



A RESOURCE OF
THE ETHICS & RELIGIOUS
LIBERTY COMMISSION

Created in the Image of God

*A Practical Guide to
Building a Culture of Life*

ERLC RESEARCH TEAM



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THEOLOGICAL & ETHICAL FRAMEWORK

1 We believe that all people, regardless of age, ability, developmental stage, or manner of conception, are created in the image of God.

The first words written about humanity in Scripture are that each of us is created in the image of God. Every individual shares in this unique status as male or female image bearers, representing God and pointing toward his glory. The truth of our status as image bearers grounds all of our relationships with one another, and is the foundation for Christian ethics advocacy. There are no individuals with more of God's image or less of it, regardless of one's capacities, age, ability, development status, manner of **conception**², intellectual abilities, physical traits, or any other identity characteristic.³ This biblical reality cuts directly against attempts to redefine and ultimately dehumanize others.

Scriptural References: Genesis 1:27; Joshua 20:3-6; Psalm 127:3; Matthew 18:6; Acts 17:26; Colossians 1:15

2 Each person, from the moment of fertilization to the time of death, possesses inherent dignity and worth.

Scripture consistently treats human beings inside the womb as people with both dignity and value. Both the Old and New Testaments contain references to the personhood of the preborn, as in the psalmist's declaration that every day of his life was known by God even in his mother's womb, or Elizabeth's exclamation that John the Baptist, while in utero, leaped for joy when he sensed the baby Jesus in Mary's womb. The science is clear that, from the moment of **fertilization**, each embryo is a distinct human being, and Christian theology affirms that each human being is endowed with personhood. As a person, they are image bearers with worth and moral status before God

2 See "Important Terms" on page 25 for explanations of this and other terms used in this guide.

3 In agreement with Protestant and evangelical thought on this topic, as well as the *Baptist Faith & Message 2000*, we use the language of conception in this instance as synonymous with fertilization. Further, this specific usage ("manner of conception") emphasizes that no matter the circumstances of an individual's conception, they are a person who bears God's image and possesses intrinsic dignity and worth.

and neighbors. That worth continues throughout his or her life and is not dependent on any other factor. The truth that each person is uniquely endowed by their Creator with dignity and worth shapes how we relate to each person we encounter, whether in the womb or on their deathbed, and how we treat them as people imaging God to the world.

Scriptural References: 1 Samuel 24:5-6; Psalm 139:13-16; Luke 1:44 & 2:39-45

3 While procreation is not the only good of sexual union, the sexual union of one man and one woman is teleologically oriented toward procreation.

In creation, humanity is told to “be fruitful and multiply,” highlighting the good of procreation and the one-flesh union. Though there are other goods of the marital union—including pleasure, companionship, intimacy, and relational unity—the orientation of sexual union is toward the fulfillment of childbearing. The attempt to circumvent God’s good design for procreation through the evil of **abortion** as “birth control” is a rejection of our status as created beings.⁴ Further, the protection of the purity of the sexual union would object to all improper interventions of third parties into that intimate relationship.⁵

Scriptural References: Genesis 1:27-28; Ephesians 5:21-33; 1 Corinthians 7:1-16; Hebrews 13:4

4 We have a moral obligation to protect and care for the vulnerable no matter their perceived worth by society because this reflects the heart of God as described in his Word.

In the Old Testament, God makes the treatment of the vulnerable in society a criteria for justice. This same orientation toward justice, protection, and care is found in the New Testament in Jesus himself, his question of who counts as our neighbor, and Paul’s description of government’s core duty to promote good and punish evil. As Christians, we should seek to persuade and advocate for all of society to accord with Christian principles of justice and goodness, including the protection of the most vulnerable. The way a society treats its most vulnerable members is often a leading

⁴ As created beings, we are not the ultimate authority in our lives. Our status as creatures reminds us that true freedom is found in how our Creator has made us and what he has said is good for us. Attempts to defy our human limitations and God-given boundaries are a byproduct of refusing to acknowledge this reality.

⁵ The introduction of third parties to the marital union (whether donors for sperm and egg or the use of surrogates) confuses the biological relationship between parent and child (i.e. Is the mother the woman who donated the egg or the woman who carried the child to term?), and as such disorders the purposeful design of God for human sexuality and procreation.

indicator of how it will treat others in the future. This obligation is not only societal but personal, requiring that each of us act as individuals in ways that uphold the worth of the vulnerable.

Scriptural References: Leviticus 19:9-18; Psalm 45:6-7; Psalm 82; Proverbs 6:17; Proverbs 24:11-12; Romans 13:4

5 Government, having been ordained by God to both promote good and punish evil, has the proper authority and moral obligation to protect life and promote the dignity of the family.

The work of the state is primarily the obligation to promote good and punish evil. A crucial element of this work is the crafting of policies that protect life, prioritize marriage, and strengthen families. The right to life is a fundamental right in society, and the family is the foundational institution of society. As such, the state has a special obligation to the strengthening of both. As the state does this, it cultivates an environment for human and societal flourishing. When the state fails to fulfill this duty, it contradicts its primary obligation. In such cases, citizens should advocate for truth and seek policies which further these ends, as they continue to pray for those in authority and positions of influence to promote justice and righteousness.

