Research Article

Stewardship challenges abortion: A proposed means to mitigate abortion's social divisiveness

ROBERT G. TARDIFF

Prizm Synergies, LLC, USA

Since 1973 the legislated constitutional right to abortion has produced a political dichotomy (anti-abortion versus pro-abortion) within the United States, even while witnessing a gradual decline in the rate of abortions. A third paradigm, moral stewardship, is advanced as an effective means to ameliorate this social divisiveness. Incorporating the concept of stewardship into deliberations of pregnancy termination would require recognition, through fact-based education programs, of the life circumstances that prompt the consideration to terminate a pregnancy. Based on collective responsibility, policies, and programs are needed to foster social justice for parents and for the offspring brought to term, without creating excessive burdens on women faced with an unwanted pregnancy. Moral stewardship is perceived as humanitarian to family and community and advantageous to society overall. It also offers a serious opportunity to reshape our society from divisiveness to inclusiveness, and to guide science policy judgment that enhances and strengthens social justice.

Lay summary: Differing opinions over the ethics of human abortion have been legion since *Roe v. Wade* (1973). The disputes between pro- and anti-abortion factions have segregated society with few improvements in social justice. This study offers an alternative approach, one capable of social assimilation and justice for unwanted offspring and pregnant mothers bearing them. It promotes moral stewardship toward the unborn whose humanity and personhood are recognized genetically and supported philosophically by long-standing ethical principles. Stewardship incorporates all people at all levels of society based on collective responsibility, supported by government policies, yet not restricting a mother's choices for the future of her unborn offspring.

Keywords: Abortion, Stewardship, Humanness, Personhood, Fetal rights, Beneficence, Social justice, Autonomy, Social divisiveness, Preborn, Anti-abortion, Policy considerations, Fertility rates, Media role, Collective responsibility

We must learn what is true to do what is right!

Thomas Huxley (1877)

INTRODUCTION

Voluntary pregnancy termination has been practiced for a very long time. The dispute

about the morality of human abortion occurred long before this issue was legislated in the USA. Despite abortion having been made a legal right in the United States by the Supreme Court (*Roe v. Wade* 1973), a political dichotomy between pro-choice¹ and pro-life² viewpoints has existed—even widened—since then (Noonan 1970; Burt 1994). The results of this dichotomy have

brought harm both significant and unnecessary to individuals, families, the community, and society overall. This dichotomy, based on conflicting premises, could likely be mitigated if the polarization were recognized in societal discussions and policies or if there were some previously unconsidered evidence from the medical or social sciences that would apply pertinent robust ethical principles to define more fully the moral status³ of the preborn. Overall, lowering abortion rates through a strong focus on achieving genuine informed consent could produce benefits (“moral goods”) throughout our society.

INDUCED ABORTION CONTEXT IN THE UNITED STATES

In 2012, the US Centers for Disease Control and Protection (CDC) reported that, in the United States, induced abortions declined in absolute numbers (1.21 million in 2008 from 1.29 in 2002), in rates, and in ratios (2%) (Pazol et al. 2012). Between 1996 and 2000, the absolute numbers declined to 1.31 million from 1.36 million (Pazol et al. 2012; Kliff 2012; *Abort73.com* 2013). No research has found a cause for recent declines in abortions; however, some correlations suggest a possible explanation. More efficacious contraceptives (intrauterine devices versus pharmaceutical birth-control agents) were used more widely. Furthermore, use of long-acting contraceptive devices increased from 2.4 to 3.7 percent from 2002 to 2007 (Kliff 2012; Guttmacher Institute 2013). However, US abortion rates, while declining, were higher than in many Northern and Western European countries (Sedgh et al. 2007).

The US demographics of induced abortion are pertinent to this discussion (*Abort73.com* 2013; Guttmacher Institute 2013). For instance, in 2009, 85 percent

of all abortions were performed on unmarried women. The abortion rate for women with Medicaid coverage (i.e., likely those of lower socio-economic status) is three times as high as that for other women. Black women are more than 4.8 times as likely as non-Hispanic white women to have an abortion, and Hispanic women are 2.7 times as likely as non-Hispanic white women. Additionally, 1 percent of aborting women reported that they were the survivors of rape, a situation that often engages major debate over the defensibility of abortion in such painful circumstances. This information is important to this thesis, since it is likely that most of these individuals have limited knowledge about reproductive processes. Understanding of key reproductive data in a neutral framework and tone—along with knowledge of the moral obligations owed to the developing preborn and its value to the pregnant woman—might allow women to make a more informed decision about whether to choose to continue or to terminate their pregnancy.

Women seeking an elective abortion provide at least three overlapping reasons for their choice: (1) 75 percent say a child would interfere with some life responsibilities or activities; (2) 75 percent indicate that they cannot financially afford a child; and (3) 50 percent prefer either to not be a single parent or are having difficulties with their husband or partner (*Abort73.com* 2013). Remarkably in 2011, 41 percent of US births were to single women (nearly four times greater than in 1970) largely because of abandonment by the father (Last 2013).

Clearly, elective abortion is perceived in the United States and elsewhere as a reasonable, more desirable—and legal—solution to difficult life conditions. However, the question remains: What, if any, alternatives to abortion might yield at least equally beneficial outcomes for all concerned? These statistics and others like them indicate that abortion is a major part

of US reproductive life. Examples abound indicating that our society is sharply divided between those with anti- and pro-abortion views. This division has at times lead to acrimonious and violent exchanges, creating social conditions particularly destructive of a society seeking civility, harmony, and social justice.

Often anti-abortion positions are generated by religious beliefs and dogma. On the other hand, pro-abortion positions rely largely on legislated rights of the mother to make reproductive choices and the secular view that the offspring developing *in utero* is either not human or, if human, not a person toward whom we have moral obligations. From the viewpoints of medical science and moral philosophy, such differences can be evaluated, and the findings can form a common basis of secular understanding. This evaluation can foster harmonious dialog and encourage institutional policies supporting improved moral goods for society at large. Further explanation of these moral goods is given below.

Abortions fall into several clinical categories or classifications. Understanding these distinctions may aid in revealing the nature of choices facing a woman considering a pregnancy termination option. Clinical abortion categories include eugenic (because the offspring has or is believed to have an anatomical disorder (e.g., Down syndrome), altruistic (where the pregnancy has resulted from either rape or incest), psychiatric (when the pregnant woman's mental health is threatened (e.g., the mother is or may become suicidal), socio-economic or demographic (such as the inability to provide financial support for her preborn child), and legal (a pregnant woman denied an abortion on demand, claiming deprivation of her rights over her own body and of her privacy (Bajema 1974, 114). Understanding of detailed aspects of both points of view is needed for constructive discussion and resolution.

