

# Life Matters WORLDWIDE

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## What About Abortion for the Baby's or Mother's Health?

As many as 1.5 million babies have been aborted in a year in the United States. Records of why women abort are not kept, but in a study of 1,900 women, only one percent aborted because a doctor had actually diagnosed something wrong with the baby. For another seven percent of the women, pregnancy threatened their own lives or health. Taking these results into consideration, over ninety percent of aborted babies are perfectly healthy and pose no threat to their mothers. They are aborted solely because the pregnancy is unwanted, poorly timed or inconvenient.<sup>1</sup>

Such "elective" or "family planning" abortions take the place of birth control and are repugnant to most people, whether or not they consider themselves to be pro-life.<sup>2</sup> However, the "hard cases" -- pregnancies resulting from assault rape or incest, that threaten the life of the mother, or involve serious fetal defect -- present conflicting moral obligations for many. Even some within the Christian pro-life community are reluctant to condemn such abortions, although that unborn life is an innocent child deserving protection rather than a death sentence. The abortion of a disabled unborn child is sometimes viewed as a tragic necessity.

Couples with mentally or physically handicapped children may face serious economic hardship, personal struggles, and other pressures detrimental to family harmony. Some divorce after the birth of a handicapped child. Those who stay together face a continuing struggle to maintain healthy relationships with their other children, particularly when the disabled child demands extraordinary amounts of time, attention and financial resources. These pressures are not, however, compelling reasons to abort a child with a congenital disease or defect. Countless examples can be given of families who have learned selflessness, sacrifice, and love from their handicapped children.<sup>3</sup> These virtues are in short supply in our culture and should be encouraged.



### The disabled are persons of infinite worth

From a biblical perspective, the child with disabilities is as much a person as one with none. Genesis 1:26-27 says that man is not merely a part of nature, but is above nature as an imager of God. Scripture doesn't distinguish between born and unborn imagers of God. Nor does it suggest that people with disabilities are less significant than people without them. God is sovereign and disabilities are not a mistake (Exodus 4:11).

The Bible obligates us to treat all human beings with respect. Taking a life is treated seriously, whether done in self-defense, accidentally, or deliberately. Eliminating handicaps through abortion diminishes the value of all handicapped individuals, born or preborn. It suggests their existence is burdensome and that we would be better off without them.

The elimination of “defective” unborn babies also undermines the medical profession's integrity. Genetic tests and abortion turn obstetrics into a “search and destroy” mission. The obstetrician and clinical embryologist become the genetic gatekeepers of the human race, using sophisticated tools to maintain genetic hygiene. Rather than caring for the ill and infirm, this kind of medicine is dedicated to quality control and the destruction of those who don't fit the desired design.

### **Scripture calls us to care for the hurting**

Nowhere in Scripture are we told to avoid or eliminate those who are disabled. Instead, much of the Lord Jesus' earthly ministry was devoted to caring for disabled people. In a fallen world -- where sin affects us both spiritually and physically -- disease, suffering and imperfection will never be eliminated. Our resurrected bodies, however, will be perfectly whole (Isaiah 35:5,6; 1 Corinthians 15:53).

We can be thankful that many technological advances in medicine afford the disabled longer lives than previous generations enjoyed. That's no justification, however, for killing the ones who can't be healed (Leviticus 19:14). Indeed, we are taught to follow Christ in bearing with the afflictions of others, comforting them, and responding compassionately to their needs (Philippians 4:14; 2 Cor. 1:3-4; 1 John 3:16-18).

### **Aborting disabled unborn babies leads to eugenics**

The eugenics movement is devoted to improving society by controlling hereditary factors in reproduction. First popular in the 1920s and 30s, it was fueled in part by the intense anti-immigration feelings of that period. Hitler's extreme form -- the systematic murder of Jews, the physically and mentally disabled, and other “inferiors” deemed “not worthy of life” -- was thought to spell its demise. Yet, with today's attraction to a “quality of life” medical ethic, we're witnessing the resurgence of this philosophy. Genetic screening and new prenatal tests give contemporary eugenicists tools to accomplish their goals.

Although the reasons the eugenics movement may use for aborting defective preborns may sound compassionate and humane, the lessons of the past reveal how dangerous it is to hold a purely materialistic view of man, and to embrace medicalized killing.

