Biomedical Issues: A Christian Response

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The revolution in medical science is posing new and complex issues for the modern world. It affects all of us at one point or another. For better or worse the future and the well-being of each of us and humanity itself seems tied to the world of science. The headlines of newspapers as well as our daily experiences as ministers of the gospel remind us of the variety and complexity of these times. A sample will suffice.

"Judge clears Nurse in Death of a Patient" dealt with the euthanasia controversy in Phoenix, Arizona. Dubbed the "Death Angel," the head nurse in the I.C.U. of Sunrise Hospital was charged with hastening the death of terminal patients. Allegedly, she and other hospital workers had taken bets that certain patients would not make it through the night and that they took measures such as unplugging resuscitation machines to assure that outcome.

The court found no evidence to substantiate the charges.[1] She was apparently the victim of a crusading zeal that mistook hospital humor for serious design. But the moral questions that surround how terminal comatose patients should be treated were not dealt with in this case. Might a nurse—or a physician—ever be morally justified in aiding a patient's dying? Or do good morals require that patients be kept alive so long as it is technologically possible?

Another headline dealt with "Genius Genes . . . Sperm Bank Donors are all Nobel Prize Winners."[2] A wealthy California businessman has established a sperm bank called "The Repository for Germinal Choice" in honor of the late geneticist, H. J. Muller. The idea is to make the sperm of Nobel Prize winners available to exceptionally bright women who desire to have superior children.

Is this an acceptable way to deal with deterioration of the gene pool? Will such a procedure really assure brighter

children and hold the answers to producing superior people for the future?

Other headlines focus equally difficult problems. One suggests that "Biologists May Create Virgin Birth."[3] Since a number of lizard species are already all-female, the idea is to stimulate the female ovum in other animals species (including women) and produce an offspring without male sperm.

Kentucky is still struggling with the implications of the 1973 Supreme Court decision regarding abortion, as are many other states. Recently, doctors of the Surgical Arts Building filed suit against a law requiring all second trimester abortions be done at hospitals. Because of his strong personal feelings on the subject, a Federal judge disqualified himself from hearing the case. He was more perceptive than many: he separated his own moral convictions from the acceptable limits of law in a pluralistic community. The issue is still there: is abortion wrong? and should it be outlawed?

One further topic focused a concern of all Americans. **Time** magazine recently raised the question: "Health Costs: What Limits?"[4] Pointing out that hospital costs were to rise 20% before the end of the year, the question was raised as to the bearable cost limits of health care in the United States. Medical costs have risen twice as fast as the Consumer Price Index in the past ten years. Increasingly, health care is becoming a luxury item available only to those who can afford the purchase price—primarily the wealthy or those on government assistance programs. Is there a right to health care that is denied by a system based on privilege or wealth? Is it time to enact a program of National Health Insurance? Questions like these cannot be avoided by persons sensitive to the allocation of scarce medical resources.

The Religious Response

At stake through all these issues are complex moral and religious dilemmas. According to geneticist Arno Motulsky, our country's traditional, religiously based consensus on the inviolability of human life has been breaking down under the weight of a multiplicity of conflicting moral convictions.[5] I think he is wrong or else he has misstated the problem. What is happening is that science has developed so rapidly that

commonly-held assumptions are found to be tested and found wanting. We could once speak of "life" and "death" with far greater precision because the options were much less extensive. Medical interventionism based upon altruistic motives once had far fewer undesirable side effects. The revolution in science has created a crisis in religion and morals. Our technological capabilities have outstripped our ethical and emotional perspectives. The rapidity of change and the complexity of issues have created "future shock" to our social, personal and religious systems. The moral understandings of both scientists and religious groups have been strained for we are dealing with grave new problems in a brave but insecure new world.

Motulsky's concern about the breakdown of religious consensus is only partly true. Religions can agree in broad areas. But their differences become apparent at the fringes (what Thieleke calls "borderline cases") or on highly specialized problems. Thus, we can all agree that murder is wrong but do not agree that abortion is murder or that euthanasia is evil. The difference is in the narrower or broader definition of "person" who may be the victim. Thus, science is not causing a breakdown of consensus, it is discovering where the differences are. What is at stake is no less than very differing views of God and his relationship to nature, the person as the bearer of the image of God and the steward of creation, and of the future (eschatology) of the world of humanity. Competing, if not alternative visions of these great realities, are at stake.

