

THE ABORTION DILEMMA

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In recent years Supreme-Court actions legalizing abortion have crystalized two ethical positions: pro-choice and pro-life. A series of cases resulted in decisions granting women the right to choose whether or not to have abortions. As a consequence, several methods of aborting unborn children have come into prominence: suction aspiration, dilation and curettage, dilation and evacuation, saline injection, hysterotomy, prostaglandin chemical, RU-486, and partial-birth abortion. Viewpoints on abortion break down into four categories. Some say abortion is always right, others say sometimes, still others rarely, and some say never. The Bible gives several reasons why abortion is wrong because it does not distinguish between a person's state before and after birth, because it indicates God "knew" certain ones before birth, because it indicates King David was a sinner from conception, and because John the Baptist reacted while still in his mother's womb. Both sides in the debate have used Exodus 21:22-25 to prove their cases, but the passage has a number of exegetical difficulties that keep it from being a strong argument. Though several Ancient Near Eastern law codes are similar to the Exodus passage, the biblical law is distinguishable from these in several ways. Questionable situations when some would use the mother's health, pregnancies caused by rape or incest, and pregnancies facing fetal handicaps do not furnish sufficient grounds for abortion.

The Supreme Court's decision in 1973 to legalize abortion at almost any time in a woman's pregnancy and for a wide variety of reasons thrust the issue onto the platform of heated national debate. Discussion and debate over the abortion issue occurs within families, in and among churches, in communities, in legislatures on the state and federal level, throughout the court system, and in the Executive Branch of each state and in the federal government. Proponents on both sides of the issue feel great passion for their position and expend great energy defending the legitimacy of their perspective on the issue. Organizations, publications, billboards, and websites that advocate a certain position concerning abortion abound. As with a number of ethical issues, believers are on both sides of the fence. Though some Christians fiercely oppose abortion in any circumstance, others just as fervently defend the right of a woman to have access to an abortion.

What does the Bible have to say about the practice of abortion? How should that belief affect Christian conduct in a world given over to paganism? In other words, how does a believer flesh out his belief about abortion in his life and ministry?

By definition, an abortion involves the "expulsion of the human fetus ... before it is capable of surviving outside the womb."¹ The two general categories of abortion are the spontaneous and the induced. A spontaneous abortion is one that takes place naturally, with no external intervention. It represents a situation over which the mother has no control. In a number of cases, a fertilized egg never implants in the mother's womb and passes out of her body during her monthly period. Another kind of a spontaneous abortion involves a miscarriage. In this instance, the mother's body expels the developing fetus before the baby is able to live outside the womb.² The second category of abortion involves an induced abortion, i.e., one brought about by medical means (discussed at length below). Statistically speaking, since the Supreme Court's decision of 1973 (*Roe v. Wade*), the annual number of abortions has risen from 744,600 to a peak of 1.6 million (approximately 1.6 million abortions were performed annually from 1980-1992). After 1992 the number of abortions performed annually slowly dropped to 1.4 million in 1996.³ From 1973 through 1996, an estimated 34.4 million unborn babies have died in hospitals and abortion clinics throughout America. In the past 4 years, abortions terminated between one-quarter and one-third of all pregnancies in America. Approximately 52% of women obtaining abortions in the U.S. are younger than 25.⁴ Over half of unintended pregnancies worldwide end with induced abortion.⁵ It has become the second most common surgical procedure in our country, circumcision being the first.⁶

The basic question in this debate is "Are you in favor of abortion (pro-abortion) or opposed to it (anti-abortion)?" Or to put it another way, "Are you pro-choice or pro-life?" The foundation for this decision is this: Does a woman have the right to do whatever she wishes with her body (choice), or is the human responsibil-

¹ Charles C. Ryrie, *Biblical Answers to Contemporary Issues* (Chicago: Moody, 1991) 85.

² John S. Feinberg and Paul D. Feinberg, *Ethics for a Brave New World* (Wheaton, Ill.: Crossway, 1993) 50.

³ These statistics are available on numerous web sites dealing with the issue of abortion. For two examples, see the home page for the Alan Guttmacher Institute, a pro-choice research center (www.agi-usa.org/pubs/fb_induced_abortion.html) and the Ohio Right to Life home page (www.ohiolife.org/stats/us_1996.htm).

⁴ Women aged 20-24 obtain 32% of all abortions while teenagers obtain 20% (www.agi-usa.org/pubs/fb_induced_abortion.html).

⁵ According to the Alan Guttmacher Institute, this involves 46 million pregnancies (and abortions) worldwide (www.agi-usa.org/pubs/ib_0599.html).

⁶ According to J. Kerby Anderson (*Moral Dilemmas: Biblical Perspectives on Contemporary Issues* [Nashville: Word, 1998] 227 n. 1, drawing on material from the National Center for Health Statistics, Atlanta, Ga.), abortion is the most frequently performed surgery on adults in America.

ity to preserve life at all times (life)?