DRIVERS OF THE ANTI-ABORTION VIEWPOINT

The anti-abortion/pro-life viewpoint is articulated by the following syllogism: (1) The prenatal organism is human from the zygote stage; (2) From the moment of fertilization, the preborn developing *in utero* is a human person with moral status to whom is owed moral obligations (for instance, continuation of life) by other humans including its mother; (3) Therefore, the willful destruction of a fetus/embryo is not morally justified. The evidence for each argument is summarized below.

Evidence for the prenatal organism as a human being

Most compelling evidence of the humanness of developing offspring comes from genetics and embryology. Those scientific specialties instruct that human life begins when a zygote, formed from the fusion of half the complement of DNA from the sperm (paternal) with half the complement of DNA from the oocyte (maternal) (Bhatnagar 2000; Carlson 2004; George and Tollefson 2008). While the sperm and oocyte each contribute 23 chromosomes, one set from each parent, the embryo resulting from their fusion possesses 46 chromosomes (assuming no serious abnormality), a combination that clearly makes that offspring human but different from each parent.

From fertilization, the embryo is a new and whole human organism having all the necessary biological elements to make it a person having moral rights, including the right to life. By virtue of being capable of directing its own processes of growth and development, with a trajectory toward the mature stages of a human being, a zygote and its progeny are living, distinctly human

organisms (Bhatnagar 2000; Carlson 2004; George and Tollefson 2008), belonging to the species *Homo sapiens*, a reality acknowledged by a majority of the medical community (Beckwith 2011).

Evidence for human prenatal personhood

Supporting evidence for embryonic-fetal personhood is derived partly from biological data, philosophical arguments proffered by credible health professionals, and logic and reason (productive as well as theoretical). Combined, the resulting information provides a strong sense of certainty—by no means absolute—in the conclusions about fetal personhood.

Major evidence is derived from secular understanding of humanity's basic goods, coming from natural morality or natural law.⁴ These terms imply that morality governing human conduct can be uncovered by in-depth understanding of human nature. This framework for morality is extracted from observations of human behavior and from deductions about distinctions between good and bad behaviors in humans. Historically, Socrates (4th century BC) and Aristotle (3rd century BC) are considered among the earliest to gain and convey such understanding from their observations and deductive reasoning to derive functional, defensible principles of morality. Widely accepted basic human goods include: life, health, family, friendship; work and play; practical and theoretical knowledge; experience of beauty; and integrity (Gómez-Lobo 2002).

How might natural law apply to abortion decisions? While acknowledging that a woman has the ultimate choice on her pregnancy termination, Gómez-Lobo (2002) notes that having a *legal* right to decide to end her pregnancy does not necessarily make it *morally* right. He

concludes that, based on the genetic facts of conception, the developing offspring is a whole human being. He further concludes that the offspring must be a person based on the fact that the zygote and its later stages are on a self-developing trajectory (assuming absence of genetic abnormalities) that actualizes into a newborn and much later as adult. That is, the *in utero* organism possesses all the potentiality for consciousness, self-awareness, rational thought, etc. The concept of potentiality for the prenatal offspring appears reasonable when we realize that it is widely applied to humans at numerous stages of life. Therefore denial of potentiality to a preborn is arbitrary and indefensible in the face of compelling genetic information in support of the continuum of human personhood. Such denial leads inevitably to false and misleading conclusions about the personhood of preborns.

Based on biology (mostly genetics) and the historical evidence that preborn children mature eventually and gradually with visible external signs of personhood characteristics, the prenatal organism is a person with full moral rights, Gómez-Lobo (2002) contends. Under that logic, abortion is considered an act of intentional killing not morally permissible, because of moral norms prohibiting the willful killing of another human being. The sole means of justifying the permissibility of abortion is to deny the humanity of the preborn, which thus far has not been supported empirically.

An exception has been raised in terms of self-defense of the mother whose pregnancy generates pathological conditions that might threaten her life. That situation is addressed later in this discussion on application of the principle of double effect (PDE).

In recent times, bioethical principles have undergone substantial development resulting from reasoning, commentary, and challenge from professionals. A widely

recognized and respected set of major bioethics principles has been promulgated by Beauchamp and Childress (2009). These philosophers identify four principles that govern human behavior and offer insights about pregnancy termination: autonomy, beneficence, non-maleficence, and justice.

Autonomy refers to the right to make one's own choices within the spectrum of moral possibilities. Respect for autonomous human choices has strong standing within secular morality. That principle extends to making good choices for oneself, leading to the desire to exercise respect for others in a civilized society to minimize infringement on the rights of others. The autonomy principle is drawn in part from natural law which is itself supported by the human possession of an intellect that instructs that killing another human is a moral violation (Little 2008).

Autonomy is central to the debate over pregnancy termination, in as much as the mother has a legal right to choose to end her pregnancy (Roe v. Wade 1973). However, the fulfillment of that legal right could be in conflict with morality. According to Beauchamp and Childress (2009), autonomy and circumstances may at times create troubling dilemmas. How does one balance the legal protection for the pregnant woman seeking an abortion due to unwanted pregnancy versus that of her developing offspring holding the moral right of survival? Or, if a pregnant woman's health is endangered due to an ectopic pregnancy, is the right to self-preservation comparable or different from that of normal life preservation for the fetus? Do the moral rights of one individual dominate those of another? The PDE is a useful tool in resolving such moral challenges (Beauchamp and Childress 2009), by demonstrating that medically corrective procedures are by design always aimed at securing protection of both individuals.

Medical science has proven capable of achieving benefits to both agents.

Beneficence, a principle requiring that persons respect one another by proactively contributing to their welfare, is relevant to women with unwanted preborns. While a mother in such an undesirable situation might be under enormous stress, she could benefit from empathy, compassion, caring, and psychological encouragement to adjust to her circumstances while she seeks and obtains a mutually advantageous solution, not merely abortion.

Non-maleficence is the principle that imposes an obligation to above all do no harm to other humans. It is particularly invoked in medical contexts, including pregnancy termination; also, it can be applied elsewhere as well (e.g., with terminally ill patients as well as in situ fetal illness). Were this principle applied to an unwanted pregnancy in which no extenuating circumstances were present, it would not be morally supportive of pregnancy termination, even with the legal acceptance of human abortion. This principle, however, should be invoked to insist that a pregnant woman not be discredited or discriminated against because of either her unwanted pregnancy or her election to terminate her pregnancy.

Justice seeks to achieve fairness among people when *equity* has lost, or is about to lose, its equilibrium in terms of social cooperation. These matters are difficult to arbitrate because they are composed of objective and, more often, subjective criteria. For pregnancy continuation, justice is generally served if both mother and child survive and lead healthy and productive lives. For pregnancy termination, however, achieving justice is difficult to define and mostly one sided: the mother lives on and the offspring dies. For just moral outcomes, two fundamental principles are often articulated: (1) permitting the maximized amount of basic liberty and (2) allowing inequalities in social primary

goods only if they benefit all. When it comes to pregnancy continuation or termination, a new, more societally inclusive paradigm needs to be crafted for justice to ensue for all concerned (more on this later in this monograph).

