Religious Perspectives on Bioethics,  
Part 2 

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This is Part Two of a two part Scope Note on Religious Perspectives on Bioethics. Part One was published in the June 1994 issue of the Kennedy Institute of Ethics Journal (KIEJ), and as a separate reprint. This Scope Note has been arranged in alphabetical order by the name of the religious tradition. 

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INTRODUCTION

The many religions of the world bring diverse, and occasionally divergent attitudes to bioethical issues. These beliefs may guide patients and health care professionals as they seek or provide health care. In an attempt to facilitate understanding of and access to information about these beliefs in our pluralistic and global society, this Scope Note identifies literature by the world’s major religious groups on topics relating to bioethics.

Topics covered by this Scope Note include general attitudes to health and health care, the physician-patient relationship, treatment refusal, abortion, contraception, sterilization, reproductive technologies, genetics, mental health, human experimentation, organ transplantation and donation, death, euthanasia, suicide, and prolongation of life. Material was not available on all of these topics for each religion.

The literature gathered here represents only a small portion of the available writing on religion and medicine for these faith traditions in the United States, and is limited to that which comments explicitly on bioethical issues. Some faiths have a rich tradition of writing on bioethics, for others the literature is more limited. Variation in coverage is not intended to indicate the relative importance of a faith but reflects accessibility and space constraints. Individuals interested in obtaining additional information are encouraged to contact the National Reference Center for Bioethics Literature.

It is important to remember that doctrinal and theological differences exist even within the same denomination and that views of individual patients, family members, and health care providers should be sought.

NATIVE NORTH AMERICAN RELIGIOUS TRADITIONS


A brief description of the general principles of Southwestern Native American religions is provided. Most tribes believe that health and religious well-being are interconnected.


A Cherokee poet explains her attitude toward family, children and bringing children into the world. The welfare of children is paramount, for they are tied into the web of the family, and are the seed of future Cherokee generations.


The Ojibwe tribe’s view of health incorporates spiritual health and emphasizes a holistic approach to health care that encompasses a harmonious balance between the individual, community, and nature, as well as between body, mind, and spirit.


A survey of Native American religions is provided, including tribal histories, descriptions of religious ceremonies, and biographical sketches.


Hultkrantz summarizes the Native American attitude toward medicine and health care, explaining that belief in the supernatural and its powers is one of the most important tenets of life. Ailing persons are aided by those who have been trained to act as mediators between the sick individual and the supernatural powers. Attitudes toward health and disease, and the role of the medicine man are demonstrated through the use of examples taken from many tribes.

Hultkrantz, Åke. SHAMANIC HEALING AND RITUAL DRAMA: HEALTH AND MEDI-

Hultkrantz surveys the varied traditions of Native North Americans and their outlook on medical care, health, and religion, and emphasizes that Native American medical beliefs cannot be understood without appreciation for their religious ideas. Organizing his book by geographic regions, Hultkrantz illuminates the cultural and religious perspectives held by many different groups, covering attitudes to health, illness, madness, suffering, ethics, care for the elderly, life, death and dying, and describing some individual healing ceremonies. An exhaustive bibliography is included.


Jarell provides a history of the sterilization of Native American women with commentary on reproductive rights, physicians’ attitudes, Native American women’s attitudes, and the management of the Indian Health Service. The medical ethics topics of informed consent, eugenics, human experimentation, and paternalism are discussed.


Medical anthropologists use two case studies to demonstrate the difficulties physicians and patients face when they come from different traditions and do not share a common language. They offer their ethical, legal, ethnomedical, and sociopolitical observations of informed consent.


Cree Indian methods of treating disease are compared with the treatment process and procedures used in the Western health care system. Of note are: the Cree’s passive, rather than participatory, role in healing; the notion of silent diseases and preventive treatment; the caring, curing, and counseling roles of Cree practitioners; and the perspective of holism in health care.

PROTESTANTISM - General


Working from a belief in creation, original sin, and redemption through Christ, the authors stress the fundamental covenantal nature of all relationships and discuss a Christian understanding of technology, childbearing, abortion, stewardship of scarce resources, genetic technologies, death and covenantal caring, and care for those with AIDS.


In the context of God’s blessing for all his creatures (both animal and human) and the human responsibility to care for creation, Professor Bratton develops a Christian population ethic, discussing biblical approaches to reproductive values and to coercion and abortion in population management.


The Society offers a biblically based clinical ethic in its consensus statements on abortion, AIDS, handicapped newborns, euthanasia, reproductive technologies, contraceptives, fetal tissue use, withdrawing nutrition and hydration, assisted suicide, suffering, pain, disabled persons, conflicts of interest, treatment refusal, medical futility, and living wills. In addition the booklet includes codes of ethics for Christian dentists and doctors and a statement on a biblical model for medical ethics.

Frame, John M. MEDICAL ETHICS: PRINCI-

Frame’s book addresses people committed to the Bible as the norm for resolving ethical problems and uses an approach that focuses on the scripture, the person, and the situation. He discusses the problem of finding God’s will, patient-centered issues, and particular concerns in medical research and terminal care.


Focusing on what is distinctly human, and the moral status of the natural, Gustafson surveys the work of gene therapist W. French Anderson and concludes that there are circumstances in which genetic engineering would be morally justifiable and religiously supported.


Hauerwas argues that medicine and human society cannot be founded on an ethos of freedom but must derive their being from a “profound commitment to the protection and care of each person’s life” (p. 14). The ethos of freedom cannot account for our obligation to care for the vulnerable, e.g., the mentally handicapped. We must be a community that is willing to be present to one another in times of suffering. Using this framework, Hauerwas studies brain death, suicide, human experimentation, in vitro fertilization and caring for the mentally handicapped.


Meilaender develops a Protestant position on abortion that reflects the positive aspects of the Catholic argument against abortion and avoids some of the difficulties raised by its reliance on the principle of double effect. The Christian call to witness God’s love justifies intervention in conflict cases. However, Christians must avoid the temptation to be like gods because God’s plan cannot be known by earthly creatures.