Neither set of proponents finds total agreement with the titles given them. The pro-abortionist does not regard herself/himself as anti-life even though he or she does not view the fetus as a person. A number of women regard themselves as pro-choice but not pro-abortion. Nor is the anti-abortionist really anti-choice. A woman does have the responsibility to take care of her body. However, the issue of abortion touches two lives, those of the mother and of the unborn child. Those who oppose abortion contend that the mother's preferences should not have preeminence over the unborn child's life. Consequently, the debate over abortion is normally categorized by two basic positions: pro-choice and pro-life.⁷

THE LEGAL BACKGROUND OF ABORTION

Various sources document the legal history of the abortion debate. As part of their discussion of the larger issue, numerous volumes that focused on the issue of abortion or ethics in general provide a helpful overview of this legal history.⁸ More recently, various websites offer the full text of the various legal decisions as well as links to other related websites.⁹ One has only to type the word "abortion" in one of the major web search engines to find hundreds of places to find information of this kind.

Roe v. Wade (1973)¹⁰

On January 22, 1973, the Supreme Court ruled that an unborn child is the property of the mother. It concluded that she might dispose of it for any reason during the first six months of pregnancy, and at any other time (last trimester) if, in the opinion of a single licensed physician, it is necessary to preserve her life and health. During the first three months of pregnancy, abortion may not be regulated. During the second trimester, it may be regulated only with reference to the protection of the "mother's" health.

⁷ The complaint of this writer about media coverage of this issue is the frequent use of unequal terms for the two sides. Those in favor of abortion are said to be pro-choice (not pro-abortion or anti-life). But those opposed to abortion are referred to as anti-abortion or anti-choice (not pro-life).

⁸ Feinberg and Feinberg, *Ethics* 48-50; Scott B. Rae, *Moral Choices: An Introduction to Ethics* (Grand Rapids: Zondervan, 1995) 118-22; Curt Young, *The Least of These* (Chicago: Moody, 1984) 21-32.

⁹ Abortion Law Homepage (<http://members.aol.com/abtrbng/index.htm>); cf. www.abortioninfo.net/facts.

¹⁰ 410 U.S. 113 (1973).

Doe v. Bolton (1973)¹¹

In a companion case decided on the same day as *Roe v. Wade*, the Supreme Court struck down a Georgia law that placed several limitations on abortion. Any attempts to place limits on a woman's right to an abortion had to conform to "a compelling state interest." It is important to note that the Supreme Court justices interpreted the mother's health to include her psychological and emotional health in addition to her physical health.

Planned Parenthood v. Danforth (1977)¹²

This case removed some of the limits that had been placed on abortion by *Roe v. Wade* (e.g., spousal consent, parental consent for a minor child). The woman and her physician were the only ones legally involved in the decision-making process.

Webster v. Reproductive Health Services (1989)¹³

This case represented one of the first significant limits on an individual's right to an abortion. Reversing certain lower court decisions, the Supreme Court upheld a Missouri law that prohibited the use of public funds or medical facilities for "non-therapeutic" abortions. Building on the Hyde Amendment that dealt with the use of federal funds for abortions, this case concerned the right of states to limit or prohibit the use of tax funds to pay for abortions.

Planned Parenthood v. Casey (1992)¹⁴

Pro-choice proponents brought this case to the Supreme Court to protest limitations placed on abortion in the state of Pennsylvania (Casey was the governor of the state). The state law in question required that a woman seeking an abortion give informed consent after receiving certain relevant information 24 hours before the procedure (explanation of procedure, risks of abortion, probable gestational age of fetus), informed parental consent for a minor child, and evidence of spousal notification. Pro-life advocates regarded this case as the best opportunity to overturn *Roe v. Wade* and pro-choice proponents hoped that the Supreme Court would strike down all the limitations. Neither side was totally satisfied with the outcome. The Supreme Court did not overturn *Roe v. Wade* but retained all the

¹¹ 410 U.S. 179 (1973).

¹² 428 U.S. 52 (1977).

¹³ 109 S. Ct. 3040 (1989).

¹⁴ 112 S. Ct. 2791 (1992).

limitations except the spousal notification feature.

Clinton's Withdrawal of Executive Support for the Unborn

Although it does not belong to the legal/court history of the abortion battle, one should remember President Clinton's contribution to this debate. On January 20, 1993, while the annual protest against *Roe v. Wade* was going on outside the White House, President Clinton reversed more than a decade of executive support for the unborn with one stroke of the pen.¹⁵ He signed an executive order that did three things:

- He lifted the "gag rule" that had prohibited workers in federally funded health clinics from mentioning abortion as an alternative to dealing with an unwanted pregnancy.
- He lifted the federal prohibition against performing abortions on military bases and in military hospitals.
- He ended the moratorium on federal funding for research that utilizes fetal tissue procured from induced abortions.

