THE LEGAL, RELIGIOUS, AND LINGUISTIC STATUS OF ARTIFICIAL INSEMINATION AND THE EMBRYO, IN LIGHT OF A POTENTIAL PUBLIC POLICY AND DEMOGRAPHIC SHIFT

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Introduction

The aim of this study is to explore the (bio)ethical and legal characteristics of artificial insemination and the embryo, based on current domestic and international regulations, statistics as well as the relevant demographic and macroeconomic trends, with the goal of identifying the linguistic interpretation of current definitions and concepts as well as the legal, (public) policy, religious, linguistic-linguistic, communicative, awareness, and current human rights narratives of artificially created and long-term stored embryos in Hungary, with particular attention to the concept of embryo donation.

The centre of the dissertation is the development of the artificial insemination procedure, commonly known as the "IVF procedure," which is perhaps one of the most important medical achievements of the 20th century, developed by Nobel laureate Robert G. Edwards who also recognised and made special reservations regarding the legal and ethical complications of the procedure he patented. Since the birth of the first IVF baby, or test-tube baby (1978)[1], at least eight million[2], and according to the latest estimates, more than 12 million people have been born from IVF and are now have happy, healthy, and dignified lives among us[3]. According to the latest statistical data, infertility is also a global public health problem that affects 9-10% of the population, and a 2015 report estimated that globally there were approximately 48.5 million infertile couples. The growing demand for IVF-related treatments is indicated by the fact that market analysts predict a $50 billion healthcare market in this area by 2030.[4]

The increasing number of couples struggling with infertility signals an evolving complex health and social problem, exacerbated by the fast-paced world and modern, urbanised lifestyles, the challenges of as well as the pressure on women's participation in the labour market, the desire for family formation at an older age,

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[1] BERNARD Artúr: *In vitro fertilizáció története. A meddőség korszerű diagnosztikája és kezelése*, Kaali Nagy Géza- Bátfai György (ed.) Medicina 2018. 181-199.

[2] LOVÁSZY László: *Nyolcmillió új élet.* in: FIGYELŐ: GAZDASÁGPOLITIKAI HETILAP 2020/5. pp. 8-8. Paper: (30 January – 5 February 2020.).

[3] https://www.focusonreproduction.eu/article/ESHRE-News-COP23_adamson (downloaded: 23.11.2023.)

[4] https://www.globenewswire.com/en/news-release/2021/04/29/2219487/28124/en/Global-In-Vitro-Fertilization-IVF-Market-2020-2030-Products-Types-Procedures-End-users-Country-Data-16-Countries-and-Competitive-Landscape.html (downloaded: 23.11.2023.)

the stressful relationships as well as the tension of domestic housework among couples, environmental factors, not to mention various (national) diseases and other, as yet little-known harmful effects (e.g., microplastics that damage sperm).

Regarding artificial insemination, there is a topic – and this is the central topic of this dissertation – that has not yet been elaborated in the literature we have explored and especially in public discourse: embryo donation and its language. Although it may seem like an insignificant question, the meaning of the word *donation*, or even its alternative version, synonym, can change the professional and general, public perspective on IVF. This is an important issue since there has been no significant progress in Hungary regarding the nearly 30,000 "orphaned" (forgotten) embryos that have been frozen but not yet used.[5] In this study, we would like to present this issue and propose a new suggestion: instead of *embryo donation*, let's use the term *embryo gifting* so that – as we try to justify – further progress can be made in embryo adoption and nearly 30,000 embryos can have a better chance at life to promote demographic change.[6]

1. The role of IVF babies and demographic trends – how much do they matter?

Based on the demographic trends in Hungary, the number of women of childbearing age is decreasing so rapidly that despite the significantly improving willingness to have children, only 2,000 more children were born in 2020 than ten years earlier, and the first child is born too late in families The seriousness of the situation is led to the fact that the proportion of third children among all newborns is only around 13%, and the number and proportion of childless couples are brutally high: 2.5 times that of those with three childrenMoreover, contrary to the general belief ("there are many single women")[7] and the public narrative and assumptions about childbearing ("women are less willing to have children"), the number of childless men aged 30-39 is 1.6 times that of women, while for those aged 40-49, this difference is almost twice as high, 1.8 times.[8]

Indeed, late childbearing as a social phenomenon is becoming increasingly dominant recently, as the average age of women giving birth to their first child has increased.[9] Therefore, a large percentage of couples struggling with infertility are diagnosed after experiencing disappointments and failures for a longer period of time, and many of them just after they have turned 30. In addition, couples often disagree on whether to have (more) children or not, and without this specific commitment, few children are born – (single) men

[5] https://jogaszvilag.hu/napi/aggalyos-az-embriok-fagyasztott-tarolasa/ (downloaded: 19.12.2023.)