Scriptural References: Genesis 9:5-6; Romans 13:1-17; Matthew 22:15-22; 1 Timothy 2:1-4; 1 Peter 2:13-14

6 The ending of human life through abortion carries personal, communal, and social culpability, and requires repentance.

Abortion is always the unjust taking of a life, and as such carries with it necessary moral sanction and condemnation. The Scriptures are clear that we are to protect and preserve the life of the child in the womb, with even Old Testament societal laws placing strong protections around the unborn. Abortion is the leading edge in a culture of death, and as such should be opposed at all points. Abortion unjustly ends an innocent life, and its violence radiates outward, harming the mother, father, community, and all involved to varying degrees. People who have performed, received, supported, or encouraged abortion should be called to repentance in order that they may receive forgiveness and mercy from the Lord Jesus Christ as they are loved, cared for, and ministered to.

Scriptural References: Exodus 20:13; Exodus 21:22-25; Romans 2:1-4

7 The church must not only stand in the margins to protect the most vulnerable among us, but also graciously care for those preyed upon and harmed by the abortion industry.

The church fulfills its duty to be an outpost of the kingdom when it testifies to the failure of society to recognize the obligation to care for the vulnerable in accordance with biblical teaching. As it calls the surrounding world to account, it reminds individuals of their obligations to God and one another. There are no sins which are beyond the forgiveness of Christ, and the church should extend that grace to those preyed upon and broken by the lies of an abortion culture. In addition to the child killed by abortion procedures, others are harmed by the violence radiating outward in varying degrees: mothers and fathers told that abortion is good for them, abortion providers whose consciences are seared by the procedure, and a society that treats its most vulnerable citizens as disposable.

Scriptural References: Psalm 24:1; Matthew 5:13-16; Mark 12:31; 1 Timothy 2:1-2

8 Christians can work to alleviate suffering caused by pain, sickness, and death.

Christians have consistently affirmed that, from the moment of fertilization to the death of each person, God alone is sovereign in one's life. There is no aspect of a person's life which occurs without his permission. Christians reject attempts to assume a control over our bodies and lives which we do not possess as creatures (i.e. the right to end our own life). Though pain and suffering are the result of sinful brokenness in the world, Christians can seek ways to alleviate their effects, where possible, in a manner consistent with biblical teaching on human dignity. We cannot affirm efforts to alleviate suffering by intentionally ending the life of an individual. Efforts at pain management, hospice care, and counseling to alleviate suffering are consistent with Christian principles because they mitigate the effects of the Fall. These practices must continually align with Christian principles by treating each person with dignity, caring for the body as an integral part of what it means to be a human being, and recognizing that pain and suffering are the result of the brokenness of the world. Despite the fact that pain and suffering are the result of the Fall, Scripture proposes that suffering can be used by the Lord for the purpose of our sanctification. Therefore, escape from suffering at all costs, including the taking of one's life, should not be the end goal. Instead, we should endure suffering faithfully even as we seek to minimize its effects. In addition, the existence of suffering caused by pain, sickness, and death, does not discredit the existence nor the goodness of God.

Scriptural References: Psalm 139:16; Genesis 2:7; Genesis 3:14-19; 2 Corinthians 4:16-17; Romans 5:3-5; Romans 8:22; 1 Peter 1:6-7; James 1:2-4

9 **Medical interventions to alleviate suffering should not intentionally cause death.**

Christians recognize that our bodies are to be stewarded under God’s design, and that we do not have ultimate authority to act as we wish. Though Christians can affirm the desire to alleviate suffering, it must not be done in ways that contradict the truth that we live within God’s design. Christians recognize that death is a result of the curse of sin, and we rejoice that in Christ death has been defeated through his death and resurrection. Attempts to pursue death as a means of escape are unnatural and conflict with God’s creation order. Physician-assisted suicide, euthanasia, medically assisted death, and other forms of the “death with dignity” movement unjustly treat the body as under our ultimate authority. They take what is good—medical care—and twist its purpose so that it harms instead of heals. Christians should not participate in the intentional act of causing someone’s death so as to avoid personal pain and suffering, even as they mourn the presence of that brokenness in the world. Christians look to the promise of their resurrected Savior, and the assurance that death has been defeated by Christ and will be completely conquered when he returns. In the present life, we trust God to sustain us through pain and suffering, knowing that he is at work in those situations.

Scriptural References: Genesis 3:19; Ecclesiastes 3:1-2; Isaiah 25:8; Romans 5:3-5; Romans 5:12-15; Romans 14:8; 1 Corinthians 15:26, 54-57; 1 Thessalonians 4:13-14; Hebrews 9:27-28; James 1:2-4; Revelation 20:13-15; Revelation 21:4

PRACTICAL SCENARIOS

Because of the Fall, there are instances that raise difficult ethical questions. The existence of these types of cases does not contradict the truths in Scripture. Rather, we must work out the theological principles of Scripture within fraught moral environments. As we reason through these cases, we must do so in ways that uphold creational principles such as the dignity of the preborn, God's design for sexuality and procreation, and government's obligation to promote good and punish evil.

1 A couple in your small group recently learned that a pregnancy for which they have prayed is ectopic (implanted outside the uterus). The doctor's treatment plan requires the removal of the implanted embryo, but the couple are concerned because the treatment plan is the same procedure as an abortion. They don't want to have an abortion, but if they don't go through with the procedure, her life is at stake. How would you counsel them?

The procedure to remove an **ectopic pregnancy** and an abortion are not morally equivalent. As a pastor, you should let them know that there is no sin, because the intent is not to end the life of the child, but rather to save the life of the mother. Known ethically as the concept of "double effect," the intended action is meant to achieve a good end (saving the life of the mother), but also has an unintended consequence that is bad (the death of the child). In this situation, there is a dire threat to the mother's life if the fallopian tube, where the fertilized embryo has implanted, ruptures. Tragically, the danger to the child occurred when the embryo implanted outside of the uterus. Because the pregnancy is nonviable and poses a significant and inevitable health risk to the mother, the couple is morally permitted to act to save her life. Even as you encourage them to act to save her life, you can mourn with them as they grieve the loss of their child.