Stenberg v. Carhart (2000)¹⁶

At least 30 states have passed a ban on partial-birth abortions. Shortly after Nebraska passed a law of this kind (June 1997), a physician who performs abortions, Leroy Carhart, filed a complaint challenging the constitutionality of the statute. In September of 1999, the 8th Circuit of the U.S. Court of Appeals declared Nebraska's partial-birth abortion law unconstitutional.¹⁷ On January 14, 2000, the Supreme Court agreed to hear its first partial-birth abortion case, *Stenberg v. Carhart*. Attorneys for both sides presented oral arguments for the case on April 25, 2000, and the court rendered a decision on June 28, 2000, overturning Nebraska's ban on partial-birth abortions by a 5-4 vote. Supreme Court justice Stephen Breyer, writing for the majority, affirmed that the Nebraska law results in an "undue burden upon a woman's right to make an abortion decision."¹⁸

THE METHODS OF ABORTION

"Abortion" describes the act of bringing forth young prematurely. A spontaneous abortion is one that takes place naturally, a situation over which the

¹⁵ Rae, *Moral Choices* 117.

¹⁶ 99-830. For a brief summary of this case and the perspective of Planned Parenthood, see <http://www.planneciparenthood.org/library/facts/stenberg.html>.

¹⁷ For the full text of this case presented at the state level to the U.S. District Court, see <http://lw.bna.com/lw/19970909/3205a.htm>.

¹⁸ [Http://abenews.go.com/sections/us/DailyNews/scotus_partialbirthruling_000628.html](http://abenews.go.com/sections/us/DailyNews/scotus_partialbirthruling_000628.html).

mother has no control. An induced abortion is one that is brought about by medical means. The various methods of induced abortion receive brief attention in the following paragraphs.¹⁹

Suction Aspiration

This procedure is used in 80 percent of the abortions up to the 12th week of the pregnancy (1st trimester). The mouth of the mother's cervix is dilated. A hollow tube with a knifelike edged tip is inserted into the womb. A suction force 28 times stronger than a vacuum cleaner literally tears the developing baby to pieces and sucks the remains into a container.

Dilation and Curettage (D & C)

The cervix is dilated with a series of instruments to allow the insertion of a curette--a loop-shaped knife--into the womb. The instrument is used to scrape the placenta from the uterus and then cut the baby apart. The pieces are then drawn through the cervix. An attending nurse must then reassemble the tiny body to make sure no parts remain in the womb to cause infection.

Dilation and Evacuation (D & E)

This procedure occurs at 12-20 weeks. Since by week 12 the baby's bones are hardening and can no longer be sucked apart, abortion is achieved by dismemberment. After dilating the cervix, forceps with sharp metal teeth tear the baby apart. The head is usually too large to be removed whole and must be crushed and drained before it is removed from the womb. As with the above procedure, an attending nurse inventories the body parts to avoid infection in the womb from parts left behind.

Saline Injection

This procedure is also called "salt-poisoning" or hyper-natremic abortion and is generally used after 13 weeks of pregnancy (2nd trimester). A long needle is inserted through the mother's abdomen to remove some of the amniotic fluid surrounding the baby and to replace it with a toxic, saline solution. The baby then breathes and swallows this solution. In most cases, the unborn child dies in one or two hours from salt poisoning, dehydration, and hemorrhaging. The mother goes into labor about 24 hours later and delivers a dead (or in a few cases, dying) baby.

¹⁹ Numerous sources provide an overview of these techniques. For two examples, see Feinberg and Feinberg, *Ethics* 51-53, and Young, *Least of These* 83-99.

Hysterotomy

During the last three months of the pregnancy (3rd trimester) this procedure is used. The womb is opened surgically and the baby is removed, as in a cesarean section. However, the purpose of this procedure is to end the infant's life. Instead of being cared for, the baby is wrapped in a blanket, set aside, and allowed to die.

Prostaglandin Chemical Abortion

This procedure involves the use of chemicals recently developed by the Upjohn Pharmaceutical Company. Prostaglandin hormones, injected into the womb or released in a vaginal suppository, cause the uterus to contract and deliver the child prematurely--too young to survive. A saline solution is sometimes injected first, killing the baby before birth. A self-administered tampon has been going through clinical testing. The procedure has several side effects and live births have been common (when saline solution is not used). This procedure is most common in India, China, and Eastern Europe.

RU-486 (The Abortion Pill)²⁰

After receiving approval for distribution in France, Great Britain, Sweden, and the People's Republic of China, the RU-486 drug caught the attention of pro-abortionists around the world. After RU-486 became a viable alternative as an abortion technique, numerous countries considered allowing distribution within their borders. In 1994, a research organization (The Population Council) began conducting the first nationwide study of the French abortion pill (RU-486) in a number of different clinics throughout the United States. In September of 1996 the FDA gave RU-486 tentative approval for distribution in the United States (after an amazingly short 6-month approval process). Final approval depended on FDA's inspection of the company chosen to manufacture the drug in the United States. Danco Laboratories LLC have agreed to serve as the distributors for the RU-486 drug, but have not named their manufacturing source.

Although proponents of the RU-486 drug expected final approval in late spring or early summer, the FDA made an important decision in June 2000. In a letter to The Population Council, the FDA set September 30, 2000 as a tentative

²⁰ Supporters and opponents of RU-486 have debated the potential complications of the drug. For a recent study that highlights some of those negative side-effects (written by advocates of the drug), see a recent article written in the following well-known medical journal: Irving M. Spitz, C. Wayne Bardin, Lauri Benton, and Ann Robbins, "Early Pregnancy Termination with Mifepristone and Misoprostol in the United States," *New England Journal of Medicine* 338/18 (April 30, 1998):1241-47. The following website provides an abstract of the article and gives careful attention to those potential medical complications: www.lifeissues.org/ru486/ru98-05.html.

deadline for approving the drug. To the dismay of the drug's proponents, the FDA placed three key restrictions on the distribution of the RU-486 drug.

