

An Appraisal of Therapeutic Abortion

THE VIEW OF CHRISTIAN ETHICS

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Since pregnancy is sometimes called the most common tumor of the female uterus, it may be useful to frame the abortion issue as a question regarding the value of an intrauterine tumor. There are other tumors in that location, of course, and they form a useful contrast in a study of relative values. Some of these, such as ordinary leiomyoma or fibroid, if they are small and produce no discomfort or dysfunction, have little if any value, either positive or negative. At least their negative value may be so insignificant that it does not warrant risking the higher values of life and health through surgical removal. Other tumors may have only negative value. For example, even minute

leiomyosarcomas or adenocarcinomas possess such strong negative value that one must take considerable risk to eliminate them, including the risk of relatively permanent impairment of health.

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The pregnancy “tumor” differs from these in that, although it may possess a similar disvalue in the sense of jeopardizing the life and health of the maternal host, or even a different disvalue relating to the disruption of social relationships, it may also possess positive values so strong that they warrant subjecting the mother to considerable danger in order to preserve the pregnancy. The essential difference, that is, the positive value placed on the pregnancy tumor as over against the others, is based on its potential for becoming a human life and thus

on the fact that it shares in the worth we ascribe to human existence.

Present attempts to liberalize abortion laws tend to obscure this distinction. It seems important, therefore, that we go over the ground again lest we lose something of importance to all of us. This discussion should be considered as one more contribution to what should remain, as yet, an ongoing conversation.

I

A number of medical voices suggest that the issue be entirely removed from the moral arena, that it is solely a medical or technical problem and should be so treated. This is to say that the pregnancy “tumor” has precisely the same kind of amoral value as any other tumor. However, these same voices would be unwilling to assign to the newborn child a similar status. They would not grant the mother equal right, for example, to dispose of her newborn at will. It is evident, then, that there is thought to be a morally significant difference between the two, the former being considered “tissue” and the latter “human,” which throws into focus one of the chief points at issue in the abortion problem. When exactly does the metamorphosis from tissue to human being take place? Without detailing arguments, let us look at some *moments of transition* from tissue to human that have been proposed in the past.

According to the chronology of the developing organism (not the time the theory was in vogue), the earliest “moment” has traditionally been the instant of conception. No one that I know of has granted human status to pre-fertilized germ cells; nature’s prodigality in its treatment of

such cells provides a kind of value-index. It is manifestly impossible for any but a very small fraction of the cells to become anything more than what they are—cells, useless and short-lived at that. By contrast, the fertilized cell, to use a simplistic metaphor, rallies the resources of the whole parent body around it for nurture and protection.

Theological dogma about the infusion of the soul into the body largely conditioned ideas of the value of a newly fertilized ovum throughout much of Christian history. (In earlier times, opinion followed Aristotle’s belief that the male embryo received its soul at forty days and the female at eighty days.) According to such a view, the fertilized ovum possesses the rights of a human

being from the beginning, and its willful destruction constitutes a crime. In a situation of competition between this life and the life of the mother, the issue is resolved on other grounds; for instance, on which person has had opportunity to prepare for the hereafter.

In a logical sequence the next “moment” would probably be that of transition from embryo to fetus, that is, the time when all the features of the future organism are finally present, even if in small and underdeveloped form.

Practical reasons prevented this from being considered seriously by our forefathers, but it does have some relevance to present considerations of possible injury to the embryonic organism from chemical, viral, or other agents, and whether this justifies abortion.

Other “moments” such as “quickening” have been suggested. This proposal possesses a certain inner logic, since it is at this time that the “tumor” may assume a new kind of “human” meaning to the people in its life. Even the physician, as he checks fetal position and heart tones, is likely to find the term tumor increasingly inappropriate. To the parents, fetal movements often produce a new relationship characterized by a

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heightened feeling of identification with that little “somebody in there.”

