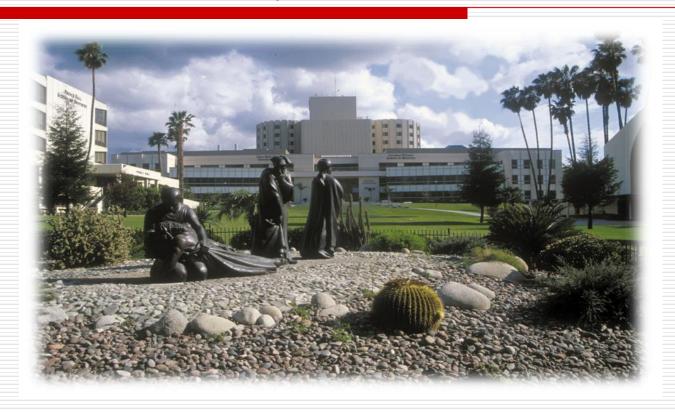
Adventists and Abortion History and Prospects

Webinar for the Adventist Bioethics Consortium: September 26, 2019





Adventists and Abortion: History and Prospects

Objectives

- 1. Understand the historical development of the current Adventist guidelines on abortion.
- 2. Explore the basis in Adventist faith for the current guidelines.
- 3. Consider the clinical implications of the current guidelines.



Gerald Winslow, PhD
Director, Center for Christian
Bioethics
Loma Linda University Health



Melissa Kidder, MD
Assistant Professor, Gynecology &
Obstetrics
Loma Linda University Health



Ted Hamilton, MD

Chief Mission Integration Officer
Senior VP, Mission & Ministry
AdventHealth

Adventists and Abortion: History and Prospects

If you are having technical issues, please email us at bioethics@llu.edu or call us at (909) 558-4956.

If you can see but can't hear, you can join by phone: +1 669 900 6833 or +1 646 876 9923 Webinar ID: 842 252 555

If we are not be able to address the issues immediately, we will work on ensuring they do not occur in the future.

Question and Answers:

To ask a question of the panelists, click on the Q&A button located in the Zoom toolbar and type your question.



- We will try to respond to all questions asked during the webinar.
- Questions that do not receive a response during the webinar may be followed-up later via email.

Knitting

"For it was you who formed my inward parts;
You knit me together in my mother's womb."

Psalm 139:13

YOUR READING LIST



Meet Another Religious Health System Restricting Reproductive



'Abortion Regret' Shows the Long History of a Favorite Anti-Choice Talking Point



Black Maternal Health Week Shines Spotlight on Black-Led Solutions

Meet Another Religious Health System Restricting Reproductive Care

Rewire. News

Jan 30, 2019, 8:40am Amy Littlefield

Seventh-day Adventist Church policy opposes abortion, ssisted suicide, and the "homosexual lifestyle," but approves of confragention sterilization, and in vitro fortilization.

















the spread of Catholic hospitals, which restrict access to abortion, sterilization, and most contraception, and account for one in six acute-care beds in the United States. But Seventh-day Adventist facilities, which have their own rules on reproductive health care, control a growing swath of the health-care landscape-and their policy arm just opened an office in Washington, D.C. There are about 90 Adventist hospitals and

Rewire. News has reported extensively on

350 affiliated provider organizations in the United States, and more than 500 facilities worldwide. These include AdventHealth. the largest nonprofit Protestant health





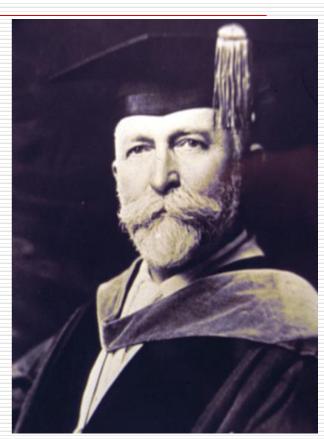
Western Health Reform Institute, 1866



Ellen G. White's Silence?

Dr. Kellogg's Anti-Abortion Stance

"From the very moment of conception, those processes have been in operation which result in the production of a fully developed human being from a mere jelly drop, a minute cell. As soon as this development begins, a new human being has come into existence—in embryo, it is true, but possessed of its own individuality, with its own future.... From this moment, it acquires the right to life, a right so sacred that in every land to violate it is to incur the penalty of death. . . . None but God knows the full extent of this most heinous crime."