Further evidence for the preference of pregnancy continuation of the preborn comes from medical literature describing the rights of the fetus as patient. Interestingly, McCullough and Chervenak make historical reference to the highly regarded physician-ethicist Thomas Percival (1740–1804) who wrote in his *Medical Ethics* that the Hippocratic oath of his time “enjoined on his pupils ... obligated them solemnly to abjure the practice of administering the pessary ... to procure an abortion” (McCullough and Chervenak 2008).

Drawing from their obstetrics practice, McCullough and Chervenak (2008) find that the viable human embryo and fetus are entitled to beneficence-based medical treatment. Beneficence-based rights are *prima facie* and create obligations toward the preborn that are limited by its medical condition, the probability of correct diagnosis, and the probability of fetal death from medical treatment. They further argue that the fetal patient should not be viewed as separate from the mother who is designated as the primary patient. They posit further that fetal rights are considered dependent and not independent, and yet have moral interests.

Commenting on the views of McCullough and Chervenak (2008), Strong (2008) moves further when concluding that we have moral obligations toward the pre-sentient fetus has intrinsic moral status by virtue of having a link to developing in utero into an individual having awareness. And according to Strong, since duties (in this case, medical) are owed to the fetus, that moral condition makes the fetus an entity distinct philosophically from its pregnant mother; hence, logically,

the fetus must be treated as a person with rights including life.

Brown (2008) agrees that the fetus-patient must be the object of beneficence. In his view the beneficence-based obligation to the fetus is not solely survivability but also independent neurological status. In other words, the fetus's right to life corresponds to its development of the nervous system. However, Brown's rationale fails to include consideration of the dynamic genetic trajectory embedded in the offspring at fertilization; yet he does acknowledge the obligations of the parents of the preborn to avoid exposure to mutagens in food and water to minimize the chances of genetic abnormalities and possible disabilities generated during gestation but manifested later in life.

Some federal regulations—as an index of social priorities are aimed directly at protecting the health of the preborn from dangerous chemicals by imposing specific responsibilities on pregnant women. An illustration of such precautionary protection is the concerted attempts to mitigate direct and secondary exposures to cigarette smoke by pregnant women so as to avoid exposures of preborns to toxic substances (Oaks 2001). For many decades, numerous governmental and non-governmental agencies held that cigarette smoke contains many human carcinogens that traverse the blood-placental barrier and intoxicate the offspring while in utero, leading in some cases to delayed pathologic sequelae (e.g., cancer). Many more examples exist of international regulatory protections of preborns against toxic exposures to assorted environmental chemicals. As such, medical and public health authorities recognize preborns as persons possessing the right to life and health, two important human goods.

Beyond Federal regulations to protect the unborn, some national legislation specifically addresses the rights of preborns. One such law is the Unborn

Victims of Violence Act (2004) which is focused on protecting unborn children (i.e., conceptus, embryo, and fetus) from external harmful assault. It defines clearly the terms unborn child as a child in utero and the terms child in utero and a child who is in utero as a member of the species *homo sapiens*, at any stage of development, who is carried in the womb. This act specifies that whoever “causes the death of, or bodily injury to, a child is guilty of a separate offense” and the “offence does not require proof that defendant intended to cause the death of, or bodily injury to, the unborn child.” Clearly, congress saw the unborn child as a human person and one having a right to life, free of injury caused by third parties, despite the seeming illogical exemption (*Roe*) for the act of abortion as chosen by the mother of her in utero child.

From several perspectives, the distinctly human preborn is considered to be a person worthy of respect and having the right to life and health. That a woman’s right to terminate a pregnancy exists legally does not equate necessarily to a moral right to terminate the life of a child, preborn, or otherwise. Logically, morality generally should be the template for the law rather than the other way around, largely because morality governs behaviors among humans to achieve a just society with laws that are prescribed from the full understanding of which behaviors benefit from governmental constraints (Beauchamp and Childress 2009; Johnson et al. 2009).

Here also, evidence indicates that the human organism in utero is worthy of respect and possesses a right to have its life develop in accordance with its genetic features unfolding with proper care by primarily the parents, to whom the preborn has been entrusted, and secondarily by society’s broader protective sense of stewardship. These considerations are consistent with a precautionary philosophy that gives the developing organism the benefit of any

lingering doubt that it is sufficiently human to at least assure continuation of its life without external human interference as well as other forms of beneficence.

In terms of *government* policy, the US Department of Health and Human Services has reclassified the term human fetus to “unborn child” suggesting that opponents of abortion cannot be criticized for using the term “unborn children” descriptively for the State Children’s Health Insurance Program (SCHIP) eligibility (McCullough and Chervenak 2008). Use of this revised terminology is consistent with the long established tradition of using the term “child” for unborn offspring, as noted in the Oxford English Dictionary (2009). Thus, the federal government has acknowledged legally that unborn children, regardless of gestational age, have a right to health care, which is an implied if unacknowledged expression of acceptance of human personhood. Logically these children must possess an intrinsic right to life, otherwise they could not be candidates for health care. Furthermore, according to Parsi (1999), in 1984, US President Ronald Reagan’s public view was that that “until and unless someone can establish that the unborn child is not a living human being, then the child is already protected by the Constitution.” Nevertheless, the *Roe* decision supports the opinion that the pregnant woman has the right to deprive a child of its right to life, thereby contradicting the empirical and philosophical evidence in support of the child having its own intrinsic right to life continuation and the mother having obligations that preclude morally her ability to exclude her preborn’s right to life.

DRIVERS FOR THE PRO-ABORTION VIEWPOINT

Some scholars have advanced assorted theories to justify elective abortion based on

an alleged deficit of personhood by the preborn human organism. Personhood of the fetus becomes a central subject of interest because it can either support or reject the moral legitimacy of human abortion. The central argument supporting the abortion rights rationale is applied as follows: (1) Only a person has moral rights, (2) A preborn offspring is not a person, at least in the first trimester, (3) Therefore, the preborn offspring has no moral rights, and specifically no right to life, and (4) Hence terminating a first-trimester pregnancy is not only legal (Roe v. Wade 1973) but also morally neutral and permissible.