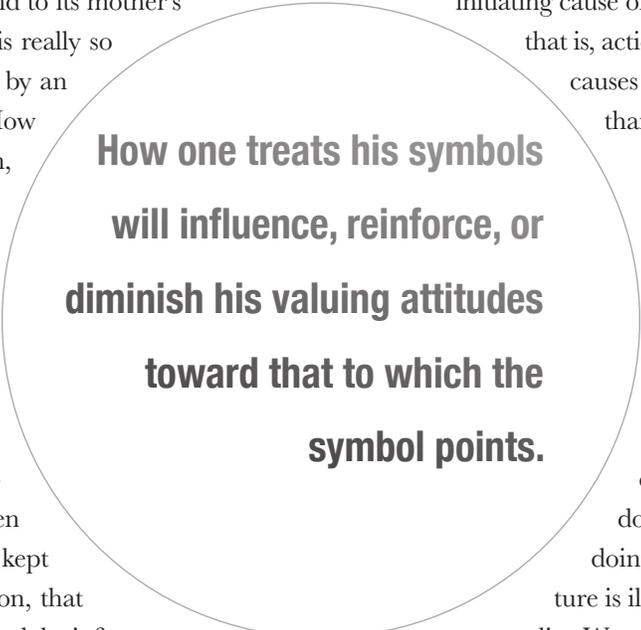
The commonest modern proposal is the “moment” of viability, when the fetus has achieved sufficient maturity to be able to “go it alone” if necessary — when it is potentially independent from the maternal organism. The issue has not yet been legally clarified, but there is a tendency to consider willful destruction of the fetus after this time a crime other than abortion. The term independence is crucial here and raises several questions, among them whether the newborn, who is nutritionally bound to its mother’s breast or artificial equivalent, is really so different from the fetus bound by an umbilical cord and placenta. How independent is the newborn, even for years afterward? Even in adulthood, independence is relative. Probably no one survives long without someone else somewhere along the line.

The independence of the newborn from his mother’s oxygen supply is obvious, but even this is not absolute. Air must be kept available and free of obstruction, that is, from blankets and the like, and the infant may not be able to do all of this for himself. To be sure, the fetus or newborn at viability can be related to in new ways. Never before did it mean human to quite this extent. But the question remains: Is it in fact human? Can it perform a single, exclusively human action? Most of its activities are performed by lower animals at least as effectively. A “moment” sometimes suggested as the time the fetus becomes human is that first breath of air, which has some biblical support going for it. The Bible does describe the creation of the first human as God breathing “into his nostrils the breath of life” (Genesis 2:7). This definition may seem a bit arbitrary, however, since breathing is not an exclusively human activity, and the definition we seek is the moment when the organism becomes human. Similar to this moment in its arbitrariness is the rabbinical notion that the infant becomes human when the greater part of his body is delivered. Whether it makes any difference which end comes first I am unable to discover.

The last “moment” seriously proposed is difficult to locate with precision, since it depends on an elusive function that is itself difficult to define. Moral theorists and others sometimes contrast man with lower members of the animal kingdom in terms of his freedom—his capacity to create, to initiate, to do novel things he does not have to do. Lesser animals are assumed to behave within the general pattern of causality, in which every effect has a previous cause, however devious and remote. Most animals merely respond to stimuli in reflex ways. But man may be the initiating cause of at least some of his actions—that is, actions can take place in which the causes are traceable no further back than the man who acted.

This possibility in man cannot be absolutely either confirmed or disconfirmed, of course, and some reject the notion out of hand. But it is a theoretical necessity if one uses such terms as *responsibility* seriously. A man cannot be held responsible for doing what he could not help doing. Our whole normative structure is illusory if such freedom is not a reality. We can describe how people in fact behave (descriptive ethics), but we cannot say how they “ought” to behave (normative ethics) unless they can choose so to behave.

The Christian commandment to love is posited on such a reality. The biblical command to love has to do with love as a principle related to will, commitment, and choice, rather than to mere sentimentality. Such a command makes nonsense if man cannot will an act with his private label on it, if he cannot do something about which he can say, “I did it. It is mine.” It is this freedom that defines a human being in the biblical or Judeo-Christian context. If this is so, then we may define man as becoming human at the instant he becomes responsible. But when is that? Can we know? Probably no one but an omniscient being would know the exact moment, although it probably occurs somewhere in early childhood, depending on individual precocity and other variables.



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But of what possible use can so imprecise a definition be to the problem at hand? Or worse, how disturbing might such a definition be, since it extends our “tissue” definition far beyond anything currently proposed—even into infancy and early childhood. On such grounds it would be as morally defensible to practice infanticide as to carry out an early abortion—a horrible thought.

And that is precisely the point I wish to make and precisely the reason for extending the discussion of “moments” so far. The morality of abortion concerns other levels of value than the “moment” of human value for which we have been searching. One of these is the potentiality for becoming human. (The “human” value conditions the quest, to be sure. When we speak of the value of one tumor over another in terms of the potentiality of one to become a human being, we are obviously influenced by our regard for the essentially human.)

II

Potentiality for becoming human begins at the moment a normal fertilized ovum is implanted. This point is chosen because, at least at present, it is not possible for an in vitro conception, that is, one in an extracorporeal test-tube environment, to continue to maturation. Perhaps one day Huxley’s *Brave New World* will be upon us, perish the thought, but not yet. Nor is it usually possible for an embryo to mature in a fallopian tube or some other extrauterine location in the mother’s body. Potentiality implies the “possibility of becoming.” (One can also speak of an ascending scale of potentiality. The more nearly the embryo or fetus approaches the conditions of being human, the higher its level of potentiality.) The phrase *normal fertilized ovum* is employed because a “blighted” or abnormal ovum may never be able to become a human by our functional definition and, if recognized, it may be assigned nonhuman value.

