

## Co-Developers Statement Regarding the CREIGHTON MODEL *FertilityCare* System, NaProTECHNOLOGY and Emerging NFP and “Medical Models”

### Introduction

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This Co-Developers’ Statement is the result of considerable discussion and review of the Emerging NFP and “Medical Models” in a serious effort to present our position in the context of the **CREIGHTON MODEL *FertilityCare* System** and **NaProTECHNOLOGY**.

### Foundational Principles of the CREIGHTON MODEL *FertilityCare* System and NaProTECHNOLOGY:

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- *Humanae Vitae*’s Appeal to Doctors and Men of Science served as the strong guiding light to respond to these important appeals.
- The medical and ethical teachings of the Catholic Church have been foundational and integral in the development of **NaProTECHNOLOGY**.
- In the 2004 “Medical and Surgical Practice of **NaProTECHNOLOGY**” textbook, it clearly states that **NaProTECHNOLOGY** without these ethics, is NOT **NaProTECHNOLOGY**.
- This inseparable union of science and ethics became the driving force to develop a new women’s health science that provides answers and cooperative treatments and gives real hope and healing for women and couples.
- The standardization of the biomarkers served as the springboard to the development of **NaPro-TECHNOLOGY**. The original 16 photographs in the Picture Dictionary have stood the test of time.
- Women from every continent in the world have charted their biomarkers with the standardized charting system that has become an international language of women’s menstrual and fertility cycles.
- Such an in depth and thorough research effort, properly understood and practiced, has yielded effective medical and surgical treatments.
- The result has been effective and properly researched treatments to address every reproductive and gynecological problem faced by women who are desperate for hope and healing.
- In order to transmit the ethics and research into practical application, a standardized provider education curriculum and client/patient teaching was developed.
- The 3 areas of ethics, research and educational protocols are foundational to an effective natural system of fertility regulation and medical/surgical practice.

### What are the Measurements to Evaluate Emerging Medical Models?

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- All serious efforts need to be reviewed with objective standards.
- Personalities and marketing strategies, though appealing, cannot be the foundational evaluation tools.
- There are three areas that need to be reviewed and studied:
  1. Published research
  2. Educational training materials and protocols that meet Allied Health, medical and surgical standards.
  3. The presence of a strong pro-life and pro-family ethical foundation based on natural law and teachings of the Catholic Church.

## Why?

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- Women have been significantly harmed by mainstream medicine.
- Women and couples need 100% effort to be respected and truly heal.
- Clearly stated, pro-life and pro-family ethics serve

the client/patient in the best way possible. Clients will have confidence in their providers and treatments.

- The result of natural techniques void of clearly stated ethics and researched protocols put clients and patients at risk.

## FEMM and NEO Medical Models

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- In the 40 year history of our work, the CrMS Co-Developers and the Developer of **NaProTECHNOLOGY** did not promote our efforts by negative commentaries on other NFP methods.
- However, our shared ethics and values were consistent with the teachings of the Church and this was unifying, even if the methodologies were seemingly at odds.
- In our mind, there was no need to undermine another NFP method as there was much work to do for all of us. Any natural system trumped an artificial method!
- However, two “medical models” have recently emerged and many have asked for information.
- For the first time, it is prudent to make several comments regarding these models.

### FEMM

- FEMM has been in existence for several years. Prior to the development of FEMM, the Pope Paul VI Institute attempted, in good faith, to work with FEMM’s developer, Anna Halpine. When ethical issues and strategies prevented an ongoing working relationship, the collaboration ended.
- FEMM was developed shortly thereafter as a secular organization that does not promote nor is not guided by Catholic teaching though is promoting its effort within the Catholic Church.
- Unlike **NaProTECHNOLOGY**, FEMM promoted its new model without any published research specific to FEMM’s medical protocols or effectiveness.
- FEMM physicians do not prescribe the birth control pill in the FEMM clinics. However, it has now been documented that nothing would preclude any FEMM physician prescribing the birth control pill in their regular medical practices including other artificial procedures.
- FEMM has no affiliation with **CREIGHTON MODEL** or **NaProTECHNOLOGY**.
- Dr. Hilgers and the other Co-Developers do not endorse FEMM.