Only health professionals trained in surgical abortion, medical abortion, and sonography can distribute the drug.

Any physician who administers this drug must have admitting privileges at a hospital within one hour of their office in case something goes awry.

An accredited agency must verify that all doctors who intend to administer this drug meet the training requirements stated above.²¹

In the summer of 1999 the RU-486 drug received approval in eight other European countries (Germany, Greece, Belgium, Finland, Austria, Denmark, Spain, and the Netherlands). The drug has been registered in Switzerland and Russia. Canada is waiting for final approval in the U.S. before they give approval to the drug. A Canadian doctor in Vancouver recently began that country's first clinical trial of the RU-486 drug.

A woman first takes RU-486, which blocks the action of progesterone, a hormone that prepares the lining of the uterus for pregnancy and is essential to maintain a pregnancy. Two days later she then takes two tablets of a prostaglandin, which causes the uterus to contract. In most cases, the embryo is expelled in four hours. RU-486 is normally taken no later than 63 days after pregnancy and is supposedly successful in about 96% of the cases. Complications increase after 49 days of pregnancy.

Partial-Birth Abortion

In a partial-birth abortion the person performing the abortion partially delivers (legs, arms, and torso only) a living unborn child before killing the unborn child and completing the delivery. Before the delivery is completed, the person performing the abortion punctures the back of the skull with scissors or another instrument, inserts a suction curette into the skull, and suctions the contents of the skull so as to collapse it.

IS ABORTION EVER RIGHT?: A SPECTRUM OF VIEWS

A survey of the voluminous pages written about this debate from all perspectives demonstrates that people answer the question, "Is Abortion Ever Right?," in four ways: always, sometimes (under certain circumstances), rarely, and never.

²¹ Shari Roan, "The Abortion Pill: Finally at Hand?," *Los Angeles Times*, August 14, 2000, S6.

Always ("abortion on demand")

In the original Roe v. Wade decision (1973) the Supreme Court ruled that an unborn child is not entitled to legal protection of his or her life and can be aborted at anytime up until the moment of birth. Though several pro-abortionists limit abortion to the first two trimesters of pregnancy, some abortion clinics will perform an abortion at any time before birth.

Various factors contribute to a woman's decision to have an abortion. Some of these are very complicated and make the issue of abortion even more difficult. Here are some of the reasons proposed by those who advocate abortions:

Therapeutic - the life of a mother may be at risk should she carry a child to term.

Eugenic - the baby is retarded, deformed, or handicapped in some way.

Psychiatric - the mother's mental health.

Socio-economic - to ease economic pressures on an individual/family.

Violation - in cases where the pregnancy resulted from rape or incest.

On demand - for any reason important to the mother.

Sometimes (under certain circumstances)

Within the anti-abortion movement, there is disagreement whether abortion might be legitimate in certain cases. For the most part, pregnancies that threaten the mother's health and those caused by rape or incest are the ones debated and discussed within the pro-life movement as possible instances where an abortion may have legitimacy.

Rarely

This reason applies only when the mother's life is actually at stake, primarily in the case of ectopic or tubal pregnancies. With an ectopic or tubal pregnancy the fertilized egg implants in the fallopian tube rather than the mother's uterus. The doctor has only two options. On the one hand, he can intervene and take the baby's life by surgically removing the fetus from the fallopian tube and save the mother's life. His other option is to do nothing and let both mother and baby die. There is abundant medical information available that no ectopic/tubal pregnancy ever resulted in childbirth.

This is an issue to which pastors and potential parents must give careful attention. Over the last twenty years the number of ectopic pregnancies has increased fourfold. It now accounts for about eleven percent of maternal deaths. Sexually transmitted diseases (that damage the fallopian tube), a retained IUD,²² a

²² IUD stands for "intra-uterine device," a formerly popular birth control device.

tubal ligation, and tuboplasty²³ appear to be causes for this significant increase in the occurrence of ectopic pregnancies.

With regard to the "Sometimes" and "Rarely" positions, the concerns for the mother's health are normally limited to genuine medical health risks. This could involve the discovery of an aggressive form of cancer, a serious heart condition, or some other serious disease. In all of these cases, the attending physician has a legitimate desire to safeguard the life and health of the mother. In each of these instances the husband and wife must wrestle with the doctor's evaluation of the probable course of the ailment and the life of their baby. Since these circumstances have life and death in the balance, they require decisions that are far from easy. This writer seeks to limit a legitimate use of abortion to the case of an ectopic pregnancy. This kind of circumstance appears to be clear. In the other cases, this writer would do everything possible to preserve both the mother's and child's life. In the end, unless it was clear that both mother and child would die, he would not end the life of the child for the sake of the mother's health.

