
Abortion Policies in Adventist Hospitals

by Gerald R. Winslow

A 1988 survey of Adventist hospital administrators in North America representing 26 of the 51 hospitals in Adventist Health Systems/U.S. (eight of the hospitals were the largest or “flagship” medical centers) revealed that only one officially permits elective abortions without restrictions. Nearly all the hospitals whose administrators responded to the questionnaire limit abortions to those that they consider “therapeutic.” If an unbridled practice of abortion is occurring in many (or most) Adventist hospitals, it is not because of the announced policies of those hospitals.

To gain a clearer picture of what policies have been adopted by Adventist hospitals in North America, short questionnaires concerning abortion policies were sent, in August 1988, to the chief executive officers of 51 Adventist hospitals in the United States whose addresses are listed in the *Seventh-day Adventist Yearbook*.¹ Responses were received from 26 administrators. This is a response rate of 51 percent, which is generally considered good for this type of survey.

Responses came from the entire range of hospital sizes, including eight of the largest, or “flagship” hospitals. The responses were appropriately scattered throughout all areas of the United States. Though sampling bias is a perennial problem of such surveys, it would appear that the 26

responding institutions are an adequately representative sample of Adventist hospitals in the United States.

Two points of caution, however, are in order. First, since the number of respondents is relatively small, no attempt is made to describe possible differences between various categories of institutions, such as large or small hospitals or those in various geographical areas. Such comparisons probably would be interesting, but they are not useful for my present purpose, which is merely to understand in broad terms the range of approaches to abortion policy that Adventist hospitals in the United States are taking. Second, I have made no attempt to discover the relationship between stated policies and actual practices. Rumors about discrepancies abound, and some are probably true. But my purpose here is only to consider the policies and the comments of Adventist hospital administrators regarding those policies.

Of the responding administrators, 16 (64 percent) were presidents, seven (28 percent) were vice-presidents, one was a director of nursing services, and one was a chaplain who is vice-chairman of his hospital’s ethics committee. The average length of experience in hospital administration was 12.2 years. Though anonymity was not promised either for the respondents or their institutions, and though only two respondents asked not to be identified, I have chosen to report the results in a way that will preserve anonymity. What follows are the key questions from the questionnaire and the results:

Does your hospital currently have a policy

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concerning abortions performed in the facility?

Yes = 23 (88%) No = 3 (12%) No answer = 0

Of the three who responded “No,” one explained that the hospital has no obstetrics department at this time, but will be adding such a department and plans to develop an abortion policy. Another stated tersely, “It has not been discussed.” The third did not comment, but indicated on the questionnaire that there was no plan to develop a policy and that only one abortion had been performed at the facility in 1987.

Most of the respondents (18, or 72 percent) included copies of their hospital’s abortion policies with the returned questionnaires.

Are elective abortions currently permitted in your hospital?

Yes = 5 (19%) No = 21 (81%) No Answer = 0

The word *elective* was meant to distinguish between “therapeutic” and “elective” abortions. The problem, of course, is that almost all abortions are “elective” in the sense that they are not “emergency” procedures. In the case of a least two respondents, this ambiguity probably led to confusion, because “Yes” was checked but the

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words “therapeutic only” or “therapeutic” were written beside the checks. Another respondent, representing a very large hospital, checked “Yes” but then commented that the hospital had performed only one abortion in 1987. Yet another respondent marked “Yes” but then attached his hospital’s policy, which limits abortion according to the therapeutic indications specified in the General Conference guidelines.

A close reading of all the questionnaires and their accompanying policy statements reveals that one Adventist hospital that officially permits elective abortions without restrictions only limits abortion after the 20th week of gestation. Indeed,

six of the respondents (23 percent) clearly have policies more restrictive than the General Conference guidelines. Four (15 percent) stated that no abortions whatsoever are permitted in their facilities. (Though one of these four allowed that the reason is that the facility currently has no obstetrics department, and will be reconsidering its abortion policy soon when it adds that department.) Two others stated that the only permissible indication for therapeutic abortion is that the pregnancy clearly threatens the physical life of the mother. One of these even insists on two physicians’ consultations to confirm that level of medical need.

At the other extreme is the one hospital reporting that officially permits elective abortion without restrictions through the 20th week of gestation. However, according to this survey, the large majority of respondents are attempting officially to hold the moderate, middle ground, allowing some abortions, but using a number of stipulated procedures and indications to limit the practice to *therapeutic* abortions. In this category are 19 (73 percent) of the responding facilities. Typical, for example, is one respondent who answered the question about allowing “elective” abortions by checking “No” and adding the comment: “The abortions we would perform are ‘therapeutic’ in nature and would be done under very limited, non-elective circumstances.”

This is the basic pattern called for by the General Conference guidelines. However, only seven (27 percent) hospitals actually state as their policy an unreconstructed version of all or part of the General Conference guidelines. Of these, six incorporate in their policies the second set of indications for therapeutic abortions, including the fourth and fifth indications that were added in 1971. Only one facility uses the original guidelines with their three indications for abortion, as circulated in 1970.

The other 12 hospitals (46 percent), taking the middle way, have evolved an interesting range of policies, from the highly elaborate to the very simple.