John Harvey Kellogg

Loma Linda Beginnings

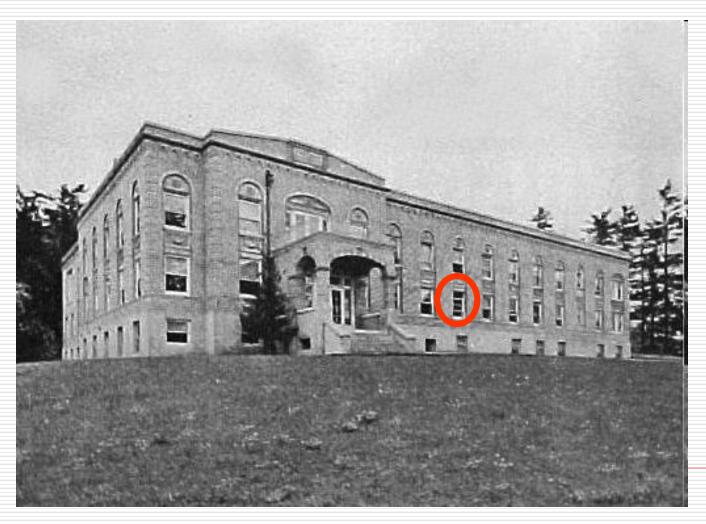


Loma Linda Sanitarium, 1905



John A. Burden

1967: Portland, Oregon



Dr. Fulsher's Question

Cultural Change: 1960s - 1970s

- Birth control becomes widely used
 - Griswold v. Connecticut, SCOTUS, 1965
- ☐ American Law Institute's model, 1962
 - Threats to maternal life or health
 - Rape or incest
 - Devastating fetal anomalies
- State abortion laws liberalized
 - Colorado, 1967
 - Alaska, New York, Hawaii, 1970
- □ Roe versus Wade, SCOTUS, 1973

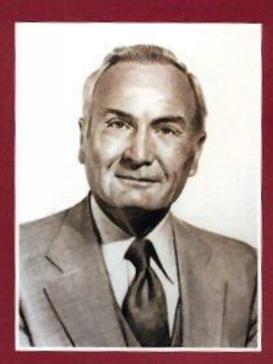
1970 Adventist Guidelines

"In response to the many requests for a position on the abortion issue as it relates to the Seventh-day Adventist Church and the health care institutions it operates, the General Conference officers...have developed the following guidelines. It is recognized that these guidelines are not the final answer but perhaps can serve at the present time."

"It is believed that therapeutic abortions may be performed for the following established indications:

- 1. When the continuation of the pregnancy may threaten the life of the woman or seriously impair her health.
- When continuation of the pregnancy is likely to result in the birth of a child with grave physical deformities or mental retardation.
- 3. When conception has occurred as a result of rape or incest."

MAKING THE WHOLE PERSON WHOLE



Papers and Presentations on Religion, Ethics, and Medicine

Jack W. Provonsha

Provonsha's Perspective

- Presented May 13, 1970 to a GC committee meeting in Loma Linda
- □ Later published in *Spectrum*, Spring, 1971
- Main points:
 - The fetus has the potential for human life
 - Fetal life symbolizes what we value about human life
 - The symbolic value of fetal life should not be permitted to threaten established human life
 - The decision about when abortion is justifiable should be shared by thoughtful members of the community

Provonsha Passages

□ "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. But if for some reason it should come to threaten human existence unduly, it cannot be permitted to survive." p. 62

Provonsha's Schematic

Ascending scale of value

Person

Potential person

Person symbol

Thing (tissue)

1971 G.C. File Document

Two additional provisions were added to the 1970 statement:

- 4. "When the case involves an unwed child under 15 years of age.
- 5. "When for some reason the requirements of functional human life demand the sacrifice of the lesser potential human value."

Notes: These 1971 guidelines were never published.

For several years, until the 1990s, the GC's Health Ministries Department kept both the 1970 and the 1971 guidelines on file and shared them apparently without noticing the differences.