Never

According to the proponents of this perspective, no extenuating circumstances legitimize an abortion. Those who take this position would even exclude an ectopic pregnancy as a legitimate cause for agreeing to an abortive procedure.

THE FOUNDATIONAL ISSUE: WHEN DOES LIFE BEGIN? (WHAT DOES THE BIBLE SAY?)

No Difference Whether before or after Birth

The Bible recognizes no essential difference between the being in the womb and the being after birth. From the point of conception and forward, the individual is a person. According to Genesis 4:1, "Now Adam knew Eve his wife, and she conceived and bore Cain, and said, 'I have acquired a man from the LORD.'²⁴ The passage views Cain's life as a continuity, and his history extends back to his conception. Eve makes no distinction between his conception, birth, and life. Eve regards conception and life as part of the work of God. Job affirms, "May the day perish on which I was born, And the night in which it was said, 'A male child is conceived'" (Job 3:3). Job's life has become an intolerable burden to him. As Job laments his existence, he connects his birth and his conception as parallel items in a poetic unit. Both his conception in his mother's womb and his birth from his mother's womb form an integral part of his existence.

²³ Feinberg and Feinberg, *Ethics* 414 n. 18.

²⁴ Scripture quotations are taken from the New King James Version unless otherwise noted.

God "Knew" Certain Persons before Birth

The Bible speaks of God "knowing" certain persons *before* their birth, indicating that God regarded them as persons that early. The psalmist writes,

For You formed my inward parts; You covered me in my mother's womb. I will praise You, for I am fearfully *and* wonderfully made; Marvelous are Your works, And *that* my *soul* knows very well. My frame was not hidden from You, When I was made in secret, And skillfully wrought in the lowest parts of the earth. Your eyes saw my substance, being yet unformed. And in Your book they all were written, The days fashioned for me, when *as yet there were* none of them (139:13-16).

David rejoices over Yahweh's careful watchcare over him even in his mother's womb. Verse 13 points to God's personal regard for the psalmist that began when he was yet in his mother's womb. Verses 14-15 highlight that David was the product of God's creative work in his mother's womb. Ronald Allen writes:

The Bible never speaks of fetal life as mere chemical activity, cellular growth, or vague force. Rather, the fetus in the mother's womb is described by the psalmist in vivid pictorial language as being shaped, fashioned, molded, and woven together by the personal activity of God. That is, as God formed Adam from the dust of the ground, so He is actively involved in fashioning the fetus in the womb.²⁵

God affirmed to the prophet Jeremiah, "Before I formed you in the womb I knew you; Before you were born I sanctified you; I ordained you a prophet to the nations" (Jer 1:5). God "knew" Jeremiah even before he was conceived. God "sanctified" Jeremiah and "ordained" him a prophet before he came from the womb. Also, God Himself is the One who forms the fetus and orchestrates the natural processes that bring about the miracle of life (cf. Job 31:15; Ps 119:73; Eccl 11:5, which suggest that God's providence rules throughout the gestation period of a fetus). King David Was a Sinner from Conception King David himself acknowledged that he was a sinner from the moment of his conception. In Psalm 51:5 (NIV) he affirms, "Surely I was sinful at birth, sinful from the time my mother conceived me." In reflecting on the sin in his heart, David recognizes that the sin of his heart is not something recent but goes back to the point of his conception in the womb of his mother. Such a moral state could be ascribed only to a person. It is also important to note that the psalmist links his birth with his conception.

²⁵ Ronald B. Allen, *In Celebrating Love of Life* (Portland, Ore.: Western Conservative Baptist Seminary, 1977) 6.

John the Baptist Reacted Personally While Inside Elizabeth's Womb

John, the Baptist is said to have reacted personally when he was yet in the womb of Elizabeth (in the sixth month of her pregnancy). According to Luke 1:44, Elizabeth told Mary, "For indeed, as soon as the voice of your greeting sounded in my ears, the babe leaped in my womb for joy." When Mary entered the room to see her cousin Elizabeth, her cousin exclaimed that her unborn child leaped for joy in her womb.

Exodus 21:22-25: Accidental Miscarriage or Premature Birth?

Proponents of a pro-choice as well as a pro-life perspective have used this verse to support their interpretations of the Bible's contribution to this issue. Since it is a difficult passage and it finds a place in the argumentation of both sides of the issue, it deserves careful attention. The NIV and the NASB translations provide a good comparison of the two primary interpretations of these verses.

NIV: "(22) If men who are fighting hit a pregnant woman and she gives birth prematurely (יָרָהּ יָלַדָהּ יָאֵצָהּ, *yase'u yeladeha*), but there is no serious injury (יָסֵפֵק, 'ason), the offender must be fined whatever the woman's husband demands and the court allows. (23) But if there is **serious injury** (יָסֵפֵק, 'ason), you are to take life for life, (24) eye for eye, tooth for tooth, hand for hand, foot for foot, (25) burn for burn, wound for wound, bruise for bruise."

