

Review Essay

Overcoming Infertility: A Guide for Jewish Couples, ed. Dr. Richard V. Grazi, Toby Press, June 2005, 537 pp., hardcover, \$29.95.

By: GIDEON WEITZMAN

Technology in the Service of the First Mitzvah

The incidence of infertility is on the rise,¹ and so is its exposure in the media. The former is due to a variety of factors, among them people getting married and starting a family later in life, psychological factors such as pressure and increased stress, and environmental conditions. The increased exposure is due to some very vocal professional and patient-led organizations that have brought infertility to the forefront of public awareness. As it is no longer a source of shame to suffer from infertility, discussion increases in the parlor and the workplace.

However, another possible explanation for the openness regarding fertility and infertility is the availability of a range of fertility treatments. When there is no solution for a problem there is no reason to speak about it. But as the success rates increase to the point that some 95% of cases can be solved, the pursuit of information and knowledge is indeed the key to the solution. Couples speak about their fertility hoping to find new solutions, better doctors and a greater understanding of their situation. However, *misinformation* also abounds—on the Internet, from well-meaning friends, and from the very media that promoted the discussion in the first place. There-

¹ See, however, Elizabeth Hervey Stephen and Anjani Chandra, “Declining Estimates of Infertility in the United States: 1982–2002,” *Fertility and Sterility*, September 2006, 86:3, where the authors indicated a decrease in recorded fertility. Yet the authors admit that the impatience among couples trying to conceive often leads them to pursue fertility treatment before the end of twelve months, and that must be taken into account as one factor contributing to the observed decrease.

Gideon Weitzman is the director of Puah in the United States and is the Rabbi of the Merkaz Modiin community in Israel.

fore, while it is essential and beneficial to glean information, it is crucial that this information is correct, up to date and comprehensive.

This desire for information has given rise to a huge body of literature concerning fertility treatment. The plethora of writing regarding fertility and infertility is prevalent in the Jewish community as well. Throughout the years, numerous articles and papers have covered various aspects of fertility and halakhah, fertility and law, even fertility and psychology of the Jewish community. While these cover a myriad of subjects, they are mostly directed at the scholar or the learned and interested layman, but not at the couple suffering from infertility. They are not a guide and do not assist in navigating the process of fertility treatment.

In the past few years, however, we have seen a small number of books that are aimed at the couple themselves. Rabbi Baruch and Michal Finkelstein, the winning husband-and-wife combination of rabbi and gynecological nurse, followed up their immensely popular *B'Sha'ab Tovah—The Jewish Woman's Clinical and Halachic Guide to Pregnancy and Childbirth*,² with a volume on fertility, *The Third Key—The Jewish Couple's Guide to Fertility*.³ A volume recently appeared in Hebrew, *Me-Alef ad Taf*, a comprehensive guide for couples regarding all aspects of fertility. The editor, Dr. Nitai Bar-Hava, is not an observant Jew but invited two of the rabbis of the Puah Institute to author a chapter on Fertility and Halakhah. Housed in Jerusalem, the Puah Institute offers free-of-charge counseling, supervision, and assistance in all areas of gynecology and fertility according to halakhah. (I am one of the rabbinic counselors of the Puah Institute.)

Dr. Richard Grazi holds a unique position in this field. He is a *yeshivah* graduate and observant Jew, as well as a well-respected reproductive endocrinologist. His practice is in the heart of Brooklyn and he serves one of the largest religious Jewish populations in the world. He has also published many papers on a variety of subjects related to halakhah, fertility and women's health.⁴ His first book, *Be Fruitful and*

² Recently revised and republished by Feldheim, February 1993, as "Nine Wonderful Months."

³ Feldheim Publishers, March 2000.

