

Abortion in Our Changing World

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7

Until a few years ago most physicians believed, and medical leaders taught, that therapeutic abortion (the destruction of the fetus for cause) was a grave undertaking, and it should not be considered unless the mother was in imminent danger of death or of great bodily or mental harm from the pregnancy.¹ Today many physicians in the United States have changed their views about abortion. This new viewpoint is shared by large numbers of the general public and by most Protestant physicians, who believe that sympathy and aid must be given to those in trouble with an unwanted pregnancy, and that all circumstances must be studied and abortion considered.

However, a segment of the population and some physicians think that abortion is wrong — that to destroy a fetus is murder. These feel that lack of consideration for life in utero will lead to a lessening of regard for life generally. Some suggest that in time public opinion might demand the destruction of the mentally defective, the insane, the old, and the useless.² This difference of opinion has been, and will continue to be, widely argued, and often the discussion is emotional. The controversy has occasioned such headlines and statements as these in the medical press: "New liberal abortion stand threatens AMA with split;"³ "Legal abortion a demonstration of M.D.'s duty to improve life;"⁴ "Premeditated destruction of our young."⁵

The American College of Obstetricians and Gynecologists has changed its policy and advises that, when a physician recommends an abortion, the procedure should be approved by a consultant who is knowledgeable about the condition thought to indicate abortion.⁶ Most hospitals, even in states with liberalized abortion laws, still require at least one consultation, and there is strong agitation to have legislatures modify state laws to conform with the recommendation of the American College of Obstetricians and Gynecologists.

In most cases abortion is considered because of the possibility of psychiatric injury. Therefore psychiatrists are usually called on to provide the consultation, but they are not happy with this role, because they think that their decisions are largely justification rather than consultation. Eric Pfeiffer, psychiatrist from Duke University, writes in the *Archives of General Psychiatry*: "The present law invites duplicity on the part of psychiatrists and on the part of the pregnant woman as well. It encourages women seeking an abortion to feign psychiatric symptoms, to mouth suicidal ideas, and to present themselves as emotionally disordered when in fact they are not. . . . The psychiatrist is under pressure from medical colleagues and patients to approve abortion on psychiatric grounds."⁷

Because neither the Bible nor the writings of Ellen G. White provide guidelines on the subject of abortion, officers of the Seventh-day Adventist church have received requests for a decision on this grave problem. A "suggestive outline for therapeutic abortion" was formulated and sent to Seventh-day Adventist hospitals on May 12, 1970. These guidelines state that the decision on the performance of abortions is the proper business of the medical staff. Two consultations are advised, approval of the procedures should be given by an abortion committee, state and national regulations should be observed, and the decisions should be in harmony with the moral standards of the community and the sponsoring church.⁸ A committee on abortion appointed by General Conference officers on January 11, 1971, composed of ministers and physicians, is continuing to study the problem.⁹

The policy of the Loma Linda University School of Medicine is in agreement with the guidelines suggested by the General Conference. What to teach medical students about the abortion question is not an easy decision. Communications received by the School administration urge that no abortions be performed except for the gravest reasons. Some state that anything less will weaken the "faith of our Christian brethren" and the public about Seventh-day Adventists. Others demand that Christian physicians should be sympathetic and should aid women in distress — that physicians are unchristian and cruel if they do not perform abortions.

Physicians at Loma Linda University, like the general membership of the Seventh-day Adventist church, are not all of one opinion. Some were taught as medical students that abortion except to save a mother's life is wrong. They are of this opinion still, and they do not recommend or perform abortions. Others feel that the fetus is not yet a real person, and to prevent a greater harm they will recommend or perform an abortion. Relatively few abortions have been performed at the University Medical Center because

the obstetrical staff is united in believing that restraint must be exercised, and a fetal life should be taken only to preserve greater values. The aim of the department of gynecology and obstetrics and of the School of Medicine is to show concern for people — to be humanitarian rather than legalistic. Physicians who do no abortions themselves have not condemned the opinions or consultations of their medical colleagues.

A problem frequently discussed is whether the patient has the right to decide to give up a fetus she does not desire to keep. Another vexing question has been raised: Is the fetus as valuable as a person in coma or a "human vegetable"? The majority of physicians and the public agree that the fetus is living tissue, that it is destined to become a living being, and that it has a unique genetic makeup, different from the mother's, and so is a different person or potential person and not a tumor. Much has been said about when the "breath of life" enters the fetus. Does this event occur at birth, at the time of viability (at seven months of intrauterine life), at five months of intrauterine life (abortus becomes fetus by California law), at quickening (fetal movement), at completion of fetal organ formation, at implantation, or at conception?

One might reason that a conception resulting from rape is not the result of two who "become one"¹⁰ voluntarily; so the resulting pregnancy is not "godly seed"¹¹ or a "godly"¹² child and is therefore unblessed and undesirable. One might also decide with justification that conception resulting from incest is the product of the improper action of two people, one or both mentally ill. Such a child might well be born and brought up in an intolerable environment.