[6] NAVRATYIL Zoltán: *A fagyasztva tárolt embriókkal összefüggő jogviták – különös tekintettel az Egyesült Államokra.* in: Jogtudományi közlöny, 2011/12., pp. 614-623

[7] MONOSTORI Judit– ŐRI Péter– SPÉDER Zsolt (ed.): *Demográfiai portré 2015.* KSH NKI, Budapest, 2015, pp. 153–170.

[8] https://www.ksh.hu/statnap10_gyermektelenseg (downloaded: 19.12.2023.)

[9] https://www.ksh.hu/nepszamlalas/tablak_demografia (downloaded: 19.12.2023.)
1.3.1 A 15 éves és idősebb nők az élve született gyermekek száma és családi állapot szerint (downloaded: 19.12.2023.)

are less likely to have another child, while women increasingly make the decision to have another child dependent on family work-sharing. In addition to the fact that the first – and in many cases the only – child is born late, the second or subsequent child is usually born to couples who take on the burden of childcare, and mothers receive tangible help in everyday life. (It has been proven that not only married men live longer, but are also in better health than those living alone.[10] Even more, according to the data of the Hungarian Centrral Statistical Office (KSH), about two-thirds of the married who file for divorce are women as well)[11]. When it comes to the phenomenon of adoption, it should be noted that the majority of couples usually willing to adopt prefer younger babies, primarily to establish early bonding and breastfeeding opportunities. As a result, there is significantly less intention and thus opportunity to adopt older or even school-aged children compared to adopting infants.[12]

According to a 2017 survey by KSH, the number of young childless women has brutally increased in recent years in Hungary. In 2016, 56% of women aged between 25 and 35 were still childless (regardless their initial intentions). This increase is shocking because compared to other EU countries, where 6% of men and 4% of women consciously choose to be childless, the rate in Eastern European countries remained below 3% according to the 2011 Eurobarometer data. Furthermore, 86% of the Hungarian adult population agrees that having children is necessary for a fulfilling life, according to the 2008 European Values Study.[13] In case of intended children, the use of IVF programs could clearly improve the trends. Since 2010, more than 41,000 state-funded artificial insemination procedures have been performed, with a success rate of approximately 21%. This means that nearly 8% of the desired live births are achieved annually (so far, approximately 3,200 children).

Therefore, to the question of how much "test-tube babies" matter in demographic processes, it must be answered that they indeed play an increasingly important role in the lives (and the numbers) of children born with this technology. Since infertility is becoming more and more of a social phenomenon, it therefore needs to be addressed much more if we want a demographic turnaround and even more happy families with (more) children in the future. Concerning that fertiliry and reproductive capacity are declining at a younger age today, this became an urging issue to change the current trends.. It is also an important issue for voters to consider, as more importantly, attention also should be paid to that the exemplary free IVF program is

[10] https://mta.hu/data/dokumentumok/fiatal_kutatok_helyzete_felmeres_eredmeny.pdf
[11] KSH Statisztikai Tükör, A válások demográfiai jellemzői http://www.ksh.hu/docs/hun/xftp/stattukor/valas17.pdf
[12] TAKÁCS Judit– NEMÉNYI Mária. *Örökbefogadás és diszkrimináció Magyarországon.* Esély 2015/2. pp. 32-61 https://www.academia.edu/13350172/%C3%96r%C3%B6kbefogad%C3%A1s_%C3%A9s_diszkrimin%C3%A1ci%C3%B3_Magyarorsz%C3%A1gon_Adoption_and_discrimination_in_Hungary_2015_ (downloaded: 19.12.2023.)
[13] Központi Statisztikai Hivatal: Magyarország 2022. Budapest, p. 263.

now widely available in Hungary, which has a high level of social acceptance, while the number of opponents is considered low.[14]

2. On the relationship between childbearing and the national economy – what does the Hungarian National Bank say?

When it comes to demographic changes, economic perspectives are also essential. Demography plays a significant role in the national economy, so it cannot be ignored that households are one of the main players in the national economy, and also the key to the future of households in terms of childbearing. Based on all of this, the issue of artificial insemination must also be examined from the perspective of the national economy's stakeholders, as well as its impact on the structure of the different national economic sectors.