2 After a Wednesday night service in which you teach on Psalm 139 and the sanctity of life, an intense disagreement breaks out between church members who only support laws that completely ban abortion (absolutists) and others who are willing to chip away at abortion by supporting measures that are politically achievable (incrementalists). Additionally, some of the absolutists are also saying that women who have abortions should face criminal penalties (abolitionists). Now the group is asking you what the Bible says about it. What do you say?

First, you should affirm that both groups share a similar goal of seeing abortion ended and the preborn protected. This is something that all pro-life advocates can work towards at the local, state, and federal level. While the Bible does not lay out a program for advancing pro-life policy, it does affirm several principles. The first of these is that each child is a person with dignity and worth from the moment of fertilization. As a person, they are endowed with rights which should be protected by their parents and the proper authorities. Second, the act of intentionally ending the life of the preborn is a grave moral evil and requires repentance. When individuals act in such a way as to cause the death of the preborn, they bear the same moral guilt as if they had killed someone outside the womb (Ex. 21:22-25). Finally, the civil government has a role to play in punishing evil doers and promoting the good (Rom. 13:4; 1 Pet. 2:14). There is also a recognition that in different circumstances, there are varying levels of moral culpability and corresponding punishments (Ex.21:28-32, 35-36). This is not a justification for situational ethics, but a recognition that policies are implemented in a world broken by sin.

In our current context, there is great cultural confusion about the life of the preborn, with over fifty years of messaging that this is not a child in the mother's womb, and that the mother has the ultimate authority over what happens to her body. There may be many instances where a woman feels compelled—whether by circumstances, pressure and coercion from family or her partner, or abuse—to choose an abortion. No matter the circumstances, the choice to have an abortion is a moral evil and requires repentance. In addition to the murder of the child, abortion produces secondary harms to all involved, albeit to different degrees: the mother and father bear the weight of the choice, often with detrimental psychological and physical effects; the abortion provider's conscience is further seared into thinking this is an acceptable procedure. Each of these should be called to repentance and met with the same forgiveness and grace for all who have sinned and truly repented.

Pro-life advocates can (and will) debate the best path forward toward a day when abortion is banned in all circumstances. Debates between absolutists and incrementalists are discussions about how best to reach that goal. When discerning which is most appropriate in each circumstance, you could ask the following questions: Will this bill lead to lives saved, even if it does not go as far as I would like? Does my action/inaction on this legislation cause harm to the preborn? Do I

truly desire a day when abortion will be totally banned or merely regulated? Am I working toward that day, not only legislatively but also culturally? Can I count as an ally someone who shares my goal of ending abortion, but disagrees with me on the legal path forward to achieving that end?

For the abortion abolitionists, you should ask them to consider the practical implications of criminalization laws at this particular moment, because everyone present agrees in principle that the act of abortion is morally sanctionable. The push to criminalize women is one that pro-life activists have not historically taken, recognizing that it would hinder the larger goal of banning abortion. One question is the level of culpability that could be prosecuted in a court of law. For example, pro-life advocates can (and will) debate whether the couple seeking an abortion—having been told for the last fifty years that this is a legal, ethical, and “better” option—bears the same culpability as the doctor who performs the procedure and kills the child. Additionally, criminalization laws may pose problems for the real-world volunteers who serve in pregnancy resource centers, requiring them to be mandatory reporters if someone discloses that they are considering an abortion. If that were to occur, then PRCs would likely be less able to serve these women because they would be viewed with suspicion. Finally, calls for criminalization are likely to prompt a backlash among persuadable voters and allies in the public square, hindering the larger effort to ban abortion. This makes criminalization practically unworkable, even as all agree that abortion is morally reprehensible.

As a pastor, you should encourage the groups to unite around their shared goal of seeing every child protected, every mother served, every family strengthened, and every abortion banned.

3 After service one Sunday, a couple tells you that the wife was recently diagnosed with an aggressive form of uterine cancer. The doctors are hopeful that they can treat it, but the treatment requires surgery, chemotherapy, and radiation. The mother is pregnant, and the baby would not survive the treatment. They also have two other young children. The couple wants to know if they should or should not pursue treatment?

In the case of procedures such as these, where medical expertise is needed, pastors should encourage the couple to speak to their physicians and maybe seek a second opinion, as well as other possible treatments depending on the circumstances. If the couple chooses to delay treatment in hopes that the baby can be born before pursuing treatment, this would be acceptable, but not morally obligatory. Similarly, as in the case of an ectopic pregnancy, a woman can pursue necessary life-saving treatment provided that the goal is not to harm the child. This is not to suggest that the child is not a person, has less dignity than the mother, or is less valuable. The goal of the treatment offered is in keeping with biblical principles about saving life and caring for the body. The mother and father do not just have an obligation to their unborn child, but also to the care and protection

of their other two children. Thus, they should think through all of their obligations as parents as they discern what course of treatment, in consultation with medical experts, is best. As a church, you should stand ready to care for them, bearing one another's burdens because of our shared identity in Christ. Further, you should follow the admonition of Scripture to call the elders of the church and pray for the healing of this member, trusting God (Jam. 5:14).

4 A member of your church is glad that your church helps support women facing unplanned pregnancies, but would rather see those efforts focused on legislation. What advice would you give for why the church should support pregnancy resource centers?

