



# Proposed Abortion Guidelines

## Scriptural Principles for a Christian View of Human Life

### Introduction

“Now this is eternal life: that they may know you, the only true God, and Jesus Christ, whom you have sent” (John 17:3, NIV). In Christ is the promise of eternal life; but since human life is mortal, humans are confronted with difficult issues regarding life and death. The following principles refer to the whole person (body, soul, and spirit), an indivisible whole (Gen. 2:7; 1 Thess. 5:23).

### Life: Our valuable gift from God

1. God is the source, giver, and sustainer of all life (Gen. 1:30; Job 33:4; Ps. 36:9; John 1:3, 4; Acts 17:25, 28).

2. Human life has unique value because human beings, though fallen, are created in the image of God (Gen. 1:27; John 1:29; Rom. 3:23; 1 Peter 1:18, 19; 1 John 2:2; 1 John 3:2).

3. God values human life not on the basis of human accomplishments or contributions but because we are God’s creation and the objects of His redeeming love (Matt. 5:43-48; John 1:3; 10:10; Rom. 5:6, 8; Eph. 2:2-9; 1 Tim. 1:15; Titus 3:4, 5).

### Life: Our response to God’s gift

4. Valuable as it is, human life is not the only or ultimate concern. Self-sacrifice in devotion to God and His principles may take precedence over life itself (1 Cor. 13; Rev. 12:11).

5. God calls for the protection of human life and holds those who destroy it accountable (Gen. 9:5, 6; Ex. 20:13; 23:7; Deut. 24:16; Prov. 6:16, 17; Jer. 7:3-34; Micah 6:7; Rev. 21:8).

6. God is especially concerned for the protection of the weak, the defenseless, and the oppressed (Ps. 82:3, 4; Prov. 24:11, 12; Micah 6:8; Luke 1:52-54; Acts 20:35; James 1:27).

7. Christian love (agape) is the costly dedication of our lives to enhancing the lives of others. Love also respects personal dignity and does not condone the oppression of one person to support the abusive behavior of another (Matt. 16:21; 22:39; John 13:34; 18:22, 23; Phil. 2:1-11; 1 John 3:16; 4:8-11).

8. The believing community is called to demonstrate Christian love in tangible, practical, and substantive ways. God calls us to restore gently the broken (Isa. 61:1-4; Matt.

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*The GC Committee on the Christian View of Human Life outlines its stand on abortion, offers scriptural guidelines, and suggests how Adventist hospitals might deal with the issue on a daily basis.*

1:23; 7:1, 2; John 8:2-11; Rom. 8:1, 14; 12:20; Gal. 6:1, 2; Phil. 2:1-11; 1 John 3:17, 18).

**Life: Our right and responsibility to decide**

9. God gives humanity the freedom of choice—even if it leads to abuse and tragic consequences. His unwillingness to coerce human obedience necessitated the sacrifice of His Son. He requires us to use His gifts in accordance with His will and ultimately will judge their misuse (Gen. 3; Deut. 30:19, 20; Rom. 3:5, 6; 6:1, 2; Gal. 5:13; 1 Peter 2:24).

10. God calls each of us individually to moral decision making and to search the Scriptures for the biblical principles underlying such choices (Acts 17:11; Rom. 7:13-25; 1 Peter 2:9).

11. Decisions about human life—from its beginning to its end—are best made within the context of healthy family relationships and the support of the faith community (Ex. 20:12; Eph. 5, 6).

12. Human decisions should always be centered in seeking the will of God (Luke 22:42; Rom. 12:2; Eph. 6:6).

principles of human sexuality, (b) strengthening human relationships, (c) emphasizing responsibility of the male and female for family planning, (d) calling both to be responsible for the consequences of behaviors that are inconsistent with Christian principles, (e) creating a safe climate for ongoing discussion of the moral questions associated with abortion, (f) offering support and assistance to women who choose to complete crisis pregnancies, and (g) encouraging and assisting fathers to participate responsibly in the parenting of their children. The church also should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that may lead to abortion and to care redemptively for those suffering the consequences of individual choices on this issue.

4. We do not condone abortion for reasons of convenience or birth control. However, we recognize that there are exceptional circumstances in which abortion may be considered. These circumstances may include significant threats to the pregnant woman's life or physical or mental health, severe congenital defects carefully diagnosed in the fetus, and pregnancy resulting from rape or incest. The final decision regarding termination of the pregnancy should be made by the pregnant woman after appropriate consultation. She should be aided in her decision by accurate information, biblical principles, and the guidance of the Holy Spirit.

5. As Christians, we acknowledge our accountability to God and seek balance between the exercise of individual liberty and our accountability to the faith community and the larger society. Attempts to coerce women to remain pregnant or to terminate pregnancy should be rejected as infringements of personal freedom.

6. Church institutions should be

## General Guidelines for a Christian Approach to Abortion

Many contemporary societies have faced conflict over the morality of abortion.<sup>1</sup> Such conflict also has affected large numbers within Christianity who want to accept responsibility for the protection of prenatal human life while also preserving the personal liberty of women. In the 1970s the Seventh-day Adventist Church issued guidelines concerning abortion. More recently the need to clarify, revise, and expand these guidelines has become evident, as the church attempts to follow Scripture,<sup>2</sup> and to provide moral guidance while respecting individual conscience. Adventists want to relate to the question of abortion in ways that reveal our faith in God as the Creator and Sustainer of all life and in ways that reflect our Christian responsibility and freedom. Though honest differences on the question of abortion exist among Adventists, the following statement represents an attempt to express consensus on a number of major points.