Where the weight of evidence lies for the personhood status of the unborn human is a matter of considerable importance to the divisive debate over the societal acceptance or rejection of abortion both on the personal level and in the national arena. Some prominently held concepts are presented here to demonstrate the strength, depth, conflict, and contradiction in the analysis of personhood for the preborn. The more prevalent ethical theories defending elective human abortion are summarized herein:

- Gradualism (advocated by L.W. Sumner [in Lee 2010]) argues that personhood begins at the second trimester, matures gradually during the balance of gestation and that, along that same continuum, moral standing begins and expands progressively with time. Its consequence is that only early-term (i.e., first trimester) abortions would be permissible. This proposition is troubling logically: By overlooking the continuing biological and psychological maturation beginning at fertilization as demonstrated convincingly by genetic findings, it fails to support the rationale that personhood begins at some point beyond the first trimester.
- Person's interests (advocated by L.W. Sumner [in Lee 2010]) posits that benefits and harms to particular persons must be seen as psychological states and that morality, whose province is harms and benefits, can apply only to conscious, mentally competent and sentient beings. This intuitive theory, applicable solely to first-trimester preborns, offers no evidence of any unique attribute of intuition to support its alleged role for the early embryo. Logically, abortion in the later stages of pregnancy would be considered morally comparable to infanticide which is judged to be morally evil by our society.
- Sentience is associated with self, meaning the organism has feelings; and feelings both good and bad are associated with consciousness (Sumner, in Lee 2010). But personhood is arguably more than consciousness alone (Beauchamp and Childress 2009). For instance, a criterion for personhood is in being a rational free agent, someone who has the morally grounded potentiality to pursue various personal goods (viz., life, knowledge, etc.) rationally and freely, even if it takes many years to actualize (Lee 2010). Furthermore, Sumner's theory defending first-trimester abortion as morally neutral is indefensible by virtue of the lack of objective measures for threshold (s) for and rate of consciousness development.
- Paradoxically, the conveyance of personhood recognizes the existence of potentiality to pursue those various goods; and human embryos and fetuses actually possess that potentiality by virtue of their dynamic genetic makeup with a trajectory toward adulthood that is not merely a potentiality but an actuality (Lee 2010).
- Finally, this theory is flawed with regard to its logical extension to adult humans who have become incompetent or

otherwise mentally incapacitated and could be vulnerable to involuntary euthanasia, which in the United States is intrinsically immoral and in conflict with our social norms.

- Hence, this theory's application to first-term embryos must be seen as morally indefensible.
- *Physical Brain Functioning* is a theory related partly to the concept of consciousness noted previously, and is often cited as a theory applicable to judge personhood with associated moral obligations (George and Tollefson 2008). Brody (in Lee 2010) argues that the criterion of sentience requires the full development of the fetal brain, which is claimed to be at approximately six weeks gestational age, prompting him to conclude that the majority of abortions are homicides because they occur at a later gestational age, which would comport with the view of anti-abortion advocates. However, his argument also has a troubling moral aspect: Full brain development continues until at least three months postpartum and even many years later (Beauchamp and Childress 2009; Lee 2010). Hence, this position might be used to justify infanticide of neonates of up to approximately twelve weeks of age or even longer, which, were it condoned, would be immoral generally and certainly illegal in the United States. Hence, this theory is neither a moral nor a practical justification for abortion from approximately six weeks of gestation, prior to which physical brain development has not yet begun.
- *Twinning* is the theory based on a particular developmental stage of the embryo at which personhood could be inferred. Based on knowledge from embryology and genetics, at the time of gastrulation (2–3 weeks of age), the embryo loses its ability to divide and form an identical (but not fraternal) twin (referred to as

monozygotic twinning) (Lee and George 2006). The argument then is that prior to that change of state, the embryo is not a single individual toward whom we have moral obligations with accompanying rights such as that of life. Arguably, then, prior to reaching that stage, destruction of an embryo would be morally neutral; after that critical juncture (2–3 weeks of gestation) of development, however, abortion would no longer be permissible morally (Lee and George 2006). In theory, one could infer that personhood emerges at this early developmental stage (in conflict with *Roe*), because its genetic program will move its development inexorably toward birth and beyond as a unique human entity with moral rights and toward whom we have moral obligations.

- *Self-defense* is a theory that argues that acts performed in self-defense are morally permissible. Some have attempted to characterize human abortion as an act of self-defense by the mother, hence morally permissible, even if the fetus were recognized as a "person." In essence, those supporting this view suggest the existence of a conflict of interest between the mother and her preborn offspring. It is a conflict between the moral rights of the mother versus those of her in utero offspring. Central questions thus become: Whose rights outweigh those of the other, by what criteria, at what times, and who qualifies as assailant and as assailed? The matters of humanness and personhood are bypassed altogether. This theory rests on the premises that a woman's choice of an abortion is morally justified because she is defending herself from an "assailant" who happens to reside within her womb, and that the fetus has no right to life. According to this theory, the offspring need not have a pathologic

condition and the mother need not have her life threatened by the pregnancy to elect abortion of the fetus.

- This position is impeded by the notion that moral rights are not grounded on positive law or explicit contract, a proposition inconsistent with human rights derived from natural law (Gómez-Lobo 2002).
- *Viability* is attributed largely to the SCOTUS opinion as described in *Roe v. Wade* in which Justice Harry Blackmun stated the conclusion and rationale of the Court that the term “person, as it is used in the United States. Constitution, has application only postnatally” (*Roe v. Wade* 1973). This judgment, agreed to by a plurality of the Court at the time, is that of an interpreted right based on a woman’s right to privacy that enables her to elect, without prejudice, to terminate her pregnancy. SCOTUS sought to balance a woman’s right to abort her offspring against the rights of the fetus to live and be cared for. It also noted that the State may choose to proscribe abortion only for the preservation of the life or health of the mother (Furrow et al. 2008; Pence 2008).
- The *Roe* opinion has been evaluated by some constitutional professionals with special consideration of rights of the human fetus and was found to be legally deficient on eight grounds (Wellman 2002). Justice Ginsberg, serving on the same court, was critical of the *Roe* opinion, noting that *Roe*’s scheme was divisive and that a more moderate scheme could have been less divisive (Schrage 2003).
- Roden (2010) also commented on aspects of *Roe* and concluded that Justice Blackmun’s examination of the Constitution was defective on five counts with regard to the unborn. A comprehensive summary and analysis of the many instances in which tort law has

concluded that the in utero individual is a person with legal rights has been cataloged by Cook (2003).

- verall, viability as a threshold for defining either person or personhood for the purpose of pregnancy termination has a highly questionable foundation in medical science and Constitutional law.

The foregoing examples indicate convincingly that, while seeking to morally justify pregnancy termination, numerous philosophers have attempted to determine authoritatively when the in utero human offspring confidently can be not merely described as human but as a “person.” In that same vein, Englehardt has indicated that psychological criteria for defining personhood are “arbitrary” (Parsi 1999).