I do not propose to solve all the theological riddles nor even set forth my answers in these limited areas. Let me suggest, however, that our homework needs to be done biblically and theologically before we race off in all directions in Don Quixote fashion to conquer the dragons of medical science. Positive guidance and theological discussion will be welcomed by the scientist. But dogmatic moralism will be rejected outright.

I would like to isolate representative issues in biomedical ethics, pose some of the moral issues and suggest possible responses.

I. Health Care Allocation

Americans are becoming acutely aware of a crisis in our health care system. Included are such issues as the staggering costs of medical care, the maldistribution of resources, the inefficiencies, and at times the incompetency, of health care and the growing monopoly of the system by medical professionals. In spite of the grand pretensions of their antiseptic symbols, the system at times seems more like "whited sepulchres"—it looks good on the outside, but inside, it is full of dead peoples' bones.

To be sure, a part of the problem is the exaggerated and unrealistic expectations on the part of the public. Having heard of miracle drugs and dramatic cures, we now expect them. "Doctor, do your miracle on me. I want a quick, easy, cheap cure!" seems to be the demand of the public. Several sources contribute to that expectancy: (1) one is the notable developments in medicine and science. Smallpox is eradicated, severed arms are replaced, thousands of cancer patients have been cured. (2) Another is science fiction. Projecting possibilities enlarged by the imagination onto the screen of the future makes us believe the age of Star Trek is already here. Illusion and fantasy are confused with reality. (3) A third source is the arrogant style of many medical professionals. They act as if they really were able to do whatever they would like to do. Like gods, they will confer their blessings upon the patient who pleases them and refuse to heal those lacking merit.

Granted that the public is a part of the problem, there still are major issues over which health professionals have the major control.

1. **The Contribution of Medicine to Illness.** Incompetency among medical professionals continues to be a major block to health care in America. There seems no standard for "quality control" or no way to handle "clinkers" in the system. According to one estimate, two million operations per year are unnecessary and at least 15,000 die annually due to incompetency. One patient had the healthy kidney removed when it was discovered that one was diseased. Two women patients had their operations reversed. One needed throat

surgery but got a back operation and the other needed back surgery but got the throat job. The list could go on and on. "Enter at your own risk" seems to be a needed sign on the corridors of every hospital. Such procedures are not reversible—one will likely even be forced to pay for needless or harmful ministrations.

More attention to quality control in hospitals and competency among physicians is one of the moral responsibilities of health professionals. At present only physicians monitor physicians and what is euphemistically and erroneously called "medical ethics" prevents their bumping the incompetent from their ranks.

2. **The Cost of Health Care.** No sector of our economy has experienced more dramatic inflationary spiral than medical costs. Hospital costs have risen four times faster than the cost of living since 1960 as indicated by the Consumer Price Index. In 1980, an average family of four spent $3,500 on doctors and hospitals. In 1965, the average American spent only $198 ($800 per family) per year. In the U.S., 9.1% of the Gross National Product goes to health care.

The effects on the general health of the public is dramatic. Nearly one-half of all bankruptcies since 1976 have been attributed to medical indebtedness. A Cornell University Engineering student was paralyzed for life by a football injury. His family was devastated, however, by the $50,000 medical bills that accumulated over six months of treatment. In Louisville, a child born prematurely was kept in an incubator six months and a bill for $100,000 was presented to the teenaged parents. In Lexington, Kentucky, Bernard Graves was shot after trying to extort $50,000 from a wealthy tobacco executive. He needed the money to finance cancer treatment. He died with his cancer untreated.

I know some of the sources for these costs. Exotic machines are costly, technicians must be paid, hospital workers need more to keep up with inflation, doctors are specializing (and charging more). But one unregulated factor seems the escalating greed—the ancient sin of avarice—that builds personal fortunes for those able to command the fees for specialization. How much is enough for our physicians to make?

One friend, talking to a physician who wanted a more expensive Mercedes than was available on his floor was shocked to hear his annual income. His reply "you're not worth $500,-000 a year, doctor!" How much is enough? The trust level in medicine is seriously eroded when the "'experts' seem more interested in cars than in skills; more concerned about money than about patients; more familiar with the way to the bank than with artful health care. The excessively affluent lifestyle of some physicians shows the excesses of greed combined with the power of monopoly over a vital service. Physicians have become the royalty of our society.