The stakeholders of the national economy, namely households, businesses, and the government, are fundamentally dependent on the demographic situation and its future prospects. Within the national economy, households and their individual members play different roles, as they appear as consumers, as they consume goods produced by businesses, and some members of households also provide one of the production factors, labour. For households struggling with infertility, (accessible) artificial insemination is a fundamental issue, and its greater prevalence significantly affects household (and the nation's) reproduction. Even though households bear the lion's share of the costs of artificial insemination from their own resources, but other stakeholders in the national economy must also contribute to some extent to help households achieve their reproductive goals. However, this requires not only financial but also other, immaterial as well as in-kind resources and specific provisions from businesses (such as flexible working hours, home-office) and the government (such as budget transfers, available health services).

The other important element of the national economy is businesses as producers (they produce goods that households consume) and traditionally also carry out further investments to employ (more) members of households. Furthermore, the maintaining or increase of the role of businesses in the national economy is unimaginable without stable and sustainable household reproduction. Therefore, it is in the interest of businesses to support households directly, and indirectly, through the tax system, to support the financing of artificial insemination for families. Businesses can directly support households by sacrificing their own resources in the short term to create the personal or material environment of artificial insemination. Moreover, in Hungary, businesses and economic organizations have a legal obligation: according to Section 65 (1) (e) of Act I of 2012, the employer cannot terminate the employment contract by dismissal during the six-month period from the start of the human reproductive procedure, but no longer than this. All of this

[14] LOVÁSZY László– SZOBOSZLAI-KISS Katalin: *A mesterséges megtermékenyítésről, mint az élethez való jog lehetőségéről és az ebből származó etikai dilemmákról*

means keeping a long-term goal in mind, which is sure to be difficult for profit-oriented businesses at the outset. It is already necessary to mention the need for government involvement and that of protection, that is, without state involvement, businesses will not voluntarily take significant steps in terms of accessing to artificial insemination, which is crucially important for infertile households.

The Hungarian Government aims to increase the number of children born in Hungary by improving access to assisted reproductive treatments[15], including artificial insemination. Significant changes have been made since 2020 to achieve this goal. According to the regulations that came into effect in 2021[16], only state-owned centres that provide infertility treatment with fully financed by the central budget are authorized to perform interventions for infertility treatment from September 30, 2021. The operating licenses of private institutions for this purpose expired on June 30, 2022, and ongoing treatments and frozen samples were transferred to the state-designated service provider. More importantly, since 2020, the drugs used in infertility treatment have been 100% state-funded. As a result, infertility treatments have become free for couples touched upon in Hungary, and in addition, even the performance and volume limits (TVK) of clinics performing IVF with state support have been abolished. Diagnostic services have also become publicly funded, and the financing of insemination (artificial insemination) has completely changed. This change has also affected significant budgetary resources: the amount of the coverage of infertility treatments has essentially doubled compared to 2019.[17]

Based on this argument, it seems that we have the centre of the circular flow of economic activity. Why? Households receive salaries from companies in exchange for labour and use this financial asset to purchase goods and services from companies. Companies therefore invest the revenue received from households to produce (more or alternative) goods and services, which are then also purchased by households. The government can act as both a producer and consumer. This circular flow must also be present in the context of artificial insemination as an aim to reproduce more children to the economy and the society.

The Hungarian National Bank, one of Hungary's most respected institutions that supports national strategic planning and is independent from the incumbent government, also made recommendations[18] regarding artificial insemination in 2019. These recommendations are as follows:

1. The introduction of targeted screening tests related to childbearing and greater state involvement in healthcare services related to childbearing can contribute to the desired birth of first children and the birth of more children at the right time.

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[15] NAVRATYIL Zoltán: *Az asszisztált reprodukciós eljárások főbb fajtái és történeti kialakulásuk az etika-jogi reakciók tükrében.* Iustum aequum salutare, 2011/1., pp. 109-123.

