

Abortion to Genetic Intervention: Drawing a Line in the Sand

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But who are you, O man, to talk back to God? “Shall what is formed say to him who formed it, ‘why did you make me like this?’ (Romans 9:20)

On January 22, 1973, the U.S. Supreme Court, in the *Roe v. Wade* decision, made all laws that in any way protected preborn babies unconstitutional. Though this ruling affecting important right to life issues was not initiated by a law passed in Congress or debated in state legislatures or considered for a public referendum, very little outcry was voiced when the decision was handed down by our nation’s highest court. For many this was a great victory for women’s reproductive rights. Seven of the nine judges in the Burger Court decided a woman should have the right to terminate a pregnancy to preserve her life or health and that the fetus could not claim personhood. Though the majority of these judges believed *Roe* would make abortions safe, legal and limited, their decision has become responsible for the slaughter of over 50 million babies and the emotional, physical and spiritual scarring of millions of parents.

The precursor of this monumental but tragic event occurred a number of years earlier in the State of Colorado. “In 1967, the first state, Colorado, changed its law, allowing abortion for very limited reasons: for incest, fetal handicap, and severe health problems” (Wilke, 1987, p.19). By 1970, 16 states produced similar legislation for the “hard cases” (e.g. rape, incest) with New York being last, permitting abortion-on-demand until 24 weeks. The remaining 34 states refused to legalize abortion and maintained protection for the preborn from conception to birth.

Before the Colorado decision in 1967, all 50 states had laws that protected children in their mother’s womb. In fact, the American Medical Association (AMA) created a committee on criminal abortion in 1857. This committee presented a report to the entire AMA in 1859 which included the statement, “the physicians of the land, publicly express its abhorrence of the unnatural and now rapidly increasing crime of abortion” (Colorado Right To Life, 1991, p.4). These same AMA doctors in the late 1800s lobbied state legislatures to help stop the unethical practice of abortion in America. It was these medical professionals who, metaphorically speaking, drew a line in the sand and declared abortion to be a criminal offense that must not be performed except to save the mother from certain death.

During the last three decades of the 20th Century many doctors, educators and geneticists continued to believe that life begins at conception, but a growing number purported that one is not human until he or she experiences love, knows right from wrong, draws a first breath, attains a certain IQ, or gives the appearance of being human. Colorado legislators in 1967 believed new provisions for the “hard cases” needed to be incorporated into their state laws concerning abortion. The decision in Colorado drew a new line in the sand that in some cases allowed a mother the “right” to terminate her pregnancy over her baby’s right to life. As more states fought to secure women’s “right” to abortion, the line in the sand began to lose significance, as a chain reaction of events eventually denied humanity to the child in the womb throughout all nine months of gestation, and set a precedent of brutality upon the unborn.

Ironically, former Chief Justice Warren Burger, who sided with the majority in *Roe* wrote in his dissent in *Thornburg v. American College of Obstetricians and Gynecologists* (1986):

“We have apparently already passed the point at which abortion is available merely on demand.... The point at which these [state] interests become ‘compelling’ under *Roe* is at viability of the fetus. ... Today, however, the Court abandons that standard and renders the solemnly stated concerns of the 1973 *Roe* opinion for the interests of the States mere shallow rhetoric” (Beckwith, 1993, p.32).

In other words, this former Supreme Court justice admitted he was wrong, and the line in the sand he presumed wouldn't be crossed by passing *Roe* was in fact crossed to the point of sanctioning abortion on demand.

A number of years before and after *Roe* most of the Christian Church was disquietly absent from the abortion debate, except for active, prolife segments of the Catholic Church. The overall Christian voice was effectively muted by a strong movement of social relativism that influenced the minds of many in the medical, educational, legal, political and media professions in the 1960's and 1970's. Society seemed to empathize more with a women in a crisis pregnancy who wanted an abortion instead of relating to the needs of both the mother and the baby in the womb. Though various groups within many Protestant and Catholic churches began a concentrated effort toward political activism and education of the corporate Christian Church and secular society in the 1980's and 1990's about the evils of abortion, annual abortion rates continued at high levels.

