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Religious Traditions and Prenatal Genetic Counseling

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Abstract

Members of organized religious groups may look to their faith traditions for guidance regarding the moral implications of prenatal diagnosis and intervention. Many denominations have doctrinal statements relevant to these deliberations. In this paper, common spiritual issues arising in the genetic counseling encounter are described. Representative doctrinal positions, derived from the responses of 31 U.S. religious denominations to a survey relating to prenatal genetic counseling, are given. Because the long-term adjustment of patients may be dependent in part on their ability to reconcile their actions with their faith traditions, genetic counselors best serve their patients when they invite discussion of matters of faith. Unless invited, patients may assume these topics are ‘off limits’ or that care providers are indifferent to their beliefs. Although genetics professionals ought not assume the role of spiritual advisor, a working knowledge of doctrinal approaches should help counselors frame the issues, and avoid missteps.

Keywords

spirituality; religion; faith; genetic counseling; prenatal genetics

INTRODUCTION

Genetics professionals are acutely aware of the anxiety engendered by positive screening or diagnostic tests in pregnancy. Confronted with the possibility of serious harm, patients often feel overwhelmed by the moral and medical implications of the choices before them. Yet genetics professionals do not routinely initiate conversations about the spiritual values of patients (Reis, 2007). Faith-based approaches to decision-making may not seem consonant with the cognitive-behavioral paradigm of contemporary counseling which emphasizes personal locus of control and models affirmative imagery. Some coping strategies invoked in the name of faith (*e.g.*, “God’s will”) may be seen as undermining self-determination, and inhibiting an accurate understanding of causation.

Nevertheless, patients professing a belief in the divine are likely to seek comfort, guidance and equilibrium from their faith. Caregivers wishing to provide culturally sensitive support will benefit from a basic acquaintance with the tenets of major faith traditions, in order to help patients identify the salient issues and begin to come to terms with them. Knowledge of doctrinal statements relevant to prenatal genetics will help the counselor identify appropriate resources, encourage thoughtful engagement, and assure patients that their personal beliefs are taken seriously. Moreover, a timely invitation to consider the religious and spiritual implications of medical decisions can help assure that important rituals surrounding birth and death are observed.

This study asked major U.S. denominations to identify doctrines and supplementary materials relevant to prenatal genetics through a survey instrument. The edited survey responses were approved by each denomination before publication in a loose-leaf resource book for health care providers [Anderson, 2002].

METHODS

Survey

The survey instrument reflected spiritual themes identified in a literature review [Lebel, 1978; Baumiller, 1988; Mahoney, 1999; Meilaender, 1996; Dorff, 1998] and through professional experience in prenatal genetics. Preconceptional issues were excluded. Some survey items took the form of response grids; others were open-ended. A glossary defined all medical terms appearing in the survey.

All U.S. religious denominations with at least 200,000 members or 50 congregations were identified using several databases [Melton, 1999; Adherents.com, 1999; Religious Tolerance, 1999]. Additional denominations were included to reflect world religions which lacked a large U.S. constituency but were increasingly represented in minority populations. Two months after the initial survey was mailed, non-responders were sent a second letter inviting them to complete either the original survey or an expedited, fill-in-the-blank form. Although extra postage was included on response envelopes to allow submission of doctrines, resolutions, policy statements and pastoral care directives relevant to the survey issues, very few denominations did so. However, many denominational Internet sites contained statements of belief and other pertinent writings. Relevant excerpts were included in the entries submitted for denominational approval. Ultimately, 31 denominations submitted materials sufficient for inclusion.¹

ORGANIZATION

This paper presents a range of denominational statements relating to spiritual themes in prenatal genetics encounters. The topics are organized to mirror the timeline of a pregnancy. Denominational quotes with citations are excerpted from previously published materials.