This matter is controversial. If the preborn is deemed to be an individual who has moral rights and toward whom we have moral obligations, particularly the right to life as articulated in the U.S. Declaration of Independence, the termination-of-pregnancy issue would take on a new complexion for society. The right to life is a pivotal consideration for societal discourse about support for or rejection of pregnancy termination, the latter of which leads inevitably to the death of the in utero individual. Of the theories summarized herein about personhood and possession of moral right, no unitary agreement or consensus can be extracted. None of these theories offers a lucid and indisputable definition of when “personhood” begins in life, but merely describes characteristics that may or may not be associated with personhood; absent is empirical evidence to make any of these theories defensible, whereas competent physical scientific evidence exists for the recognition of the humanity of individuals.

In scientific terms, the principles of consistency and concordance cannot be found

among these several theories of personhood. Furthermore, no weight of evidence supports any one theory, and no single theory is without scientific or philosophical uncertainty. Collectively these deficiencies represent major flaws in these theories.

Additionally, the claim that the preborn has no right to life must be discredited as having no scientific or moral foundation since its claim cannot be limited to the preborn and would foster infanticide which is clearly viewed as abhorrent in our society. This philosophical theory (i.e., first-trimester preborn deserves no moral protections) is also offensive since it suggests the acceptability of euthanasia of mentally incompetent adults, a concept incongruous with US societal norms and legal constructs. Consequently, an alternative paradigm is needed to bridge this chasm to provide the greatest societal protections for humans.

Even more recently, the pro-abortion rights argument has become increasingly strident rhetoric but with no new, or more compelling, data in support of that cause (Pollitt 2014). An example includes comparison of abortion to an appendectomy, missing or ignoring the entire issue of the child's moral rights. Pollitt is dismissive of alternative viewpoints by arguing that the abortion right was settled decades ago and no longer deserves to be relitigated. Pollitt's language represents a coarsening of civil discourse and a tendency to substitute name calling for fact and logical argument.

AN ALTERNATIVE PARADIGM: RELIANCE ON MORAL STEWARDSHIP

In the US today, two main and conflicting approaches to dealing with abortion are the pro-life and the pro-abortion (aka "pro-choice") positions. Nevertheless, opportunity exists to grant serious consideration to another perspective that may

create some rapprochement between these divisive opposites and hopefully may lead to a reduced practice of elective abortion in our society. That additional concept is *moral stewardship* which impacts four societal tiers: the individual (mother, father), the extended family, the local community in which a woman with an unwanted pregnancy resides, and society at large.

Moral stewardship in a pluralistic, secular society is understood as follows: Decisions and actions that focus on using, developing, or conserving human resources to benefit both oneself and others. One aspect of stewardship manifests itself as the unselfish sacrifice of effort for the benefit of community members. It involves a strong element of how individuals manage those in their care (including offspring *in utero*). However, moral stewardship also reflects an inevitable tension between self-interest and community interest. A compelling case is made by Parsi (1999) who argues that, for individual and collective stewardship, special moral regard for preborns compels society to treat them with the respect we accord to other humans. Such respect extends to life and wellbeing as a genuinely valued choice.

How might a pregnant woman or both parents make informed decisions to select the pregnancy's outcome best suited morally for parents and child? A step in addressing this question is an examination of the maternal and paternal roles in stewardship toward a preborn child, compatible and consistent with similar roles after birth.

Stewardship is a moral virtue applied in many interpersonal relations, perhaps none so vital as in the role of human parenting. Many would agree that from the day of birth of a wanted child, through its many stages of life leading to adulthood (in some cases, even well beyond), parents are

genuinely stewards of their children through application of physical, medical, and psychological nurturing. Generally, they care for their developing offspring from first realization of its existence to adulthood, and seek to provide her/him with tools (e.g., education) essential for success in later life. Nonetheless, at times some may harbor thoughts of rejection of an unruly teenager, but for the most part they do not turn such thoughts into rejection due to expectations of eventual maturity and thus provision of guidance and support is continued. Certainly, when a child is wanted, the mother, at least, serves as steward to her preborn, by adopting healthful behaviors (prenatal medical care, a healthy diet, consumption of health promoting dietary supplements, etc.) and avoiding exposures to potentially deleterious activities (e.g., risk-laden athletic activities, cigarette smoking, psychotropic drug use, excessive alcohol consumption, etc.).

While being free legally to terminate her pregnancy, the mother also has the option to endure the temporary discomfort of the pregnancy and birth and ultimately to relinquish her newborn to adoptive parents, thereby relieving her of future responsibility for the child. If so, her stewardship responsibilities will have been fulfilled to her offspring, to the adoptive parents, and to the inter-generational community, and she can then resume her life prior to pregnancy. Hypothetically, the mother of an unwanted child may eventually have an additional option to avoid the discomfort of the pregnancy. Medical researchers are seeking to develop a tool by which a fetus may be taken from the mother and gestated *ex utero* for later assignment to adoptive parents (Rayner 2012). If that technology is perfected, benefits might accrue to natural and adoptive parents; however, the type and degree of attachment considered so important to

emotional development of the offspring may be lacking, at least temporarily, thereby producing undesired consequences later. Such technology would doubtless raise several questions of moral justification and avoidance of exploitation.

Stewardship toward preborn and newborn children is enhanced by the reality of human attachment between parent and child. Psychological studies report the sharing and strength of such attachments between parent and child not only after birth but even during *in utero* maturation (Bowlby 2005; van der Horst and van der Veer 2010; Vicedo 2011). During pregnancy, this bonding phenomenon tends generally to be more intense between mother and child than between father and child. Such attachment is an important contribution to the healthy behavioral development of the child. As such, this bonding serves as a foundational element of stewardship by facilitating the acceptance of the responsibilities of child rearing, creating in part life-fulfilling opportunities for the developing offspring and even his or her parents (Shrage 2003). The reality of bonding between a mother and her preborn is consistent with the ethics of care within intimate personal relationships demonstrated by the traits of compassion, fidelity, and love that support the acceptance of stewardship for the preborn during pregnancy and for offspring throughout later stages of development (Beauchamp and Childress 2009).

Medical and social sciences lend credence to the reasonableness of retrospective extrapolation from the bonding postpartum and the realization that bonding actually begins during the mother's pregnancy, particularly when that pregnancy is a desired, desirable, and accepted event.

The role of the father of a wanted or unwanted child may not be readily

apparent when his role is defined solely as the provider of his share of the chromosome complement which is a necessary ingredient to fertilization that might eventuate into a neonate, provided that the pregnancy is not terminated. Throughout pregnancy, particularly an unwanted one, the father can accept moral responsibility for his fatherhood by being a strong supporter of the pregnant woman, by displaying an attitude of encouragement and assistance in obtaining medical prenatal care and social support, and in providing psychological encouragement. In some settings, the father can also influence the decision process for pregnancy outcome, although presently several pregnant women prefer to accept sole responsibility for the selection of its termination (Young 2000; Strahan 2002; Ponnuru 2013).