The Council affirms both a belief in God’s purposeful creation and in the unique responsibility of humans to care for creation. Three standards of faith should be used to evaluate the uses of genetic engineering: the sacred worth of human life; the values of fairness, justice, and love; and responsibility to God through human activity in God’s creation.


Nelson discusses the protest lodged against the Hyde amendment by the United Methodist Church and then summarizes the official positions on abortion of other major Protestant denominations, while acknowledging the difficulty in speaking with one voice about the opinion of Protestant Christians on the issue of abortion.


Nelson presents the scientific facts of genetic engineering and some of the ethical and religious concerns raised by its use. Religious understandings of human nature and early responses by religion to genetic science are reviewed. The final chapter draws useful comparisons between the ecumenical statements of the World and the National Council of Churches and the denominational statements of the United Church of Christ, the United Methodist Church, the Church of the Brethren, and the Episcopal Church.


In the introductory chapter of this highly regarded treatise, Professor Noonan reviews the history of Christian thought on abortion. Prominent scholars Paul Ramsey, James Gustafson,
Bernard Häring, George Huntston Williams, John M. Finnis, and David W. Louisell contribute additional readings on philosophical, theological, regulatory, and constitutional issues related to abortion.


The authors assert that justice and the Christian commitment to care for others oblige us to carefully consider pouring vast resources into reproductive technologies while others do not have access to basic health care. The community of Christians shares responsibility for children, and parenthood is viewed as a lifetime commitment, not simply a biological kinship.


Physician Wilkinson discusses the sources, presuppositions, motives, and characteristics of Christian ethics and highlights some ancient and modern codes of medical ethics. Problems addressed include: human experimentation, resource allocation, the health care relationship, and AIDS, as well as ethical issues at the beginning and end of life.


This report includes a list of WCC recommendations and proposals for suitable safeguards and controls in the development of biotechnology. The statement on “Creation as God’s Gift” and discussion of specific topics in biotechnology—human genetic engineering, reproductive technology, intellectual property, environmental concerns, military applications, and impact on the third world—are included.

ANABAPTIST—Church of the Brethren, Friends Society (Quaker), Mennonite/Amish/ Hutterite

Church of the Brethren


Brethren are called to a ministry of healing and hope offering the Christian response of compassionate care. They are encouraged to educate themselves about AIDS, prayerfully explore faith issues raised by the disease; offer direct care or provide spiritual support through visitation, counseling, and anointing; and, in other appropriate ways, promote wholeness and acceptance. The genetics recommendations include monitoring and influencing the actions of committees setting policy, encouraging prospective parents to seek counseling if indicated, and emphasizing rights of all persons to dignity, freedom, justice, love, and respect.


Adequate health care for all is based on the belief that God’s holy purpose includes everyone. The affirmation and resolutions characterize adequate health care for everyone as a right and a “reflection of personal dignity,” and hold individuals and society jointly responsible for realizing this right by personal practice and active advocacy.

Church of the Brethren. General Board. RESOLUTION ON HEALTH CARE IN THE UNITED STATES. Elgin, IL: Church of the Brethren, 1992. 2 p.

Reaffirming the 1989 statement, this resolution calls on membership to work with the Interreligious Health Care Access Campaign to educate the public about needed changes to the health care system, to protect the right of health care workers to fair compensation, to promote educational funding for the health professions, and to encourage greater use of paramedical professionals.
Friends Society (Quaker)


Based on the Friends’ historical conviction that all human life is sacred and equal in the eyes of God, this statement outlines the AFSC’s actions in prevention education and its position on public policy issues such as mandatory testing, sex education, quarantine, and public funding for combatting AIDS. All responses to AIDS must be compassionate, respect human dignity, and treat all individuals and groups equally.


Two basic Quaker convictions drive the discussion: God is present in each person and this “Light Within” leads each individual to discover the truth. The issues of abortion, contraception, increased life expectancy, genetic counseling, and overpopulation are reviewed. While contraception is much preferable to abortion, abortion is preferable to the birth of an unwanted child; discretion should be granted to physicians in the use of pain medication for the dying; medical treatment can be withheld or withdrawn if an individual will never recover consciousness.


Valentine characterizes his document as a “vigorous reply to Who Shall Live? and a spirited advocacy of the basic human right to life” (p. ix). He condemns support for legalized abortion as inconsistent with traditional Quaker pacifism and avoidance of violence.

Mennonite/Amish/Hutterite


Brenneman, a pediatrician, reviews opinions expressed in Mennonite writing on abortion before and after the 1973 Supreme Court decision legalizing abortion. He expresses concern that acceptance of liberal abortion endangers the integrity of the strong Mennonite focus on the sanctity of life and its traditional pacifism.


Acknowledging the Mennonite and Brethren in Christ churches’ historic affirmation of God’s will of abundant life for all people, this statement proclaims the sanctity of all human life based on Biblical teaching and the belief that abortion is wrong. Currently this statement is under review.


Asserting that human health means the well-being of the total person—spiritual, mental, and physical—the Association commits itself to working for a more just health care system that would provide universal access to comprehensive services.

Mennonite Mutual Aid. LIFE CHOICES: GUIDELINES FOR CREATING YOUR ADVANCE MEDICAL DIRECTIVES. Goshen, IN: Mennonite Mutual Aid, 1993. 18 p.

A resource pamphlet for Mennonites, this document provides information about advance directives, guidance for completing these documents, and three living will samples, one of which incorporates a personal statement of faith.


Responding to HIV and AIDS is a resource booklet that provides basic medical information about AIDS and discusses the Biblical perspective on AIDS and preparations for congrega-
tional ministry to those with AIDS.


Chapters discuss the biological, biotechnical, psychological, and legal issues involved in medical decisions at the beginning of life. Other sections focus on the variety of bioethical systems, the response of other Christian communities, and theological and biblical perspectives on this issue. A Mennonite understanding emphasizes the responsibility and importance of communal discernment in decision making.