¹Participating denominations: Antiochean Orthodox Christian Archdiocese of North America, Christian Reformed Church in North America, Church of Christ, Scientist, Church of God (Cleveland, TN), Church of Jesus Christ of Latter-Day Saints, Church of the Nazarene, Churches of Christ (Non-Instrumental), Community of Christ [formerly Reorganized Church of Jesus Christ of Latter Day Saints], Cumberland Presbyterian Church, Eckankar, Episcopal Church, Evangelical Free Church of America, Evangelical Lutheran Church in America, General Association of General Baptists, General Association of Regular Baptist Churches, General Council of the Assemblies of God, Greek Orthodox Archdiocese of America, Lutheran Church – Missouri Synod, Mennonite Church, Orthodox Church in America, Presbyterian Church (USA), Rabbinical Council of America (Orthodox Judaism), Roman Catholic Church c/o United States Council of Catholic Bishops, Salvation Army, Seventh-day Adventists, Southern Baptist Convention, Union of American Hebrew Congregations (Reform Judaism), Unitarian Universalist Association, United Synagogue of Conservative Judaism, Unity School of Christianity, Wesleyan Church
Invited, nonparticipating denominations: African Methodist Episcopal Church, African Methodist Episcopal Zion Church, American Baptist Association, American Baptist Churches in the USA, American Muslims, Armenian Apostolic Church of America, Baha'i Faith, Baptist Bible Fellowship International, Baptist Missionary Association of America, Bochsawasi Swaminirayan, Sanstha [Hindu], Buddhist Churches of America, Christian Brethren –Open or Plymouth Brethren, Christian Church (Disciples of Christ), Christian Churches and Churches of Christ, Christian Methodist Episcopal Church, Church of God (Anderson, Indiana), Church of God in Christ, Church of God of Prophecy, Church of the Brethren, Circle (Wicca, Nature religions), Congregation of Vietnamese Buddhists in the U.S., Conservative Baptist Association, Evangelical Covenant Church, Free Methodist Church of North America, Friends General Conference, Friends United Meeting, Full Gospel Fellowship of Churches and Ministers International, Hindu Temple Society of Texas, Honkyoku Shinto, Independent Fundamental Churches of America, International Church of the Foursquare Gospel, International Council of Community Churches, International Nahavir Jain Mission, International Pentecostal Holiness Church, Jehovah's Witnesses, National Association of Free Will Baptists, National Baptist Convention of America, National Baptist Convention, USA, National Missionary Baptist Convention of America, Native American Church, Old Order Amish Church, Pentecostal Assemblies of the World, Presbyterian Church in America, Progressive National Baptist Convention, Reformed Church in America, Shi-a Muslims c/o Islamic Center of America (Detroit, MI), Sikh Council of North America, Sufi Order Secretariat, Sunni Muslims c/o Islamic Center (Washington, D.C.), Tenrikyo Mission Headquarters in America, The Christian and Missionary Alliance, United Church of Christ, United Methodist Church, Vendanta Society, Wisconsin Evangelical Lutheran Synod

Denominational quotes without citations are excerpted from responses to the survey. Because the Jewish tradition is the oldest of the participating denominations, and because the vast majority of other participating denominations have their roots in Judaism, Jewish doctrines are often presented first.

SPIRITUAL THEMES

Ensoulment/Personhood

The moral status of the fetus is a significant factor in judging the moral implications of actions concerning the fetus. Most denominations acknowledge conception (or, in the case of the Episcopal Church, “inception”) as the time at which human life begins. While many also identify conception as the moment of ensoulment, others declare this an unsettled issue or acknowledge a variety of beliefs.

The human body is made in G-d’s image and ownership is retained by G-d. The fetus is acknowledged as a potential life from conception, equivalent to part of the body of the mother and deserving of the same stewardship one would exercise over any other body part. Because a passage of the Talmud refers to a fetus in the first forty days as “mere water,” some authorities find a lesser duty to the fetus during the early stages of gestation. ... Live birth signals the establishment of personhood and, presumably, ensoulment, however, full burial rites are not observed until after 30 days of life.

Orthodox Judaism

[E]ach person is Soul, a divine and eternal spark of God, and that Soul enters the physical body at, or about the time of, birth.

Eckankar

[H]uman life begins at conception, when a sperm unites with an ovum to produce a genetically unique, human being. In denouncing abortion in his own day, St. Basil the Great declared, “She who purposely destroys the fetus shall suffer the punishment of murder ... and we pay no attention to the distinction as to whether the fetus was formed or unformed.” ... The patristic consensus holds that the soul is created at conception. ... [A]bortion induced at any stage of pregnancy is a form of homicide; and it brings guilt upon the one who performs the act as much as it does upon the mother herself.

[Orthodox Church in America, undated]

We hold that human life begins at conception, but we do not identify a time or stage at which the soul or spirit “arrives” nor when “personhood” starts.

Christian Reformed Church in North America

[E]ach individual is eternally the image and likeness of God (Gen 1:26–27). Therefore, there is no single moment when an individual comes into being.

Church of Christ, Scientist

Presbyterians hold varying points of view about when human life begins. The five most common viewpoints are:

1. at conception, when a woman’s unfertilized egg is fertilized by a male’s sperm, producing a zygote;
2. when the following criteria, developed by Harvard Medical School, are met: (a) response to external stimuli; (b) presence of deep reflex action; (c) presence of spontaneous movement and respiratory effort; and (d)

presence of brain activity ascertained by the electroencephalogram. These criteria would be met by the end of the third month in almost all cases.

3. at “quickening”, when movements can be subjectively perceived by the woman, usually around four to five months.
4. at “viability,” when the unborn child is potentially capable of living outside the woman’s womb with artificial help (life support system). Today, our medical technology makes this possible at around 20 weeks.
5. at birth, when the baby is physically separated from the woman and begins to breathe on its own.

Those holding these varying points of view agree, however, that after human life has begun, it is to be cherished and protected as a gift of God.