The moral problem is that the health and well-being of millions of Americans are being sacrificed for the advantage of a few. Our right to basic health care is eroded by the damage done to health by the prohibitive costs of medicine.

The solution lies with the source of the problem. Nothing less than a moral conversion is needed by those who profit so extravagantly by others' pain. One physician suggested a model: he has determined the "need" level of his family's income and sets his fees accordingly. He embodies the two concerens of the New Testament with regard to lifestyle. First, human need, not monetary greed should govern our relationship to others. Second, service, not arrogant power, is to order our professional relationships.

There exists already among medical professionals persons who embody these moral understandings. Many physicians—if not most—are not guilty either of incompetency or greed. But they are in need of paying attention to and correcting a system that is growing in both areas.

3. **Health Care in America is a Monopoly** run and directed only by physicians themselves. As such it is an unregulated monopoly—the third largest industry in the U.S. Through the powerful and well-infanced AMA lobby in Washington, all legislation aimed at effective controls have been defeated. Those efforts are now aimed at defeating any substantive plan for national health insurance. As one group stated its opposition: "federal intervention into medicine will result in supermarket medicine. It would be a disaster." Perhaps, but Dr. Christian Barnard compared the costs paid by one family in America to those in South Africa rather point-

edly. While the U.S. family paid $40,000, the same services in Barnard's hospital would have cost $400. Families with extensive dental work can fly to West Germany to have it done, pay for their travel and have money left over from what it would cost in the U.S.

As to a national health insurance program, it is obvious to most of us that some corrective to the destructive costs of health care is necessary. I'm not sure this is it. Every federal corrective with new money seems only to feed the greed of the system and not provide better health care. Third party payments—e.g. Blue Cross—ease the burden on the patient but escalate the costs of care—it gives doctors two sources of income instead of one! Medicare and Medicaid were intended to make health care more available—and for some it does. However, costs have tripled since their introduction in the 60's. In effect, every attempt to pay for the patient only results in skimming at the top. As one writer put it, the last vestige of free enterprise market control has been removed: it has "repealed for medicine the last vestiges of the law of supply and demand . . . and made health care a market of weightlessness: what goes up keeps going up."[6]

A more effective type of intervention will be necessary barring a moral revolution within the industry. Nourished on Reinhold Neibuhr as I have been, I have little confidence or hope in the likelihood that any person or group will voluntarily relinquish power. That being the case, national health insurance programs are all a drain on taxpayers and a bonanza to the medical system. This monopoly, no less than any other, needs regulative controls. Those will be possible only when the American public gets tired of medical empires being built from the blood and bones of our helpless ill.

II. **Genetic Engineering**

Recombinant DNA. The technique of gene splicing or genetic engineering has come a long way in just a few years. Scientists and philosophers alike were apprehensive about its potential hazards during the mid-seventies. Public hearings were held at Yale, Harvard and Princeton and citizen committees were formed to monitor these experimentations. The fear was that some virulent microbe immune to known controls might be developed.

Now the potential applications are limited only by the imagination. This technique is putting old technologies back into the horse and buggy days. Already artificial genes are creating **insulin** for the treatment of diabetes; **Somatostatin,** a rare brain hormone useful in treating diabetes, gastric bleeding and other hormone disorders; and **interferon** which some regard as a breakthrough in the treatment of cancer.

So glamorous is the area and so extensive its possibilities that the giant corporations are investing millions in its development. E. F. Hutton is bullish on its stock market potential precisely because of its practically unlimited possibilities. General Electric has patented an oil-eating microorganism. The animal husbandry industry promises to be transformed by the possibilities of cloning certain animals. Already, by using surrogate but inexpensive field animals, prize-winning cows (or horses—imagine 40 colts a year from Genuine Risk and Secretariat!) can be multiplied by the hundreds. Some predict that the industry will blossom into a multi-million dollar enterprise during the eighties. The exotic techniques of today will be taken for granted by the close of the decade. The drug, food, energy and chemical industries see breakthroughs and frontiers toward the future through microbiology.