A high incidence of cystic fibrosis occurs in Amish, Mennonite, and Hutterite families. This study investigates their attitudes about carrier testing, prenatal diagnosis, and abortion. The majority of Mennonites approved of prenatal diagnosis for CF while the majority of Amish and Hutterite families did not approve or were uncertain. All Amish and Hutterite parents were opposed to or uncertain about abortion for CF-affected fetuses while Mennonites were evenly split. Attitudes toward carrier testing were more difficult to interpret.


The Mennonite belief that the community of Christian lay-people ought to be involved in the medical-ethical decision-making process undergirds discussions of the nature of the human person, death and dying, reproductive technologies, organ transplants, genetic engineering, preventive life-styles, and allocation of scarce medical resources. Use of this book is also encouraged by the Friends United Meeting.

ASSEMBLIES OF GOD


14 p.

The Assemblies of God maintains that abortion is an evil that violates God’s injunction against the taking of innocent human life. Christians are urged not to be misled by the language used to euphemize abortion and are encouraged to: pray, provide Biblical moral instruction and adoption counseling, actively support prolife legislation, and compassionately minister to those experiencing guilt and remorse from having had or having participated in an abortion.

BAPTIST


Contains the official policy statements and resolutions of the American Baptist Church on abortion; AIDS; death and dying; human sexuality; health care for all; and health, healing, and wholeness.


Southern Baptists oppose active euthanasia and doctor-assisted suicide because they are direct, intentional acts of killing. Refusing or withdrawing medical treatment is morally and biblically acceptable when death is imminent, but withdrawal of food and water is not permissible because this action, rather than the underlying disease, causes death. The text of the 1992 resolution on euthanasia is included.


Mitchell summarizes the work of the Human Genome Project and asks whether the ability to genetically engineer human beings means that we should do so. He reviews the ethical issues raised by genetic engineering, offers guiding scriptural principles, and urges all evangelical Christians to use science, biblical studies, hermeneutics, and systematic theology in their
consideration of new genetic technologies.


The authors discuss the functions and weaknesses of standard living wills and review the biblical principles that apply to advance directives—i.e., the sovereignty of God over sacred human life, the assurance of eternal life, and the biblical proscription against unjust killing, suicide, and active self-killing. They prefer the Durable Power of Attorney for Health Care and the Will to Live as pro-life, anti-euthanasia alternatives to the problematic living will.


The biblical prohibition on taking human life through euthanasia or assisted suicide is affirmed and legal prosecution of those who participate in such acts is encouraged. Research into more effective pain management is urged while the designation of artificial nutrition and hydration as extraordinary treatment is rejected.

CHRISTIAN CHURCH (DISCIPLES OF CHRIST)


CHRISTIAN SCIENTIST


Brenneman, an investigative reporter and former Christian Scientist, examines three forms of spiritual healing: Christian Science healing, psychic surgery, and psychedelic psychotherapy. The author attempts to answer questions about why people choose to rely on spiritual healing and whether state intervention in such a practice constitutes an invasion of privacy or constriction of freedom.


Four sections cover: (1) the health care Christian Scientists provide for their children; (2) the evidence for Christian Science healing; (3) the issue of whether Christian Science healing for children should be accommodated in law; and (4) how the restriction of Christian Science healing for children would affect society. A textual appendix discusses cases of Christian Science healing of children to provide proof of its efficacy.


Following a brief history of the, origins and philosophy of the Christian Science approach to spiritual healing, the author (1) reviews the denomination’s success in promoting religious exemptions in child neglect and abuse laws for these methods, (2) discusses the crusade of former Christian Scientist Rita Swan against Church practices and religious exemption clauses, and (3) concludes with a summary of the author’s opinion as to the denomination’s options in the face of improved medical technology and declining membership.


Green briefly summarizes the Christian Science belief that prayer alone for the healing of the sick mirrors the method of healing used by Jesus Christ. Organ donation or transplantation and blood transfusions are not acceptable for adults. Prayer for healing is appropriate even for
terminal patients.


The Supreme Court set aside the conviction of Christian Scientists Ginger and David Twitchell on the charge of involuntary manslaughter in the death of their two-year-old son from a treatable bowel obstruction after they had depended on spiritual healing. The Court warned that while the religious exemption for spiritual healing might be sufficient to prevent a finding of neglect in this case, other parents using spiritual healing could still be prosecuted and convicted of involuntary manslaughter if they wantonly or recklessly violated their duty to seek medical attention for their child.


In this Project Ten book, Peel covers the topics of suffering, sexual morality, mental illness, and the philosophy of medicine and health. He discusses the genesis and metaphysics of the faith and some challenges facing the Church, but asserts that the efficacy of Christian Science healing can only be demonstrated and not proven through experimentation.


The mother and step-father of eleven-year-old Ian Lundman sought Christian Science spiritual healing for Ian’s diabetes. In light of Ian’s death, a Minnesota jury found for punitive and compensatory damages in a civil suit filed by the boy’s father. The focus was not the defendant’s religious beliefs but the “rights of a child to be protected from illness and death” (p. 1782).

Skolnick, Andrew. Religious Exemptions to Child Neglect Laws Still Being Passed Despite Convictions of Parents. Journal of the American Medical Association 264(10): 1226, 1229, 1233, 12 September 1990. [See also the Skolnick article in the next issue of JAMA.]

Skolnick summarizes recent attempts by the Christian Science Church to garner passage of state religious exemption laws and the opposing efforts of child protection advocates to block new legislation and to repeal already existing laws. The Church claims that it is fighting for the right to pray while opponents point out that there can be a marriage of prayer and medical treatment and that the Church wants the efficacy of its spiritual healing methods to be judged solely on the basis of Church-compiled records.


Swan, a former Christian Scientist whose child died of bacterial meningitis after treatment by a Christian Science practitioner, argues against the recognition of spiritual treatment as lawful medical care. Swan holds that the state should recognize only secular medical care and should intervene in cases where parents deny children medical care in the name of religion.