[Presbyterian Church (U.S.A.), 1992]

Prenatal Care

In several denominations, seeking appropriate medical care is mandatory, as an exercise of good stewardship over the body (*e.g.*, Jewish and Orthodox Christian traditions). In providing prenatal care for any patient it is helpful to inquire about religious tenets relating to modesty, diet and holy days in order to accommodate special needs. Although Christian Scientists typically do not seek conventional medical intervention, they may engage a physician for mechanical assistance such as childbirth.

Prenatal Diagnosis and Treatment

Some denominations discourage prenatal diagnosis, characterizing it as an inducement to abortion. Others judge its permissibility based on the potential to preserve life or avert suffering. With regard to fetal interventions, some expressly reject fetal surgery, transfusions or genetic alterations while others cautiously embrace the potential for corrective therapy. Most denominations appear to judge the permissibility of invasive procedures or early delivery based on the potential to promote fetal welfare. For a few, an intervention expected to preserve or improve the health of the fetus is required.

Our doctrines do not “forbid” actions. They are considered “rules of gratitude” intended to guide our living and decision making. At their discretion, parents may choose or decline maternal serum screening, ultrasound, invasive fetal therapy, or early delivery to save the life or health of the fetus.

Christian Reformed Church in North America

[The church reaffirms its 1967 declaration of support] for the “termination of pregnancy,” particularly in those cases where “the physical or mental health of the mother is threatened seriously, or where there is substantial reason to believe that the child would be born badly deformed in mind or body, or where the pregnancy has resulted from rape or incest.” ... Termination of pregnancy for these reasons is permissible.

[Episcopal Church, 1982a]

[The church resolves] that this new ability to diagnose serious abnormalities in the fetus before birth is a welcome gift to reduce pain and sorrow in the parents and suffering in the newborn, but that abortion after the diagnosis of non-serious or trivial abnormalities, or abortion in a case where purely cosmetic abnormalities are discovered, is also strongly condemned.

[Episcopal Church, 1982b]

Is Prenatal Diagnosis Morally Licit?

If prenatal diagnosis respects the life and integrity of the embryo and the human fetus and is directed towards its safeguarding or healing as an individual, then the answer is affirmative. ...

Such diagnosis is permissible, with the consent of the parents after they have been adequately informed, if the methods employed safeguard the life and integrity of the embryo and the mother, without subjecting them to disproportionate risks. But this diagnosis is gravely opposed to the moral law when it is done with the thought of possibly inducing an abortion, depending upon the results: a diagnosis which shows the existence of a malformation or a hereditary illness must not be the equivalent of a death-sentence. Thus a woman would be committing a gravely illicit act if she were to request such a diagnosis with the deliberate intention of having an abortion should the results confirm the existence of a malformation or abnormality.

The spouse or relatives or anyone else would similarly be acting in a manner contrary to the moral law if they were to counsel or impose such a diagnostic procedure on the expectant mother with the same intention of possibly proceeding to an abortion. So too the specialist would be guilty of illicit collaboration if, in conducting the diagnosis and in communicating its results, he were deliberately to contribute to establishing or favoring a link between prenatal diagnosis and abortion. ...

Are Therapeutic Procedures Carried Out on the Human Embryo Licit?

As with all medical interventions on patients, one must uphold as licit procedures carried out on the human embryo which respect the life and integrity of the embryo and do not involve disproportionate risks for it but are directed towards its healing, the improvement of its condition of health, or its individual survival.

“A strictly therapeutic intervention whose explicit objective is the healing of various maladies such as those stemming from chromosomal defects will, in principle, be considered desirable, provided it is directed to the true promotion of the personal well-being of the individual without doing harm to his integrity or worsening his conditions of life. Such an intervention would indeed fall within the logic of the Christian moral tradition.”

[Roman Catholic Church, 1987]

Invasive fetal therapies such as blood or stem cell transfusion, gene therapy or surgery are not permitted because of the uniqueness of the individual created in the image and likeness of God.

Antiochian Orthodox Christian Archdiocese of North America

Genetic Engineering and Gene Therapy

We recognize that gene therapy can lead to preventing and curing disease, and preventing and curing anatomical and mental disorders. We oppose any use of genetic engineering that promotes social injustice, disregards the dignity of persons, or that attempts to achieve racial, intellectual or social superiority over others (Eugenics). We oppose initiation of DNA studies whose results might encourage or support human abortion as an alternative to live birth. In all cases, humility, a respect for the inviolable dignity of human life, human equality before

God, and a commitment to mercy and justice should govern genetic engineering and gene therapy (Micah 6:8).

[Church of the Nazarene, 1997]

If invasive fetal therapy or early delivery is necessary to preserve the life or health of the fetus, such procedures would be required.

Churches of Christ (Non-Instrumental)

Christians should refrain from, and urge society to refrain from, experimental efforts to modify the human genetic heritage by genetic engineering[.]