⁴ These have been published in halakhic journals and in respected medical journals in the field. See, for example, most recently, R. V. Grazi and J. B. Wolowelsky, "Addressing the idiosyncratic needs of Orthodox Jewish couples requesting sex selection by preimplantation genetic di-

Multiply—Fertility Therapy and the Jewish Tradition,⁵ which, with a group of experts in the field, he compiled as an excellent guide, is today sadly dated. It contains no mention of certain treatments so essential today, such as intracytoplasmic sperm injection (ICSI), preimplantation genetic diagnosis (PGD), and many others. Indeed, due to the rapid pace of development in fertility treatment, any book written in the field is in danger of becoming obsolete or at the very least somewhat outdated within a short time after publication.

Grazi's new book, *Overcoming Infertility—A Guide for Jewish Couples*, followed the same pattern as his first book. He assembled a group of experts that spans continents, disciplines and generations. That approach gives his book a distinct advantage as each expert presents a well-written and comprehensive chapter, the collected chapters forming a book that is both informative and extensive. The subjects covered deal not only with types of treatment and the halakhic issues involved, but also with psychology, adoption and the relationship between the rabbi and the doctor. (Full disclosure: I provided, on behalf of Puah, the chapter on "Fertility Treatment on the Sabbath and Festivals.")

The book is divided into seven sections, each of which deals with one aspect of infertility and the infertility experience.

The first section, "Infertility in Perspective," contains two essays. The first essay, written by Grazi, follows the history of fertility and its obstacles back to the time of Hippocrates and Aristotle. It also marks the strides in our understanding and the discovery of the process of conception, fertility and infertility. He points out various milestones in the recent course of fertility treatment. The essay closes with a brief introduction to the recent halakhic responses to infertility. The second essay, "The Rabbinic Conception of Conception" by Rabbi Edward Reichman MD, discusses the merging of the rabbis' understanding of conception with the developing medical understanding of the process. Dr. Reichman has carved out for himself an important area of halakhic medical ethics and history, and this essay is another example of his comprehensive and engaging presentations.

agnosis (PGD)," *Journal of Assisted Reproduction and Genetics*, vol. 23, numbers 11-12, Dec. 2006, pp. 421-5.

⁵ Feldheim Publishers, July 1994.

It is interesting to note that until relatively recently people assumed that the primary barrier to fertility lies in the female, and indeed, only in 1909 was semen analysis advocated as a routine procedure. Yet the Torah already coined the term “*akar*”⁶ referring to the infertile male alongside the female form “*akarab*.” Furthermore, the Rabbis state that while all our forefathers had infertile wives, Isaac was himself infertile.⁷ Even though that does not appear to be the simple understanding of an explicit verse in the Torah, our Sages nevertheless went to lengths to explain that infertility is not a female phenomenon. In fact, infertility itself is neither a male nor a female disease but a situation the couple must deal with. Furthermore, even though the Talmud sanctions divorce after ten years of infertility, most authorities today do not, especially when fertility treatments exist. In fact, as the book points out, many *poskim* today are much more lenient when dealing with a couple who face divorce unless they undergo treatments involving halakhically questionable procedures.⁸ The importance of preserving the marital structure forces the couple to face their fertility issues, and the greater their effort the more they will emerge as a cohesive unified couple.

Hazal tell us that God desires the prayers of the righteous and therefore made the matriarchs infertile.⁹ The modern-day equivalent might be that He causes infertility to teach us the importance of children to both the family and the continuity of the community. It is inspiring to observe the great lengths to which couples go to have children, the pain and hardship they are willing to endure, and the financial burdens they bear.

The second section of the book deals with psychological and religious aspects of infertility, both significant factors to deal with in ap-

⁶ Deuteronomy 7:14.

⁷ The *Gemara* in *Yevamot* 64a notes that the verse ויעתר יצחק לה' לנכח אשתו (בראשית כה: כא) uses the word לנכח (literally, ‘alongside’) as opposed to the more common word על (‘on behalf of’). The *Gemara* sees this implying that Yitzhak was praying that not only his wife’s infertility be healed but also his own. See also *Targum Yonatan ben Uzziel* ad loc., and *Ba'al Ha-Turim* ad loc. who notes that while the vocalization of the word הוא in the above verse is a reference to “her,” the spelling of the same word is a reference to “him.”