Prolife efforts to pass a human rights amendment for the unborn child continue to be met with one political, legal or social barrier after another. These obstacles shouldn't discourage those laboring to acquire personhood for the preborn. In fact, new personhood strategies need to be developed to awaken society in general, and the Christian Church in particular, so that lines can be drawn in the sand not only for abortion, but for the many other complicated bioethical issues arising from advances in medical technology. If prolife individuals and institutions, especially the Church, cannot develop a convincing strategy to effectively prove the humanity of the preborn child, and then propagate that strategy to create opportunities to overturn *Roe*, efforts in addressing the many bioethical issues in genetic intervention and research will surely be met with frustration and ineffectiveness. The humanity of the child at conception should be where the Christian Church draws its line in the sand, and where it maximizes its efforts to show the world what it means to be human.

Early in the abortion debate when Colorado enacted its abortion legislation or during the *Roe* deliberations, the prolife community, especially the Church, was not proactive in developing an effective battle plan (e.g. dissemination of information to the general public, strong arguments in claiming personhood for the preborn, etc.). That lack of foresight has hindered the prolife community to this day. In approaching the menacing juggernaut of genetic issues, may we not forget the need to ensure that mistakes experienced concerning the abortion issue are not duplicated when addressing genetics.

Those who value the sanctity of human life need to understand that the approaching genetic challenges will push ethical boundaries to their limits and beyond.

Genetics has traditionally been viewed as a branch of medicine that is devoted to the study of relatively rare disorders. Only in the last ten years or so have we begun to have

the confidence that these same strategies might usefully be applied to understanding hereditary components that contribute to many other diseases that are not inherited in simple ways (Kilner, Pentz, and Young, 1997, p.95).

The field of genetics promises great benefits for mankind, but also has a dark side. The potential for misuse is imminent. Those involved need to take the responsibility to ensure that medical advances are used only to benefit individuals rather than injure them.

An initiative to map the entire genetic make-up of human beings was promoted in 1985 by Dr. Robert Sinsheimer. This initiative, called The Human Genome Project, opened up an incredible amount of information concerning the human genome. The project itself did not alter or tamper with genes, but the information provided revealed enormous genetic research possibilities that could use potentially beneficial medical advances in unethical ways.

The director of the project was Dr. Francis S. Collins, a professing Christian, who believed the work being done to map the entire human genome was a natural expansion of our responsibility to heal the sick. Critics of this project were quick to remind Dr. Collins that God's Word warns, "Woe to him who says to his father, what have you begotten? Or to his mother what have you brought to birth?...Concerning things to come, do you question me about my children, or give me orders about the works of my hands?..." (Isaiah 45:9-12). Many of these same critics believe The Human Genome Project is opening up a Pandora's Box of ethical dilemmas that man in his sinful state will inevitably "screw up" and begin playing God. The apostle Paul warns, "But who are you, O man, to talk back to God? Shall what is formed say to him who formed it, why did you make me like this?" (Romans 9:20).

Dr. Collins is quite aware of the pitfalls of misusing the information obtained in the genome project, as well as disturbing practices that could surface in genetic intervention and research. His passion to unravel the mysteries of the human cellular blueprint doesn't come from a purely professional desire, but from a theological justification. His convictions stem from the example of Jesus in the Gospel of Matthew. Dr. Collins believes the Lord's style of ministry was one of compassion, especially for those in need of care and help. For instance, "Jesus went through all the towns and villages, teaching in their synagogues, preaching the good news of the kingdom and healing every disease and sickness" (Matthew 9:35). Dr. Collins sees a focus on physical healing that was constantly practiced by Jesus while he was on the earth. The importance of healing in Jesus' ministry was carried on by his first disciples and continued by believers throughout the centuries. Medical practitioners who consider themselves followers of Jesus should not shrink from their responsibility to heal the sick and boldly ask God for wisdom concerning genetic intervention.

The Human Genome Project has three main goals: create a complete genetic map of the estimated 100,000 genes contained in the 23 pairs of human chromosomes; create a physical map of ordered, overlapping, purified fragments of deoxyribonucleic acid (DNA); and sequence the entire 3 billion base pairs within the DNA strands. The most difficult part of the project is to sequence the enormous number of base pairs. The genome project has produced some amazing results, especially in the area of identifying genes responsible for a large number of human diseases. For example, genes or gene markers for colon cancer, Alzheimer's disease and breast cancer have been identified within the human genome.