[Evangelical Free Church of North America, 1981]

Early Delivery for Maternal Benefit

In a few faith traditions, pregnancy interruption is required if the mother's life is threatened by continuing pregnancy. Although some other denominations expressly reject the theological arguments advanced for this practice, even those denominations generally allow termination of pregnancy when maternal life is at stake.

Maimonides asserts that, in the event of life-threatening pregnancy complications, a woman has a duty to save herself by aborting a fetus just as she would have a duty to save herself from a pursuer who threatened her life. Other Talmudic passages clearly establish that the life-in-being of the mother is more highly valued than the potential life of the fetus. Thus, interruption of pregnancy, or early delivery of a viable pregnancy, is required when necessary to save the life of the mother. Pregnancy interruption or early delivery is permitted when the woman's mental or physical health is threatened by the continuing pregnancy. In general, Conservatives are less stringent than Orthodox in their assessments of what constitutes a threat to the life and health of the mother. For some authorities, a risk beyond that of a normal pregnancy would be sufficient to permit (but not require) an abortion.

Conservative Judaism

The one eliminated is a human being at the very beginning of life. No one more absolutely innocent could be imagined. In no way could this human being ever be considered an aggressor; much less an unjust aggressor! [Roman Catholic Church, 1995] While it is always morally illicit to kill an innocent human being, it can be licit, praiseworthy or even imperative to give up one's own life out of love of neighbour or as witness to the truth.

[Roman Catholic Church, 1993]

We know too much about the unique identity of the unborn child to imagine that he can properly be called "a part" of his mother's body. He has his own genotype, his own developing body. ... He is simply an unborn human being undergoing a period of development in the environment natural to him at this stage of his life. He is neither an aggressor nor a usurper.

[Lutheran Church, Missouri Synod, 1984]

Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. ... Operations, treatments and medications that have as their direct purpose the cure of a proportionately serious

pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion. For a proportionate reason, labor may be induced after the fetus is viable.

[U.S. Council of Catholic Bishops, 2001]

In the rare situations of conflict we must recognize the permissibility of abortion. Despite the progress of medical science, there are still unusual circumstances in which a mother will die if an abortion is not performed. There are also cases (e.g., some instances of chronic heart or kidney disease in which pregnancy increases the strain on heart or kidneys) in which the danger to the mother's life is greatly increased if no abortion is performed. Even in such circumstances a mother may choose to risk her own life as an act of love, but such an act of self-giving cannot be required. It must be freely given, not imposed.

[Lutheran Church, Missouri Synod 1984]

"[E]arly deliveries" must not be covers for induced abortion. If a mother's life is truly at risk, then most Orthodox would give priority to her welfare over that of her unborn child.

Orthodox Church in America

Parents may elect early delivery of a viable or pre-viable fetus to preserve the life or health of the mother.

Christian Reformed Church in North America

Induced Abortion for Fetal Defects

While potential conflicts between fetal and maternal life have been matters of discussion for centuries, only recently has a decision about abortion on the basis of fetal anomalies been a possibility. Religious traditions that rely on theological precedent have been required to extrapolate from other principles in order to address this issue. In many denominations, abortion as a response to fetal defects is not permitted. Some denominations make express statements about certain circumstances, but are silent about others; some denominations acknowledge that, under certain conditions and after prayerful consideration, pregnancy interruption is acceptable.

The fact that a child will be born retarded and/or disabled cannot justify withdrawing our protection for his life. To hold otherwise would require that we also justify infanticide of retarded and disabled newborns – a conclusion from which some at least will still shrink. The glaring weakness of this justification for abortion will become increasingly apparent as our ability increases to operate on the unborn within the womb to correct some defects. It will then be apparent that, if we choose to abort some and provide therapy for others, we consider the value of their lives to depend entirely on our own choosing.

[Lutheran Church, Missouri Synod, 1984]

Reform responsa hold that abortion is permitted in the event of probable (e.g., rubella exposure) or confirmed (e.g., anencephaly, Tay-Sachs) disability, on the basis of maternal anguish. The potential distress of siblings is not held to be sufficient justification. It is upon the uniquely intertwined status of the mother and fetus that the question of abortion rests.

Reform Judaism

“Because a human fetus is sacred and blessed of God, we believe that we have the responsibility to protect the life of the unborn (Jeremiah 1:5; Luke 1:41). It is our firm conviction that abortion and euthanasia of aged, mentally incompetent, terminally ill and otherwise handicapped, for reasons of personal convenience, social adjustment or economic advantage, are morally wrong.” There is no formal policy concerning abortion in response to lethal, severely disabling or variably severe birth defects, when the motivation for pregnancy interruption is other than personal convenience, social adjustment or economic advantage. However, such action would be consonant with church conviction on “in the gravest circumstances.”