It is crucial to remind your congregant that advocacy for pro-life legislation and support of pregnancy resource centers (PRCs) are not mutually exclusive. At the time of the *Dobbs* decision, the SBC released a resolution that implored “Southern Baptists to continue and increase their efforts to serve and support local pregnancy resource centers... doing invaluable and often under-recognized work in the care of women and children at every stage of life.”⁶ PRCs engage in various forms of pro-life advocacy, including “counseling, material assistance, and other assistance to women facing unplanned pregnancies, [and they] have seen a surge in attention and demand for their services following”⁷ the *Dobbs* decision, but their work largely focused on meeting the needs of mothers and families—practical, emotional and spiritual. Following the overturning of *Roe v. Wade*, the abortion question can be taken up by states in a way previously prevented by the judicial ruling. Church support for PRCs represents an essential element of the local- and state-level battle to make abortion unthinkable. The mission of the church is to make disciples of Jesus and proclaim the gospel to the world. Through the proper discipleship of members, the church will encourage them to do good works, taking the gospel and its implications with them into every sphere of their lives (Matt. 5:16). As part of this, there may be members who are called to run for local office, sponsor legislation, or engage the political process as a natural outworking of their faith and the truth of Scripture. Others may feel called to help further the work of PRCs in their city, so as to practically serve women who are considering an abortion. In fact, supporting pro-life social institutions is one of the most effective ways of promoting a culture of life in one's city, state, and nation. In many states which are unlikely to pass abortion bans or restrictions, the

⁶ SBC Resolution, “On Anticipation of a Historic Moment in the Pro-life Movement,” (June 15, 2022), <https://www.sbc.net/resource-library/resolutions/on-anticipation-of-a-historic-moment-in-the-pro-life-movement/>.

⁷ ERLC Staff, “Churches increase support for pregnancy resource centers after Dobbs,” *ERLC.com* (June 21, 2024), <https://erlc.com/resource/churches-increase-support-for-pregnancy-resource-centers-after-dobbs/>.

work of PRCs will be an essential part of creating a pro-life culture, as they may be one of the few places where women can be offered alternatives to abortion in their region.

5 A healthcare professional in your church has recently taken a new job at a hospital that provides abortions. She is concerned that she may now be required to perform or assist in abortion procedures, even though she believes that abortion is sinful. What advice would you give her?

The first question the healthcare professional should ask is whether she feels convicted about the mere fact that her place of work offers abortions. This is not spoken to directly in Scripture, but if she feels conviction about working at this institution, encourage her to think about finding a job somewhere else if possible. If she is comfortable remaining at this hospital but is still worried that she may be required to perform abortions or refer patients to a doctor who will, first seek out information about whether the state she is in provides conscience protections for pro-life doctors. If not, then encourage the doctor to talk to her superiors about her moral convictions and ask directly whether she would be required to perform an abortion or refer to another doctor as an element of her duties at the hospital. Seeking clarity from her superiors in this situation is crucial, as it will shape her options for next steps. If the hospital is willing to respect the doctor's conscience convictions, and if the doctor is not convicted about working at the institution, then there would not appear to be any issues with continuing her work there. However, if the hospital refuses to guarantee a respect of the doctor's pro-life convictions, then the doctor may consider pursuing legal action to secure protection and a religious exemption under federal or state law, a decision which she should make in consultation with a legal team. If this is the route she chooses, there are organizations at the local, state, and federal level which can assist her. If she is not willing to pursue legal actions, and she would not be allowed to obtain an exemption, then she should look for an alternative hospital where her beliefs and religious convictions will be respected and upheld.

6 What plan needs to be in place if an unwed mother facing an unplanned pregnancy, whether outside or inside the church, asked your church for help? What steps could your church take to serve her and her unborn child?

Any ministry of the church should highlight the gospel at every step, and your leadership and care team should take opportunities to share the gospel with this mother as well as the father,

if possible. Additionally, ensure that the church leadership and congregation agree on the theological foundations of your approach and the parameters for practical assistance. Remember that we should seek to defy pro-choice rhetoric and its accusations that pro-life advocates only care for the child up through the time of birth, with no concern for the mother or the child's future. Instead, make sure that your congregation is committed to walking with this unwed mother throughout every step of her pregnancy and beyond. Additionally, be ready to offer practical assistance through knowledge of and relationships with local pregnancy resource centers. These institutions can assist mothers with unplanned pregnancies in the form of material resources, counseling services, and even connections to adoption agencies.

As much as possible, there should be ministry to the father of the child, along with all who will be caring for the child. Though this may be impossible in some situations where the father is not present, the church should see their work as serving this entire family, not just the mother facing an unplanned pregnancy. Just as you are seeking to prepare her for alternatives to abortion and how to either raise this child or choose adoption, you should have a plan for how to engage him (as much as you are able) with the hope of the gospel and teaching about his responsibility as the father of the child. Part of this discipleship is just affirming that they are parents now, not at some future date when the child is born, and that this is a fact which can be celebrated even if the act which caused it is not.

Also, provide opportunities for community within the church, whether that be community groups, Bible studies, one-on-one conversations, opportunities for confession and repentance, or encouragement from the congregation, recognizing that ultimately the solution to all pain and sin is found in the gospel. These mothers should feel loved, seen, presented with opportunities to hear the gospel and study God's Word, and supported as they walk through this season.