⁸ E.g., sperm donation, see Grazi, p. 418.

⁹ *Yevamot* 64a.

proaching the problem. The fertility treatment and the infertility roller coaster, in which the anticipation of successful pregnancy can be easily smashed and the couple plummet to the depths of depression and despair, not only are often present in infertile couples,¹⁰ but also contribute to the infertility itself.¹¹ The calmer patient with the more realistic approach is the better patient. In fact, the soothing effect of religion and religious practice on the psychological well-being of patients has been noted by scientists.¹² The religious community should act as a comfort zone to offer not only an open ear but also practical opportunities to these individuals to be included and participate in religious practice and communal celebrations. When we consider how many of our celebrations revolve around having and celebrating children—*shalom zachor*, *brit*, *zeved habat*, *pidyon haben*, *bar/bat-mitzvah*, marriage, children's services, Purim parties, *kol han'arim*, and so on—it is sobering to realize that these exclude infertile couples. It is a short step for them to cease communal involvement and thus lose the very safety net that can assist them to overcome the pain and isolation of infertility and even the infertility itself.

The next section of the book deals with the diagnostic evaluation of both husband and wife. It is here that halakhic questions start to arise, in particular in relation to semen analysis. Dr. Yoel Jakobovits presents a comprehensive history of the different opinions and then records Rabbi Waldenberg's list¹³ of preferences. Different opinions abound regarding this order, and to simply write it as a definitive hierarchical list may be both misleading and unhelpful in guiding the couple. There is no replacement for a direct consultation with a Rabbi who is expert in both the halakhic discussions and the medical options.

¹⁰ See Menning "The Emotional Needs of the Infertile Couple" *Fertility and Sterility* 34, 313–319, October, 1980, who compares the stages of infertility to the stages of mourning discussed by Kubler-Ross in *On Death and Dying*.

¹¹ Domar AD, "Impact of Group Psychological Interventions on Pregnancy Ratio in Infertile Women," *Fertility and Sterility*, 73, 805–811, April 2000.

¹² E.g. Carlson TD, "Religion, Spirituality, and Marriage and Family Therapy" *The American Journal of Family Therapy*, vol. 30, 157–171, 2002.

¹³ See *Tzitz Eliezer* vol. IX, 51:1 in the summary.

In his chapter on the basics of female infertility, Grazi notes a higher incidence of male infertility in the religious Jewish community than of female. Since I have heard such comments misused outside of context, it is appropriate to clarify this statement. This does not mean that more *frum* men are infertile; while it is true that yeshivah boys pursue a sedate lifestyle, that does not mean that many of them suffer from low sperm counts. Rather, since most religious women in our communities get married younger, they do not suffer from conditions that are more common in women who get married later, especially those who were sexually promiscuous before marriage. Therefore in the Jewish community when there are cases of infertility it may be that we see a somewhat larger percentage of male-factor problems.

The next section deals with therapeutic interventions. Here several methods of testicular sperm aspiration are discussed. However there are serious halakhic considerations regarding the prohibition of puncturing the testicle¹⁴ that need to be addressed. While several *poskim* have allowed it for a variety of reasons, each case needs review to ensure that in solving the fertility issue we do not cast out the patient from the congregation of Israel and force him to divorce his wife or stay unmarried.

The next section of the book deals with two issues that are relevant for the religious Jewish patient: fertility treatment on Shabbat and Yom Tov, and the imperative of halakhic supervision. Grazi's clinic is one of the first in the United States to participate in a supervision program with the aid of the Puah Institute in Israel. The success of this first program has been obvious as more and more centers in the US seek to provide halakhic supervision for their religious Jewish patients.

While supervision is necessary in food production to ensure that no mistakes are made and that non-kosher ingredients are not added either unwittingly or willfully, when dealing with fertility treatment the rationale behind supervision is distinctly different. If a child is born through intrauterine insemination or in vitro fertilization, who would be able to testify and verify that the child was of those parents? The parents could not do so as they may not have been physically present or totally conscious during the procedure; the doctor

¹⁴ See *Yevamot* 75a.

could not as he or she has a vested interest in the case and therefore their testimony would probably not be accepted by a rabbinic court. Only a supervisor (*mashgiab*) could testify that this child is the product of these parents. In my experience, when this position was presented and explained, even those who initially opposed the supervision accepted it and were willing to adopt the practices that supervision requires.