[16] 2021. évi CI. törvény egyes vagyongazdálkodási kérdésekről, illetve egyes törvényeknek a jogrendszer koherenciájának erősítése érdekében történő módosításáról

[17] https://www.koppmariaintezet.hu/docs/Meddosegi_kezelesek_2021.pdf

[18] MATOLCSY György: *Versenyképes egészségügy a fenntartható felzárkózásért. presentation* 5.12.2019. p. 40. p. 14. https://www.mnb.hu/letoltes/matolcsy-gyorgy-semmelweis250-20190905.pdf

2. Supporting artificial insemination is one of the most effective ways to increase the number of children, as it specifically supports couples who have already made the decision to have children but are unable to do so for health-related reasons.

3. After the takeover of fertility centres by the state, it is necessary to strengthen confidence in state services in the future, which means an effective tool for strong professional and financial control, well-functioning and continuously updated protocol-based treatment, and more personalized care. In addition, it would be worthwhile to expand capacity, as there had been a significant waiting list for state services.

3. Childbearing and Biotechnological Perspectives – Disease-Centred Care as a Solution and What the Future May Hold?

The demographic and economic challenges of childbearing are accompanied by an increasingly significant health issue, which unfortunately is becoming more prominent among couples intending to start a family, namely the issue of infertility. Previously, only women were examined for infertility, and this burden carried the stigma of femininity being undermined – nowadays, infertility is also spreading among men, as sperm count has halved in the developed world over the past few decades.[19] In about 30% of infertile couples, the male partner is the cause of infertility. In addition to genetic conditions, numerous factors may be responsible for this, such as alcohol consumption, smoking, drug use, severe mumps infection after puberty, hernias, hormonal imbalances, exposure to toxins, certain types of medications, urinary tract infections, exposure to various types of radiation, wearing underwear that is too tight, lumbar injuries, and even the heat emitted by laptops when placed on the lap. Recently, it has become clear that even the use and carrying of mobile phones in pockets could also contribute to this crisis.[20]

As to the social and health perspective of the issue, in our view infertility is definitely a disease[21], which can be treated more effectively with early detection, partly through the use of ultrasound devices. In terms of education policy – and emphasizing the importance of language – it should play a much more important role not only in avoiding infertility, but also in preserving health in general, so that even a young person's desire to assess their general health status (including potential) is more natural, and embryo adoption, analogous to adoption, can be more widespread. Prevention, awareness of overall health, healthy sexual identity, and preparation for procreation (family building) should be brought into educational institutions

[19] The Guardian: Sperm counts among western men …, 2017.

[20] NYÍRI Kristóf (ed.), *Mobil információs társadalom: Tanulmányok,* Budapest: MTA Filozófiai Kutatóintézete, 2001.

[21] According to the latest statistical data, infertility is a global public health issue that affects 9-10% of the population, and a 2015 report estimated that there were approximately 48.5 million infertile couples worldwide. The increasing demand for treatments is indicated by the fact that market analysts predict a $50 billion healthcare market in this area by 2030. – Globenewswire.com: Global In-Vitro Fertilization (IVF) Market 2020-2030, 2021.

with the involvement of specialists based on the agreement with parents touched upon. As we have seen, a large percentage of couples struggling with infertility are faced with the diagnosis after a long period of disappointment and failure and who usually could be over 30 years old by that time.

4. About the bioethical-religious and regulatory background of embryo donation and gametes, as well as the legal status of the embryo

There is no complete agreement among different churches, denominations, and religious figures regarding all aspects of artificial insemination. *„The terms "zygote," "pre-embryo," "embryo," and "foetus" represent the successive stages of human development according to biology. Please feel free to use these terms in the following instructions if they all have the same ethical content, namely the fruit of human procreation, from its visible or invisible existence to birth."*[22] This excerpt is from the document titled Donum Vitae, which contains ethical guidelines related to artificial insemination, officially adopted by the Catholic Church. It is important to emphasize that the authors of the article strongly agree on defining embryos as human beings and respecting them as such from the very moment of conception. The document expresses the Catholic Church's position on an existing biomedical (IVF[23]) therapy, indicating that the dignity of life and the respect for embryos and some of its elements are in indeed conflict with religious and moral doctrines, making it unacceptable for the members of the Catholic Church and directly contraindicated in the protection of marriage and sexual life. What is even more important is that, citing the dignity of human life, the direct destruction of embryos shall be considered equivalent to abortion, even if other childs are also born from the same IVF treatment (from the remaining embryos).