Consider how the ministries of your church are suited to someone in her situation practically. Are childcare and transportation a concern for her? Does she have material concerns your church can help with? How can your regular ministries be made more accessible to her and others like her? While none of this means we condone any sinful action that may have led to the pregnancy, we should always act with grace towards those who come into the church seeking help. Finally, encourage an environment of prayer in your congregation; ask that God would redeem the situation, restore what is broken, and allow for His goodness to shine through in the midst of what is surely an incredibly difficult time.

7 If a couple confides in you that they recently discovered that their pre-born child had a severe disease and would likely not survive past birth, what advice would you give them? How would you counsel them if they

said that they believed an abortion would be kinder to the baby to prevent his or her suffering?

As a pastor, the first action you should take is to mourn with the parents the news they have received. It is natural to mourn the loss of the future that they hoped to have with their child. As part of sin's effect on the world, many pregnancies and births are marred by sickness and even death. You may also counsel them that there are instances of genetic tests being wrong, but even if it is correct that does not change the personhood and dignity of their child. You should affirm for them the worth of their unborn child, even though he or she may have a severe disability. The worth of a child is not determined by any characteristic, but rather his or her identity as a person created in the image of God. On that basis, though you could affirm their desire to prevent the undue suffering of their child, you should counsel against an abortion. Every child deserves to be treated with dignity and care. Though Christians do not seek out suffering as a good, recognizing that it is the result of sin in the world, neither can we totally prevent or end it. Rather, we must look to Christ to sustain us as we endure suffering. That endurance comes not through a stoic or apathetic approach to suffering, but a recognition that no part of life exists outside of God's sovereignty and care, and the remembrance that he sustains us in our grief and pain. Practically, you should encourage them to talk to the hospital about the kinds of perinatal hospice and support care that are available to them.

8 **A state legislator in your church tells you that his party is proposing a bill protecting life at fertilization in the state that would include exceptions for rape and incest. Every vote will be needed to pass the bill. He wants to know: is it morally acceptable for him to vote for the bill if he personally opposes the exceptions?**

In the effort to protect the preborn and end abortion, pro-life advocates should take advantage of every instance they can to advance laws and legislation that restrict abortion, with the ultimate goal of banning it completely. This approach, known as incrementalism, seeks to save as many children as possible. The incrementalist must not be content with mere regulation, but must continually work to see abortion banned entirely. Against this framework are those who would only positively vote for a total ban on abortion, seeing any other legislation as sanctioning abortion. This absolutist position may prevent laws—such as heartbeat or 10-week bans—which will save lives, even if they do not go far enough (indeed, the Mississippi law which led to the overturning of *Roe* was a ban which would not have been approved under an absolutist framework). Though there is disagreement among policy makers and legislators about whether exceptions for rape and incest should be included, Christians should affirm that the moral status of the preborn is not

determined by the manner of their conception. While we abhor the violence of sexual assault and mourn with the women preyed upon in this way, we must not treat a child conceived after that heinous action as deserving of punishment. For the legislator in your church, you can affirm his desire to uphold the dignity of each child, no matter how they came into existence. At the same time, if the bill were to ban abortion, even with these exceptions, it would be a good step toward creating a culture in which there is no abortion. As a legislator, he is not voting on two separate bills, but rather a single one in front of him. He is making a prudential argument to advance life in whatever way he can, trying to save as many lives as possible. As such he can feel free to vote for the bill, provided he is not sinning against his conscience, knowing that he bears the responsibility for his decision and the potential lives saved through this bill. If he votes for the bill, he is performing his role as a civil magistrate to execute justice and protect the vulnerable: in this case, the children who would have faced death at the hands of an abortionist before the ban, even if the law is imperfect.

9 You are a pastor in a state where abortion is legal. The state has a ballot initiative that would create a 12-week abortion ban. Some members of your church want to vote for the ballot initiative but worry that they are endorsing abortion before 12 weeks. What counsel would you give to them?

The ultimate goal of the pro-life movement should be to see abortion banned and families supported. However, in the process of moving toward the goal, there may be times when individuals would vote for restrictions that do not go as far as they wish. This is not an endorsement of abortion before that point (in this situation, 12 weeks). Rather, it is a recognition that we should take every step we can that moves us closer to the day when abortion is banned completely. As Christians, we recognize that utopian visions of societal perfection are not possible before the return of Christ. We can and should advance every piece of good legislation that moves us closer to a more just society, but we do not put our ultimate hope in political action. Our ultimate hope comes from hearts transformed by the gospel. So even as you encourage your church members to support this ballot initiative and encourage them to push for future legislation that bans abortion, we know that we must also be a people who bring the gospel to the brokenness of the world and the lives in need of its transforming power.

10 An elderly member of your congregation was recently diagnosed with a terminal degenerative illness. They are part of a support group for others with the disease. A member of that group is considering going to a nearby state that allows individuals with terminal

diseases to take medication to end their life. Your church member wants to know what they should say?

Following the legalization of euthanasia in the Netherlands in 2001, the SBC put forward a resolution denouncing the practice as “immoral ethically, unnecessary medically, and unconscionable socially.”⁸ It is important for the congregant to know that they are not responsible for the ultimate decision that the support group member makes regarding euthanasia. At the same time, it is also good and proper for the congregant to speak life and truth into this person’s life, especially if they have a relationship that has been formed as a result of the support group. He or she can remind the person that they are created in the image of God, filled with precious worth and value that cannot be taken away by any person or even a disease. Encourage them to seek out alternative options such as palliative care and hospice, which seek to alleviate suffering while upholding the intrinsic dignity of the person. Even with these encouragements, however, it is also important not to downplay the suffering that is involved in such life-ending sickness. If they are open to it, point the person to Scriptures in the Psalms, Lamentations, and Job. These texts express the feelings of abandonment, despair, and weakness that accompany periods of terminal illness and immense pain, yet they also remind us of our hope in ultimate restoration through a relationship with God and of God’s sovereignty in the midst of suffering (Hebrews 1:3).