Talbot summarizes the Church’s philosophy of health—i.e., that disease and physical suffering are the result of alienation from God and may be overcome by prayer and spiritual intervention. Practice over generations, reports of healings, and recognition by insurance companies and federal and state legislation are cited as evidence of the efficacy of Christian Science healing. The Church permits parents to choose either spiritual or conventional methods of healing without ostracism. Christian Scientists generally comply with public health laws and vaccinate their children.

CHURCH OF JESUS CHRIST OF THE LATTER-DAY SAINTS (MORMON)

As part of Project Ten, an important series of books from the Park Ridge Center covering religious aspects of medical ethics for different religious traditions, Bush discusses the topics of well-being, suffering, health and healing, death and dying, madness, sexuality, and birth as they are understood in the Church of the Latter-day Saints. He provides insight into the denominations’s governing structure and a history of the development of its authoritative guidance on dietary and lifestyle practices, including: wearing of a sacred undergarment, anointing with oil and baptism for healing, and beliefs about illness.

Church of Jesus Christ of Latter-day Saints. FIRST PRESIDENCY STATEMENT ON AIDS. Salt Lake City, UT: Church of Jesus Christ of Latter-day Saints, 27 May 1988. 2 p.

The AIDS epidemic can be diminished by observing God’s commandments of chastity, fidelity in marriage, abstinence from homosexual behavior, avoidance of illegal drugs, and respect for the body as the temple of God. Mormons are encouraged to extend compassion and sympathy to all with AIDS, especially those “innocently” infected by blood transfusion, birth, or a spouse.


Abortion fundamentally contradicts the Lord’s injunction against killing and is never appropriate for personal or social convenience. Even in the rare instances when the Church recognizes that abortion may be justified, the choice to abort should be made by the couple only after personal reflection, consultation with their bishop, and divine confirmation through prayer.


Divett offers a tool for Mormons seeking to understand their heritage and for health care professionals caring for LDS patients. He provides a church history and an overview of its various health-related beliefs in the context of general medical knowledge and practice.


Entries in this four volume work include: abortion, AIDS, artificial insemination, attitudes toward health, autopsy, birth control, blood transfusions, circumcision, hospitals, medical practices, prolonging life, sterilization, and word of wisdom [the common title for health revelations].


The Church’s consistent opposition to abortion is developed as Elder Nelson, reviews the common reasons cited for abortion—the health of mother, rape or incest, malformations of the fetus, the woman’s control of her body, philosophical arguments about when life begins, and population control. A person who truly repents may be forgiven for the sin of abortion.


Open to ongoing prophetic guidance, most Mormon health traditions, including dietary and lifestyle edicts and belief in the unity of the spirit and body, originated in decrees from the Church’s first two prophets, Joseph Smith and Brigham Young. Sickness and suffering sometimes are perceived to be linked to sin, but often serve a redemptive function or as evidence of a personal God. Healing and blessing by laying on of hands and/or anointing with oil is common in conjunction with secular medicine. Simmerman outlines Church positions on topics including: autopsies, birth control, abortion, sexuality, in vitro fertilization and artificial insemination, and genetic engineering.

EPISCOPAL/ANGLICAN


General Convention resolutions on care of the terminally ill (living wills) (1982 and 1991); life sustaining treatment (1991); ministry to the mentally ill (1991); in vitro fertilization and prenatal gender selection (1982); genetic engineering research (1985 and 1991); organ, blood, and tissue donation (1982); genetic engineering and fetal tissue research (1991) are collected.


Archbishop of York Habgood discusses respect for autonomy, beneficence and non-maleficence, maleficence, and justice from the Anglican perspective which appeals to Scripture, tradition, and reason for guidance. These principles are applied to specific topics in bioethics (abortion, euthanasia, allocation of resources).


Smith develops the Anglican position on decisions at the end of life; sexuality and issues at the beginning of life; mortality; and the sharing of power, knowledge, and resources.

EVANGELICAL


Davis approaches the issues of contraception, reproductive technologies, abortion, infanticide, and euthanasia from the evangelical Christian perspective wherein the Bible, viewed as the literal Word of God, serves as an infallible and final authority on all matters of moral behavior.


Two theologians discuss moral decision making and the Christian, abortion, euthanasia, sexual morality, birth control, genetic engineering, and reproductive technologies.


Physician Payne identifies foundational principles of a distinctive Christian Biblical/medical ethics, discusses the role of the Church in health care, and develops a theology of medicine based on the biblical notion of “pneumosomatic” or holistic health. Biblical references to health and healing are applied to abortion; psychotherapy; death, dying and grief; and euthanasia and the definition of death. Biblical priorities for the physician and medical student are discussed.


Payne covers topics in population and birth control, the reproductive technologies, genetic engineering, and ethics at the end of life.


Sweet identifies several dozen churches that fall under the evangelical umbrella. They share: (1) a belief in the binding authority of the Bible; (2) a personal relationship with God; (3) a strong emphasis on conversion; and (4) a belief in moral absolutes. As part of the Project Ten series, Sweet’s work explores the ways the evangelical faiths view health, mental illness, pain, suffering, sexuality and abortion, personal hygiene, healing, aging, and death.

JEHOVAH’S WITNESS


Ackerman analyzes the duties of beneficence
toward children and the limits of parental authoriry; he concludes that we should override a parents’ decision to refuse life-sustaining treatment for the child only if the intervention is likely to prevent a degree of substantial harm to the child.


Davis addresses Jehovah’s Witnesses’ refusal of blood products; she maintains that there is a dangerous trend by some health care providers to assume (wrongly) that Witnesses really do not mean it when they refuse treatment and that they hope their provider will seek a court order forcing them to accept blood products. She notes, however, that there are some cases when this intervention is precisely what the patient wants.