On the elaborate end is one hospital whose abortion policy fills more than three pages of relatively fine, single-spaced print.² Most hospi-

tals' policies were considerably shorter and simpler. For example, one manages to state its policy in a mere three sentences:

_____ Hospital Medical Staff takes the position that in order to preserve regard for the sanctity of life, and yet have concern for people, abortion shall not be done without serious consideration of the indications. An approach which will minimize the need for abortions as a form of medical therapy is favored and abortion is opposed except on adequate medical grounds, and being a last resort measure. When indicated interruptions of pregnancy are done, they should be performed as early as possible, preferably during the first trimester of pregnancy.

The brevity of this policy might leave the impression that much flexibility exists in its application. However, the hospital's responding administrator states flatly that there is no debate about this policy, "because we do not do abortions."³

Another example, interesting for more than its brevity, says:

Abortions will be performed for medical reasons (pertaining or relating to the mother) only and will require two consultations: From the department which relates to the medical reason, and from another surgeon or OB-GYN person on the Active Staff not associated in practice with the surgeon doing the abortion. No abortion will be performed for fetal reasons other than anencephaly. (The above does not pertain to known fetal demise where an evacuation of the uterine contents is indicated.)

Most of the policies of the middle type are somewhat more detailed than the previous two examples. Typically, they insist that the abortions performed in the facility be "therapeutic," they specify a brief list of indications for such abortions (usually close to the first four of the General Conference's 1971 statement), they call for two medical consultations, they require some type of committee review, and they make provision for employees' conscientious objection to participation in abortions.

If your hospital has a stated policy, is there any plan, at present, to revise it?

Yes = 2 (8%) No = 18 (58%) No answer or Not applicable = 6 (23%)

Many respondents stated that their policies are given routine reviews annually. One person wrote: "[We] need to revise and update current

policy —10+ years old." Another said that his hospital is currently rewriting its policy. However, it appears that most hospitals have no plan to change policies in the near future.

Do you presently sense any debate on the part of those connected with your hospital (for example, the medical staff, hospital personnel, or constituency) concerning abortion at the facility?

Yes = 5 (19%) No = 18 (69%) No answer = 3 (12%)

One respondent commented that, "There is considerable debate possible within the Medical Staff and Board relating to the issue . . ." But he

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went on to say that most of the members of the obstetrics department were unified. Another said: "There is definitely a variety of opinions." But most of the respondents indicated that there is no significant debate. Some added that difficulties with their hospital personnel were eased by a policy granting employees the right to refuse involvement. Given the conflicted nature of the issue in society and in the church at large, the widely reported absence of debate within most Adventist facilities seems somewhat surprising.

Do you think that it would be a good idea for the Adventist church to take an official stand on abortion and insist that all Adventist facilities abide by that position?

Yes = 11 (42%) No = 14 (54%) No answer = 1 (4%)

This question prompted the most abundant and vigorous comments by the respondents. And it plainly split the group. Those on the "Yes" side offered comments like these:

An absolute ban on abortion in our facilities would be easy to administer and remove us from the spotlight of the religious right, [but] it would not allow for an objective evaluation of cases on an individual basis.

Once an official position is adopted, however, Adventist facilities should abide within that position.

A general policy, with some latitude, should be developed to insure that no elective abortions take place at Seventh-day Adventist hospitals.

Something this critical and sensitive should not be a "local options" issue.

Yes on official stand, but what are the implications of enforcement — can the church police it well?

On the other side were comments such as these:

This would be very difficult for the church and possibly for hospitals to follow the "letter" of the law.

That decision is best made by each hospital.

The current position works for us.

Abortion prior to 20 weeks is a personal choice by law and a matter of conscience spiritually. The Adventist hospitals cannot take a stronger stand than the Church on this issue. I would hope our Church doctrines never mandate an individually responsible choice.

The fact that a slim majority of the surveyed

administrators would not want to see a definite position taken by the church and the fact that even those who favor a more definite position often express doubts about its practicality indicates that the impetus for such a move will not come from this quarter. However, it may be that hospital administrators and others in the church would benefit from the denomination articulating a consensus of some sort on the issue of abortion. I suggest that the way to proceed is for the church to assist its hospitals by stating more clearly than in the past the *broad principles* that should govern Adventist abortion policies, and by suggesting how those principles could be applied in a model policy. Each hospital, in my view, should then continue to develop its policies within the bounds of the broadly stated principles and in consideration of the model policy.

NOTES AND REFERENCES

1. *Seventh-day Adventist Yearbook* (Hagerstown, Md.: Review and Herald, 1988), pp. 265-267.

2. This policy stipulates that therapeutic abortions should not be performed "without serious consideration of the implications." It includes a list of "bases" for first trimester abortions that is nearly identical to the five indications circulated by the General Conference. However, in place of the General Conference's vague fifth indication, this hospital's policy states: "When continuation of the pregnancy may significantly threaten the psychological health of the woman." The policy also includes the curious statement that "only intentional interruptions based on termination of pregnancy for socio-economic reasons is

[sic] prohibited . . ." Second-trimester abortions, except in cases of rape or incest, are permitted only if two consulting physicians agree that they are medically indicated. And third-trimester abortions are forbidden except in cases of very serious threat to the pregnant woman's life or health, as confirmed by two consulting physicians in writing. Further stipulations include a rule protecting potentially viable, aborted fetuses, rules regarding proper record keeping, and a standing committee to review all cases retrospectively.

3. For the purposes of this survey, however, I have not included this facility among those that forbid all abortions, since the hospital's official policy, which is the primary concern of this study, does not prohibit all abortions.