

Christ Fellowship's Position on Abortion and Euthanasia

This paper offers our response to the current cultural arguments that claim abortion, infanticide, euthanasia and other life-ending procedures are practical, necessary, and even morally reasonable.

These are complex topics and this paper covers only a few major touchpoints. We recognize that there are difficult circumstances that need to be addressed with compassion (e.g., pregnancy in the case of incest or rape and the existence of fatal defects in the unborn child). However, we stand firm in the conviction that the Lord can bring good out of the most problematic circumstances. Our desire is to obey the high moral standards found in the Bible regarding how we treat the weakest among us.

1) Why these issues are important:

- a) Rapid technological advances and changes in our moral culture confront people with new and complicated early-life and end-of-life decisions.
 - i) Experiments with cloning and fetal stem cells, along with the day-after abortion pill, have added to the list of potential dangers to the human unborn child. For example, proposed changes to Virginia law in 2019 to allow unlimited abortion up until delivery have shockingly moved the discussion toward deciding the fate of a unborn child even after leaving the womb. The proposed law failed to pass. If the law had passed, the change would have opened the door to making infanticide a possibility.

- ii) The idea of euthanasia, ending the life of a person suffering from a terminal disease, is becoming more and more palatable. The elderly populate this category more than others. According to one study, eighty-five percent of those residing in skilled-care centers never have visitors which points to the diminished value we place on the elderly. Physician-assisted suicide is now legal in eight states and the District of Columbia (https://en.wikipedia.org/wiki/Assisted_suicide_in_the_United_States); the law in New Jersey took effect on August 1, 2019. With the steady rise in health care costs, the pressure to find alternatives to long term care will grow as well. The "right to die" may at some point become the "duty to die."
- b) We are also encountering an increased number of influential voices arguing against the belief that human beings hold a privileged status among other forms of life on our planet.
- i) Dr. Peter Singer is the Ira W. DeCamp Professor of Bioethics at Princeton University. Singer, who thinks killing disabled newborns is wrong only if it adversely impacts other interested parties, once argued on his faculty page, "Sometimes, perhaps because the baby has a serious disability, parents think it better that their newborn infant should die. Many doctors will accept their wishes, to the extent of not giving the baby life-supporting medical treatment. That will often ensure that the baby dies. My view is different from this, only to the extent that if a decision is taken, by the parents and doctors, that it is better that a baby should die, I believe it should be

possible to carry out that decision, not only by withholding or withdrawing life support—which can lead to the baby dying slowly from dehydration or from an infection—but also by taking active steps to end the baby’s life swiftly and humanely.” He added in an interview, “I don’t want my health insurance premiums to be higher so that infants who can experience zero quality of life can have expensive treatments”

(<https://www.washingtontimes.com/news/2015/jun/16/peter-singer-princeton-bioethics-professor-faces-c/>).

- ii) John Darnton, a noted editorial writer, has said, “We are all of us, dogs and barnacles, pigeons and crabgrass, the same in the eyes of nature, equally remarkable and equally dispensable”

(<https://www.sfgate.com/opinion/article/Darwin-paid-for-the-fury-he-unleashed-How-a-2567847.php> ; *San Francisco Chronicle*, September 2005).

Darnton believes that Darwinism has proven humans are no more and no less valuable than barnacles (*Sanctity of Human Life Guide*, Focus on the Family, 2014. page 4).

2) What does it mean to be a “person” and why does it matter?

- a) Although there is a good deal of scientific evidence that a genetically unique human life begins at conception, those promoting abortion deny personhood to that unborn life.

- i) Various reasons are given for denying personhood. One says that human personhood does not arrive until the unborn child is sentient – having the ability to feel and sense as a conscious being. Others, more radical, believe that until a being can engage in cognitive acts such as communication and problem solving along with a sense of self-concept, they are not a person.
- ii) We believe that defining personhood by making a list of cognitive functions is insufficient and fails to account for conditions when these functions are temporarily absent. For instance, when one is temporarily comatose, does the loss of cognitive ability remove personhood? (These arguments may also be applied to the elderly and infirm if they are mentally impaired.)

3) Our Biblical Perspective

- a) Reason alone does not necessarily arrive at the view that human life is unique or that it should enjoy a privileged position relative to the rest of the animal kingdom. We believe that God has revealed to us in his Word that humanity is uniquely made in his image, and worthy of special honor and protection from conception to death (Genesis 1:26-27; 5:1; 9:6).
- b) King David, the author of many Psalms, talks of how he, a person, was known by God prior to his birth and still in his mother's womb.

Psalm 139:13-16 (NET version) says: Certainly you made my mind and heart; you wove me together in my mother's womb. 14 I will give you thanks because your deeds are awesome and amazing. You knew me

thoroughly; 15 my bones were not hidden from you, when I was made in secret and sewed together in the depths of the earth. 16 **Your eyes saw me** when I was inside the womb. All the days ordained for me were recorded in your scroll before one of them came into existence. (emphasis added)

c) He also speaks of his sinful nature while still in his mother's womb.