Is there a moral imperative for the preborn's mother or father to accept stewardship responsibility toward the unwanted child rather than pregnancy termination? Does the unwantedness of the in utero offspring absolve the parents of the moral obligations of parenthood? Response to these questions requires recognition of moral virtues (forgiveness, generosity, compassion, and kindness) and responsibilities (i.e., looking out for one another's wellbeing with respect and dignity) toward other human beings (even the preborn child—although some would argue against including the first-trimester fetus). These moral virtues are derived from the fact that humans are uniquely deserving of respect for life because of their nature and their cognitive abilities (Beauchamp and Childress 2009). While theories have been generated to support the claim that the preborn commands no moral obligations from others or increased moral obligations toward them—or a hierarchy of status over time, no single or group of theories provides empirical proof

of the moral obligations owed to the unborn (Parsi 1999), a consideration that should not be overlooked while finalizing the important decision of pregnancy outcome. Nonetheless, irrefutable physical scientific evidence can determine that individuals are human and worthy of moral obligations from others. This process supports the reasoned conclusion that stewardship of the preborn is a prudent choice for either the mother alone or both parents.

Women with an unwanted pregnancy face the prospect, sometimes onerous, that the father will be entirely absent during pregnancy and possibly thereafter. The reasons for such absence are innumerable. Coping with such circumstances can create substantial anxiety in contemplating pregnancy outcome. In many of these cases, extended family members (grandparents, siblings, other relatives, and even close friends) can fill this vacuum with the needed support structure to deal constructively with a desired or an undesired fetus. These members can also provide understanding of the human nature of the fetus, can assist with the decision about continuation, and can participate with nurturing the infant. Or if a mother were to decide on pregnancy termination, this support group could help with finding appropriate medical and psychological resources to cope with numerous deleterious medical, psychological, and sociological consequences of termination (Burke and Reardon 2007).

The absence of the father due to unwillingness to accept responsibility for his child represents a considerable problem to our present society (Sawhill 2014). More specifically, this family deficit—often created by the lack of commitment to the stability of marriage undermines the integrity of the family itself, particularly when the absence of fathers establishes a major trend in our society, as noted by Sawhill.

Some forty to fifty years ago, the frequent sequential script for young adult lives was (1) complete school, (2) get a job, (3) marry, and (4) then have children. By 2010, the cultural script had been inverted for adults between 18 and the late 20 s, with the notable exception that many men and women remained single resulting from either no marriage or divorce. From these modern trends, Sawhill wondered strikingly whether marriage may be an “endangered institution.” This sentiment is echoed by Pearlstein (2014) who speaks of family fragmentation or breakdown as a cultural norm in America. These societal conditions have resulted in numerous “unwanted” children, the solution for which was often abortion of the unwanted preborn, based largely on the *Roe* decision and without an honest recognition of the humanity of the aborted individuals. Likewise, Samuelson (2014) laments the family deficit and points to its contribution to stubborn poverty. He finds that this is the deficit that matters most for the nation, and is most intractable because what good families provide cannot be gotten elsewhere.

Moral stewardship can provide a suitable framework for reducing the abortion trajectory; however, it remains unclear whether the marriage trend may inadvertently reverse the family deficit so as to strengthen again the larger society.

Similar to that for individuals, compassionate stewardship in the community generally extends deeply into American culture (Shrage 2003; Beauchamp and Childress 2009). Stewardship is found in communities in which individual residents look out for the wellbeing of others who may have hardships or unique vulnerabilities (illness, physical infirmity, advanced age, etc.). Some examples include non-profit institutions that provide basic needs to impoverished and needy members of their community. Some private schools

grant subsidies for admission to talented children who have insufficient financial resources; and community-based philanthropic organizations exist to provide either foster or adoptive care for parentless or otherwise unwanted children. With particular orientation toward the care of young children, local community groups have taken on the role of caring for children whose parents are unable to carry out that responsibility. Many more examples of community activism and social stewardship could be listed.

Some abortion dilemmas stand out as morally and humanely troubling. An especially difficult situation is that of pregnancy due to rape or incest. The mother is the victim of violent assault, and the child is an innocent victim even if the pregnancy were to go to term. Not surprisingly, abortion often surfaces as the desired choice. Why should a woman be reminded constantly of her abused experience every time she sees this infant? Some women may ask: Why suffer emotional trauma for a lifetime? While some women confess that the child was the sole good that came from their rape. This is an instance when community and extended family stewardship can prove a great solace for eventual return to some normality in life. What of the unborn child? Can there a just solution for the preborn, one that respects his/her life as well the mother's. No simple answer can be found. But the mother must be respected no matter her choice.

Another heart-wrenching conundrum for a mother and father arises from the diagnosis of an anatomical malformation in the developing preborn. It may do little good to hear about the natural occurrence of genetic mutations central to the pathology. Rather, attention focuses on the burdens that both parents—perhaps worse, the single parent—will face for months and years to come. Yet, depending on the nature of the deficiency, some

handicapped (e.g., hydrocephaly) children are capable of participating constructively and lovingly in society, raising interest in choosing continuation of pregnancy over termination.

Several moral goods may be achieved by selecting stewardship over abortion. Among these might be the eventual provision of special talents to the community by the mature offspring who had been given the opportunity to be born and to reach productive adulthood. Had that infant been placed for adoption in a receptive, caring family, the adoptive parents, and even their natural offspring, might well have a more fulfilling life from the contributions of the adopted sibling.

Government initiatives also have a role to play in stewardship by crafting policies and legislation aimed at protecting assorted groups who require special assistance. State oriented stewardship policies that could assist women in dealing with an unwanted pregnancy could include comprehensive anti-poverty programs and upward mobility initiatives aimed at overcoming economic inequality for women in the economically disadvantaged class. Public agendas such as these can inspire populist energy that encourages self-sufficiency and serves as the foundation for community cooperation that renders poverty temporary rather than simply tolerable. State policies can be structured to foster a moral philosophy of compassion and concern for others, especially toward a woman and her spouse or partner faced with an unwanted pregnancy, toward the vulnerable preborn, and toward the adoptive parents.

Policy considerations to create commitment to moral stewardship

For moral stewardship to succeed throughout our secular society, sound

policies must be established and implemented. They should reflect a clear understanding of women's motives and family objectives when choosing outcomes of unwanted pregnancies. Policies should provide sufficiently detailed understanding of the dimensions of each viable alternative choice. Policies should treat women not only respectfully but also holistically in their life circumstances (e.g., education deficit, economic disadvantage, health status, living conditions, nutritional status, etc.). Attaining such goals requires recruitment and formation of thoughtful and dynamic leaders at all levels of society.