Church of God (Cleveland, TN)

There are circumstances of extreme fetal abnormality, which will result in severe suffering and very early death of an infant. In such cases, after competent medical consultations, the parent(s) may responsibly choose to terminate the pregnancy. Whether they choose to continue or to end such pregnancies, this church supports the parent(s) with compassion, recognizing the struggle involved in the decision.

[Evangelical Lutheran Church in America, 1991]

Induced abortion is permitted for birth defects which are lethal, severely disabling, or of unpredictable severity.

Community of Christ, formerly RLDS

Spiritual Consequences of Abortion

Although a few denominations assert that abortion is not permitted under any circumstances, no respondent to this survey described ecclesiastical condemnation of women who end pregnancies in order to preserve their own lives. Indeed, under Jewish law, an abortion under these circumstances would be considered the fulfillment of a religious obligation. However, several denominations construe all participants in abortion to be committing a grievous sin (*viz.*, Roman Catholic passages above). The formal response to such acts typically is in the hands of the spiritual leader of the congregation.

A woman choosing abortion would likely be put under penance for a time by her Father Confessor, depending on the circumstances. She could be excommunicated. Reconciliation would be possible after a period of penance which may include fasting, increased prayer and spiritual readings.

Antiochean Orthodox Archdiocese of North America

If a woman undergoes abortion for reasons other than to preserve her life or health, it is a sin which requires forgiveness. She must seek God's forgiveness in prayer, letting the church know that repentance has occurred.

Churches of Christ (Non-Instrumental)

The church is aware of the many factors which may have influenced your decision, and she does not doubt that in many cases it was a painful and even shattering decision. The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong. But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. You will come to understand that nothing is definitively lost and you will also be able to ask forgiveness from your child, who is now living in the Lord..²

[Roman Catholic Church, 1995]

A woman undergoing an abortion for fetal indications may well regret the circumstances leading to her choice, and express sorrow about her actions. But if repentance requires that she also aver that she would behave differently if given the opportunity, she may not be able in good faith to express repentance. It is not clear from these passages whether repudiation of one's actions and a resolution to forgo similar behavior in future is expected. If so, this could be particularly challenging for women with significant recurrence risks.

It is not the prerogative of the community of faith to judge the decisions of individual members. It is to be hoped that individuals within the community of faith would help the individual overcome any sense of an altered relationship with God, "... for he [God] hath said, I will never leave thee, nor forsake thee." (Hebrews 13:5). One's status with God, Christian Science teaches, never changes. Each individual is always the loved child of his/her divine Father-Mother. One experiences the joy, peace, and dominion inherent in spiritual identity, always at one with God, to the degree that one endeavors to understand and live according to His spiritual laws of goodness, purity, Love, and Truth.

Church of Christ, Scientist

Parents electing induced abortion for medical reasons are not judged or excluded by their congregations.

Church of the Nazarene

Abortion is one of the tragic dilemmas of human fallenness. The church should offer gracious support to those who personally face the decision concerning an abortion. Attitudes of condemnation are inappropriate in those who have accepted the gospel. Christians are commissioned to become a loving, caring, community of faith that assists those in crisis as alternatives are considered.

[Seventh-day Adventists, 1992]

It must be clearly stated to the individual who has undergone an abortion and who believes the abortion to be sinful that there is no biblical evidence to support the idea that abortion is an unpardonable sin.

[Presbyterian Church (U.S.A.), 1992]

The spiritual status of a miscarried, aborted or stillborn fetus is dependent upon the denomination's beliefs about personhood or ensoulment. In the Jewish tradition, such a fetus has not achieved personhood and thus has no formal spiritual status, although the remains are to be treated with dignity (see below). In most other traditions, the fetus is considered to be without voluntary sin and in the hands of the divine.

A miscarried, aborted or stillborn infant is a soul that rests in the presence of the Lord (2 Cor. 5:8).

Church of God (Cleveland, TN)

God's prevenient grace, available to all who have not reached the age of accountability, atones for the inherent depravity of the unborn. They are received into the joy of the Lord.

²The fate of infants who die unbaptized has been a matter of uncertainty for some centuries in the Roman Catholic tradition. Free from voluntary sin but not absolved from original sin by baptism, such infants were thought by some theologians to be unable to enter into the presence of God after death. In 2007 Pope Benedict XVI accepted a reassessment of this interpretation by the International Theological Commission, suggesting (as does the 1995 passage from *Evangelium Vitae* quoted above) that "there are theological and liturgical reasons to hope that infants who die without baptism may be saved and brought into eternal happiness" through divine grace. [Roman Catholic Church, 2007]

Wesleyan Church

Most Adventists do not consider the unborn or stillborn to have become individuals.