What is alarming to many people is the possibilities these studies present with regard to humanity itself. Science is on the verge of being able to alter the genetic features of people. Having discovered the secrets of genetic coding (with DNA and RNA studies), people are becoming more and more not only the subject, but the objects of scientific experiments. If genes can be manipulated, the potential for altering humanity itself is greatly enlarged. Such studies are proceeding along two lines. **Negative eugenics or euphenics** is concerned to remove or correct genetic anomalies or deformities. This would include genetic-based illnesses, such as diabetes or hemophilia as well. Already, the genetic factor in rheumatoid arthritis has been isolated, promising relief if not cure for those suffering from this malady. It may be that Downe's Syndrome children will be treated **in utero** by gene **deletion** and thus be normal at birth.

Positive eugenics proposes to create new human beings altogether. The desirable features of homo superior would simply be programmed into the genetic codings of the persons so produced. As one scientist put it, "the only question that remains with regard to developing homo superior is whether scientists will have the guts to do it."

Whether that is heard as a threat or a promise—good news or bad—probably depends upon one's estimate of the present product or upon one's own self-estimate! It will also reflect one's trust level in those who determine the features. Whether saint or sinner, tyrant or humanitarian, however, the issue poses fundamental ethical issues. Who is to determine and what qualities will be included in the new person? Interestingly, most proposals seem to reflect the image of the one in charge. Not many scientists are interested enough in religious or moral values. The features thought most desirable seem to be greater strength, higher intelligence, and longer life. The picture one gets is that of the Hulk with a brain of a scientific genius. But which genius? William Shockley—who happens also to think, in racist categories and thinks of himself more highly than he ought? Or Einstein—who could work out complicated and abstract mathematical theories but was so preoccupied as to be virtually incoherent? Or perhaps Adm. Hyman Rickover whose genius is devoted to nuclear weaponry? The proposals have a ludicrous side if they were not so serious.

The discussion reminds me of the story told by Winston Churchill of a beautiful young woman who wanted to improve the genetic endowment of the human race. She proposed the improvement start with them! "Just think," she said, "if we should have a child with my body and your brain." Churchill declined the rather tempting offer by remarking: "Yes, but what if it had my body and your brain!"

"What is so alarming," wrote Macneille Dixon, "is not the proposals people make. But that they are believed!" Madmen and fools alike make proposals that are preposterous on the surface. That they are believed and followed, however, is a testimony to "the human situation." As we know only too well, that condition is characterized by sin—the prideful ar-

rogance to project our will onto all we touch. Sin is rebellion and disobedience—defiance in the face of common wisdom and divine revelation. But it also defines the circumstances under which we work. The processes of creation themselves are disordered and do not lend themselves to total control. Dominion is dominance but not absolute control. We may warm ourselves with comfortable shelters and efficient heaters but that does not mean we can keep the temperature from falling below freezing. We can protect ourselves from dangerous animals but that doesn't mean they are not dangerous.

Science needs to come to grips with the meaning of the fall for our dealing with nature. It helps to describe and thus understand the limits of finitude and to circumscribe our aspirations. This does not mean that we can do no good; it does mean that our good will be limited by an evil that accompanies it. Penicillin blesses some and kills some. Breaking the atom exposed a secret, opened new possibilities for energy generation **and** is the basis for a mass destruction bomb.

This also gives caution for our predictions about the future. We can reasonably expect both good and evil to follow from the application of the techniques of genetic engineering in the future. The **promise** is that we can have better genetic health for our children and for future generations. The **threat** is that there are ominous portents for destruction through biological warefare or terrorist attacks. This applied technology is both an extension of our dominion over nature and a threat that we may overstep our bounds and destroy ourselves.

III. Bio-Technical Parenting

A third area of issues pertains to bio-technical parenting, or ways of overcoming childlessness by means of technical intervention. Fletcher mentioned eight ways of parenting, only one of which was non-technical. That was the coital-gestational procedure which has proven very effective![7] Here, I mention only two of the new strategies that have generated considerable debate.

Surrogate Parenting. A woman has contracted with a Kentucky couple to bear a child for them. They are childless after many years of marriage and repeated efforts to become

pregnant. The woman, a happily-married mother of three, has agreed to bear a child for a fee roughly equivalent to a salary in the business world for the time she will invest. Presently legal in Kentucky, the contracting parties have never met. The arrangements were made through the cooperation of an attorney and the childless woman's physician.