Reducing the education vacuum

Generally, women choosing abortion as a sole option for an unwanted pregnancy are likely unaware that the developing preborn is actually a human being, often having been told solely that the embryo or fetus is merely a collection of cells. Many are unaware of the human linkage between ovum and sperm DNA; some even deny such a connection. Often, women cannot make an informed choice about a reproductive outcome because they are not provided clear information about the physical and psychological risks from assorted procedures to their reproductive organs. Such information must be presented in a balanced and understandable way compatible with their level of genetic and embryological knowledge. Likewise, information about the risks or benefits of birth-control medications, particularly abortifacients, should be provided by knowledgeable, trustworthy and unbiased sources.

Education deficits should be eliminated preferably during a woman's and a man's early maturing years to promote a reasonable degree of understanding of the many facets of human reproductive and developmental physiology. Doing so would

provide a foundation for decisions they may confront with a pregnancy, be it wanted or not. Women truthfully informed are empowered to make family decisions best for them, their mate and their offspring. Bush and Bolick (2013, ch. 6) addressed these issues in the context of US immigration policies, pointing out that, for migrants for whom English is not their primary language, barriers exist to proper understanding of the ramifications of reproductive decisions related to birth-control and pregnancy outcomes.

Generally, education structure begins at the local level with collaborative assistance and encouragement at the state level. State and local organizations are often the laboratories of innovation in public policy and are in a position to foster collective stewardship commitment. Knowing the needs of the communities they serve, these organizations can craft curricula to include rudimentary embryology and genetics in sex education courses for secondary school students. Such advances could provide a wide range of understanding of the pros and cons of assorted parental decisions related to reproduction and family formation, and parental responsibilities and values.

Similarly, adult education courses should be made available for post-secondary school adults (e.g., night classes with support from extended family and community). Local school boards should be encouraged to generate and implement their own curricula, with an eye toward assimilation of educational innovations about pregnancy support services for continuation or termination, relying on approaches likely to prove successful.

Furthermore, methods also should be developed to record and analyze successes and failures in order to direct the development of improvements. Broad-based methods should be implemented with some input from the federal Department of Education, with appropriate caution to

avoid the “one-size-fits-all” approach which often serves to impede true and useful innovation at the local level.

Media’s information role: Trading misdirection for facts

In a society as diverse as ours, it is not surprising that the media serves an active role in providing information about sexual and reproductive content, not the least of which is that about elective abortion. Over the years, journalists have evolved away from factual to narrative reporting, leading ultimately to loss of accuracy. The latter has been criticized by some as conforming to pre-existing biases with major inaccuracies rather than to straightforward factual, confirmed descriptions, and analyses.

As for abortion, the media has displayed pre-existing biases toward the abortion-based option in an attempt to justify the position espoused by pro-abortion supporters, doing so by using “spin” to veil the reality of human abortion for what it is: the destruction of human beings. Expressly presenting abortion solely as a benefit to a woman’s health, they shape their narrative to deflect discussion away from the moral value of the human preborn while encouraging the false belief that the preborn has no rights including the right to survive. As a result, the media plays a powerful role in fueling the divisiveness between anti- and pro-abortion constituencies and positions.

The fourth establishment of our democracy appears to have chosen to support modern-day liberals in their crusade for total sexual freedom at a cost of approximately one million preborns yearly. One of the most contrary ways that the media has planted its “flag” has been the extensive use of the argument that abortion is, for most pregnant women, a means of protecting a “woman’s health,” when in reality the procedure is chosen largely to

avoid assorted inconveniences that the upbringing of a child may eventually introduce in the mother's life. The media's denial of the biological facts of the status of developing offspring can be seen as nothing more than a bailout to liberalism's self-selection of freedom over life. A consequence is infliction of injury to the preborns who were aborted unjustifiably and without the ability of preborns to argue their right to life.

Journalists should reconfigure their approach to complex biological systems (i.e., pregnancy) in a balanced and objective manner with reliance on comprehensive reputable sources so that recipients of the information can make their own informed choices of how to apply the information productively and ethically to their own lives. Journalists should collectively accept responsibility for assuring not only correctness of their reports but also should call out stories whose details are false and whose content is misleading by withholding relevant facts. Were the media to alter its practices as suggested, divisiveness might be reduced and the US fertility rate might be positively influenced to the benefit of society overall.

Furthering economic opportunity: Pregnant women facing the prospect of abortion

An often-cited motive for choosing termination of a pregnancy has been that of being unable—financially and psychologically—to afford a (or an additional) child, suggesting that these mothers are apt to be economically disadvantaged and in need of encouraging support of family and friends. Shipler (2005) described this situation in the United States in some detail. Living with perpetual economic stress means inadequate funds for basic necessities such as food, shelter, and access to suitable medical care. Having difficulty finding

employment paying a living wage may prove overwhelmingly difficult with the economic climate of the past decade; and incentives to find work can be undermined by meager financial subsidies of the welfare state. It may also mean squalid living conditions—even with government assistance. The poverty level and lower middle classes, while not always fully understood, are ever present in many communities, and are a constant reminder of its devastating erosion of individual self-respect and community solidarity of insufficient income.

Psychological stress can be a pernicious burden for a woman carrying an unwanted pregnancy, and can raise barriers to seeing the clear distinctions between continuation and termination of a pregnancy. Furthermore, the stress present during pregnancy can be further exacerbated after an abortion due to feelings of regret and grief about one's abortion; it might even become pathological requiring professional counseling (Morana 2013). Although abortion is presented at times as empowerment of women, it actually generates the obverse through eventual and persistent reflection over the self-selected loss of one's child (Morana 2013).

Given such circumstances, is it any wonder that terminating an unwanted child may seem a far easier choice (three times as high as for the non-poor) than the alternative? Finding an exit from poverty is a complex and long-term journey, one requiring continuing societal attention and commitment.

The stewardship paradigm is well placed to provide the means and the impetus to formulate and maintain necessary support programs that give women with an unwanted pregnancy a clear understanding about their option of pregnancy continuation to term for objective comparison with abortion. What matters most now is construction and implementation of responsive societal resources:

- Local businesses should be motivated to employ pregnant women at a fair wage and to adopt policies supporting reasonably compensated time for medical pregnancy care. Doing so might well reduce the anxiety over “making ends meet,” and it may eventually spring some people from the lower economic class toward higher economic echelons and greater opportunities for fulfilling and prosperous lives of mother and child.
- Community stewardship should seek to implement means of preventing discrimination against pregnant women seeking continuation of their pregnancy and assisting single-parent providers with their children, preborn and thereafter.
- Employers or the American Affordable Care Act (ACA) should provide useful and affordable health insurance for the mothers and their offspring *in utero* and thereafter.
- The availability of adequate and affordable housing for family units should be a priority.