NASB: "(22) And if men struggle with each other and strike a woman with child so that she has a miscarriage (יָרָהּ יָלַדָהּ יָאֵצָהּ, *yase'u yeladeha*), yet there is no further **injury** (יָסֵפֵק, 'ason), he shall surely be fined as the woman's husband may demand of him; and he shall pay as the judges decide. (23) But if there is any further injury (יָסֵפֵק, 'ason;), then you shall appoint as a penalty life for life, (24) eye for eye, tooth for tooth, hand for hand, foot for foot, (25) burn for burn, wound for wound, bruise for bruise."

Interpretive Options

Pro--abortion/pro-choice interpreters customarily contend that these verses present the occurrence of an accidental miscarriage, while anti-abortion/pro-life interpreters suggest that the passage depicts a safe, premature birth.

Accidental Miscarriage (Normal Pro-Abortion Interpretation). According to this interpretation,²⁶ verse 22 depicts an accidental miscarriage for which only

²⁶ Some proponents of this interpretation are Brevard S. Childs, *The Book of Exodus*, OTL (Philadelphia: Westminster, 1974) 471-72; R. Alan Cole, *Exodus: An Introduction and Commentary*, TOT (Downers Grove, Ill.: InterVarsity, 1973) 169; Robert N. Congdon, "Exodus 21:22-25 and the Abortion Debate," *Bibliotheca Sacra* 146/582 (April-June 1989):132-47; Dolores E. Dunnett,

a fine is levied. Verse 23 refers to a mortal injury inflicted on the mother and the fetus for which an "eye for an eye" punishment is required (see NASB translation). Since the punishment for accidentally killing an unborn child is less severe than the punishment for killing an adult, some proponents of this interpretation conclude that the unborn baby must be considered less than human (that is, of less value than an actual person). According to this view, the "harm" does not happen or happens to the mother, not the premature child.

Safe, Premature Birth (Normal Anti-Abortion Interpretation). In this view,²⁷ verse 22 presents a safe premature birth for which a fine is levied. The next verse describes some kind of harm brought upon the mother and/or child for which the judges require an "eye for an eye" punishment (see NIV translation). According to this perspective, when harm of any kind comes to the mother or child, the

"Evangelicals and Abortion," *JETS* 33 (1990):217-18; Russell Fuller, "Exodus 22:22-23: The Miscarriage Interpretation and the Personhood of the Fetus," *JETS* 37 (1994):169-84; J. Philip Hyatt, *Exodus*, NCB (Grand Rapids: Eerdmans, 1980) 233-34; Stanley Isser, "Two Traditions: The Law of Exodus 21:22-23 Revisited," *Catholic Biblical Quarterly* 52 (1990):40-45; Dale Patrick, *Old Testament Law* (Atlanta: John Knox, 1985) 76-77; Shalom Paul, *Studies in the Book of the Covenant in the Light of Cuneiform and Biblical Law* (Leiden: E. J. Brill, 1970) 70-77; Nahum M. Sarna, *Exodus*, JPS Torah (New York: Jewish Publication Society, 1991) 125-26; Joe M. Sprinkle, "The Interpretation of Exodus 21:22-25 (Lex Talionis) and Abortion," *WTJ* 55 (1993):233-53; Bruce K. Waltke, "Old Testament Texts Bearing on the Problem of the Control of Human Reproduction," in *Birth Control and the Christian. A Protestant Symposium on the Control of Human Reproduction*, eds. W. O. Spitzer and Carlyle Saylor (Wheaton, Ill.: Tyndale House, 1969) 10-13; R. Westbrook, "Lex Talionis and Exodus 21:22-25," *Revue Biblique* 93 (1986):52-69.

²⁷ Some proponents of this view are Anderson, *Moral Dilemmas* 7-8; Gleason L. Archer, *Encyclopedia of Bible Difficulties* (Grand Rapids: Zondervan, 1982) 247-49; Francis J. Beckwith, "Abortion and Public Policy: A Response to Some Arguments," *JETS* 32 (1989):512-15; Walter Brueggemann, "The Book of Exodus," in the *New Interpreter's Bible*, ed. Leander E. Keck et al. (Nashville: Abingdon, 1990) 1:864; Umberto Cassuto, *A Commentary on the Book of Exodus* (Jerusalem: Magnes, 1983) 275-77; Jack W. Cottrell, "Abortion and the Mosaic Law," *Christianity Today* 17/13 (March 16, 1973):6-9; John J. Davis, *Moses and the Gods of Egypt: Studies in the Book of Exodus* (Grand Rapids: Baker, 1971) 225-26; R. du Preez, "The Status of the Fetus in Mosaic Law," *Journal of the Adventist Theological Society* 1 (1990):5-21; John I. Durham, *Exodus*, WBC (Waco, Tex.: Word, 1987) 323-24; John Ellington, "Miscarriage or Premature Birth?," *Bible Translator* 37/3 (July 1986):334-37; Feinberg and Feinberg, *Ethics* 63-65; Paul B. Fowler, *Abortion: Toward an Evangelical Consensus* (Portland, Ore.: Multnomah, 1987) 149; Victor P. Hamilton, in the *New International Dictionary of Old Testament Theology and Exegesis*, ed. W. VanGemeren (Grand Rapids: Zondervan, 1997) 1:1059; James K. Hoffmeier, "Abortion and the Old Testament Law," in *Abortion: A Christian Understanding and Response*, ed. James K. Hoffmeier (Grand Rapids: Baker, 1987) 57-62; H. Wayne House, "Miscarriage or Premature Birth: Additional Thoughts on Exodus 21:22-25," *WTJ* 41 (1978):108-23; Walter C. Kaiser, Jr., *Toward Old Testament Ethics* (Grand Rapids: Zondervan, 1983) 102-4, 168-72; C. F. Keil and F. Delitzsch, *The Pentateuch*, 3 vols, translated by James Martin, *Biblical Commentary on the Old Testament* (reprint; Grand Rapids: Eerdmans, 1949) 2:135; Rae, *Moral Choices* 124-25; Ronald F. Youngblood, *Exodus*, EC (Chicago: Moody, 1983) 105. Meredith G. Kline ("Lex Talionis and the Human Fetus," *JETS* 20 [1977]:197-98) and John J. Davis (*Abortion and the Christian: What Every Believer Should Know* [Phillipsburg, N.J.: Presbyterian and Reformed, 1984], 51-52) propose a variation of this position by relating verse 22 to the mother alone and verse 23 to the infant.