By discovering these abnormal genes the project has provided the medical profession an incredible diagnostic capability. Genome information makes it possible to identify individuals with "misspelled" or diseased genes, so that genetic intervention strategies can be devised to help

those people in ways that could not be done previously. Dr. Ronald Munson, Professor of the Philosophy of Science and Medicine at the University of Missouri-St. Louis and social evolutionist, believes “this information may eventually permit us to develop gene therapy to such a degree that genetic diseases can be wholly eliminated or their results effectively controlled” (Munson, 1996, p.424).

The overwhelming enthusiasm for this type of presymptomatic testing needs to be tempered with the fact that it is in its early stages. Until the benefits and risks are truly understood, many people believe that various types of genetic diagnosis or testing should not leave the research environment. It is important that those who have the power to allow genetic intervention into the public sphere heed the words of the writer of Ecclesiastes who warns, “For with much wisdom comes much sorrow; the more knowledge, the more grief” (Ecclesiastes 1:18).

There are three general areas in genetics that focus on issues and practices that are raised by the actual and potential use of genetic information. These topics consist of: genetic intervention (screening, counseling, and prenatal diagnosis), eugenics, and genetic research (gene therapy, technology, and biohazards). The remaining focus of this paper will be on genetic intervention, especially prenatal genetic testing.

The concept of genetic screening is somewhat historically connected with public health policies for the detection of communicable diseases such as tuberculosis or gonorrhea. Once a person has been identified with a particular contagious disease, he or she can receive the appropriate treatment and the disease can be arrested, so that it cannot spread into the greater population. “Similarly, it is possible to think of diseases with a genetic basis resembling contagious diseases. Individuals are affected, and they can pass on the disease. But with genetic diseases the potential spread is not horizontal through the population, but vertical through the generation” (Munson, 1996, p.438).

Those critical of the genetic screening process believe inherited diseases do not fit into an epidemic or infectious disease scenario. In reality, genetic diseases affect a small portion of the population over a period of time, while a pandemic disease like bubonic plague could threaten a vast number of people in a very short period of time. Other criticisms of the genetic screening process focus on the lack of follow-up or counseling services that benefit participants. Merely informing individuals that they contain defective genes that may cause future problems could produce more harm than good. An example of a screening process that met with disastrous results occurred in 1970. Political pressure combined with technological advancement in detecting carriers of the sickle-cell disease led to the passage of various state laws requiring sickle-cell screening. The abuses that followed were many and varied: African Americans saw the mandatory screening as a plan for systematic genocide, and lack of confidentiality concerning the screening results allowed insurance companies and employers to discriminate against African Americans inflicted with the disease.

Genetic counseling needs to access existing resources to help answer the often difficult and complicated questions that follow genetic screening and prenatal genetic testing. This type of counseling also needs an effective follow-up process, because people need much time and energy to absorb all the information they receive. Sometimes misunderstanding and confusion arise from the information provided, so it is vital that counselors make the effort to see people periodically to see how they are doing. The final decision will ultimately be left in the hands of the individuals or couples grappling with the genetic information set before them.

The counselor may provide information about the risk, and—just as important—the counselor may provide information about medical therapies that are available for a child born with a hereditary disease. In diseases in which prenatal diagnosis is possible, the option of abortion may be open to potential parents. Here, too, the object of counseling is to see to it that the couple is educated in ways relevant to their needs (Munson, 1996, p.441).

Regrettably, the above advice by Dr. Ronald Munson is very common in genetic counseling. When prenatal diagnosis shows that the baby in the womb has a genetic disorder or developmental defect, the assumed option of avoiding the birth of a handicapped child is abortion. Taking into account financial, emotional and psychological burdens, should a child diagnosed as having a good chance of being afflicted by a terrible disease be allowed to live? Where should the Christian draw the line in the sand concerning information obtained in prenatal genetic testing?

As medical technology reveals new information about genetic makeup and improves diagnostic testing by making it less expensive and easily available, increasing numbers of couples will make prenatal genetic testing non-negotiable, because of their own family backgrounds (e.g. husband's family has history of Huntington's disease), or the sense of responsibility concerning any genetic defects that could be passed on to their children. In fact, couples will undoubtedly obtain the most sophisticated forms of prenatal genetic testing to insure the best probability of bearing a child without a genetic defect. These couples will use techniques like *in vitro* fertilization (IVF) to test their embryos in the lab. They will then implant several of the "normal" embryos that do not have imperfect gene(s) and discard the remaining ones that are deficient, damaged, or possibly even healthy.

