

## **Abortion – ethical dilemmas and compassionate responses**

This article is one of a series on the topic of abortion which are all available at the website [johnwyatt.com](http://johnwyatt.com)

The articles are:

Abortion in the modern world

Abortion and infanticide in the ancient world

Contemporary secular philosophers and abortion and infanticide

When is a person? Christian perspectives on the beginning of life

Abortion – ethical dilemmas and compassionate responses

### **Human intuitions about abortion**

In my own quest for a Christian understanding of the unborn child, it is not only the theological and biblical arguments which have influenced me. I have been deeply struck also by the profound intuitions about abortion which many people in our society reveal, including many who have no Christian or religious faith. I spoke some time ago to a BBC producer who was making a major television documentary about abortion. She had interviewed a considerable number of women and doctors by way of background research. She told me in private that she had been struck by the fact that when talking about abortion, the doctors and other professionals were careful to use medical language such as, 'termination of pregnancy', in order to avoid giving offence. By contrast nearly all the women she had spoken to had talked about 'killing their babies'.

In her view the women were much more honest than the doctors about the emotional implications of medical abortion.

In a forward to their book *Pregnancy loss, a silent sorrow*, American bereavement counsellors Ingrid Kohn & Perry-Lynn Moffitt, writing from an entirely secular perspective, discuss the language they have chosen to use. 'This book was written to provide guidance, comfort, and hope to all parents who have experienced an unwanted pregnancy loss, including those who have ended an impaired pregnancy. We considered using terms such as 'fetus' and 'embryo' when discussing abnormal pregnancies and abortions, realising this language was more in keeping with a pro-choice stance. In the end, we continued to refer to the 'unborn baby'. We felt compelled to acknowledge this common grief: *no matter what the cause of their loss, bereaved parents mourn for someone who was dear to them, someone who was supposed to be their 'baby'* (my emphasis). If the words we chose are imperfect, they still represent our sincerest attempt to give expression to this universal sorrow.'

Elaine Storkey, in a meditation on the experience of Mary, the mother of Jesus, expresses the intuitive sense of wonder and the emotional demands of pregnancy from the mother's perspective.

'Pregnancy is itself a symbol of deep hospitality. It is the giving of one's body to the life of another. It is a sharing of all that we have, our cell structure, our blood stream, our food, our oxygen. It is saying "welcome" with every breath, and every heartbeat. And for many mothers that welcome is given irrespective of the demands made on one's own comfort, health or ease of life. For the demands of this hospitality are greater than almost any of our own. And the growing fetus is made to know that here is love, here are warm lodgings, here is a place of safety. In hiding and in quiet the miraculous growth can take place.....

...This is one of the reasons why the decision for abortion is such a painful and heavy one. Of course there are those who have been taught by our culture to present themselves to the clinic with barely a second thought, accepting the sterile terminology of the hospital for what they are about to do: 'a termination of pregnancy'. Yet for many other women who have had an abortion there has been anxiety and grief and a sense of loss. In spite of all the reasons which directed them to take this step some feel guilty of a deep betrayal of trust. They could not find within themselves the hospitality that was needed to sustain this life.....'.

Whenever we contemplate abortion for a malformed or unwanted fetus, we are sending a message of rejection. We are saying that we don't wish to accept this new other, to offer basic human hospitality. Although the desire to spare a child from suffering is motivated by genuine human compassion, I am convinced that the act of abortion is the opposite of a loving unconditional welcome; it seems a sub-Christian act. The sense of unease is frequently expressed by mothers who plan to undergo an abortion in these circumstances. 'Once you get the results, every day your baby moves, you are dying inside.' This, of course, is why disabled people such as Marsha Saxton and Christy Nolan, react so violently to the practice of genetic screening and therapeutic abortion of affected fetuses. It strikes at the heart of our intuitions about humanity and human community. By contrast Joseph Pieper helpfully defines the essence of love, 'Love is a way of saying to another person, 'It's good that you exist; it's good that you are in this world.'

I therefore find myself driven by the thrust of the biblical material, by theological arguments and by the undeniable reality of widespread human intuitions about abortion, to the conclusion that we owe a duty of protection and care to the embryo and the early fetus as much as to the mature fetus and newborn baby. Even the earliest stages of human development deserve respect and protection. There is no point from fertilisation onwards at which we can reliably conclude that a human being is not a

member of the human community, one who is known, and called by God, one with whom we are locked in community.