1. "Pre-natal human life is a magnificent gift of God. God's ideal for

human beings affirms the sanctity of human life (in the image of God) and requires respect for pre-natal life. However, decisions about life must be made in the context of a fallen world. Abortion is never an action of little moral consequence. Thus pre-natal life must not be thoughtlessly destroyed. Abortion should be performed only for the most serious reasons."

2. Abortion is one of the tragic dilemmas of our fallenness. The church should offer gracious support to those who face personally the decision of abortion. Attitudes of condemnation are inappropriate in those who have accepted the gospel. As Christians, we are commissioned to become a loving, caring community of faith that assists those in crisis as alternatives are considered.

3. In practical, tangible ways, the church as a supportive community should express its commitment to the value of human life. These ways should include: (a) educating both genders concerning Christian prin-

provided with guidelines which will assist them in developing their own institutional policies regarding abortion. Persons having a religious or ethical objection to abortions should not be required to participate in their performance.

7. Church members should be encouraged to participate in the ongoing consideration of our moral responsibilities with regard to abortion in the light of the teaching of Scripture.

#### NOTES

1. Abortion, as understood in this document, is defined as any action aimed at the termination of a pregnancy already established. This is distinguished from contraception,

which is intended to prevent a pregnancy. The focus of the document is on abortion.

2. The fundamental perspective of this consensus statement is taken from a broad study of Scripture. Among the important biblical passages that inform this perspective are the following: Genesis 1-3; Exodus 19-21; Deuteronomy 30:15-20; Psalms 19, 36, 104, and 139; Jeremiah 1:1-5 and 20:14-18; Matthew 10:29-31, 18:2-14, 19:1-6, and 25:40-45; Mark 10:1-12; Luke 1-2, John 5:39-40, 8:1-11, 10:10, 11:25, 14:6, and 17:3; Acts 17:27-28; Romans 1:19-20 and 12:1-2; 2 Corinthians 9:7; Galatians 6:2; Ephesians 4:31-5:3; Philippians 2:3-7; 1 Peter 2:9-10; Revelation 14-15.

## Abortion: Guidelines for Adventist Healthcare Facilities for Intentional Termination of Pregnancy

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*The following statements are intended to serve as guidelines to assist the leadership of Adventist healthcare facilities in the development and implementation of institution-specific policies regarding abortion—the intentional termination of pregnancy.*

### Guiding Principles

Pre-natal human life is a magnificent gift of God and deserves respect and protection. It must not be thoughtlessly destroyed. Since abortion is the taking of life, it should be performed only for the most serious reasons. Among these reasons are:

- Significant threat to the pregnant woman's life or health.
- Severe congenital defects carefully diagnosed in the fetus.
- Pregnancy resulting from rape or incest.

Abortion for social or economic reasons including convenience, gender selection, or birth control is institutionally prohibited.

### Notification and Referral

Attending physicians and patients requesting an intentional termination of pregnancy prohibited by policy should be so informed and may be referred to other community agencies for care.

### Review Committee

A standing committee appointed by the President of the Medical Staff in consultation with the Chairman of the Department of Obstetrics and Gynecology\*, should be charged with *prospectively reviewing* all requests involving an intentional termination of pregnancy.

Standing committee members

should be qualified to address the medical, psychological, and spiritual needs of patients. There should be an equal representation of women on the standing committee.

Abortions deemed appropriate should be performed only after a recommendation to do so is approved by the standing committee following consultation with the patient's primary physician. A satisfactory consultation includes: examination of the patient, if indicated; review of the chart; and a written report of findings and recommendations signed by the primary physician and each member of the standing committee.

In the event that a standing committee member is the patient's primary physician requesting an intentional termination of pregnancy, she or he should declare a conflict of interest and an alternate qualified member of the medical staff should be appointed.

When an institution lacks sufficient medical staff structure or subspecialty depth, standing committee functions may be performed by telephone with external consultants.

### Counseling

When an intentional termination of pregnancy is requested, the interests of both the woman who is pregnant and the fetus must be considered. When available, professional counseling regarding those interests should be provided and alternatives to the intentional termination of pregnancy should occur before a final decision to proceed is reached by the pregnant woman. Such alternatives include parenting and adoption. The availability or non-availability of support systems should also be considered when reviewing options.

Under no circumstances should a woman be compelled to undergo, or a physician, nurse, or attendant personnel be forced to participate in

an intentional termination of pregnancy if she or he has a religious or ethical objection to doing so. Nor should attempts to coerce a woman to remain pregnant be permitted. Such coercion is an infringement of personal freedom, which must be protected.

A minimum period of twenty-four (24) hours should elapse between counseling and the choice to proceed with an intentional termination of pregnancy, except in emergent situations.

Available professional counseling should continue to be made available to *support* the woman in her choice to parent, adopt, or intentionally terminate pregnancy.

**Intentional termination of pregnancy during viability**

If an intentional termination of pregnancy is medically indicated

after viability begins, the medical treatment of an infant prematurely born during the course of termination of pregnancy should be provided the same level of care and life support efforts by the medical staff and hospital personnel as would be provided any other similar live born fetus. Viability means that stage of fetal development when the life of the unborn child may, with a reasonable degree of medical probability, be continued indefinitely outside the womb.

Notwithstanding the above, the woman's life and health should constitute an overriding and superior consideration to the concern for the life and health of the fetus, when such concerns are in conflict.

**Reporting**

The hospital shall maintain a record of all intentional terminations

of pregnancies. The record shall include:

- Date
- Procedure performed
- Reasons for procedure
- Period of gestation at the time procedure performed.

A summary report containing the above information should be forwarded annually by the Quality Assessment Committee of the hospital to the Board of Directors for their review.

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\*When defined by medical staff structure.