The possibility of the IVF process using preimplantation embryos presents a basic ethical problem of which even Christian bioethicists are losing sight. The secular medical community at large may find this process ethically sound, not believing the embryo to be a person, and seeing the overall results creating a greater good for the couples involved and society in general. This utilitarian ethical approach believes the ends justify the means, placing more value on results than on root principles.

However, embryo research in general and embryo testing for individual couples, pose the same moral problem. If personhood begins at conception, then there is no moral difference between aborting a fetus and discarding an embryo. If the results of genetic testing indicate that certain embryos have genetic defects, then there is no moral difference between discarding them and aborting fetuses with similar defects (or executing adults with disabilities) (Kilner, Pentz and Young, 1997, p.142).

For the Christian, prenatal genetic testing should mean laboring to better prepare couples for parenthood, not aborting or discarding embryos. Disabled people already have an undeserved stigma surrounding them. They should not have to bear the additional burden of prenatal testing designed to exclude them from life itself. How can Christians help draw a firm line in the sand to protect the handicapped or "unwanted" preborn, especially in light of advancing genetic intervention, genetic research, and reproductive technology?

One answer lies in what it means to be a person made in the image of God. In the early years of the abortion debate in America, it was believed by the prolife community that educating

society about preborn personhood was the key. Various strategies were developed and implemented, but in the final analysis approximately 3300 preborn children continue to die each day, due to abortion. As the United States enters the 21st Century, medical science continues its rapid pace in human genetic research. If society continues to treat the preborn as not fully human or as non-persons, the detection of defective genes in a preborn child during a prenatal genetic test will assuredly make abortion the presumed option of choice.

Why is personhood for the preborn so difficult a concept for our nation to grasp? Surely, once people see the facts of fetal development, and watch a baby dance in the womb of its mother using ultrasound, they will begin to have a change of mind and recognize the humanity of the fetus. First, there needs to be the understanding that abortion, or discarding unused embryos, is a symptom of a greater spiritual problem. Man's sinful nature and worship of self creates the spiritual dynamic that allow standards to shift as society grasps for pleasure and satisfaction at the expense of others (i.e. the preborn). These dynamics are not just limited to the non-believing world, so before approaching secular society with a new strategy to present a Christian worldview on sanctity of life issues, maybe Christians need to look a little closer at themselves.

An incident which occurred on Trinity University's campus at one of its Making A Difference Conferences will hopefully illustrate the point that Christians may need to reevaluate their direction concerning the sanctity of human life, if they are going to be an effective voice in life and death issues. Gregg Cunningham, Director of the Center for Bioethical Reform, was invited to give a talk in one of the conference working sessions, and to display his Genocide Awareness Project (GAP) on the campus grounds. GAP, which consisted of 20-30 large color canvases, which graphically displayed what some in prolife circles call the true face of abortion. This "in your face" presentation is very effective and has changed the hearts as well as the minds of many individuals. GAP methodology has the potential to focus the issue of the personhood of the fetus more effectively to the general populace, especially in the university or college environment, than many of the academic approaches that have been tried in the past. The GAP display should have fostered constructive discussion and support from the conference attendees, but instead it was taken down. One canvas was allowed to be displayed, but it was placed away from the conference near the library.

What this confrontation seemed to prove was the Christian community's lack of commitment to speak and show the truth plainly. Maybe this unsettling episode shows a deeper problem within the Church that is still dealing with abortion amongst its own. Do the horrific pictures of GAP make Christians, especially in academia, feel extremely uncomfortable or guilty because they are being challenged to get out of their comfort zones and address the ugly brutality and evil that is abortion?

By its action the conference leadership seemed to be offended by the display depicting the true face of abortion, and relegated what seemed an effective exhibit for the conference to a lesser role. It may not hurt to reflect on what Ezra the prophet wrote to the nation of Israel, "If my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then will I hear from heaven and will forgive their sin and will heal their land" (2 Chronicles. 7:14). Once the Body of Christ recognizes that it needs to reprioritize its efforts in bioethics to confront abortion more effectively, then a more effective line can be drawn in the sand to protect those facing genetic challenges.

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