Seventh-day Adventists

Spiritual Implications of Birth Defects and Pregnancy Loss

The need to find an explanation for a miscarriage, stillbirth or birth defect sometimes leads lay people to invoke the will or the wrath of the divine. A woman whose lifestyle is disapproved may be said to “get what she deserved” when a pregnancy goes awry. Well-meaning people may tell the parents of a special-needs child that God chose them for this infant because they are particularly good or worthy. Although these ideas do not find support in many contemporary denominations, there are theological precedents for them. Until recently, the Christian Orthodox church’s liturgy included this prayer:

Have mercy on thy handmaiden, n., for the voluntary or involuntary sin she has committed that has caused the death and the miscarriage of the child she had conceived; forgive her every sin, both voluntary and involuntary.... In the abundance of thy compassion, speed the healing of her weakened body ... for we were conceived in sin and iniquity, and each of us is impure in thy presence, O Lord ...

[Breck, 1998]

Similarly, some traditions hold that adverse events are the working out of karmic destiny:

A central ECK teaching is that human experience is governed by the Law of Karma, the spiritual law of cause and effect. Thus individual Souls have created their life today through their past actions. An ECKist views everyday experiences as gifts from God, given to Soul for its spiritual unfoldment.

Eckankar

However, most contemporary denominations interpret these events as neither signs of chosenness nor signs of divine displeasure, but rather as expressions of the imperfection of the temporal world.

Miscarriage, stillbirth and infant death are not signs of unworthiness, sinfulness or divine judgment against the parents, the infant or the extended family. We use medical explanations and encourage careful prenatal care for future pregnancies. In general, birth defects are similarly regarded, however, we believe cocaine, alcohol, tobacco, sexually transmitted diseases, HIV, etc., can cause serious injury to the developing baby for which the mother is morally responsible. Birth defects do not signify divine favor or selection. God is with us in our suffering. He gives grace to bear our suffering. He enables us to grow spiritually through our suffering. But He does not cause our suffering.

Salvation Army

Appropriate Rituals/Observances Prior to the Birth of an Imperiled Infant

Prayer, scriptural readings, anointing for healing and visitation are frequently cited as appropriate during a complicated pregnancy. Prenatal baptism is not offered by any of the denominations responding to this survey.

Before the birth of an infant known to be imperiled, prayer is appropriate. There are several cases recorded of medical predictions of this kind being overturned through Christian Science prayer or treatment. ... Parents practicing Christian Science, who

are having a baby, will usually pray throughout pregnancy, birth, and afterwards, to recognize that the infant is the image and likeness of God eternally (Gen. 1) and that both the parents and the child are cherished by God in every circumstance. (Isaiah 46:3–4) This understanding is felt to make a practical difference in the experience of pregnancy and childbirth, promoting harmony and healing difficulties.

Church of Christ, Scientist

Medical Care of Newborn

In general, denominations approach newborn medical care choices in a manner similar to medical care choices at any other point in life. Some caution against withholding efficacious care on the basis of disability, but all appear to agree that medically futile interventions are not mandatory.

[W]e affirm the God-given right for all humans to enjoy the length of life willed by their Creator. The handicapped must not be left to die at birth or be deprived of appropriate medical care.

Evangelical Free Church of America

Euthanasia ... We believe that euthanasia (intentionally ending the life of a terminally ill person, or one who has a debilitating and incurable disease that is not immediately life-threatening, for the purpose of ending suffering) is incompatible with the Christian faith. ... Euthanasia violates Christian confidence in God as the sovereign Lord of life by claiming sovereignty for oneself; it violates our role as stewards before God; it contributes to an erosion of the value the Bible places on human life and community; it attaches too much importance to the cessation of suffering; and it reflects a human arrogance before a graciously sovereign God. ...

Allowing to die When human death is imminent, we believe that either withdrawing or not originating artificial life-support systems is permissible within the range of Christian faith and practice. This position applies to persons who are in a persistent vegetative state and to those for whom the application of extraordinary means for prolonging life provide no reasonable hope for a return to health. We believe that when death is imminent, nothing in the Christian faith requires that the process of dying be artificially postponed. As Christians we trust in God's faithfulness and have the hope of eternal life. This makes it possible for Christians to accept death as an expression of faith in Christ who overcame death on our behalf and robbed it of its victory.

[Church of the Nazarene, 1997]

There is a strong presumption that life be preserved, but Conservative authorities apply this presumption with less vigor to a seriously imperiled infant under 30 days of age. While no direct action may be taken with the intention of hastening death, it is permissible at the end of life to administer pain medications which might have the secondary effect of, *e.g.*, suppressing respiratory effort. Futile interventions are not required. Some authorities permit the removal of all forms of life support when it becomes apparent that the effect is to prolong death rather than to preserve life. Others believe that artificial nutrition and hydration should not be withdrawn although other interventions may be discontinued.

Conservative Judaism

There are no religious bars to most elements of mainstream medical care for healthy or sick newborns; however, the issue of organ transplantation, especially of the major organs, is unsettled.