### **Fetal screening**

I have argued that the destruction of even an impaired or abnormal fetus is inconsistent with a Christian worldview. As a result I think that we should resist the tendency for modern pregnancies to become 'tentative'. The very existence of fetal screening and the availability of abortion until even late in pregnancy tend to imply that the commitment of parent to child is tentative or conditional. In some ways, it seems to me that fetal screening offers a false hope, a technological mirage. It seems to offer anxious parents the possibility of the security and confidence that my baby will be 'all right'. But the sad and unpalatable truth is that no technology can offer this confidence to parents. No technology can guarantee that unpredictable problems and disabilities will not arise after birth. As sociologist B.K. Rothman put it, 'The possibility of spending the rest of one's life caring for a sick or disabled child can never be eliminated by prenatal testing. I worry about women who say that they only dare have children because prenatal diagnosis is available. Motherhood is, among other things, one more chance for a speeding truck to ruin your life'. Anxiety about our children is, sadly, a reality of being a parent which no amount of technology can assuage. It is part of the human condition.

But if in my view abortion for fetal abnormality falls short of genuine Christian compassion, does this mean that all fetal screening is valueless? What about the argument that fetal screening is helpful because it allows us to prepare ourselves psychologically for a disabled baby. This argument sounds good in theory, but in practice it may be less valuable than it seems. Certainly my own clinical experience is that the weeks of waiting for the birth of a baby who is known to be impaired may cause increasing anxiety and psychological distress rather than benefit. In some cases it seems as if the medical knowledge provided by fetal screening has harmed the normal relationship between parents and newborn child. Why is this? I would like to speculate

that in the original creation order, we are designed so that we start to love our unborn baby as a mysterious unknown, as a gift given in secret, before we meet them face to face at birth. Gilbert Meilaender expressed this perspective well. 'Perhaps the time of pregnancy will be better spent learning to love the child we have been given, before we evaluate and assess that child's capacities'.

I want to emphasise that this does not mean, of course, that all fetal screening and antenatal care is valueless. On the contrary, many of the tests offered by obstetricians and midwives, including antenatal ultrasound, congenital infection screening and antibody tests, allow treatable problems to be identified, so that the fetus can be helped and supported. What I feel deeply uneasy about are the tests for fetal conditions when the only available 'treatment' is abortion. Many pregnant women do not realise that they are being tested for conditions such as Down's syndrome for which the only option is abortion. They need to ask for information before the tests are performed and make clear their wishes to the hospital staff.

### **Hard cases**

Of course we cannot escape the hard cases, the extreme and rare examples where there seems to be an overwhelming argument in favour of abortion. What about the dying mother, the rape victim, the conjoint twin, or the twelve-year-old pregnant child? In western obstetric practice it is, thankfully, now very rare for the life of the mother to be actively threatened by a pregnancy. However in these cases, it has been argued that death has already entered the pregnancy. It is not a matter of deciding whether a death should occur, but rather deciding whether death should strike the fetus or both the fetus and the mother. In this extreme example it seems that an abortion may be acceptable, although deeply painful. As Meilaender put it, 'we cannot require a mother to build the human race by destroying herself.' In practice, it may well be possible to delay termination of the pregnancy until the 24th or 25th week, when the fetus can then be

delivered and offered a reasonable chance of survival with modern neonatal intensive care.

In the tragic case of the rape victim, again we can perceive an apparent conflict between the interests of the fetus and those of the mother. Although the fetus has, of course, no personal responsibility, its continued existence within the woman may constitute for her an embodiment of the original attack upon her person. There may be an understandable and overwhelming desire to get rid of any vestige, any reminder of the assault. Surely an abortion is the loving and Christian response? Even in this painful case there is an argument for continuing the pregnancy. To perform an abortion may be perceived, emotionally and unconsciously, as the perpetration of yet another assault on a woman who has already suffered terribly. The rape was a violation of her body and her womanhood, but now we propose to 'solve' this violation by another violation of her body and the destruction of a being who is sheltered in her womb. To the long-lasting emotional consequences of rape are added the complex emotional traumas of deliberate abortion. How can the healing love of Christ be brought into this terrible agony?