Green provides a brief summary of the issues that are important to Jehovah’s Witnesses when facing death. She discusses the refusal of blood, dietary issues, care of the dying, and attitudes toward autopsies and funerals.


Jonsen focuses on the legal duties of the physician and the dilemma of how to provide competent care while supporting a patient’s religious beliefs.


Macklin presents the case of a hospital ethics committee struggling with the problem of a pregnant Jehovah’s Witness who needs a blood transfusion, highlighting the complex interdependence of maternal and fetal rights.


The Children’s Hospital of Boston was granted permission by a lower court to administer blood transfusions to eight-year-old Elisha McCauley in order to confirm a diagnosis of and as part of treatment for leukemia. Her Jehovah’s Witness parents had objected to the transfusions on religious grounds. On appeal, the Court held that the trial court had properly authorized the transfusions. While the privacy of family life must be protected from unwarranted state interference, the Court found that when a child’s life is at stake, the child’s welfare, and not the parents’ rights, is the paramount consideration.


Denise Nicoleau, a Jehovah’s Witness, refused to consent to blood transfusions following a cesarean section. Despite her objection, the Supreme Court of Suffolk County authorized the hospital to administer the transfusions. The New York Court of Appeals held that the lower court should not have ordered the transfusions, reasoning that because the state rarely acts to protect individuals from themselves, its interest is less substantial. Furthermore, a patient’s right to self determination has never been conditional on being without minor children.


Singelenberg outlines the history and justification for Jehovah’s Witnesses’ refusal to accept blood transfusions. For believers, proof of the wisdom of their doctrine is abundant these days—AIDS is a powerful justification to abstain from blood.


Perspectives on abortion, advance directives, circumcision, medical decision making, birth defects, vaccines, living wills, organ donation
and transplantation, prolongation of life, right to die, faith healing, and the use of blood and blood products are briefly outlined.


A series of questions and answers for health care personnel explain the basis for Witnesses’ refusal of blood, the physician’s role, children’s involvement, alternative therapies, and bloodless surgery.


Watson provides a thorough look at the ethical issues surrounding Jehovah’s Witnesses and blood. The medical treatment of competent and incompetent adults, pregnant adults, and children and adolescents is addressed. A number of court cases are described, and an extensive bibliography is provided.

LUTHERAN


In recognition of the gift of God’s undeserved love for all, Lutherans are encouraged to care for and accept persons with AIDS in the manner of Christ’s nonjudgmental and compassionate ministry to the sick.

Evangelical Lutheran Church in America, Church Council. A MESSAGE ON END-OF-LIFE DECISIONS. Chicago, IL: Evangelical Lutheran Church in America, 1992. 5 p.

This message affirms that living and dying are equally part of a process created by God, share meaning in the promise of the resurrection, and should be supported by a caring community. The wishes of the patient (expressed directly or through advance directives or surrogates) carry final authority. Artificially-administered nutrition and hydration are recognized as medical treatments that may be refused, but physi-}

cian-assisted death is opposed.


Acknowledging the differences within the denomination, this statement sets forth relevant theological and ethical teachings about abortion. The Assembly affirmed life as a gift, sexual intercourse as appropriate only within marriage, and abortion only as a morally responsible option of last resort in cases of maternal danger, lethal fetal abnormalities, and pregnancy resulting from rape or incest.


Representing the first stage in the development of a social statement on human sexuality, this study encourages discussion on the topic. It includes chapters on human sexuality, sexuality in the Bible and in Lutheranism, stewardship of sexuality, and specific issues of concern for today.


A collection of Pastor Kelm’s “question and answer” columns from the official magazine of the Wisconsin Evangelical Lutheran Synod includes the topics of: abortion, birth control, blood transfusions, depression, funerals, healing, infanticide, organ transplants, sexual sins, suicide, and vasectomy.


Accepted by the Evangelical Lutheran Church in America, this statement by a predecessor body encourages the donation of cadaver organs and renewable tissue or live organs as an expression of sacrificial love and calls for the fair distribution of scarce organs and prohibition of their sale or purchase.

Lutheran Church-Missouri Synod. Commission on
Theology and Church Relations. **CHRISTIAN CARE AT LIFE’S END.** St. Louis, MO: Commission on Theology and Church Relations, February 1993. 64 p.

A Christian call “always to care and never to kill” (p. 3) is acknowledged, and opposition to euthanasia and assisted suicide is reaffirmed. Case-based discussions of 12 guiding principles counsel the need to seek God’s will and to respect differences in conscience.


Living kidney donation to relatives and use of donor cards to allow transplantation of organs after death are encouraged.


Marty, a Lutheran religious historian and co-editor of the Project Ten series, covers topics of suffering, illness and madness, caring, healing, morality, sexuality, and the meaning of dying in this first volume of the series. For Lutherans, illness and madness are evidence of the brokenness and partiality of this world caused by human beings’ fall from grace.


Demonstrating the relevancy of scripture to human sexuality, premarital relationships, homosexuality, and family planning, Pastor Mueller asserts that the Bible teaches morality but is not moralistic. The Scripture is not a rule book; its central message is Christ and the guidance it offers does not work separated from personal knowledge of the power of Christ.


Prepared by representatives of the American Lutheran Church and the Lutheran Church in America, the two larger predecessor bodies of the Evangelical Lutheran Church in America, this collection of resource paper covers: artificial insemination, in vitro fertilization, surrogate motherhood, genetic manipulation, genetic screening and counseling, prenatal diagnosis, and handicapped newborns.


Sherman delineates the unique contribution the Lutheran theological tradition might make to biomedical ethics. He concludes that the Lutheran tradition, often characterized as “evangelical Catholicism,” honors tradition yet accepts modernity, with an “open, affirming and yet critical” attitude toward medical technology and its interventions into the life process.


Continuing its historic testimony against abortion based on the Scriptural teaching that the unborn are persons in the sight of God and therefore protected by the commandment against murder, this statement prohibits abortion except when medically necessary to save the life of the mother.