### **We must learn to live with imperfection and suffering**

Despite how most of us feel about it, suffering has a positive role in human existence. The epistle of James and other biblical texts address the positive aspects of suffering in developing contentment and wholeness. This is not to suggest we should never try to avoid pain and suffering. Jesus' healing ministry indicates that health is a worthy goal. Yet, when we are unable to eliminate trials by legitimate, moral means, we must then accept them, believing that God's grace will be sufficient to endure (2 Corinthians 12:9-10). To our modern, secular world, however, this theologically correct view seems absurd.

Having said this, and that fetal anomaly is not an excuse for abortion, the burden is on us to adjust our priorities in order to care for such children.

We must, therefore, assist families who choose life for mentally or physically disabled children. This may mean starting respite care centers, or offering to care for a child one day a week so the mother can accomplish routine household duties. It may require financial assistance toward the child's medical needs and ongoing care.

Local churches must become better equipped to handle the needs of disabled people, not only by designing barrier-free buildings, but also by developing innovative methods of meeting their spiritual needs.

Secular support groups for parents of disabled children are common, but there are woefully few with a distinctly biblical approach. Of all people, Christians in their local churches are the best ones to assist families in these situations.

### **What about abortion for the mother's life or health?**

Many pro-lifers allow for abortion when a mother's life is in danger, believing the scenario to be so hypothetical in this era of amazing medical technology that it never occurs. For instance, doctors can usually postpone a pregnant woman's cancer treatments until her baby is viable. Indeed, other than tubal pregnancies, few obstetricians have ever been forced to truly decide between a mother's life and her baby's. They can usually treat both.

Nevertheless, in a day when physicians practice defensive medicine in order to avoid malpractice lawsuits, it's common for doctors to recommend abortion to women at high risk during pregnancy (diabetics, epileptics, etc.). Still, medical conditions that genuinely threaten the mother's life are extremely rare.

But what about unruptured tubal (ectopic) pregnancies? Eventually, such pregnancies are not viable. The result is fatal for the baby, and potentially fatal for the mother, due to blood loss. Standard medical procedure calls for abortion as soon as a tubal pregnancy is diagnosed. There have been a few attempts at the delicate process of embryo transfer, in which the embryo is removed from the fallopian tube for possible implantation in the uterus. Success has been limited, but such an attempt seems to be the moral approach, rather than immediate disposal of the embryo.

The mother's health exception is another matter. The definition of health can be very broad. Courts have construed it to cover emotional, financial, and family well-being, as well as physical health. As such, it is more the rule than an exception. Every pregnancy could be aborted on these grounds.

Just what is a woman's obligation to her unborn child? And, can the State enforce that obligation? Exception-makers justify such abortions on grounds of self-defense. They may recognize the personhood of the unborn child, but argue he or she is an aggressor. Abortion is permitted, they say, since no one can be forced to make the ultimate sacrifice.

But, the unborn child should hardly be characterized as a vicious, homicidal maniac bent on destroying his mother's life. He lacks control over his circumstances and a criminal mind with which to form the intent to murder.

It is better to say the unborn child is like a person whose car veers into the wrong lane. An oncoming driver is justified in going off the road, through a fence onto another person's property, but does not have the right to shoot and kill the errant driver in order to protect himself. The unborn child has even less control over his actions than a derelict driver.

Laws must therefore recognize the personhood of the unborn child and his or her innocence. Similarly, legitimate medicine should treat both patients.

## Endnotes

1. Torres and Forrest, "Why Do Women Have Abortions?" *Family Planning Perspectives*, (20:4) July/August 1988, pp. 169-176. See also "[Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives](#)," *Perspectives on Sexual and Reproductive Health*, 2005, 37(3):110-118.
2. Carroll, "Majority of Americans Say Roe v. Wade Decision Should Stand," Gallup Poll News Service, 1/22/01 (<http://www.gallup.com/poll/releases/pr010122.asp>); Rubin, "Americans Narrowing Support for Abortion," Los Angeles Times Poll, 6/18/00.
3. Chernoff, et al, "Maternal Reports of Raising Children with Chronic Illnesses: The Prevalence of Positive Thinking," *American Journal Ambulatory Pediatrics*, (1:2) 3/01, pp. 104-107.