„Human life must be respected and protected from the moment of conception."[24] The authors of this study unanimously support this Christian position, along with opponents of the IVF program, but also consider it as a starting point for clarifying opposing views.[25] According to the Hungarian Constitutional Court's practice, this debate also touches on a fundamental question of whether the foetus is a legal entity or not. This is such a problematic issue (also from a legal dogmatic point of view) that the Court itself did

[22] Donum vitae, In. https://katolikus.hu/dokumentumtar/2660 The Donum Vitae is the ethical directive of the Catholic Church regarding human reproductive medicine.

[23] In vitro fertilization (IVF) is a medical therapeutic method used during infertility treatments.

[24] Szentszék: Családjogi Charta 4. In. Donum vitae, In. https://katolikus.hu/dokumentumtar/2660 (downloaded 06.05.2021.)

[25] The process of artificial insemination is carried out using various medical methods. For some, drug support is sufficient, while in other cases, male gametes are introduced into the uterus using a device, which is called insemination. In some cases, neither of these two methods can be applied, and in a certain percentage of cases, the IVF method (in vitro fertilization = IVF; ICSI when the male gamete is injected into the egg) will be effective. The parents" gametes are combined outside the body, and the developing embryos are kept under laboratory conditions, with the conditions for natural fertilization being replaced by external technical means and expert care. The pre-embryos are implanted in the uterus on the most ideal day for the natural continuation of life, while the remaining embryos, i.e., the twins, are put into a protective solution (vitrification or freezing) to give them a chance at life. The debate should indeed be about the protection of human embryos that are destroyed in the process.

not want to decide it unequivocally and actually came to contradictory results as early as 1991[26], however, this is not the subject of this paper therefore this argument will not be discussed further.

The rules for handling gametes and embryos, as well as their frozen storage, are particularly special. The fundamental reason for this is that the status of the embryo is also unique, as it has a living, human DNA (with a individual and unrepeatable genetic structure); however, according to the law, it is not a person, but a "being". Even more, some existing, specially adopted rules for higher level of legal protection, such as stricter regulations for animals, or legislation on things or property (rights in rem), are not applicable to it (completely).

In addition, the right to dispose of the embryo changes depending on where the embryo is physically located. If the embryo is in the mother's womb – and with the exception of a special case when the mother dies (for example, in an accident) and the foetus is still alive in the mother's body – then the woman always has the exclusive right to dispose of it. If the embryo is already outside the mother's body, then the father also has (partial) right to dispose of it, as well as the father's separate consent statement is required at the beginning of the IVF procedure regarding the disposal of the embryo later if conditions are met (e.g., in the case of a decision to destroy the embryo after the procedure is completed). The peculiarity of the IVF procedure is that there is also the possibility of storing a third ('shared') slife of two parents, the embryo, and even in their state as gametes – outside the mother's body, through freezing.

The issue of embryo' rights (donated or deposited) arises in the case of gametes and embryos, which is a question of protecting the embryos, and its (legal) status is a question of particular importance to the followers of prominent religious communities (Catholic, Reformed, Lutheran, and Jewish denominations). However, the position of the Catholic Church, as well as the Protestant and Jewish churches, is partly (mutually) contradictory. For the latter two religions (denominations), the use of IVF technology is recommended with due caution for their followers for the sake of having new life, while the Catholic Church does not support this technology based on several reasons when it comes to bring out new life arguing that more protection is needed for the human life's digniry. The permissive approach fundamentally differs from the Catholic perspective, as it examines the issue from the viewpoint of couples suffering from infertiliry and seeks to reconcile the procedure of artificial insemination with the goal of marriage becoming a family with the birth of a child, while placing less emphasis on the (technical) circumstances of conception itself

[26] *„According to the 64/1991 (XII. 17.) majority decision of the Constitutional Court, "the issue of the legal personality of the fetus cannot be decided by interpreting the Constitution." However, the same decision later, somewhat exceeding its own jurisdiction, decided this issue*: "According to Hungarian law, the fetus is not a legal entity," although only the law (Constitution) can decide on fundamental rights and their limitations (i.e., not the Constitutional Court). For more information, see
LOVÁSZY László: *Brief Reflections on the Modern Abortion Paradox in the Light of Hungarian Constitutionalism from the Perspective of the State"s Obligation to Protect Life.* in: Európai Jog: Az Európai Jogakadémia Folyóirata 2010/5 pp. 3-12., p. 10 p.