A legal contract has been signed stipulating several factors in the arrangement. The surrogate mother is to be impregnated by artificial insemination using the sperm of the contracting husband. Paternity tests will be required to verify it is in fact his child and not that of the surrogate's husband. A life insurance policy is also to be paid for on the life of the surrogate. Further, she has agreed never to see the child. After its birth, it will be taken immediately to the contracting "mother."

Here is a procedure that will undoubtedly occur with increasing frequency. College coeds will see in this an exotic possibility for financing their college education. If "Klute" suggested prostitution, such bio-medical breakthroughs will pose even more acceptable opportunities. When a Michigan couple advertised for a surrogate mother, they obtained dozens of responses. One of them came from a medical school student who requested her fee in the amount of a year's med school expenses.

What shall we say to this procedure? I have heard responses ranging from a liberal sentimentalism (Isn't that nice, such a sweet person to help a couple like that!) to a reactionary, fundamentalistic moralism ("Such evil people! God will get you for that!") Neither response seems either warranted or helpful. Either blanekt approval or obstinate condemnation seems unthinking and unjustifiable.

The motives of both parties seem laudable enough. The surrogate has said that a desire to let a childless couple know the joy of a child, not money, is her primary motive. From speculations about her fee that may well be the case! She has known the joy of three children, loved the times in which she was pregnant and was healthy and happy. She seems honestly determined to share her joys with others.

The contracting couple have experienced the frustration of childlessness. As one geneticist states it, there is no greater

frustration to a woman than being childless when she wants to be a mother. Bypassing her incapacity is one way of bringing joy and wholeness to their lives. Fletcher points out that there are at least eight ways of parenting now — seven of which are bio-technical. Surrogate parenting involves the interreaction of technology to produce children.

For Paul Ramsey, that is reason enough to condemn it. For him, any procedure other than coital-gestational is wrong.[8] The violation of the laws of nature is, according to that standard, not justified by the fact one is giving the good gift of children to a couple. For him, it is better to remain childless than to violate mother nature. Natural laws, not the biblical revelation, is the source of his norm. Needless to say, he did not draw the rule by inference from the Gospel accounts of the virgin birth of Jesus.

There even seems to be an Old Testament paradigm. Recall the story of Abraham and Sarah. Hagar was brought into the story as a surrogate mother for his childless wife. Having a child was of enormous personal importance in the Old Testament. Polygamy, concubinage, the Levirate law and surrogate parenting all were used to overcome this frustrating obstacle.

But that does not resolve all the questions. Even the Abraham, Sarah, Hagar, Ishmael story did not end with everyone happy. Eventually, Hagar with "her son" was driven out because of Sarah's jealousy. But Ishmael was also Abraham's son as the Arabs are quick to note.

What is indicated are some further biological realities—call them instincts or constraints of biology or whatever, but they are real dynamics. The surrogate mother was asked whether she thought she could really love children as she does and be content never getting hold her newborn. She said she thought she could. That is to be doubted. The symbiotic bonding during pregnancy is a powerful force that cannot be denied by simple impulses of altruism. The woman is quite literally giving up a part of herself. For that, seemingly, no amount of money is adequate compensation.

A related problem is that of the child toward the mother. What will comfort the newborn once the pulses of his own mother's bodily rhythm of heartbeat and pulse rate are lost?

Certainly the warmth of a new mother's love will help, but it will not be a clear or entirely satisfactory substitute. Humans are not machines that can operate just as well no matter into which outlet they are plugged. We are tied to family biologically as well as relationally.

This seems evidenced also by those adopted children who reach a stage when they want to know their parents of origin. Some believe this is simply a neuratic curiosity though it may also be a dictate of nature. Anonyminty may be acceptable to the contracting parties but the child has not signed up yet.

A further question is related. The child is both of the surrogate and of the contracting father. Having genetic contributions from both, the child will undoubtedly face the identity question at some point in early adulthood. The moral question is whether it is fair to condemn a child to ignorance of parentage?

One could also speculate tabbut the proliferation of such problems should a couple contract with other surrogates in the future. Suppose they wanted 4 or even 6 children—each by a different woman. The dynamics would be interesting—perhaps even fascinating. Maybe astonishing or ludicrous —but I shall not speculate further.