Psalm 51:5 (NET version) says, "Look, I was guilty of sin from birth, **a sinner the moment my mother conceived me.**" (emphasis added)

d) The Mosaic Law equates the injury to an unborn baby with that of a born child by giving the offender the same punishment (Exodus 21:22-25).

e) It is significant that the New Testament uses the same word for both a born infant and an unborn child (βρέφος, brephos) (Luke 1:41,44 and Luke 2:12, 16).

i) Luke tells how the child in Elizabeth's womb leaped at the sound of Mary's greeting. Luke 1:39-41 In those days Mary got up and went hurriedly into the hill country, to a town of Judah, 40 and entered Zechariah's house and greeted Elizabeth. 41 When Elizabeth heard Mary's greeting, the baby (βρέφος, brephos) leaped in her womb, and Elizabeth was filled with the Holy Spirit.

ii) The same word is used for Jesus in the manger. Luke 2:12 This will be a sign for you: You will find a baby (βρέφος, brephos) wrapped in strips of cloth and lying in a manger."

4) Historical Perspective

a) In deciding the *Roe v. Wade* case, 410 U.S. 113 (1973), the U. S. Supreme Court stated, “We need not resolve the difficult question of when life begins” (410 U.S. at 159). On the basis of that self-limited analysis, millions of babies have been killed in the womb.

Though the *Roe* Court thought differently, we believe that legal history in the West has held that the burden of proof should lie upon the life-taker. One must be proven guilty before life or liberty can be taken away. The abortionist has the burden to prove that the unborn child in the womb is not a living human person. In the recently decided *Dobbs v. Jackson Women's Health Organization* (2022), the Supreme Court held that the Constitution of the United States does not confer a right to abortion and overruled both *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992). The decision returns the power to define abortion rights or restrictions to the states.

The Hippocratic oath has long been seen as a standard in Western culture for providing medical care. Although it is not stated as succinctly as “do no harm,” the oath does include the promise to “abstain from whatever is deleterious and mischievous.” Those with such a duty of care for a patient—whether a unborn child in the womb or an elderly person near life’s end—must abstain from any act that might harm them.

5) Sanctity-of-Life Statement

a) The sanctity of life is the conviction that all human beings, at any and every stage of life, in any and every state of consciousness or self-awareness, of any and every race, color, ethnicity, level of intelligence, religion, language, nationality, gender, character, behavior, physical ability/disability, potential, class, social status, etc. are sacred, as persons of equal and immeasurable worth and of inviolable dignity. Therefore, they must be treated with the reverence and respect commensurate with this elevated moral status, beginning with a commitment to the preservation, protection, and flourishing of their lives. (Adapted from David Gushee and the Center for Bioethics & Human Dignity)

6) Hard Questions

a) One might ask, what about a case of rape or incest? The cause of the pregnancy does not change the nature of, or value of, the child in the womb. That girl or boy still possesses the image of God and deserves the same protection we would give to a one-year-old child. If the cause of conception became the chief criterion for an abortion, would it be possible to argue against infanticide in the case of a one-year-old boy or girl who is also the result of rape?

b) Victims of rape or incest should be cared for emotionally and spiritually by the Church in addition to certified professional counselors and medical physicians. Needs should be addressed, and help should be provided for decisions about

adoption or keeping the baby. While some churches have committed significant resources to helping mothers and their children, the church in general can do far more than what is currently offered.

- c) What about an unwanted child due to economic or emotional stress? The same argument holds for these children as in the case above.
- d) If the life of the mother is in danger due to the pregnancy, this situation then becomes a medical discussion between the doctor and the parents. Although this happens rarely, we admit that it does occur and that difficult choices are sometimes necessary. The goal is to prayerfully do all that is possible for the good of both mother and child.
- e) What about in-vitro fertilization procedures? Since eggs are fertilized and often discarded, this procedure creates moral questions about its use. While the church does not take a position on this process, we do recommend that believers educate themselves on the specifics involved in order to make an informed decision whether or not to proceed.
- f) What about withholding lifesaving treatments from a terminally ill patient who has communicated the care they desire at the end of their lives? Is this considered euthanasia? No, there is a difference between prolonging a death which is immanent by doing nothing and actively ending a life with drugs meant to end that life. Heroic measures which have little or no chance to impact the eventual death of a loved one often cause more pain and accomplish little of medical value.

7) Summary

- a) We believe that every human being has value above all other animal life due to our bearing God's image. From conception to a person's last breath, each human life is precious to God and deserves the loving care of his people. We at Christ Fellowship will strive to love our neighbors as ourselves in the knowledge that God's love for humanity caused him to take on flesh, live among us, and die an atoning death so that we might be declared righteous and have fellowship with him for the rest of eternity.