compared to the expected blessing of a child. Therefore, opponents of IVF treatment do not consider this goal to be achievable at any means, so there are cases where couples explicitly give up on becoming a family through blood-born children because they do not consider the promotion of childbearing through IVF methods (conception not through natural means) using science and medicine to be supportable and acceptable, as they find it conrrary to the teachings of the Catholic Church (conception does not occur through marriage and natural intercourse). This also means, however, that these couples can eventually ultimately only adopt a child born through later adoption using the IVF method, so they can still accept a child who was not born through natural means in their marriage.

According to the authors, every embryo – regardless of whether it comes from believers or non-believers – has an unequivocal and equal right to life in the procedure. The authors consider the pre-embryos created to be human, so they could agree with the enforcement of laws regarding the integrity of the fully developed human body for their organs and lives. The authors, therefore, do not consider offering embryos for experimentation to be compatible with their views.

The authors of this study (together with Katalin Szoboszlai-Kiss)[27] believe that recognizing embryos as humans rather than 'objects' (in rights in rem) could contribute to the social burden and that it would be more advantageous if the cost of storing temporarily unused embryos were partially or entirely covered by the parents in the future, depending on their financial situation, in addition to the free-of-charge IVF procedure. This is similar to child support in the event of a divorce, as only the parents can be held responsible for the innocent child's life, which came into existence due to reasons beyond their control. It would be unworthy to shift the entire responsibility (and costs) to society, especially if no newborn human will come from them, who would then contribute to the nation's growth and later to joint efforts and burden sharing in society, even though they were "created by taxpayers money".

5. Spiritual, mental and linguistic approaches – donation or gift?

In the context of spiritual and linguistic approaches, it is important to clarify *the concept and linguistic expression of infertility*, as this term means something quite different in medical jargon than in everyday language. In everyday life, we usually consider someone infertile when they are no longer able to have children, and all such efforts are doomed to failure, a "sterile" attempt. In medical terminology, a couple is diagnosed with "infertility" if they have not conceived a child after at least one year of unprotected, regular sexual intercourse (2-3 times a week).[28] In the vast majority of these cases, children are eventually born,

[27] LOVÁSZY– Szoboszlai-KISS: *ibidem*

[28] BENDA József - BÁGER Gusztáv: *Jövőnk a gyermek. Veszprémi Humán Tudományokért Alapítvány kiadó*, 2020. pp. 432.

either spontaneously or as a result of investigations and interventions carried out at so-called infertility centres. In this article, we use the term "infertility" in the latter sense, roughly as a synonym for "struggling with conception difficulties". When we hear about the psychological causes of infertility, we usually think of one thing: a physically healthy woman who wants to have a child but subconsciously does not want to, so she does not get pregnant. Although psychological factors can indeed influence the success of conception, the reality is somewhar more complicated and inexplicable.

Historically, the first theory that explored the psychology of infertility was indeed the so-called *psychogenic infertility* theory:[29] when some psychological barrier prevents a woman from getting pregnant. According to psychoanalytic thinkers of the 1950s, such unconscious psychological barriers are primarily characteristic of immature, 'girlish' women who subconsciously still want to remain children, as well as Amazon-type, overly masculine women who reject femininity. Of course, unconscious psychological barriers can also hinder male fertility, and in these cases, early analysts assumed that an overly close or pathological relationship with the man's mother was the underlying cause. Apart from this, however, male infertility in fact was practically unheard of during that period.