What seems to be happening, however, is a flattening of our emotions by the impact of technology. Predicted by Toffler in his **Future Shock** and brilliantly described by J. Ellul in **Technological Society** and elsewhere, people are beginning to reflect the image of the machine. Such a lowering of the threshold between emotion and pragmatic action was seen as an accomodation to the necessity of the marketplace. Family and children must be less important than jobs and income. That flattening is taking place and will undoubtedly continue as technology invades the human systems of sexuality and childbirth. It is like the cold, calculating, clinical objectivity of the science—like that required of Masters and Johnson as they observed coitus by hundreds of couples!

Some of the flattening, of course, is simply a loss of the sense of mystery and awe of sexuality. To that extent, it is not an evil but may contribute to health and realism about our bodies. Too often the church peddles ignorance as morali-

ty and superstition as revelation. The loss of our ignorance is mourned only by insurable romantics, mystics and anti-technologists. But it need not disturb people nourished in the biblical tradition.

We can celebrate sexuality without believing it to be either divine or demonic. Technical intervention can serve to bless us and not to curse us. Contraceptives, for instance, are a blessing from God to save us from uncontrolled procreation which is ultimately self-destructive.

The wedding of technology and technique to sexuality will continue to de-mystify, de-romanticize, and de-mythologize sexuality. Increasingly, sexual functions will become more pragmatic—more a commodity of the market place. Should it gain widespread social acceptance, women will have the option of pursuing their careers in business or government and hire surrogates for the parenting. Wombs for hire (Toffler) may become as much a part of the marketplace as live-in maid service. Women may find and develop careers in childbearing. They can bear children without the responsibility for nourishing, cherising and sharing in their growth and development. Altruism may become secondary to pragmatic considerations.

With this as with any other issue in biomedicine, no adequate ethical rationale can be made from only one moral consideration. In surrogate parenting, the desirability of childbearing seems not to sufficiently override the enormous personal and social dimensions that are so deeply involved.

A more acceptable approach to the issue of childlessness seems to be that of in-vitro fertilization.

In-vitro fertilization (test-tube babies) successfully performed by Drs. Steptoe and Edwards in England, is presently being attempted at the General Hospital of Norfolk, Va. Designed to give assistance to infertile women, the procedure involves removing an ovum from the woman, and fertilizing it with sperm from her husband in the laboratory. Once cell division has begun, the gertilized ovum is replaced in the uterus of the woman where it hopefully implants and develops to maturity and natural birth!

In-vitro fertilization has several very positive advantages. (1) It meets the childbearing desire of the woman; (2) the

child is the bearer of the genetic features of both married partners; (3) there are no risks to a "third party;" and (4) there are no risks of strain between the married partners because of the contribution of another woman who might be peraceived as a competitor with the wife. According to Ted Kennedy, "'in-vitro fertilization raises a number of complex legal, moral, ethical and health issues."

The primary objection has been raised by those groups dedicated to the proposition that zygotes are equal in their personhood to that of the woman. Thus the flushing of fertilized ova not chosen for implantation is regarded as murdering human beings.

That shrill objection has prevented Federal funding for **in-vitro** studies in the U.S. This is in spite of the fact that the Norfolk clinic extracts only one ovum for fertilization. It does not use hormone stimulation to cause superovulation. Further, though it has received in excess of 3,500 applications, very few have been selected and these are regarded as "stable, married couples."

There are other issues to in-vitro fertilization. Safety and health factors are focused in superovulation which might entail chromosomal irregularity; frozen embryos (delayed for implantation during proper period of menstrual cycle) may develop genetic mutations.

Other objections are raised by those concerned to limit population growth. Why spend massive amounts of time and money to create babies when massive efforts are needed to inhibit population growth?

The overriding discomfort, however, is imposed by questions pertaining to the human identity of the conceptus. This question relates also to the **abortion** question. Though there is room for doubt, most would agree that the fundamental question is that of the beginning of human life.

IV. **Aborton**

The issue of abortion seems perennially with us. It undoubtedly ranks as one of the major issues of our time on the agendas of politicians, special interest groups, women and moralists alike. Certainly the extensive resort to abortion poses the ethical question of our regard for germinating life and the boundaries of our moral responsibility for human

community. The issue is compounded by the frustration of thousands of childless couples who feel cheated of their desire to love an adoptive child.