payment of a fine is not a severe enough penalty. A penalty appropriate to the "harm" is required. Notice that the "harm" does not happen or happens to the premature child and/or the mother.

Primary Issues Involved in Interpreting This Text

Since this passage is used as support for both sides of the debate, an overview of some key issues related to this text is in order: the term "child," the verb "to go out," the term "mischief/harm," the *lex talionis* principle, and the medical feasibility of an infant in biblical times surviving a premature birth caused by trauma.

The term "child" (יָלֵד, *yeled*), Customary lexical sources point out that יָלֵד (*yeled*) refers to living people. It often occurs in a manner similar to בֵּן (*ben*, "son"), though with less emphasis on relationship to parents.²⁸ It occurs with regard to family relationships, political administration, prophetic ministry, and eschatology.²⁹

Hamilton demonstrates that the nuances of this noun range from newborns (Exod 1:17, 18; 3:6-9), to children who have been weaned (Gen 21:8), to teenagers (Gen 21:14-16), to youths (2 Kgs 2:24), to young men old enough to serve in foreign courts (Dan 1:4, 10, 15, 17), and to descendants (Isa 29:23).³⁰

The noun *yeled* never refers elsewhere to a child unrecognizable as human or incapable of existence outside the womb. In fact, two Hebrew terms might have been used if Moses had a miscarriage in mind: גֹּלֵם (*golem*, "embryo" or "fetus," Ps 139:16) or נֶפֶל (*nepel*, "stillborn child," "miscarriage," Job 3:16; Ps 58:9 [English 58:8]; Eccl 6:3).

A final issue that deserves some attention is the plural form of the noun *yeled*. Of the 89 occurrences of this noun, 47 instances are plural. The noun occurs with a pronominal suffix 17 times and appears exactly as it occurs in Exodus 21:22 in four other verses (Gen 33:2, 7; Exod 21:4; Ruth 1:5). Outside of Exodus 21, *yeled* refers to the children of woman (Leah, a slave woman, Naomi). The reason for a plural form of *yeled* has mystified many interpreters.

The passage depicts a single pregnant woman who seeks to break up a fight between men. In the midst of the chaos of the conflict, the men strike her, causing her to go into labor prematurely. The Hebrew text reads, "and her children go out." What is the significance of this plural form in this context? Scholars have suggested five interpretive alternatives.

In the first place, some scholars conclude that this form of the noun is a

²⁸ J. Kuhlewein, "יָלֵד," in the *Theological Lexicon of the Old Testament*, edited by E. Jenni and C. Westermann (Peabody, Mass.: Hendrickson, 1997) 2:545.

²⁹ Victor P. Hamilton, "-15'," in the *New International Dictionary of Old Testament Theology and Exegesis*, ed. W. VanGemeren (Grand Rapids: Zondervan, 1997) 2:457-78.

³⁰ Hamilton, "יָלֵד" 2:457.

plural of abstraction "with the sense 'the product of her womb,' an apt term for an inadequately developed baby."³¹ Sprinkle adds that the plural of abstraction "is used proleptically in anticipation of, or foreshadowing, the fatal outcome."³² Secondly, the plural could allow for several children and either sex.³³ Thirdly, some regard it as a generic plural used with a view to including both contingencies (vv. 22-23).³⁴ Fourthly, it might refer to a woman's capacity for childbearing.³⁵ If this is the case, the verse is not relevant to the issue of abortion. Finally, it could indicate "natural products in an unnatural condition."³⁶ None of the above options has abundant examples outside of this passage that would serve to provide support. For contextual reasons, the present writer prefers the second or third alternative.