Antiochean Orthodox Christian Archdiocese of North America

At the birth of a critically ill newborn, parents are always free to choose whatever treatment they see as appropriate. In such circumstances, Christian Scientists often turn to a Christian Science practitioner to pray with them. And in numerous instances, healing of a prenatal condition has occurred. Christian Science practice has no rituals or ceremonies for birth, death or illness, but is centered in prayer and healing at all times. Prayer is not considered a ritual, but an effective means for healing. No clergy are required to be present; Christian Science is a lay ministry.

Church of Christ, Scientist

There are no religious bars to mainstream medical care for healthy or sick newborns, although some potential therapies currently being researched would be unacceptable, *e.g.*, embryonic stem cell transfer or genetic enhancement.

General Association of Regular Baptist Churches

While gene therapy is still in its infancy, it is our moral responsibility as thoughtful Christians to become aware of its potential to meet human needs, to understand the biological and genetic risks that it entails, and to avoid its misuse.

[Seventh-day Adventists, 2000]

Appropriate Rituals/Observances for Critically Ill Newborn

Among the denominations responding to this survey, prayer is universally prescribed for a critically ill newborn. Many traditions advocate blessings, anointing or recitation of psalms. Those denominations which consider baptism critical for salvation authorize baptism by non-clergy.

In the absence of a denominational representative, family members or clergy of different faiths may pray and baptize. The appropriate words are, "The servant of God is baptized in the name of the Father, and the Son, and the Holy Spirit." We have no judgment on the eternal condition of an unbaptized infant of Orthodox Christian parents, but the intention of the parents to baptize is taken into account. The parents suffer no adverse eternal consequences if they are unable to perform a baptism prior to the death of their infant.

Greek Orthodox Archdiocese of America

If an infant dies before these observances can be made, we surrender it into God's merciful care, with full assurance that the child is welcomed by God (there is nothing magical about the rituals that "guarantee" the child will be "saved"). Failure to make the desired observances may engender deep sorrow and grief on the parts of the parents, requiring pastoral care. Again, the rituals are normative but not essential for the child's (or the parents') life in God.

Orthodox Church in America

We believe in the necessity of baptism in the case of such children because of what God promises in this sacrament: eternal life in His presence. But the eternal destiny of an unbaptized child is a matter we must leave to God.

Lutheran Church, Missouri Synod

[A] critically ill newborn is considered worthy and psalms and prayers for healing should be recited. . . . On the eighth day of life a male is ritually circumcised and given his Hebrew name. If the infant is medically unstable the ritual is postponed as long as necessary (a male with hemophilia is not circumcised). A female infant typically is given her Hebrew name on the Sabbath following birth, or on the thirtieth day of life.

Reform Judaism

Pentecostal evangelicals, believing that miracles still happen today, sometimes have difficulty dealing with permanent disabilities and with those who are not healed after much prayer. But does our theology include, along with our belief in supernatural miracles today, a biblical explanation for those who are not immediately made whole? We accept death by old age, and even by accident; but constant reminders of many with mental and physical disabilities, who are not restored to full health and activity, seem to suggest that our belief or our faith is faulty. . . .

The Old and the New testaments show that the timing of divine healing rests with God and usually occurs as people of His choosing can be impacted for His glory, or when He deems that the purpose for the affliction or disability is fulfilled. Therefore, it is best to view healing as a divine appointment with the divine physician.

[General Council of the Assemblies of God, 2000]

Medical Evaluation of Remains

On occasion, an autopsy or laboratory evaluation is recommended following pregnancy loss or newborn death. When such information is important for appropriate medical care and counseling of the living, all faith traditions permit such investigations; however, it is prudent to inquire about protocol, particularly in the Orthodox traditions.

Unless there is direct benefit to a living person, physical examination, medical testing, medical imaging and photography are discouraged. When such an evaluation is necessary, noninvasive procedures (physical examination, imaging, photography) are more acceptable than invasive procedures (tissue sampling, incisions). In essence, a proportionately weighty reason must be present to allow progressively more invasive procedures. Autopsy is rarely allowed. If required, instructions are available from the local Orthodox rabbi or the Chevra Kaddisha.

Orthodox Judaism

Physical examination, imaging studies and medical tests are permitted but autopsy is not encouraged.

Antiochean Orthodox Christian Archdiocese of North America

Disposition of Remains; Rituals Following Death

The treatment of human remains is often heavily invested with religious and cultural significance. Practices which may be of comfort to some patients may generate marked distress in others. It is prudent to inquire before initiating newborn grief protocols such as taking photographs, locks of hair, hand or footprints, or other mementos.

It is preferable that no one outside the faith handle a body following death.... For products of conception which do not have a human form, hospital disposal is acceptable. This is true as well of the placenta and other byproducts of gestations.