**METHODOIST/WESLEYAN**


Holifield develops Wesleyan/Methodist thought on healing and health, suffering, dying and death, morality and dignity, sexuality, caring, and well-being in this Project Ten book. He notes the profound interest of Methodist founder John Wesley in physical, as well as spiritual, well-being and his notion that achievement of health in these two realms was an interconnected journey toward wholeness.

Stallsworth, Paul T., ed. **THE CHURCH AND ABORTION: IN SEARCH OF A NEW GROUND FOR RESPONSE.** Nashville, TN:
Motivated by the 1990 “Durham Declaration” on abortion (text included), these papers assert that the current “compromise” position of the Methodist Church on abortion—which recognizes both the sanctity of life and the tragic conflicts of life with life that may justify legal abortion—is out of step with historic and ecumenical Christianity.

A compilation of all resolutions approved by the quadrennial General Conference of the United Methodist Church since 1968, this book includes the denominations’ “Social Principles” and resolutions on genetic technology, organ and tissue donation, abortion, health and wholeness, medical experimentation, medical ethics, medical and pastoral care for individuals with AIDS and AIDS education, understanding living and dying as faithful Christians, substance abuse, suicide, sterilization, medical rights, and mental illness.

This series of study guides considers health and wholeness, human sexuality, and drug and alcohol concerns based on denominational resolutions. Guides on genetic science and AIDS are expected in January 1995.

Asking for the courage to stand for biblical principles and against prejudice and discrimination, this document offers brief statements of belief from the Wesleyan Church on such topics as: human rights, sanctity of life, substance abuse, homosexuality, and AIDS.

The Wesleyan Church stands for chastity before marriage and fidelity in marriage, and members are encouraged to oppose the legitimization of deviant sexual practices. At the same time, however, they are called to educate themselves about AIDS and to offer a compassionate and nonjudgmental response to those with AIDS as Christ’s redemption and grace are available to all. The resource paper provides medical facts; guidelines for individual churches; recommendations for program, personnel, facilities, and equipment; and a procedure for handling blood and other body fluids.

Wesleyan Church. Task Force on Public Morals and Social Concerns. POSITION PAPER ON ISSUES RELATED TO DEATH AND DYING. Indianapolis, IN: Wesleyan Church, August 1989. 4 p.
Now under revision, this paper discusses a definition of death, “brain death” and persistent vegetative state, medical decision making and treatment refusal, euthanasia, pain treatment, the elderly and terminally ill, donation of body parts, and the marriage covenant and illness.

NAZARENE

All official statements and doctrinal beliefs of the Church of the Nazarene are contained in this manual. Of particular interest are special rules on human sexuality and abortion, and the appendices on genetic engineering and gene therapy, euthanasia, and organ donation.

PRESBYTERIAN/REFORMED

Since its founding in 1973, the General Assembly of the Presbyterian Church in America has received or adopted as actions position papers covering: abortion, AIDS, medical heroic measures, and homosexuality.

Presbyterian Church (U.S.A.). Committee on Social Witness Policy. SOCIAL POLICY COM-
A topical compilation of excerpts from motions and resolutions passed by this denomination and its former branches since 1966 addresses human sexuality, homosexuality, birth control, abortion, health care, AIDS, biomedical ethics, and genetic technologies.


Claiming Jesus’ promise of abundant life—i.e., health, healing, and restoration to physical, mental and spiritual wholeness—this statement urges personal, church, and societal responsibility for resolving the problems with health care in the United States. Text, background commentary, and a study guide are provided.


The Church “encourages an atmosphere of open debate and mutual respect for a variety of opinions” (p. 20) on the issue of abortion due to diverse interpretations of scripture and acknowledges that in a sinful world abortion may be the least objectionable of difficult options. Common viewpoints of Presbyterians on abortion are summarized.


These excerpts from reports adopted by the 1993 General Assembly contain recommendations and policy statements on: the universal health care plan, freedom of choice, access to clinics, and family planning and population.


These companion reports were adopted in 1983. The first discusses contraception, abortion, genetic research and human engineering, just provision of health care, and decision making at the end of life. The text of the Christian Affirmation of Life and other advance directives are included. The second provides a more detailed analysis of the issues of contraception and abortion. Both provide policy statements, recommendations, and study guides.


Vaux, the director of Project Ten, examines how Reformed beliefs influence being human (well-being, dignity, suffering, and madness); becoming human (passages and sexuality); and acting human (morality, healing, caring, and dying).


Essays address medical ethics and Christian ethics; what the Church can offer to biomedical ethics; the biblical and theological basis for health care ministries; and the Reformed tradition’s view of health and healing.

\section*{SEVENTH-DAY ADVENTIST}


In his discussion of the origins of Seventh-day Adventist health reform, this former Seventh-day Adventist includes chapters on the health reformers, dietary directives, the Western Health Reform Institute, and the denomination’s philosophy of health. Numbers’ treatment of
Church founder White resulted in a great deal of controversy within the Adventist Church. The lengthy introduction by Jonathan M. Butler provides details of this debate.


In light of the Seventh-day Adventist expectation of the imminent advent of Christ’s second coming and the belief in the Church as a gathering of the faithful awaiting Christ’s return, Pearson examines both official and unofficial denominational positions on contraception, abortion, and other topics. A bibliography is provided.


The Committee states that childlessness bears no social or moral stigma. If assisted reproduction is used, consideration of the impact on family heritage, the need to respect human life at all stages, and Christian stewardship is necessary. The use of RU-486 for medical therapy and for contraceptive use to prevent fertilization is ethically permissible.


Affirming the gift of life on earth, but relying on the promise of eternal life, this consensus statement holds that Seventh-day Adventists may use medicine to minimize suffering, but are not required to use means that will merely prolong the process of dying. After truthful disclosure of prognosis, treatment decisions should be left to the patient or family members, at all times ensuring that the dignity of the patient is respected. Seventh-day Adventists do not condone mercy-killing, assisted suicide, or euthanasia.