In addition, supervision is an essential service for couples who are understandably concerned about handing over their genetic material to even the most careful laboratories, especially when horror stories hit the press regarding mistakes that have been made and discovered. When those couples learn that supervision is available to discover and prevent such devastating mistakes, they are much more confident entering into treatment, and as previously stated, a happy patient is a more successful one.

Thus supervision is a win-win situation, good for couples, and therefore by extension good for the clinics. With time this will become the gold standard for all laboratories that service religious Jewish patients.

The final section deals with some new technologies that are either available or on the near horizon, and with the ethical issues involved. Those issues originally led many *poskim* to outlaw all fertility treatments due to a fear of the slippery slope that could lead to all sorts of undesirable misuses of this incredible technology.

We religious Jews can be very proud of our ethical tradition and our approach to such complex ethical problems. While in the general public such ethical questions tend to be answered according to some amorphous inner feeling of the answerer and not based on any solid ethical ground, in the religious community such issues are always discussed based on classical sources that draw from a substantial base, either the written or oral Torah.

I recently saw an unpublished MA thesis that claimed that the reason Rav Moshe Feinstein was lenient in the area of fertility treatment was his sense of compassion and empathy for the infertile couple. Rav Feinstein's ruling in a different case, however, shows that this is inaccurate. When Rav Feinstein was asked about aborting a fetus that is suffering from Tay-Sachs and would definitely die, he replied that it is forbidden by the Torah to terminate such a preg-

nancy,¹⁵ and he took personal issue with the *poskim* who allow it.¹⁶ Can we possibly claim that Rav Feinstein did not have compassion on those unfortunate couples who are both carriers of Tay-Sachs? Rather it is clear that Rav Feinstein and all other *poskim* approach all ethical problems based on their understanding of the halakhah. While it is true that the individual *posek*'s position may be influenced by his approach to the question at hand, the discussion is centered on the dissection and understanding of the halakhic sources.

One general criticism of the book, which may apply to many books of this kind, is that it is really not geared to the person addressed in its title. It is an excellent addition to any library, and the interested layman will discover a wealth of information. The rabbi who encounters young couples in his community who are experiencing infertility would do well to consult this book before giving them information. The doctor who sees religious Jewish patients will find it helpful in assisting them. In the spirit of cultural sensitivity that exists, especially in North America, he would do well to be versed and conversant in the specific needs of the religious Jewish patient. And the infertile couple will find here a wealth of information and guidance.

Yet while the book is subtitled "A Guide for Jewish Couples," it does not really walk the couple through the potentially frightening and unknown area they enter when they embark on a course of fertility treatment. The information is there, but not presented as if it is said to the couple. It sounds as somewhat impersonal and sterile (not an asset for a book that purports to overcome infertility).

Yet this is small criticism for an important book that is destined to become a must-read for all those in the field, on whatever side of the desk they sit. Dr. Grazi is to be commended on this achievement and for bringing these subjects to the attention of such a wide audience.

Our book, *Overcoming Infertility*, sets for itself a far-reaching objective. It does not purport to merely inform about infertility and the various solutions but claims that infertility is to be overcome. Many couples would agree with that, and thousands of extremely talented people worldwide have dedicated their lives to overcoming infertility.

¹⁵ *Iggerot Moshe, Hoshen Mishpat* II, 69.

¹⁶ This is a reference to Rav Waldenberg, *Tzitz Eliezer* IX, 51:3.

They are the doctors and scientists, the counselors and religious leaders, who continue their phenomenal efforts to overcome infertility—and Grazi's book is another piece of that huge international puzzle. "You will be blessed above all other peoples: that there will be no infertile men or infertile women among you." (*Devarim* 7:14) 