Products having a human form should be buried after preparation by the Chevra Kaddisha. All major body parts are to be retained for burial and the remains treated with reverence. There is to be no desecration (no incision, blood drawing or other intrusions unless approved for compelling reasons such as the saving of another life). Anything containing blood, fluid or tissue coming from the body after death should be buried with the body, including items on which blood or fluid has oozed following death. A member of the faith may ask to be present with the remains at all times.

Orthodox Judaism

Following an early induced abortion or miscarriage, when fetal remains are present, parents should arrange for a burial and funeral service rather than allowing the hospital to dispose of the remains. Later in gestation, the remains are to be treated in the same manner as if an adult died.

Antiochean Orthodox Christian Archdiocese of North America

Following newborn death, the normal funeral and interment services are appropriate. Prayers for strength and comfort should be offered, as well as expressions of condolence and words of comfort to the family. If these observances are not made, parents may feel lonely and abandoned by the community, but not necessarily by their God. However, the observance or non-observance of ceremonies does not in itself have spiritual consequences; there's no "magic" in them.

Christian Reformed Church in North America

Following infant death it is appropriate to give thanks and to release the infant and the parent into God's care. A funeral or graveside service is imparted for a stillborn or newborn death. It may be difficult to know how to respond to an elective abortion, due to the element of choice. Miscarriages are (to our shame) often ignored. In each case, pastoral counseling is needed.

General Association of General Baptists

The spiritual status of an aborted, miscarried or stillborn infant is unknown, but the infant is considered free of voluntary sin. Following such a loss, the family and clergy may decide to offer a prayer at graveside, or make some other private observance. A formal service in church is not conducted. Burial and a formal church service are appropriate following newborn death.

Greek Orthodox Archdiocese of America

Foster Care/Adoption

All denominations responding to the survey were open to the possibility of foster care or adoption for children whose biological parents find themselves unable to care for a child with special needs.

We realize that some families feel that giving a child up for adoption is a betrayal of family loyalty, and is even against the will of God. But the Bible tells of a mother who, because she loved her child so deeply, volunteered to give it to another woman. It happened in King Solomon's day, when he had to decide which of two women was the "real" mother of a baby. The "real" mother of the baby, Solomon decided, was the one who loved her child enough to give it away, if need be, in order to ensure its welfare.

[Presbyterian Church (U.S.A.) undated]

LIMITATIONS AND CAVEATS

Many faith traditions did not respond to this survey and are not represented here. Many faith traditions do not follow a centralized denominational authority; in these traditions, the local congregation determines and interprets doctrine. Even within denominations with a long tradition of authoritative doctrine, theological and doctrinal interpretations may vary markedly.

More importantly, a patient's personal beliefs and convictions may not be entirely consonant with those of the denomination to which he or she belongs. Care providers should never assume that an individual subscribes to particular beliefs or practices based on religious affiliation. Moreover, an increasing number of Americans belong to non-denominational congregations with no authoritative doctrinal history, many couples have differing faith backgrounds, and many describe themselves as "spiritual" but not "religious."

Medical care providers are not trained in the nuanced process of balancing pastoral care with doctrinal fidelity. But medical care providers can and should inquire about the spiritual bearings of patients in times of crisis. Patients in public hospitals not infrequently assume that it is impermissible to discuss matters of faith. Patients in private, religious-based hospitals may assume that the only sanctioned discussions are those of the sponsoring denomination. A simple question such as, "Does this raise spiritual issues for you?" will alert patients that these topics are important and acceptable. It may be necessary to assure patients that the provider is not seeking a conversion, nor providing spiritual guidance, but is promoting deliberation so that the patient reaches a decision consonant with his or her own moral and religious precepts.

Support most often takes the form of listening to the patient's concerns and helping align priorities. If further discussion is desired, the care provider may encourage the patient to consult with his or her spiritual advisor, offer access to written materials and denominational websites, or refer to the pastoral care department of the hospital. Although many families are members of religious congregations and readily turn to their own spiritual leaders for counsel during times of crisis, some may be reluctant to do so, fearing a judgmental or dictatorial response. If this reluctance persists or if no local community of faith is available, a visit with the hospital chaplain may help identify a spiritual leader within the family's faith tradition who is familiar with the issues and open to consultation, possibly by phone. Chaplain's offices are also invaluable in helping to assure that important rituals surrounding birth and death are observed.

In the management of pregnancy complications, the best interests of the patient often will be embedded in spiritual issues. Few pregnancy-related procedures are so urgent that time cannot be made for consideration of the faith implications of therapeutic options. Families hesitant about their choices may find their paths made clear while reviewing their denomination's doctrines with a spiritual leader. Families whose choices diverge from those suggested by denominational doctrine will benefit from the exercise of assessing their moral reasoning in light of the precepts of their faith communities. Although it may appear "easier to ask forgiveness than permission," ultimately, facing the issues squarely will provide greater opportunity for reconciliation, healing and spiritual growth. Care providers help their patients along the journey by inviting them to explore these issues sooner rather than later.

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