There is much more question about abortion performed to preserve health. Today the mother's life is rarely saved by the destruction of fetal life. The majority of abortions are performed because the health (usually mental) of the mother would suffer deterioration, or because suicidal tendencies are present or would develop if the pregnancy were to continue.

The possibility of genetic changes or fetal abnormalities that result from viral infections or other harmful agents imposes the decision of whether to destroy a possibly normal fetus to prevent the birth of a defective infant. Fortunately, the development and use of a serum to prevent the formation of antibodies that occur if German measles infect the mother in early pregnancy, and the use of vaccine to create immunity in female children, have somewhat alleviated this problem.

What is the duty of the Christian physician regarding abortion? Does he have a moral responsibility to urge his beliefs and ideas on his colleagues?

Is it possible to urge one's difference of opinion in so emotional a problem as this one without being judgmental? What is the effect on the physician who participates in abortion? He may well feel satisfaction because he has made life easier for the troubled patient, but he may also have some conflicting thoughts, since he acted contrary to his usual role — that of preserving life only.

Does the physician have the responsibility of counseling a woman who desires an abortion about the alternatives to abortion, rather than simply acquiescing readily? Should social workers or hospital chaplains, or both, participate in the counseling that precedes a decision? Unwanted pregnancy in the married woman may be the result of her aim to please her mate, fear of contraception, or lack of knowledge. Unwanted pregnancy in the unmarried woman is often the result of a need to be wanted or loved, the desire to be like her friends, a desire to act contrary to parental authority, or a lack of knowledge. All these reasons would indicate the desirability of counseling by the physician or others qualified to do so, lest the problem become repetitious.

The Bible records that Jesus did not condemn others, but that he did caution the offending person not to make the same mistake again.¹³ Perhaps this attitude should guide physicians also to counsel patients and aid them in not repeating their faulty action. A physician who merely acquiesces and does an abortion at a woman's request may otherwise appear to approve of her action. It has been shown that few psychiatric disturbances occur in the aborted patient, since her feeling is mainly that of outstanding relief; but sometimes a continuing sense of guilt requires psychiatric treatment.¹⁴

Should consideration be given to establishing in the United States at least one Seventh-day Adventist adoption home in which unwanted babies and orphaned children could be cared for until a proper adoptive home could be found? Such a home could overcome the objection of some women that giving their offspring to an adoption agency might result in the raising of the child in a nonchristian home. Also, the availability of a home for pregnant unwed women might seem to some a recognition of the undesirable fact that out-of-wedlock pregnancy does occur in the Seventh-day Adventist church, but such an accommodation might be of great aid to those who are unable to meet the problem alone, yet hesitate to resort to abortion.

How does abortion affect the public, particularly the Seventh-day Adventist public? The church believes the commandment "Thou shalt not kill" to the extent that it urges young men to enter military service only in non-combatant roles.¹⁵ In the eyes of some church members, this belief seems

inconsistent with the decision to perform abortions. (The Roman Catholic church allows its young men to fight and kill the enemy but teaches that it is wrong to destroy a defenseless fetus.)

Most opinions about life, marriage, and abortion have been advocated by men. It would be well if women were encouraged to enter into the discussion about the vexing problem of abortion and to help formulate the best solution. The Bible has predicted that the woman's conceptions would be multiplied, would be in sorrow and pain,¹⁶ and yet she would be subject to pregnancy in her desire to please her husband. While it is also written that she would be ruled over by her husband, she is not forbidden to advance solutions to problems arising from pregnancy.¹⁷

II

The decision to take the life of a fetus should not be taken hurriedly. The decision to sacrifice an unborn life should be made only when it is the best way to make a troubled life tolerable. Since the problem of abortion is not delineated in the Bible, we should show by our actions that we have reverence and regard for the life God has created, and that we are trying to do his will. If, in our desire to help another person, we err in our method of helping, we must look to the Creator for forgiveness. Perhaps because we have been given freedom to make decisions about this difficult problem, we will become more responsible and mature Christians.¹⁸

REFERENCES AND NOTES

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- 2 Dennis Cavanaugh, *American Medical News*, p. 6 (June 22, 1970).
- 3 *Ob-Gyn News* 5:1 (August 1, 1970).
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- 5 Gerald Murphy, *American Medical News*, p. 5 (June 22, 1970).
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- 8 Abortion guidelines, *The Ministry*, p. 10 (March 1971).
- 9 Letter sent by the General Conference of Seventh-day Adventists, January 11, 1971, appointing an ad hoc committee.
- 10 Genesis 2:24, New English Bible.
- 11 Malachi 2:15, New English Bible.
- 12 Malachi 2:15, New English Bible.
- 13 John 8:11.
- 14 *Ob-Gyn News*, p. 16 (September 1, 1970).
- 15 Exodus 20:13.
- 16 Genesis 3:16.
- 17 Genesis 3:16.
- 18 A portion of this paper was presented at a meeting of the ad hoc committee called by the General Conference of Seventh-day Adventists, January 25, 1971, to discuss abortion.