The opposition to the Supreme Court decision of 1973 seems to grow in its determination but not in size. Anti-abortion groups are gaining attention far out of proportion to their members. A majority of Americans continue to support the Court's decision (60% Harris 3/15/79) but majority views are of little interest to this fanatic fringe. Their strategies are based on one-issue goals and any means seems acceptable to achieve the desired results. Their tactics range from guilt-by-association diatribe against pro-choice advocates, the rhetoric of fear and overkill in their literature and lobbying: and distortion and misrepresentation in their anti-abortion advertising and propaganda. Their political strategies range from intimidating lobbying campaigns in city, state and national legislative bodies, to hindering legislation—anything to delay through court tests the implementation of the nation's law that pregnancy termination services are to be available to women up to the time of the viability of the fetus.

The Court ruled that (1) attitudes about the fetus as a person are moral or religious judgments over which there is no concensus in the U.S. at the present time; (2) abortion decisions belong to the woman's right of privacy; (3) the woman should have proper medical care for the procedure; (4) the state's interest in the fetus does not override the right of the woman to health care until the fetus is viable; (5) at viability, the fetus has the protection of the law and has the constitutional status of person; (6) after viability, pregnancy may be terminated only when the life of the woman is at stake.

The anti-abortion forces are committed to overturning the ruling by giving equal Constitutional status to the unborn and to the born. Abortion for any reason would become illegal (some are willing to qualify that by excepting those cases where the woman's life is endangered though this is logically inconsistent.) Having failed to turn the opinion of a majority of Americans in their favor, the strategy now is to pass a Constitutional Amendment declaring that, from the moment of conception, the unborn is to be regarded as a person before the law. The target now is the national Congress where

efforts are being made to defeat any Congress person that does not support this strategy. Already, Senators Dick Clark (Iowa), Tom McIntyre (Mass. himself a Catholic), Birch Bayh (Indiana), and George McGovern (South Dakota) have fallen. The latest effort is the coalition forming around this issue between ultra-conservative Protestants and hard line Roman Catholics. Jerry Falwell's "Moral Majority" campaign and others are making the legal prohibition of abortion a primary agenda item.

The moral issue most often posed in this debate centers on the personhood of the fetus. Anti-abortion groups adopt the Roman Catholic notion that germinating life from the moment of conception is to be regarded as a person and willful destruction of that life is murder. This notion rests on the argument that (1) we all begin with conception, and (2) our unique DNA (genetic code) is established at conception. This may be called the Genetic definition of person.

Whether that is sufficient theological or biological definition of person is to be questioned, however. Can the complex notion of "person" be reudced to one's DNA? I think not. Furthermore, to equate potentialities with actualities is both logically and philosophically absurd. The fetus can be equated with the woman as a person only as a fertilized egg can be equated with a hen.

The argument also fails the biblical test. As W. A. Criswell has pointed out, the Old Testament notion is that one becomes a person in the image of God when one has the breath of life.[10] A distinction between the woman and the unborn is also made in Exodus 21:22-25, where a monetary fee is exacted for the loss of the fetus but when injury is done to the woman the law of retaliation in kind (eye for eye, tooth for tooth, limb for limb, life for life) is applied. The point is clear; the woman is included under Covenant law while the fetus does not have the same standing. Furthermore, the biblical notion of person cannot properly be applied to the fetus, but is most accurately represented by the woman. The person as **imago dei** indicates capacities for reflective choice, responsibility in relationships, spiritual capacities and self-transcendence. The biblical revelation sets before us the person of Adam and Eve as representatives of

God's creation of people. The model is not that of an embryo—certainly not that of fertilized ovum—but of a developed human being.

This is why the genetic definition must be rejected as inadequate, illogical and unbiblical. More development is necessary before it is morally meaningful to speak of the fetus as person. Certainly, minimal development of the body and brain is necessary. The Supreme Court settled on viability which certainly is supportable though I would want to be on the safe side of viability where the procedure is elective.

But the issue of the personhood of the fetus is not the only issue. The personhood of the woman is also at stake. She is the one whose life is uniquely on the line. She bears the unique powers of child-bearing and hers is the unique decision as to whether to become a mother or not. She has the God-given permission to be a mother. She bears the God-given responsibility for determining the use of those powers for her own good, that of her family and of society at large. Her moral and religious values and commitments are to be respected and protected.

