Available online: http://www.jlaw.com/Articles/semen.html (accessed on 21 July 2025).

Gregorios. 1988. *The Christian Opinion in In Vitro Fertilization and Embryo Transfer*. Cairo: Bisphoric of Higher Studies, Coptic Culture and Scientific Research.

Inhorn, Marcia. C., Daphna Birenbaum-Carmeli, Soraya Tremayne, and Zeynep B. Gürtin. 2017. Assisted reproduction and Middle East kinship: A regional and religious comparison. *Reproductive Medicine & Society Online* 4: 41–51.

Islamic Organization for Medical Sciences (IOMS). 2007. Recommendations of Stem Cells Seminar "Dilemma of Stem Cells: Research, Future and Ethical Challenges" in Cairo, Egypt November 2007. Available online: https://fimaweb.net/main/articles/20080804%20resolution%20seminar%20stem%20sel.pdf (accessed on 21 July 2025).

John Paul II. 1995. Encyclical Letter Evangelium Vitae: On the Value and Inviolability of Human Life. Available online: https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html (accessed on 18 July 2025).

Ladeveze, Luis F. 2019. *Bioética e Islam: Una Aproximación a la Bioética Islámica Contemporánea*. Madrid: Universidad Pontificia Comillas.

Mahmoud, Azza. 2022. Islamic Bioethics: National Regulations and Guidelines of Human Stem Cell Research in the Muslim World. Master's thesis, Chapman University, Orange, CA, USA. [CrossRef]

Massé, M. Carmen. 2015. *Infertilidad y Procreación: Una Propuesta Ética para un Mundo Tecnológico*. Madrid: Universidad Pontificia Comillas.

Padela, Aasim, Katherine Klima, and Rosie Duivenbode. 2020. Producing Parenthood: Islamic Bioethical Perspectives & Normative Implications. *The New Bioethics* 26: 17–37. [CrossRef] [PubMed]

Paul VI. 1968. Encyclical Letter Humanae Vitae: On the Regulation of Birth. Available online: https://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html (accessed on 18 July 2025).

Sacred Congregation for the Doctrine of Faith. 1974. Declaration on Procured Abortion. Available online: https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19741118_declaration-abortion_en.html (accessed on 18 July 2025).

Sacred Congregation for the Doctrine of Faith. 1987. Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation Replies to Certain Questions of the Day Donum Vitae. Available online: https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html (accessed on 18 July 2025).

Sacred Congregation for the Doctrine of Faith. 2008. Instruction Dignitas Personae on Certain Bioethical Questions. Available online: https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html (accessed on 18 July 2025).

Sallam, Hassan Nooman, and Nahla H. Sallam. 2016. Religious aspects of assisted reproduction. *Facts, Views & Vision in ObGyn* 8: 33–48.

Second Vatican Council. 1965. Pastoral Constitution on the Church in the Modern World Gaudium et Spes. Available online: https://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html (accessed on 18 July 2025).

Serour, Gamal I. 2008. Islamic Perspectives in Human Reproduction. *Ethics, Bioscience and Life* 3: 34–38. [CrossRef] [PubMed]

Silber, Sherman. J. 2010. Judaism and reproductive technology. *Cancer Treatment and Research* 156: 471–80. [CrossRef] [PubMed]

Singer, Tomer, Liron Bar-El, Lawrence B. McCullough, and Frank A. Chervenak. 2021. Cross-Border Reproductive Care: Current State of the Art. In *Clinical Management of Infertility. Reproductive Medicine for Clinicians*. Edited by Joseph G. Schenker, Andrea R. Genazzani, John J. Sciarra, Liselotte Mettler and Martin H. Birkhaeuser. Cham: Springer, vol. 2. [CrossRef]

Tapia, Ana M. 2010. Notas sobre judaísmo y Bioética. *Acta Bioethica* 16: 17–24. [CrossRef]

Tapia, Ana M. 2016. Reflexiones acerca de la visión del hombre en el judaísmo. *Cuadernos Judaicos* 33: 323–36. [CrossRef]

The Holy Synod of the Church of Greece, Bioethics Committee. 2007. *Basic Positions on the Ethics of Assisted Reproduction*. Atenas: Apostoliki Diakonia of the Orthodox Christian Church of Greece.

Zaviš, Monika, Eva Orbanová, Michal Vivoda, Kateřina Horáčková, and Abdulwahab Al-Sbenaty. 2019. *Islamic Bioethics and Reproduction: The Text and the Practice*. Orel: Orel SUET.