Heather Gemmen was a mother of two who was violently raped in her own home by an anonymous intruder. She became pregnant and agonised over the decision whether or not to have an abortion. In the end she refused an abortion and loved and accepted into her family her beautiful mixed-race daughter Rachael. The book she wrote *Startling Beauty* is honest, shocking and profoundly Christian. 'Rape is ugliness at its basest form. Rape destroys innocence and cultivates bitterness, it steals security and extends fear, it kills hope and fosters shame,.....Rape takes too much. But I for one have gained more than I have lost. I have been startled by beauty in places it doesn't belong. I see it on a bloodied cross, and bitterness loses its power. I see it on the face of the man who keeps his vows to me, and fear loses its grip. I see it in the graceful dance of a child who was so unwanted, and hope revives its song.'

My wife and I have been involved, at first hand, with a similar story of extraordinary grace. Ruth was a single student who became pregnant following unconsensual sex. An abortion was arranged but at the last moment she found she was unable to go through with it. Alone and desperate, by chance she found a leaflet of a local Christian crisis pregnancy. With the emotional support and practical help of volunteers, she found the strength to continue the pregnancy and baby Jonathan was born. Now he has become the joy and light of her life, expressed in a simple poem she wrote '...The love we share will always be there my son. Mother's love you will see,...That's between me and thee, Jonathan'. Through this experience, Ruth's childhood faith was reignited. She found a loving and caring community at a local church, and resumed her studies, as a single parent. Through this painful experience, Ruth did not lose her sense of self-respect. So many women who seek help following an abortion present with low self-esteem and loss of self-respect. In contrast, by God's grace, Ruth found a new confidence; a sense of purpose, meaning and joy in parenthood. She freely admits that her experience has not been easy but, in her words, 'I have something to show for it – my son'.

In Deuteronomy 30:19, God set out a dramatic choice for his people. 'I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live.' It was not just Jonathan who found life, but Ruth also.

Finally, there are rare and distressing hereditary conditions in which medical treatment seems unable to save children from appalling and uncontrollable suffering and progressive deterioration which is so heart-breaking for parents to watch. If the diagnosis can be made by DNA analysis before birth, is abortion always wrong? How can the love of Christ be demonstrated practically for parents confronted with these painful dilemmas?

The book *Shaming of the Strong* describes the experience of Sarah Williams whose unborn baby was diagnosed in 2004 as having the very rare lethal abnormality called thanatophoric dysplasia. Despite strong pressure to have an abortion from the medical staff she decided to continue the pregnancy. Her book recounts in moving detail the experience of diagnosis, pregnancy, the naming of their unborn baby as Cerian 'loved one', Cerian's death during labour, and the painful process of grieving in the months and years that followed. Her experience is a testament to the value and significance of an unseen and tragically deformed life, and the power of God to transform despair and bring hope in the strangest of circumstances. I'm afraid her book is also a painful indictment of virtually all the medical professionals she met, in a major UK centre of excellence, who appeared to fail at a most elementary level to demonstrate sensitivity, empathy and compassion.

### **Using the human embryo in medical research and treatment**

What about the painful question as to whether human embryos may be destroyed in order to obtain stem cells for medical research and development of new treatments. Professor Gareth Jones has argued that the sacrifice of human embryos in the best interests of the wider community may be justified within the context of Christian reasoning about a 'just war'. Gareth Jones writes, 'Take Alzheimer's disease for example. This war is against an undefeated foe that wreaks immeasurable pain and suffering on its enemies, and currently defeat is imminent and death is inevitable.' He argues that there is both a moral and a strategic necessity to use embryonic stem cells to try to develop new therapies for incurable degenerative diseases. Professor Jones also argues that surplus human embryos created during IVF cannot be regarded as "innocent", because they will be destroyed anyway, whether used to create stem cells or not. "The notion of innocence should not be viewed as an isolated value, but in relation to other lives we wish to save and benefit".



The argument is complex and there isn't space to address it in detail here. But I find the analogy with warfare unconvincing. It is not possible to make a neat comparison between the 'war against disease' and the 'war against Hitler'. In my view there is neither a moral nor a strategic *necessity* to use embryonic stem cells for medical research. It is an *option* which we as moral and thoughtful people should weigh and balance.