11 A college student who is a pre-med major has a class assignment to take a position on whether abortion is “an essential part of reproductive healthcare.” Her classmates, none of whom agree with her pro-life convictions, all believe that it is, so she knows that she will be in the minority when she disagrees. She doesn’t believe that simply quoting Scripture will be enough to convince anyone of her position. What advice would you give her for her presentation?

While she should not shy away from her religious convictions in this presentation, the context of an academic pre-med setting should encourage her to lean into the plentiful scientific truths that support the pro-life position. First, she should emphasize that abortion is not an essential part of reproductive healthcare because it does not seek to restore or heal, but rather to harm. From the moment of fertilization, a preborn child has completely unique genetic information which designates

⁸ SBC Resolution, “On Euthanasia in the Netherlands,” (June 1, 2001), <https://www.sbc.net/resource-library/resolutions/on-euthanasia-in-the-netherlands/>.

them as a separate human being with intrinsic worth, dignity, and a right to life. The milestones of fetal development demonstrate that preborn children are living, growing persons. It is good to remind her that, while her faith may be the primary basis for her convictions regarding abortion, God has also given us natural revelation that can be observed through science. This evidence is convincing in its own right and can be effectively used to defend a pro-life position, especially in the context of an audience that does not submit to the teachings of Scripture. Finally, she should address the use of the procedure in tragic circumstances to highlight how they are different. The use of the same procedures for treatment in marginal cases such as ectopic pregnancies is not a positive case for the vast majority of abortions. In those few cases, Christians can recognize the need for action to save the mother's life, while not allowing abortion advocates to equate the two procedures as morally similar.

12 A member of your church recently heard a pro-life apologist argue that the “life issue” should really be focused on abortion, not a “whole life pro-life ethic,” because abortion is such a pressing issue. The member has always seen a close connection between her work volunteering at a pregnancy resource center and her work at a homeless shelter; since both involve care for the vulnerable. Now she worries that she has not been as focused on abortion as she should have. What would you say to her?

Christians should not feel like they must choose between issues of compassionate ministries and life because both flow from our need to respect and honor the image of God in our neighbor. Your member's activity in volunteering at both a homeless shelter and pregnancy care center reflects the truth that each person is created in God's image. It is good and right that this reality should impact every facet of our lives.

The evil of abortion and threats to the preborn is a uniquely important problem in society. While the other threats to human dignity should also be of importance to Christians, we must recognize the particular threat that abortion represents to the foundations of society. As the leading edge in a culture of death, abortion reveals how we treat the most vulnerable among us. As such, every Christian should take special care to advance the cause of the preborn and help create a culture of life.

As a pastor, encourage the member to pray about what calling God has placed on her for this season of her life. Is she being burdened by the Holy Spirit or made to feel guilt by the thoughts of another person? God has called each person to serve his or her community in a manner that reflects his love and his truth, yet there are different seasons of life. In particular seasons, she may have unique opportunities to serve the Lord and affirm human dignity, and the ministries in which she serves may change with time and need. You can encourage her to remember the impact that she

has been able to make through her various avenues of ministry up until this point and affirm those as her pastor. Now, you can encourage her to seek the Lord's guidance for her next steps.

13 **A couple in your church married later in life and have faced several fertility challenges. They have tried several forms of medical procedures and hormonal therapies to encourage pregnancy, but so far have been unable to conceive. They have delayed attempting in vitro fertilization (IVF) because of the cost, but are now seriously considering it as a last chance to have biological children. How would you advise this couple on what the Bible teaches on this topic?**

While the Bible does not directly address IVF or other **artificial reproductive technologies (ARTs)**, it does contain principles that should guide our ethical reflection. First, the desire for children is good and holy. The existence of infertility as a result of the brokenness of the world should be mourned. Medical treatments for infertility that do not circumvent God's good design for procreation and instead restore the ability to have children are good uses of medicine and technology. Second, the routine destruction of fertilized embryos—a typical practice in most instances of IVF—is morally equivalent to abortion. Treating children as extra products to be disposed of, on the level of a surplus of materials in manufacturing, is a denial of the dignity of each human being from the moment of fertilization. Further, in those cases where donor gametes (egg or sperm) are used, third-parties are introduced into the marital union violating the one-flesh union of the husband and wife, which must be avoided. Finally, because the procedure of IVF includes fertilization apart from the body, it attempts to bypass God's natural design connecting sexual union and procreation. It does so for a good and holy desire, but this element is impossible to ignore. In contrast to other treatments for infertility such as hormonal therapies—which can be restorative reproductive medicine intended to address the underlying cause of the infertility—IVF does not restore the fertility of the couple. Additionally, couples should recognize that there is no “right” to a biological child such that the child can be made like a product for the parents.

If couples are intent on engaging in IVF, they should not fertilize more embryos than they plan to implant, and they should treat every embryo as a person deserving life rather than a product resulting from a medical procedure or contract. While procreation and childbearing are good, holy, and part of God's natural design for the family, we must not take a good desire and elevate it such that we diminish the dignity of treating the child as a person. On the basis of the above, Southern Baptists believe that Christians should generally discourage IVF because by its very nature it separates procreation from sex, and we should oppose the commercialization of procreation that IVF creates. We ought to, at a minimum, encourage the regulation of IVF, bans on the experimentation

and destruction of embryos, and bans on the use of anonymous donors (because children have a right to know their parents). Though we should be hesitant to call the entire practice sin, it is morally ambiguous enough to be problematic and should be discouraged as a matter of prudence.