Another basis for considering abortion as a moral matter goes beyond such human potentiality, however, and is based on that quality in man that makes him a moral being, his capacity for experiencing value and meaning. Man is by definition a symbol-using animal. He is *homo faber*, man the maker (of tools, that is), *homo sapiens*, man the thinker, but he is also man the symbol-user.

By symbol I mean an entity that “means,” refers to, or points to another entity, and that may in some cases be treated as if it were in fact this other entity. The capacity for doing this may possibly be derived from, certainly is involved in, both his *faber* and *sapiens* qualities. It is the basis for his speech: words are such

symbols. It is also the major basis for his intellection. (Try thinking without using words.) Certainly it is the essential foundation of his capacity to communicate and thus of his whole social structure.

The value of meaning, of symbols, even if they are only word symbols, to religion and morals, for example, should be obvious. It is the meaning of the act, not the act per se, that gives the act its moral quality. Killing with intent constitutes the crime, not the mere fact of killing, as in an accident

where no culpable neglect was involved. This is a fact of great importance to the whole of morals; numerous examples can be given in its support.

Another fact regarding symbols is of importance to our present consideration. Symbols point to, or refer to something beyond themselves; thus, they are vehicles of communication. But they may also be “taken for” that to which they point. In other words, the attitudes toward the symbols will deeply condition the attitudes toward that to which they point. Religious people have always known this when they have demanded respect for the sacred symbols—the Holy Bible, for example. Disrespect for the sacred book negatively conditions one’s respect for the God of the book.

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How one treats his symbols will influence, reinforce, or diminish his valuing attitudes toward that to which the symbol points. That's the way it is because that's the way man is.

Let us now relate this to the subject at hand. It is perfectly possible to bring “thing” meanings to an embryo and even to a fetus, to think of them in “tumor” terms and thus as objects of medical technique rather than morals. It is also possible, however, to think of babies, children, and men and women in the same terms, as Dachau and My Lai have violently told us. The question is, ought we to do this? Do we really want to endanger human existence by rejecting what keeps it human? This is what may happen if we do not use and preserve all the reinforcing resources and techniques available. Nuremberg taught us this at least: I ought to view the miracle developing in my wife's body with the compassionate respect that it deserves as a gift from God. To the extent that I am able to do this, my anticipation of the miracle will condition the nest into which it is brought into the world. And this has all kinds of implications for the future of the child and its society, as every depth study has amply shown. At least a part of the world's ills have descended upon us because we have lost the capacity to celebrate life, especially at its beginnings.

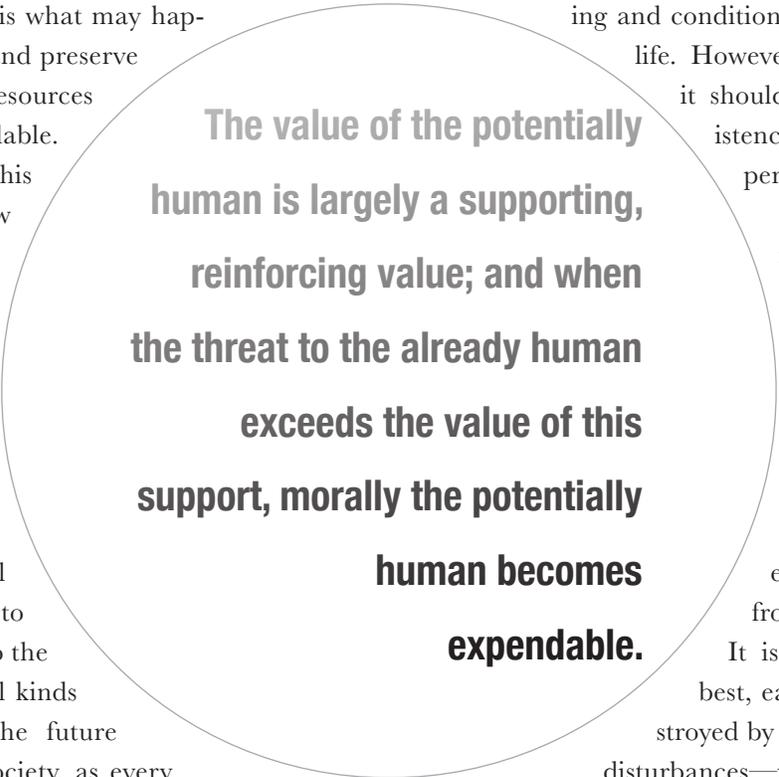
Unfortunately, conception cannot always be a celebration. Babies are conceived by accident, lust, incest, and rape, unwanted and often foredoomed to the worst that society can do to them. And there are already too many mouths to feed, there is a sick society, there are mothers who are ill and therefore there must be abortions, not because it is good, but because it is necessary. The question remains: When?¹

III

A symbol's value is derived from that to which it points. The symbol possesses, therefore, a lesser, secondary kind of value which means that when the symbol seriously competes with, rather than serves, that to which it points, we must be prepared to sacrifice the symbol. In the terms of the present problem, the increasingly potential human organism developing in its mother's body is not yet human but it “means” human and can serve human values by crystallizing and conditioning respect for human life. However, if for some reason it should threaten human existence unduly, it cannot be permitted to survive.