Modern theories of infertility[30] mostly reverse the question: experts believe that it is worth addressing the psychological problems that infertility, or facing conception difficulties, causes in the couple's life, and how the development of these problems affects the chances of pregnancy in the future. The most common experience of a couple struggling with conception difficulties is grief, although the grief associated with infertility differs greatly from the grief felt when losing loved ones. During the recognition of infertility, several kinds of losses must be mourned, such as the couple's faith in their health. Although unknown infertility can also shake this faith, a difficult-to-cure disease (tumour) or a condition that irreversibly reduces the chance of conception (early menopause) is an even more serious loss. Although fertility difficulties are not a disease in the classical sense of the word, during infertility investigations, the otherwise healthy couple inevitably falls into a sick role: between referrals, blood tests, ultrasound and laboratory results. (However, their situation is complicated by the fact that society often does not consider them sick, but rather "unfortunate" for those affected.) In addition, the "desired" and lost child must also be mourned: the little person who does not exist, but the couple has already imagined what it would be like if they did exist. During attempts to conceive, it may also be necessary to mourn unfertilized eggs, unattached embryos, and miscarriages. The grief caused by infertility is a difficult process because losses accumulate in small doses over a long period of time, and because, compared to grief associated with death, infertile couples generally

[29] SZIGETI F. Judit– KONKOLY THEGE Barna: *A meddőség pszichés velejárói egy hazai pilot-vizsgálat tükrében.* Magyar pszichológiai szemle, 2012/4., pp. 713-731.
[30] SZIGETI F. -KONKOLY THEGE: ibid pp. 561-580.

receive or use much less social support (because they tend to conceal the problem or because their environment does not understand their experiences and challenges).

For many infertile couples, having a child through donated reproductive cells is the only option. Therefore, the topic of artificial insemination always arouses strong emotions, whether in public discourse or in personal conversations. It seems that people simply cannot remain objective in this question, in many cases empathy is also missing when it comes to the conflict arisen between dogmas and everyday life's challenges. There is a lot of mutual and oversimplified accusations, as those who speak out against artificial insemination easily receive the response that they should not interfere in other people's private lives because it is none of their business. On the other hand, supporters emphasize human rights and the right to have a child, often leaving their personal involvement in the matter in the shadows.

Nowadays, few people take a spiritual and psychological approach to the difficulties and tasks that arise in their lives. When infertility and childlessness become a visible problem, parents are desperately capable of doing everything to have a child. However, the unconditional desire for a child is often an attempt to avoid a deeper psychological problem, just so that those affected do not have to face it. They may feel that a child will divert their attention from the emotional and psychological burden (problems in the relationships among couples included), but this is, of course, not how it works. Because more intense deeper psychological difficulties already prevent conception under the existing emotional and psychological circumstances. There are those who, under parental or social pressure, urge childbearing by following patterns, while it would be primary to come to terms with themselves to prepare themselves at all levels, and heal themselves so that they can maturely and consciously face the challenging task of raising children.

If someone is in a situation where they need external (artificial) help to have a child, it is recommended that they first target the psychotherapeutic remedies and try them – this is also recommended by religious organizations and churches. With the family constellation method, you can dissolve all the subconscious blocks and obstacles that prevent conception or childbearing. Believe that you can indeed eliminate those deeper effects and burdens that you carry within you without knowing it. Give at least one chance before artificial insemination to achieve the desired goal with a more natural and delicate method.

When a woman is fertilized with a stranger's sperm – because her husband (partner) is infertile – it essentially a significant risk at putting an end to their relationship, their marriage. The process of fertilization may indeed have great spiritual and psychological significance, as it is a life-giving, creative process. If a woman is not fertilized by her partner, husband, the relationship is expected to become more difficult, as it will always be in the "air" that (even indirectly) another man was needed for fulfilment and joy. Of course, the topic can also be handled consciously, but – based on the information obtained by the authors in private

conversations with those affected – it is highly likely that distancing and isolation from each other will occur. (This area should also be empirically researched, explored.) It is worth considering that the couple may gain more if they accept childlessness and jointly bear the pain that comes with it. In their shared grief, they can go further on the path of their relationship than if they were to fulfil their desire for a child at all costs. It is an important question whether, with regard to embryo donation, those affected should also consider whether giving birth to a child is more important, without a real blood relationship, or avoiding the risks and difficulties arising from the difference between the adoptive parent and the biological parent.

When it comes to both partners are infertile and they found a family with the help of eggs and sperm from different women and men through artificial means, they may create a situation where the child(ren) are limited in their basic rights in certain cases. This happens in particular when they cannot know who their real parents are or where they come from. Such uncertainty and ambiguity, which they feel deeply in their souls even if their adoptive parents lie to them throughout their lives – even after they reach adulthood – has serious implications later in their lives. In this case, they will not be able to connect, but will have to face emptiness, purposelessness, identity confusion, relationship and self-realization problems. A child must always know who their parents are. Adoption is one option here, but it is also an option that can carry risks and difficulties, so potential stakeholders should always think about all circumstances in advance.