Too often they are buried by a society that makes decisions **for** her. The result is compulsory pregnancy, not voluntary motherhood. The biblical notion of the priesthood of every believer is terribly important in the abortion debate. Baptists have rightly rejected imperialism in religious matters based upon the notion of every believer's "soul competency." The abortion issue tests the sincerity of our biblical witness. If women are truly competent to make moral religious decisions and are to be held accountable to the Almighty for doing so, are we not to recognize that at law as well as in faith and doctrine? To do less is to deny our faith.

A further issue pertains to religious freedom. When religious dogma is elevated to the status of law, religious liberty has been denied and the separation of church and state has been breached. Baptists were born in their steadfast opposition to religious imperialism—the imposition of religious requirements—whether by an all powerful church or a totalitarian state. We are in danger of losing that distinctive. Having become a powerful religious body, we must exercise caution lest we succumb to the evils against which we revolted. The

Supreme Court acknowledged this issue by refusing to impose one religious view upon a pluralistic society. Baptists should be able uniquely to understand and then consistently support that point.

The Southern Baptist Convention has consistently given support for therapeutic abortions while emphasizing the sanctity of life. Further, it has refused to endorse simplistic diatribe against every abortion, recognizing that some are morally justifiable just as some are not. The issue has been placed in the large social context, recognizing that many factors are producing the widespread resort to abortion. These social forces also need our attention.

Just what forces were in mind were not mentioned. However, they can probably be discerned with reasonable accuracy. The sexual titillation of the mass media through advertisements, movies, and popular music; the irresponsible moral modeling of the stars and authority figures, including parents and teachers in society; the pornography industry; the general oppression of women; widespread ignorance about and religious taboos regarding contraceptives and the world-wide concern about overpopulation.

To be sure, each of these relates to abortion in different ways and requires separate moral analysis. Even so, it is hardly debatable that all contribute to the present climate regarding human sexuality and our resort to abortion.

Even the church should come in for a scolding. Frequently the attitude of Christians has been a "Catch-22" for women and couples. Our Victorian attitudes toward sex make it taboo subject in our churches. Thus, no healthy or solid moral teachings on the subject are to be heard at church. Our silence on sex is a conspiracy of ignorance against the curious and the immature. Some of these are married. Once pregnant, however, the church turns in harsh judgmentalism to condemn and scorn "the fallen." The truth is that our silence contributes to that dilemma. Failure to provide adequate, accurate moral teachings about sex in our churches is to contribute to the climate producing abortions. No church should support anti-abortion resolutions that has not developed and implemented a comprehensive program of sex education.

Southern Baptists have shown uncommon wisdom in supporting balanced statements about abortion for a decade. I believe that wisdom will prevail in the coming years as well. The reactionaries we will have with us always. With them we must always contend in patience. But with persistence we must resist their efforts to present a public face for Southern Baptists that lacks either wisdom or compassion. We need to go down to the confessional before we climb the hill of judgmentalism. If the King of Kings—the Prince of Peace—the one bearing the Perfect Image of the Father—the Lord himself—would refuse the role of judge—how much more should the contemporary disciple refuse to arrogant presumption of playing God to the desperate woman facing a problem pregnancy in our midst? Dare we ask who will throw the first stone? Let us rather ask, who will show compassion and work to eliminate the evils that contribute to the need for abortion in our society?

Endnotes

1. **Courier-Journal,** May 31, 1980, p. A-3.
2. **Courier-Journal,** Feb. 29, 1980, p. B-1.
3. **Courier-Journal,** Feb. 21, 1980, p. G-4.
4. **Time,** "Health Costs: What Limit?," May 28, 1979, p. 60.
5. **Christian Century,** "The Government's New Bioethical Commission," (editorial) J. Robert Nelson, June 4-11, 1980, p. 630.
6. **Time,** May 28, 1979, p. 61.
7. J. Fletcher, **The Ethics of Genetic Control.** (Garden City, N. Y.: Anchor Press, 1974).
8. Paul Ramsey, "Shall We Reproduce? The Medical Ethics of Invitro Fertilization," **Journal of the American Medical Association,** June 12, 1972, p. 1482.
9. See T. McIntyre, **The Fear Brokers.** (New York: Pilgrim Press, 1979).
10. **Christianity Today,** Feb. 16, 1973, p. 12-18, Klaus Bockmuhl, "Homosexuality in Biblical Perspective."