Availability of state resources and programs

At the state level, the focus should be on women faced with unwanted pregnancies and should encompass

- meaningful support for compassionate adoptions;
- assistance to assure adequate prenatal medical care; and
- professional guidance in clearly conveying basic relevant understanding of advantages and disadvantages of each choice between pregnancy termination and continuation to birth.

National benefit by advancing US birth rates

For societies to thrive, a balance between the birth rate and an aging population is required. As a society ages, economic

productivity usually declines among the elderly while government support of the elderly (e.g., Social Security and Medicare predominantly) increases. To maintain economic balance in this country, younger workers are needed to contribute to these two social programs through payment of payroll taxes. Increasing the US fertility rate (presently at or slightly below 1.9, below the required replacement rate of 2.1), would benefit society's economy in achieving a financial balance that stimulates prosperity in all age groups (Samuelson 2012).

As a national policy, reliance on stewardship to reduce the abortion rate would likely lead to a significant increase of the US fertility rate and create significant value to the country by advancing productively toward the sustainable replacement birth rate adequate to economically support the overall population for the future. Stewardship may be coupled with other policies that could function in parallel to reach the desired fertility goal more readily.

CONCLUSION

For over four decades since *Roe*, this country has been divided over the moral legitimacy of human abortion. The lines continue to be drawn in effect between advocates opposing the practice, arguing that abortion is a morally unjustified destruction of a human preborn, and those supporting the practice for first-trimester preborns based on the legal right articulated by the Supreme Court.

This division can be characterized properly as the intersection between (1) *responsibility* for the welfare of preborn offspring and (2) the personal *freedom* of women to terminate the life of their first-trimester fetus. This division rarely has been more vivid or striking. Indeed, the philosophical dichotomy offers challenges

to the moral code of all that undergirds our society and its legal structure.

Two major themes underlie conflicts between these two viewpoints:

- The fetus is or is not “human.” Convincing scientific evidence (genetics and embryology) demonstrates clearly that the fetus and embryo are human. Denial of these robust data is contrary to logic. The weight of evidence clearly favors the acceptance of preborns as human throughout gestation.
- The fetus is or is not a human “person.” The weight of evidence for personhood is derived from properly constructed arguments derived from sound ethical principles, natural law, logic, and medical recognition of the fetus as a patient having moral rights including the right to life. However, personhood is not proven by entirely empirical evidence. The countervailing view presents numerous philosophical theories suggesting that the early preborn is not truly a “person” in a moral sense; while no empirical evidence has been produced to establish the validity of these theories, ample physical evidence exists to determine that an individual is human. While this matter remains controversial, one can argue that in the interest of respect for all human life, a cautious approach should grant the existence of personhood to the preborn so as to assure justice for those individuals, regardless of whether federal law assigns the mother a right to terminate her pregnancy.

Reconciliation of these positions is best addressed by the recognition and application of moral stewardship as applied to diverse levels of society.

In this context, stewardship seeks to help a pregnant woman, faced with an unwanted preborn child, to make an *informed decision* about the relative merits

of pregnancy termination versus continuation. This can be accomplished by the commitment and focus of resources to allow her to make an informed decision about her developing offspring. And if a mother of an unwanted child chose carrying her child to term, she would be *relieved of further responsibility* for that child while also allowing for life-sustaining assistance after its birth. That support may consist of involvement by extended family or adoptive parents or community organizations having the necessary, dedicated resources. The state may also play a supportive, responsible role by providing access to targeted education, financial support for reasonable medical assistance and living, and programs to assist mothers of unwanted children in obtaining means of adequate employment and opportunities for upward mobility.

Another scenario includes those *women who choose to keep their offspring after birth*. In doing so, they may be beneficiaries not only of the community provided during gestation but also of the community support and assistance for the nurture of the infant through community resources. As the child continues its development, the community can provide assistance with educational programs for intellectual development, and eventually local corporate support for advanced education for increased economic advancement. For those infants with congenital anomalies, the community can provide loving care, medical support, education that provides for personal and social benefits over the lifetime, and constructive response to the needs of a growing family.

At each societal level, stewardship fosters responsibilities for providing the preborn with the opportunity for life’s fulfillment through full maturation but without undermining the mothers’ autonomy of choice. In this context, stewardship does not exclude the

possibility that the pregnant woman could exercise her legal right to terminate her pregnancy, but rather it orients her toward an in-depth understanding of the values and consequences of each possible choice. In this way, the distinction between the two opposing views may reduce the existing political divisiveness and produce some genuine moral goods for many in society. Additionally, this type of moral stewardship can also create tangible benefits to the country as a whole, by at least increasing the fertility rate.

Another aid would be to more broadly enforce rules and policies protecting pre-natal human life while balancing the interests and rights of others. The stewardship approach values unborn life in a way that is just and humane not merely for the developing offspring but also for the local community and society at large.

The stewardship approach to protection of preborn humans, with its emphasis on beneficence, can make a wide-ranging positive difference in American society, and become a genuine and enduring part of our country's moral legacy—indeed it may be absorbed into the American character, which has historically been generous in aiding the helpless. An essential hallmark of stewardship is *integrity*, in terms of soundness of moral principle, especially in relation to truth and justice. Integrity encompasses honesty, sincerity and forthrightness, qualities important to assuring endurance of a stewardship paradigm when oriented to the fulfillment of human life and wellbeing.

When this approach finds success, the overall number of abortions may be reduced systematically without impugning those who choose termination of an unwanted pregnancy, and the need for the anti- and pro-abortion sides to continue their divisiveness may gradually be dissipated.

By embracing the principle that “all lives matter,” moral stewardship of preborns

becomes a logical and compelling way of conferring better opportunity for the survival and fulfillment and to assure continuity of a worthy (at times flawed) society.

ENDNOTES

1. This vernacular term is synonymous with pro-abortion because the word “choice” in this context is controversial and is intended to mean abortion.
2. This vernacular term is synonymous with anti-abortion because the word “life” in this context is controversial and is intended to mean anti-abortion.
3. *Moral status* refers to those distinct properties that characterize *Homo sapiens*. All humans and only humans have that moral status which demarcates the essence of *moral value*. In so doing, moral status confers obligations (particularly life and respect) of one living human to another in reciprocity (Beauchamp and Childress 2009).
4. The author of this paper does not herein suggest or address any possible links between natural law and what religious institutions may describe as moral norms. Let that be a topic for another time and place.

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BIOGRAPHICAL NOTE

Robert G. Tardiff, Ph.D., M.A., is a bioethicist engaged in addressing clinical research at Georgetown University Medical Center. He received his Ph.D. in medical research from the University of Chicago and his M.A. in bioethics from Loyola University Chicago.