George Gainer's Critique

"In effect, the church has simultaneously held two positions regarding abortion. The published May 13, 1970, abortion guidelines have presented to Adventist clergy and laity, and to the general public as well, the appearance of a restrictive stance. And the unpublished Interruption of Pregnancy Guidelines have permitted its hospitals a free hand in this economically significant practice."

George B. Gainer, "Abortion: History of Adventist Guidelines," Ministry Magazine, 1991.

Continuing Adventist Discussion

- My first invitation to give a paper at the GC: 1979
- Publication of "Adventists and Abortion: A Principled Approach"
 - Spectrum, Vol. 12, no. 2, December, 1981
 - Three principles:
 - 1. Respect for human life
 - 2. Respect for personal autonomy
 - 3. Practice of justice

1988 LLU Conference

1992 Publication



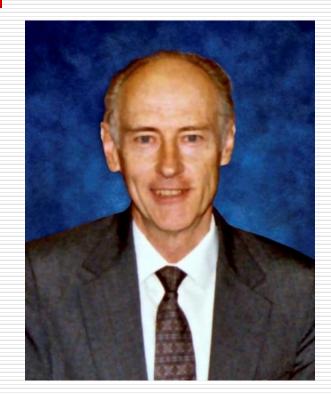
ABORTION

ETHICAL ISSUES & OPTIONS

Edited by David R. Larson

Christian View of Human Life Committee: 1989-2000

Multi-cultural, gender balanced committee of about 30 persons, led by Dr. Albert S. Whiting



Dr. Whiting

1992 Adventist Abortion Guidelines*

- 1. Protect prenatal life
- 2. Be gracious rather than judgmental
- 3. Offer practical help
- 4. Limit abortion to most serious reasons
- 5. Respect the pregnant person's decision
- Let the church offer guidance not governance
- Encourage all members to study in light of Scripture

^{*}Approved Oct. 12, 1992 at Fall Council of the General Conference, and available at https://adventistbioethics.org/adventist-bioethics-guidelines

Can we get beyond bumper stickers?







Two Down.
One to Go







Can we get beyond bumper stickers?

KEEP YOUR LAWS OFF MY BODY!



Against Abortion? HAVE A VASECTOMY!

Pro-Child Pro-Family Pro-Choice

Against Abortion? Don't Have One!





Gestation as Knitting

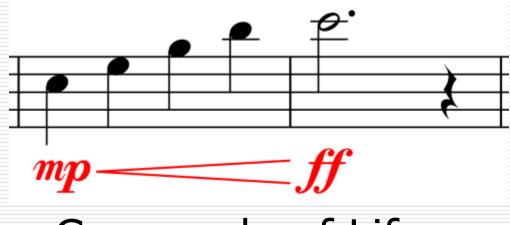
"For it was you who formed my inward parts; You knit me together in my mother's womb."





All the "moments" matter...

- Personal life
- Live Birth
- Viability
- Quickening
- Neural activity
- ☐ Heart beat
- Implantation
- Conception



Crescendo of Life

Clinical Realities

- Lethal fetal anomalies
 - Partial molar pregnancy
 - Anencephaly
 - Some trisomies
- Danger to mother's life or health
 - Placenta previa with accreta
 - Ectopic pregnancy
- Rape or incest