Intended to provide pastoral guidance to individuals facing the issue of abortion, this is a consensus statement and does not reflect official Church policy. The statement affirms that life is a sacred and magnificent gift from God and states that the decision to seek abortion is one of grave moral consequence appropriate only for most serious reasons. Ultimately the decision rests with the pregnant woman, supported by the Church community, and aided by “accurate information, biblical principles and the guidance of the Holy Spirit” (p. 3). A footnote includes Adventist “Principles for a Christian View of Human Life.”


Abortion guidelines adopted by the Conference in October 1992 are presented along with commentaries on the guidelines and Adventist views of abortion.

UNITARIAN UNIVERSALIST


All general resolutions and resolutions of immediate witness passed by each General Assembly since 1961 are collected here. Resolution topics include: nursing home reform, home health care, mental health, development of hospices, legality of living wills, a national health plan, opposing AIDS discrimination, the right to die with dignity, AIDS/HIV crisis, travel rights of HIV-infected people, universal health care, and resolutions (the first dated 1963) on abortion and the right to choose.

UNITED CHURCH OF CHRIST

Textual excerpts of all social policy statements passed by the biennial general assemblies since the denomination’s founding in 1957 cover: abortion, AIDS, genetic engineering, health, population and family planning, reproductive technologies, and the right to die.


The Church has prepared a resource guide for its membership that discusses decision making at the end of life, including making decisions for oneself and for others, ethical approaches, UCC perspectives, and challenges to the Church. A glossary and study questions are also included.

ROMAN CATHOLICISM


Prepared as an undergraduate text, this work covers fundamental questions about health and responsibility, the ethical principles of health care, and norms of Christian decision. These principles are applied to such issues as: human research and the allocation of resources, sexuality and reproduction, surgical and genetic reconstruction of the human body, psychotherapy, death and dying, and pastoral and religious responsibilities in healing.


Professor Cahill discusses the Catholic Church’s views on abortion and her own, noting the Church’s ambivalence about both sex and women. Cahill argues that reduced focus on isolated sex acts and their relationship to the procreative process, greater respect for women, and shared responsibility of men and women for the family will enhance the Church’s ability to garner respect for the unborn.


The authors identify six Catholic Christian norms, that, in conjunction with the principle of Christian charity, guide their moral assessment of several types of genetic manipulation. These norms are: accountable stewardship, preservation and protection of the nature and destiny of humankind, respect for life, respect for persons, equality of value of each person, and charitable justice in the distribution of resources.


The Catholic Bishops of Pennsylvania offer their religious perspective on withholding or withdrawing nutrition and hydration. They provide a clear discussion of states of unconsciousness, methods of providing nourishment, and criteria to determine whether treatment is ordinary or extraordinary. In almost every instance a moral obligation exists to provide nourishment to an unconscious person. (See also commentaries on following pages.)


The Catholic tradition affirms the sanctity of life, God’s dominion and human stewardship of the gift of life, and prohibition of killing; these principles inform its goal to help dying patients live well until they die. While euthanasia and assisted suicide seem to be receiving increasing support, Catholic institutions are challenged to work against the tide to create a community supportive of the values of life; to advocate balancing patient autonomy and state interests in life; to work to achieve holistic and palliative care for the dying; and to strive to relieve all forms of pain.


The task force attempts to define pain and
suffering and addresses societal and clinical concerns regarding pain and its control. While it notes that some individuals may choose to endure pain as a redemptive participation in Christ’s passion, the Vatican Declaration on Euthanasia allows the use of high levels of painkillers even if life foreseeably will be shortened.

Catholic Health Association of the United States. HUMAN GENETICS: ETHICAL ISSUES IN GENETIC TESTING, COUNSELING, AND THERAPY. St. Louis, MO: The Association; 1990. 43 p.

Issued by CHA as a “resource for ethical consultation and decision making in medical genetics,” this work reviews the current scientific techniques in genetics; relates ethical problems and considerations in genetic testing and gene therapy; and makes recommendations for genetic services in Catholic health care institutions. Respect for non-directive counseling is urged, and somatic cell or parental gonadal cell therapy is cited as effective treatment for genetic diseases, that avoids morally negative alternatives.


Practical guidance on the development and formation of policies on clinical ethics is offered. Sample policies, information about the teaching of the Catholic Church, and suggestions for further reading on institutional ethics committees, informed consent/collaborative decision making, life-sustaining treatment, surgical sterilization, and rape are provided.


Portraying the AIDS epidemic as a moment in time when God draws near demanding recognition and response, this document asserts that the Gospel requires a compassionate and open response to those with AIDS; the provision of medical care; and efforts to ensure that justice, love, and mercy are taught and reflected in public policy. Chapters on AIDS in the Church, ethical and legal considerations for health care providers, and an appendix with sample policies on a variety of issues for medical and corporate settings are included.


Sparked by Humanae Vitae, the papers in this volume examine whether dissent from such authentic, noninfallible papal teaching is legitimate. Contributions discuss the function of the magisterium and historical cases of accepted dissent before turning to an analysis of the encyclical itself.


In his general introduction to the debate regarding Humanae Vitae, Grisez identifies two common forms of dissent: (1) questions of consistency in the Church’s teaching because the Church accepts birth regulation by abstinence but not by contraception, and (2) questions of the infallibility or authority of the Church’s teaching. The two essays in this book attempt to respond to these objections.


Prepared especially for health professionals and pastoral personnel, this volume offers discussion of: lawful and unlawful means of dealing with fertility issues, contraception, abortion, euthanasia, application of the principle of double effect to problems in pregnancy, organ transplantation, treatment for rape victims, and issues of confidentiality and AIDS. It also provides a multi-page, quick reference commentary on the “Ethical and Religious Directives for Catholic Health Facilities” and a detailed index.