It is possible to imagine a fantasy scenario in which this argument might be relevant. Suppose a new worldwide pandemic infection threatens literally to wipe out humankind from the face of the earth. All possible research options are futile. The only possible therapy might be derived from research on human embryos. Would it be justified in this extreme emergency to go down the route of sacrificing embryos? Well possibly. But the current situation with regard to new treatments for degenerative conditions is so far from this emergency scenario, that it is surely inappropriate to use the arguments based on military emergencies.

The reality is that the last 10-20 years have seen remarkable advances in treatments based on non-embryonic stem cells, and it is likely that this area of research (now called regenerative medicine) will continue to yield new treatments. Embryonic stem cell treatments have in general been disappointing and hence in my view it is inappropriate to argue that there is an overwhelming *necessity* to accept the destruction of human embryos in order to bring new treatments.

### **Practical alternatives to abortion**

My own personal belief, strengthened by more than 30 years as a practising doctor, is that *nearly always* there is a better alternative than abortion for the unwanted or abnormal pregnancy than abortion. It is the way of practical support for the mother *and* for the unwanted child. This way is costly, emotionally, practically and financially. It is

not an easy way because the truth is that there is no quick and pain-free technological fix for the ultimate dilemmas of the human condition. Practical, supportive caring is not an easy alternative. But I am convinced that it is a better way. It is also an essential response if we Christians are not to be guilty of hypocrisy. Unless Christians are in the forefront of providing practical care and support for those with unplanned pregnancies, and for parents struggling with the implications of bringing up a disabled or impaired child, then our supposed commitment to the sanctity of human life is deeply suspect.

One of the most remarkable developments in this field is the expansion of Christian crisis pregnancy centres. There are now more than 100 pregnancy centres in the UK, many of them affiliated to the Pregnancy Centres Network. Each centre aims to provide free pregnancy testing, skilled and compassionate counselling from professional counsellors or trained volunteers, clear information on all the options available, practical support and help, and time to explore all the conflicting emotions and long-term implications which an unplanned pregnancy brings in a safe place. Instead of condemnation and judgement, they offer compassion and empathy, 'grace and truth'. Help, support and counselling is not restricted to those with unplanned pregnancies but is also made available to those who have experienced abortions or suffered other forms of pregnancy loss, such as miscarriage or stillbirth. The centres are staffed by female counsellors and volunteers, many of whom have been personally affected by abortion and its consequences. Telephone helplines have been established and confidential advice and counselling is also available via the internet. Some centres provide practical support for single unsupported mothers during pregnancy and beyond into the first years of motherhood, including free baby clothes and equipment. Phil Clarke, a GP who has played a leading role in the development of the centres, provides a moving description of their work in his book *Heart of Compassion*.

From my perspective the pregnancy centres represent a wonderful Christian response to the problem of the unplanned pregnancy. At their best they demonstrate all the

qualities of authentic Christian caring; practical, costly, down-to-earth, realistic, unglamorous, empathic, respectful, sacrificial. Every year many thousands of people are touched by contact with these centres. Yet much more could be achieved with greater involvement of the wider Christian community, which represents a vast and still largely untapped resource for caring in our society. Here is an unparalleled opportunity for ordinary lay Christian people to demonstrate the practical reality of the Gospel to hurting people in our midst.

### **Postscript**

Maybe someone reading these words is oppressed by feelings of guilt or failure from a past experience. It is not my intention to judge others who have felt compelled to request or to perform an abortion in extreme circumstances. Maybe you pressurised your partner, your friend or your child to have an abortion. Maybe you were confronted by the existence of a terribly malformed baby and felt there was no alternative to abortion. I am painfully aware that many people carry deep burdens of secret pain and, maybe, guilt, in this area - burdens which they may feel completely unable to share with others. If this refers to you then please get help from a trusted source. Remember that human beings do not divide up into the guilty and the innocent. We are all guilty. No, human beings divide into the forgiven and the unforgiven. In Christ we can find a new beginning. Maybe, in God's grace, your painful experience can be transformed slowly, and miraculously - redeemed by God's power - so that it becomes a source of help and healing for others.

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