Notice that I have referred to *human existence* and not merely to life itself. “Human” existence can cease, even while the organism lives on, whenever that quality we spoke of earlier that separates man from the brutes is lost. It is a tenuous quality at best, easily diminished or destroyed by a variety of functional disturbances—physical, mental, emotional, social. A threat in any or all of these areas may seriously jeopardize what makes life human; and if such a threat is posed by a secondary symbolic value, the symbol must go.

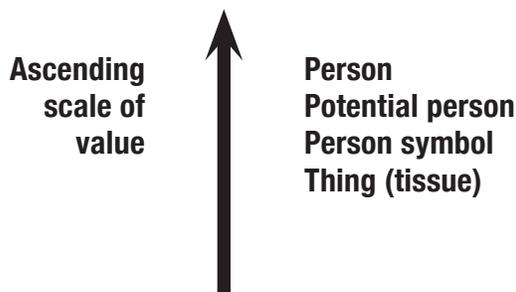
To express this idea in traditional terms: Whenever the developing embryo or fetus places in jeopardy the mother's physical, mental, or emotional health, and that jeopardy is judged to be of sufficiently serious nature, the potential human symbol, the embryo or fetus, may be sacrificed. It is the judgment of jeopardy, however, that is difficult, and society must not thrust such a decision upon a potential mother unassisted.



The value of the potentially human is largely a supporting, reinforcing value; and when the threat to the already human exceeds the value of this support, morally the potentially human becomes expendable.

If all men were ethically sensitive and informed, and if all possessed a high level of sound judgment, we would require very little regulation in these matters. But since not all men are so gifted, they ought to assist each other and protect the weak and the inept from themselves and from others. Undoubtedly it will be important for some time to come for good men to place their heads together and share the burden of deciding what is ultimately best for everyone involved, share it with each other, with hospital administrators, and with the troubled potential mothers on whom the burden chiefly falls. It is also incumbent on a society, as it protects its collective moral sensitivities, to be prepared to “pick up the tab” for such protection.

A few specifics remain. What of the chemical (for example, thalidomide), viral (rubella, for example), or otherwise damaged embryo or fetus? On a Christian scale of values such as suggested by the diagram, in which the actual human takes priority over the potential human, what cannot ever be human because of genetic or developmental defect must find its place farther down the scale. The subhuman, even if it has certain symbolic value, cannot take priority over the potential human. It would not be right, therefore, to sacrifice normal potential humans in the process of eradicating abnormal individuals estimated on a purely statistical basis.



This is particularly true if we have no way of accurately predetermining the extent of congenital defects. Ordinarily the abnormality must be cared for after delivery, again with society prepared to pay the price for

preserving the human values involved. Abortion might be performed, however, if the mother’s mental health were sufficiently threatened by the possibility of abnormality. When the day arrives that serious dehumanizing defects can be diagnosed with certainty in utero, then it will be possible to abort routinely certain defective fetuses.

The time of performing a legitimate abortion on the above terms is largely a technical matter, but for symbolic reasons it should be done as early as possible, especially since we are dealing with an ascending scale of potentiality and thus increasing symbolic meaning and value.

To summarize: What is at present subhuman, or what merely “means” human, although it actually is not human, may possess a value that warrants reasonable efforts for its preservation. However, we must not usually allow what is subhuman to enter into serious competition with actual human existence, either directly or indirectly. The value of the potentially human is largely a supporting, reinforcing value; and when the threat to the already human exceeds the value of this support, morally the potentially human becomes expendable. An abortion may be performed whenever it threatens not just life but what makes life human. But it can never be right to interfere with so important a value for trivial or casual reasons. And since this problem requires judgment and a certain expertise, it is probable that the decision making should be shared by a community of sensitive and informed persons in addition to the persons subjectively involved.

Endnote

1. Extreme indications for terminating pregnancy might conceivably include the obvious as well as the more subtle effects of serious overpopulation. For symbolic reasons, however, contraception will always be preferable to abortion as a means of population control, but we must be prepared to admit abortion on moral grounds where the situation is grave and no other practical means of control is available. In principle it is morally indefensible to allow additional fully human swimmers—let alone what is only potentially or symbolically human—to jeopardize a life raft already filled to its limit.



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