Heaney compiled this book for individuals searching for an understanding of “why the Church’s position (on abortion) makes sense” (p. xiv), those looking for well-reasoned arguments on either side of the abortion debate, and those influenced by non-Church teaching but uncertain in their hearts. Interdisciplinary contributions cover: personhood; moral methodology and applications; feminist issues; pluralism, dissent, and the magisterium; and Church, public policy and the law.


McCormick discusses the way moral theology in the Catholic Church has evolved during the twentieth century. He considers changes in Catholic positions on specific issues—e.g., genetic technology, sterilization, nutrition and hydration, and AIDS.


Basing his discussion on the 1975 United States Catholic Conference “Ethical Guidelines for Catholic Health Care Institutions,” McCormick provides the reader with a thematic understanding of the Catholic Church’s approach to “being well,” an appreciation of the complexity of the denomination’s living tradition (the Popes and the magisterium), and its defined pattern of authority in this book from the Project Ten series.


McCormick summarizes the historical and more recent response to *Humanae Vitae*, the Papal encyclical addressing contraception. He reviews the proposals for moving beyond the current impasse on the issue.


McCormick offers a comment critical of the Pennsylvania Bishops’ position on the withdrawal of artificial nutrition and hydration. He calls their moral reasoning questionable and states that their position that such withdrawal from a patient in PVS is “murder by omission” focuses on the effect, not the benefit, of such treatment.


Based on Pope John Paul II’s brief comments on genetic manipulation, Moraczewski maintains that experimental genetic interventions may be morally acceptable if their aim is the improvement of the human biological status, the normal biological nature of the human person is respected, no harm is inflicted on the process of human generation or on human embryos, and new classes of marginalized people are not created.


In a revised version of the 1987 statement, *The Many Faces of AIDS: A Gospel Response*, the United States Catholic Conference asserts the dignity and worth of all persons and attempts to address the ethical and spiritual dimensions of the HIV/AIDS crisis. The Church is called to provide pastoral care and medical and social services to AIDS patients and their families and friends in the compassionate and understanding manner of Christ. The Conference encourages AIDS education and urges those with AIDS to live in a manner that does not put others at risk. The Church affirms its position that the gift of sexuality should only be expressed in a monogamous, heterosexual and married relationship.


The resolution states that health care is a right because of the sanctity and dignity of human life and that persons are made in the image of God. Eight criteria for reform and four key policy priorities are identified.

The distinction between suicide or active euthanasia and the refusal of disproportionately burdensome medical treatment are emphasized. Catholics and all persons of good will are exhorted to reject proposals to legalize euthanasia because such measures capitalize on confusion, ambivalence, and fear about the use of life-sustaining technology rather than seek loving solutions that respect the dignity and gift of human life.


The Bishops’ statement provides basic moral principles based on respect for the dignity of the human person and God’s gift of life and uses these principles in a series of questions and responses to clarify the Church’s position on nutrition and hydration. In some limited instances medically assisted nutrition and hydration represent an unreasonable burden, but the Conference argues for a general presumption in favor of medically assisted nutrition and hydration and against routine classification of PVS patients as terminal; however, it states that this teaching is only preliminary.


In an effort to help people understand the theological foundations for Catholic teachings on issues in medical ethics, Dominicans O’Rourke and Boyle review values informing Church positions and the meaning of the formation of conscience. They provide topically arranged excerpts from official statements of the Church, including *Humanae Vitae, Donum Vitae, On the Christian Meaning of Human Suffering, Declaration on Euthanasia,* and *Prolongation of Life,* and provide references to the full documents.


The authors note that the document represents pastoral teaching and is not intended to be regarded as authentic or infallible. They argue that the Bishops’ thesis in favor of artificial nutrition and hydration in almost all cases is: (1) contrary to Catholic theological tradition because it overemphasizes the value of mere physiological function; (2) contrary to goal of medicine; and (3) contrary to the common belief of the faithful on the issue.


Three aspects of the encyclical, *Donum Vitae* are discussed: clinical and technical aspects, moral-theological foundations, and the impact on legislation and public policy.


In the face of increasing pluralism in U.S. society and the Catholic denomination, this volume attempts to clarify the philosophical and theological foundations for Catholic medical ethics. The tradition of Catholic teaching on medical morality and its sources of moral insight are examined in the belief that the Church’s charity-based “agapeistic” ethic is a viable and rich alternative to secular medical ethics.


Smith holds the papal prohibition of artificial contraception to be “true, wise, and authentically Christian” (p. xv), and attempts to provide a philosophical defense for the encyclical. She examines documents from the papal advisory commission, reviews Pope John Paul II’s defense and the Church’s understanding of Christian marriage, counters the major opposing arguments, and provides a new translation of the text from the Latin version.

Theologian Teo notes that the Catholic tradition believes that good health care for the sick and dying builds communal bonds and reveals God’s love and care for the world. Organ transplantation has the potential to build global bonds, but its ethical defensibility depends on absolute respect for the human person, before and after death, and the noncommercial and fair distribution of organs.


*Veritatis Splendor’s* (text and Vatican summary in *Origins* 23(18): 297, 299-336, 14 October 1993) discussion of fundamental questions regarding moral theology has ramifications for thinking about birth control, artificial reproduction, sterilization, and abortion. Wildes reviews issues in Roman Catholic moral theology relevant to *Veritatis Splendor*, summarizes major themes of the encyclical, and outlines three tensions unresolved by the encyclical: the nature of the moral act, the role of moral theologians, and the relationship of faith and reason in moral theology.


Catholic moral theology focuses on issues raised by the varieties of medical treatment available for the dying of all ages, from previable embryos to the frail elderly. Essays treat: pain control; HIV infection; artificial nutrition and hydration; theological reflections on dignity, solidarity and the sanctity of life; and responsibility and obligation.

This Scope Note was prepared by Laura Jane Bishop, M.A., a Georgetown University doctoral candidate, and Research Assistant at the National Reference Center for Bioethics Literature (NRC) and Mary Carrington Coutts, M.L.S., a Reference Librarian at the NRC. Literature available through September 1994 is represented in this Scope Note.