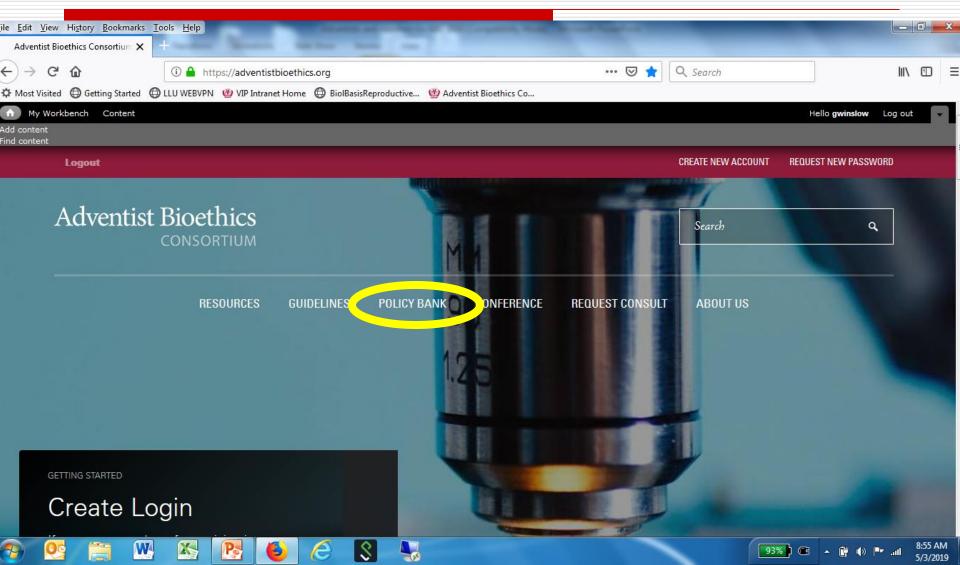
AdventHealth's Statement

CC.3. Beginning of Life

In accordance with Seventh-day Adventist theological beliefs regarding human creation in the image of God and the sanctity of human life, elective abortion is prohibited in AdventHealth institutions.

Therapeutic termination of pregnancy is allowable in three specific circumstances—for conditions that pose a clear threat to maternal health and life, fetal conditions that are incompatible with life outside the womb, or documented cases of rape or incest. Each potential termination of pregnancy is subject to review by the duty constituted institutional emico process. Across AdventHealth, the average annual incidence of pregnancy terminations is less than one per 1,000 live births.

LLU Health's Policy



LLU Health's Policy



My Workbench

Content

Add content Find content

one money pann

- Pregnancy Termination Guidelines (M-141)
 - Follows the SDA Church's "guidelines on abortion," which does not condone abortions
 for reasons of birth control, gender selection, or convenience. Exceptional circumstances
 include significant threats to the pregnant woman's life or health, pregnancy resulting
 from rape or incest, and severe congenital defects that will result in demise or minimum
 cognitive potential. Caregivers can be excused from care based on conscience.
- Patients' Right and Responsibilities (P-1)
 - Outlines the rights and responsibilities of patients.
- Patient Consent (P-2)
 - Outlines procedure of obtaining consent as well as different modes of consent, including surrogacy, conservator.



LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY: CLINICAL MANAGEMENT

CODE: M-141

EFFECTIVE: 10/2014

PREGNANCY TERMINATION REPLACES: 06/2011

GUIDELINES PAGE: 1 of 2

Philosophy:

SUBJECT:

Loma Linda University Medical Center strives to meet the physical, social, psychological, and spiritual needs of all its patients. Activities of the Medical Center are to be conducted in a manner consistent with the ethics, principles, and philosophy of the Seventh-day Adventist Church.

The Seventh-day Adventist Church's "Guidelines on Abortion" states, "Abortion should be performed only for the most serious reasons." The Church does not condone abortions for reasons of birth control, gender selection or convenience. Exceptional circumstances may be considered such as when they present significant threats to the pregnant woman's life, serious jeopardy to her health, pregnancy resulting from rape or incest, and severe congenital defects carefully diagnosed in

Where are we headed now?

- U.S. Supreme Court steering "right"
- Likelihood of controversy for political purposes
- Renewed pressures to revise or replace the Adventist guidelines
- Development of a proposed General Conference statement of biblical principles regarding prenatal life (drafted by the Biblical Research Institute)

Let's talk...

- Should the 1992 SDA abortion guidelines be revised or scrapped?
- Is it possible to have one statement of on abortion for a worldwide church?
- Should we distinguish between the positions we hold for different domains of authority?
 - Individual church members?
 - Church institutions?
 - State and Federal laws?

Question and Answers:

To ask a question of the panelists, click on the Q&A button located in the Zoom toolbar and type your question.



- We will try to respond to all questions asked during the webinar.
- Questions that do not receive a response during the webinar may be followed-up later via email.
- Questions posted during the live webinar are in review, and some may be selected for answer. Those answers will be placed in an updated slide file and posted again, here.