14 **A couple in your church have always desired children but have never been able to get pregnant. They don't agree with the practice of IVF but have recently learned about "embryo adoption." They are praying about the process, but want to know what your thoughts are. How would you counsel them to think about and, if they choose to move ahead, prepare for the process?**

The process of embryo adoption—when a couple chooses to implant an embryo created through another couple's IVF procedure—is one which Christian couples should strongly consider because there are an estimated 1,000,000 embryos that have been created through IVF and are currently in cryogenic storage. Each of these is a child deserving a chance at life. Christians should consider whether they are willing to adopt one of these children, just as they would any child in foster care. It would be a morally praiseworthy action to attempt to give these children a chance to be born, and not a circumvention of God's good design. The morally ambiguous action occurred when the embryo was created. It is further compounded by indefinitely storing the embryo. The couple who enters this situation is no different than the couple who adopts a child from foster care. Their participation in the system is meant to break the cycle of injustice to the child, and is actually an attempt to give the child what he or she deserves: a chance to be born. To recognize this reality is not to condone IVF as it is routinely practiced, nor should it be an endorsement of the creation of more embryos to be fertilized.

As a pastor, you should encourage the couple in this process and treat them as you would any couple considering adoption. There are added complications that may be necessary to consider, such as the chance that the embryo may not implant and the child may not be born. In this case, you should mourn with them just as you would if an adoption were to fall through or a miscarriage were to occur. At each stage in the process, you can hold out to them the beautiful image of our adoption through Christ into the family of God, and how this very image is at the heart of our story of faith and salvation.

15 **Several years before coming to your church, a couple went through a prolonged season of infertility and chose to undergo IVF. The multiple rounds were successful and they now have three children**

ranging from five years old to a newborn. Since coming to your church and hearing you preach about the humanity of the preborn, they have been convicted about the embryos currently frozen from their previous IVF procedures. They know that they don't want to discard them or simply leave them in storage, both of which are options. They come to you because they learned about a process known as "compassionate transfer," which is when embryos are transferred to the mother's womb at a time when pregnancy is not likely to occur, but not impossible. They want to know what you would recommend they do?

The desire of the parents to not leave their children in storage is good. The fact that they are trying to discern what is best in this situation and be obedient to the teaching of Scripture is something that you as a pastor should encourage. While the process of compassionate transfer is not the same as merely discarding the embryos, because there is a chance that pregnancy can occur, it is generally done so as to avoid a pregnancy. In this regard, it is only marginally different from actively preventing the implantation of the embryo after it has been fertilized through the morning-after pill ("Plan B"), which is abortifacient in nature. As a pastor, you should encourage them to think seriously about their responsibility to these children who have been created. Just as they hold a responsibility to the children who were born, they also hold an obligation to care for these children. The ideal would be that they would implant these embryos (perhaps in phases to ensure that they have the best chance of survival) with an ultimate end of the children being born. They may choose to engage in a process of embryo adoption with another couple, which would also be permissible. However, because these embryos exist and are distinct individuals, they should definitely be given a chance for implantation under the best circumstances possible rather than when survival is intended to be unlikely.

16 **A high school student who you have been discipling comes to you and tells you that she is pregnant. You know that she comes from a family that has serious challenges, including the fact that they are unable and unwilling to support her and this child. She does not want to have an abortion, but she is struggling with the idea of giving her child up for adoption. What can you say to her as she considers what is the best path for her and her child?**

First, you should make every effort to let her know that this is a child who is deserving of life and affirm her opposition to abortion. Additionally, if she wishes to continue on the path toward parenting her child, you should connect her to a pregnancy resource center nearby. The center will

have a good process for connecting her to needed support services and may be able to help her in accessing other forms of assistance. If adoption is the path that she chooses, then help her to see that this can be the best decision for her child, to give him or her the best chance possible. This is not to denigrate her family or situation, but to recognize that every parent desires the best life possible for their child. If she chooses to move forward with an adoption, then there are a number of discussions that will occur: Will she go through an agency or some other connection to a family? What will be the relationship between her and the parents before the birth and after? Will she have any contact with her child after he or she is born? All of these questions will be worked out between the mother and adoptive parents, and you will likely need to help her process each one. Further, there may be feelings of guilt or shame that she has about her choice during this process. As you care for her, know that you are not just assisting her in making this choice, but also in caring for her throughout the process and after the child is born.

17 Should Christians engage in prenatal or genetic testing during pregnancy?

The existence of noninvasive prenatal testing (NIPT) is a way of genetically screening preborn children for sex as well as potential chromosomal abnormalities. The desire of parents to prepare for the birth of their child is not sinful, and the existence of these tests can be useful in planning for treatments where possible. For example, the original purpose of the amniocentesis test was to ensure that the mother and baby's Rh factors were compatible, and if not then treatment could be administered. In this regard, the tests can be useful for helping to prevent sickness or alleviating symptoms caused by disease.

As genetic testing is routinely used today, it is often not with an eye towards treatment but instead towards the end of a pregnancy if problems such as genetic conditions or fetal abnormalities are discovered. In some countries, there are no longer children born with Down syndrome because a positive diagnosis is often followed by an abortion. If parents are engaging in prenatal testing for the purpose of ensuring a "perfect" baby, with the intention to have an abortion if the child does not meet their standards, then they are acting unjustly toward the child. Christians should oppose any dehumanizing approaches to children or attitudes that treat them as products to be discarded if they are deemed deficient by the parents.