In terms of *linguistic and language characteristics*, the question of the status of the embryo deserves special attention in connection with the fact that in Hungary, the legal practice uses the concept and term of embryo donation. However, according to the interpretations of synonym dictionaries and etymological dictionaries, this practice is questionable for several reasons. One of them is that in the linguistic environment of the concept of donation – although it is formally close and similar, but not the same in meaning to the concepts of gift – the act of donation primarily takes place with the concepts of specific things, objects, and thus primarily draws favorable attention to the donor rather than the recipient of the donation. In contrast, in the linguistic environment of the gift, there are such emotional concepts as reward, inheritance, and acquisition, acceptance, which – in terms of effects – make the recipient of the gift equal to the giver due to our human nature, and thus can evoke positive human feelings in the affected fellow human beings, avoiding the cold reality of a business contract.

Finally, it is worth mentioning that originally, the gift is an old Hungarian word known since 1372, so this expression is more suitable for Hungarian traditions as well.

6. Redefining the concept of embryo donation – the solution?

In summary, we quote the words of a medical professor who is an international authority in the field of human reproductive medicine and who helped five thousand children to a happy life during his twenty years

of work. His words faithfully reflect the ethical view of medical science in Hungary: „What happens to embryos that have expired after ten years? We have not destroyed a single embryo, even though I cannot say whether we will ever use them or not. But I can confidently say that the whole world is like this. Therefore, storing excess embryos is a problem throughout the country. It costs huge amounts of money, yet we insist that if life is destined to be stored because parents requested it, then we will try to preserve it until the end of our lives."[31] The quoted excerpt is worth considering for those who oppose those involved in artificial insemination and can also be an argument for supporters of embryo donation, reflecting the attitude of Dr. Tamás Kőrösi, a medical professor and director of the Kaáli Institute in Győr.

Infertility is a disease, and couples suffering from it carry their desire for children with them as a lifelong wound. If medical techniques can provide relief in this painful disease, they should be used, keeping strict ethical considerations in mind, especially in the age of declining demographics. The most drastic but increasingly effective application of infertility treatment is the human reproductive procedure described, which is a great medical miracle of the 20th century. The most remarkable part of this miracle is that tens of thousands of people are still waiting for a chance at real life and birth. They are not charity to families, but gifts from God, who can only be given further, as parents do not own their children, and every life is a miracle."

Regarding the concept and linguistic formulation of embryo donation, it is necessary to discuss the term "donation" itself and its meaning. Donation is a custom that serves people's intentional honour and delight without expecting anything in return. The meaning of the custom is symbolic: it can express respect; the degree and depth of kinship preservation, as well as – among many other things – the most diverse and natural traditional ways of obtaining joy. Giving gifts has always brought joy, served as an expression of love, and led to spiritual enrichment for both the giver and the recipient. This is especially true when it helps the affected party to give birth to a long-awaited child.

At the end of our study, we arrive in the world of literature. Karinthy's poem, "Foreword" is not only about those who are voiceless and invisible to most, such as those suffering from infertility, but also about those who seek the tiny miracle. For them, it is not important whether their baby is conceived spontaneously or through embryo transfer, as long as the long-awaited and desired child is finally born. The one of the most respected Hungarian novelists, Sándor Márai and his wife, Lola Metzner were unable to have their own child after leaving their beloved country when the Communist took power, and the resulting, consuming pain deeply affected the great writer and his spouse. Therefore, let us conclude our thoughts

[31] KŐRÖSI Tamás: A *mesterséges megtermékenyítésről*, interjú. https://www.youtube.com/watch?v=uN9DiOx12kY (downloaded: 11.05.2021.)

with the words of Sándor Márai, so that there may be more understanding and compassion in the world towards infertile couples: "Why is it that whenever I hear someone speaking Hungarian to a child in a foreign land, an overwhelming sadness overcomes me, and I have to hurry away to some deserted side road to wipe away my tears from strangers?"[32]

[32] MÁRAI Sándor: *Négy évszak*, Helikon 2003, p. 110.