### NEO

- NEO, developed by Dr. Phil Boyle, was announced in September 2016.
- In November 2016, Dr. Boyle is quoted in an interview with an online Irish publication that he “has opened a new clinic in Dublin which is open to all couples, not just those who are married.”
- In the same interview, Dr. Boyle said “[we have] a different moral compass to the States.”
- The primary reason to develop NEO was to provide infertility treatment to unmarried couples.
- In 2017, it was announced that Dr. Boyle’s clinic in Ireland would be affiliated with FEMM.
- In this same article, NEO was quoted by Dr. Boyle as having an almost 50% success rate for infertility. However, there is no published research to verify this statement.
- Dr. Boyle is no longer affiliated with **CREIGHTON MODEL** or **NaProTECHNOLOGY**.
- Dr. Hilgers and the other Co-Developers do not endorse NEO.

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- But while **NaProTECHNOLOGY** treats women for a variety of diseases and conditions that are not generally available from mainstream medicine, it does not treat women where harm may come to them, their children, or their families.
  - We recognize that many of our **CREIGHTON MODEL** providers do not personally know the Co-Developers. It would be the best situation to personally dialogue with the Co-Developers on these issues of concern.
  - However, this work is larger than the Co-Developers. Our work’s origin is the teachings of the Catholic Church. Without the teachings of the Church, this work would never have been attempted nor created.

## Our Challenges

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- Whether it is FEMM or NEO, or another natural method or medical model, as serious providers, it is important to evaluate such emerging models based on these 3 areas: ethics, research and established educational protocols, and training
- consistent with Allied Health Programs and Continuing Medical Education.
- Investigative, thoughtful and prayerful decisions need to be made as to the system chosen to teach and promote.

## FCP Client Non-NaProTECHNOLOGY Medical Referrals Important Guidelines

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- Only refer to those who meet the ethical standards of **CREIGHTON MODEL FertilityCare System** and **NaProTECHNOLOGY**.
- Only refer to medical evaluation and treatment systems that are well-researched, have sound educational materials, and have sound ethics that are family-building rather than just “baby-making.”
- Consider how the physician will assess/diagnose their patient’s situation? Will he/she ask them to chart **CREIGHTON MODEL FertilityCare System** to diagnose and treat or use a different approach?
- FCP’s have a responsibility to their clients to refer with confidence to a referral provider who will not jeopardize the ethical standards of the FCP and **CREIGHTON MODEL**.
- FCP’s have a responsibility to their clients that they will be protected and/or not placed in a compromising position when referred to another provider.
- A moral theologian stated that a FCP cannot refer to another medical model that violates our code of ethics.
- FCP’s cannot risk referring their clients without knowledge of medical protocols if not **NaProTECHNOLOGY**.
- FCP’s are trained to provide **CREIGHTON MODEL FertilityCare System**, not alternative forms of charting.
- Non-NaPro Physicians have everything to gain by utilizing FCP’s to teach their patients. Such alternate, unresearched medical approaches will be elevated in the eyes of the public by virtue of FCP’s training and reputation. The standing of the **CREIGHTON MODEL**, on the other hand, will be diluted.
- To build an inferior program on the ethical, educational, and scientific standards specific to the **CREIGHTON MODEL FertilityCare System** and **NaProTECHNOLOGY** is completely unacceptable.

Officially Approved by the Co-Developers of the **CREIGHTON MODEL FertilityCare System** and the Developer of **NaProTECHNOLOGY** and Pope Paul VI Institute for the Study Human Reproduction.

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49th Anniversary of Pope Paul VI’s Encyclical *Humanae Vitae*

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