Though genetic tests are not necessarily sinful, parents should enter the tests with a desire to love the child who has been given to them, seeking to care for him or her to the best of their ability and not denying their creatureliness by assuming undue control.

18 A couple in your church has always desired children but has never been able to get pregnant. They recently learned that this was due to a medical condition the wife has, which would prevent her from carrying a pregnancy to term. They are considering using a surrogate so that they can have biological children. How would you counsel them as they consider surrogacy?

Surrogacy raises multiple levels of concern. The practice introduces a third party into the unique familial relationship. By involving a third party in this union, surrogacy opens a question of confused parental lines. For example, who should be considered the mother of the child? Is the mother the woman who donates the egg which is fertilized and thus is genetically related to the child? Or, is the mother the woman who carries the child through pregnancy, has a unique biological and physical connection to the child, and gives birth to the child? Deciding this by contract moves further toward treating children as products, rather than as individuals with rights to a mother and father. Additionally, as surrogacy is commonly practiced, there is a danger to economically vulnerable women. By treating women like medical equipment, effectively renting out their womb, the procedure dehumanizes them. It also raises questions about who can make decisions about the child when the parents and surrogate disagree. For example, if the parents learn that the child has a genetic disease and wish to have an abortion, but the surrogate objects, then that decision would be left to a contract and lawyers to determine who has ultimate authority. Because of these and other concerns, Christians should oppose surrogacy.

This should not be taken as a condemnation of embryo adoption. While the actions are similar (a fertilized embryo is implanted and carried by a woman who is not necessarily the biological mother), the intention is different. With embryo adoption, the goal is to give every child already in existence a chance at life because of their right to be born. With surrogacy, the goal is the creation of an embryo so that parents may have a child. While we can affirm parents' desire for children as good, and mourn when this is not always possible, we cannot say that people have a right to a biological child. To affirm such a right would treat children as things to be created or destroyed at the will of their parents, not as people created in God's image with inherent dignity and worth.

IMPORTANT TERMS

Abortion: Abortion refers to the intentional killing of a preborn child. This definition is wider than the medical definition of an abortion (the removal of an implanted embryo) because it encompasses medications (incorrectly termed “emergency contraception”) intended to prevent implantation of a fertilized embryo in the uterus. Abortions are never necessary. There are times when the life of the mother is in danger—as in an ectopic pregnancy—where medical professionals perform procedures intended to save the life of the mother which result in the removal of an implanted embryo. However, attempting to save the life of the mother is not the same as an abortion, in which the intent is to end a pregnancy and kill a child. When proponents use the language of abortion being necessary, they often make appeals to marginal cases as though they are normative (i.e. rape, incest, danger to the mother’s life). At other times, pro-choice advocates speak about abortion as necessary because of the need for women in impoverished circumstances to achieve economic stability or for young women to not have their life changed by an unplanned pregnancy. However, the rhetoric around abortion access makes it clear that this is at root a claim that women require total bodily autonomy.

Artificial Reproductive Technology (ARTs): Artificial reproductive technologies refer to any fertility treatment that involves the use of sperm or sperm and egg. This term has a more narrow meaning in the medical profession, where it is often used to preclude treatments in which only sperm is handled (i.e. intrauterine insemination, or IUI) from being an ART. In this context, however, ART refers to treatments such as IUI, Gamete Intrafallopian Transfer (GIFT), In Vitro Fertilization (IVF), and Surrogate Motherhood/Surrogacy. As biomedical technologies continue to be developed, the number of ARTs will likely grow in number and in ethical complexity. The use of ARTs is morally complex for Christians and must include honest evaluation of when and where fertilization takes place while upholding the dignity of human embryos, the sacredness of marriage, and the gift of children.

Contraception: Contraception refers to the use of devices, procedures, or medication used to prevent fertilization. Contra is Latin for “against,” thus the word means “against conception.” The term is often used in medical circles to refer to a range of options for preventing pregnancy (the implantation of a fertilized embryo in the uterus). However, to be truly contraceptive in nature it must prevent fertilization, for once a fertilized embryo exists, a new person with unique DNA has come into existence. All subsequent interventions for the purpose of preventing implantation are properly understood as abortifacient in nature.

Ectopic Pregnancy: An ectopic pregnancy occurs when a fertilized egg implants outside of the uterus, usually in the fallopian tube but sometimes in other parts of the abdomen. Because of the location, the pregnancy will not be able to be carried to term and poses significant health risks to the woman, potentially causing the fallopian tube to burst. Doctors will recommend various treatments (medication or surgery) for treatment depending on the stage and location of the implanted embryo.

Fertilization vs. Conception: The terms “fertilization” and “conception” are often used interchangeably, even among medical professionals. However, there are some instances where “conception” is equated with implantation rather than fertilization. For this reason, it is preferable to use the term “fertilization” to refer to the moment when an egg and sperm fuse together and an embryo is created. From the moment of fertilization there is a distinct person with unique DNA who will naturally grow and develop toward birth. “Implantation” should be used rather than the ambiguous term “conception” to refer to the moment the fertilized embryo implants in the uterus, which may occur several days after fertilization.

Surrogacy: Surrogacy is the process whereby a woman carries a fertilized embryo for another couple. The embryo could be the product of the couple’s gametes or some combination of donors with either (or both) people desiring children.

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