The verb יָצָא (yasa'). The term "depart" (יָצָא, *yasa'*) means literally to "go out" and is ordinarily used to describe normal human births (Gen 25:26; 38:28-30; Job 3:11; 10:18; Jer 1:5; 20:18). This verb does occur for a miscarriage in Num 12:12 and possibly Deut 28:57. However, in Num 12:12 "the dead one" precedes the verb, making clear that a live birth is not in view. In fact, Num 12:12 refers to a stillborn birth rather than a miscarriage. The Deuteronomy passage does not clarify whether a live birth or miscarriage is in view. This verbal root does appear one time in the OT with the idea of a miscarriage with reference to oxen (a fem. sing. participle, Ps 144:14).

The normal Hebrew verb for miscarriage, both in animals and humans, is שָׁכַל (*skl*, Exod 23:26; Hos 9:14; Gen 31:38; Job 2:10). The verb also refers to, God's punishment of His people by allowing an invading force to take away their children by violent means (Deut 32:25; 1 Sam 15:33; Lam 1:20) or by wild animals (Lev 26:22; Ezek 5:17).³⁷

The term יָסוּס ('ason). The term "mischief" (יָסוּס, *'ason*) means "harm" in a general sense. It is interesting to note that in cognate languages (e.g., Akkadian

³¹ Sprinkle, "Interpretation of Exodus" 249; cf. L. Schwienhorst-Schonberger, *Dad Bundesbuch* (Ex 20,22-23,33) BZAW 188 (Berlin: Walter de Gruyter, 1990) 81-83. "Sprinkle, "Interpretation of Exodus" 250. Sprinkle points out that this interpretation does not necessarily imply that a live, unaborting fetus is subhuman. It simply implies that a corpse is subhuman.

³³ Cassuto, *Book of Exodus* 275; Ellington, "Miscarriage or Premature Birth?" 336; Kaiser, *Toward Old Testament Ethics* 103; Keil and Delitzsch, *Pentateuch* 2:135; John M. Frame, *Medical Ethics: Principles, Persons, and Problems*, (Phillipsburg, N.J.: Presbyterian and Reformed, 1988) 99.

³⁴ Kline, "Lex Talionis" 198-99.

³⁵ A. Schenker, "Drei Mosaiksteinchen: 'Konigreich von Priestern', 'Und ihre Kinder gehen weg', 'Wir tun and wir horen' (Exod 19,6; 21,22; 24,7)" in *Studies in the Book of Exodus*, ed. M. Vervenne (Louvain: Leuven University, 1996) 367-80.

³⁶ House, "Miscarriage or Premature Birth" 114.

³⁷ Victor P. Hamilton, "שָׁכַל," in the *New International Dictionary of Old Testament Theology and Exegesis* 4:106.

and post-biblical Hebrew) this term connotes healing or refers to a physician. Its five occurrences (Gen 42:4, 38; 44:29; Exod 21:22, 23) in the OT appear to be euphemistic references to serious or even fatal injury.³⁸ In other words, it highlights circumstances in which medical attention is required.³⁹

Proponents of the premature birth position contend that since no preposition and nominal suffix ("to her") is included, the harm cannot be restricted to the mother. Unlike the ANE law codes, where the mother receives the focus of the attention and no "child" is mentioned, Exodus 21:22 refers to the pregnant woman and the "child" that prematurely leaves the womb. A natural reading of the passage would suggest that the "no harm" or "harm" applies either to the child or the mother. Also, it is difficult to understand how Moses could describe a violently induced miscarriage as "no harm."⁴⁰

Lex Talionis. This Latin phrase literally means "the law for retaliation." It sought to establish a standard of justice and to limit retaliation to the exact extent of the injury inflicted.⁴¹ It countered the tendency of unlimited revenge.⁴² This concept of retaliation ensured quality of treatment for the less privileged members of Israelite society.

The legal principle of *lex talionis* advocated, first, the principle of equal justice for all and, second, the penalty must be commensurate with the crime, nothing more or less.⁴³ The statement of the *lex talionis* principle in Exodus 21 permits no misunderstanding as it lists eight illustrative equivalences.

Several proponents of the view that a miscarriage takes place in both instances (verses 22 and 23) argue that the *lex talionis* principle was not necessarily understood literally. In many instances, the demanded punishment (whether execution or damage to a certain part of the body) was often replaced by a punitive fine or "ransom."⁴⁴ Building on that conclusion, Sprinkle contends that the fine demanded in the wake of the death of the fetus in verse 22 and the *lex talionis* verdict in the verse are both monetary in nature.⁴⁵ Although a difference in degree

³⁸ Eugene H. Merrill, "אִסְיָ," in the *New International Dictionary of Old Testament Theology and Exegesis*, ed. W. Van Gemeren (Grand Rapids: Zondervan, 1997) 467.

³⁹ Sprinkle, "Interpretation of Exodus 21:22-25" 246.

⁴⁰ Proponents of the miscarriage view contend that since the ANE law codes (see below) only refer to the mother and not the fetus/infant, there is no reason to expect Moses to refer to anyone other than the mother (e.g., Fuller, "Exodus 22:22-23" 183).

⁴¹ Kaiser, *Toward Old Testament Ethics* 72-73, 299-301.

⁴² Robin Wakely, "כֹּהֵן," in the *New International Dictionary of Old Testament Theology and Exegesis* 2:607.

⁴³ Hamilton, "שָׂכַל" 4:106; cf. Childs, *Book of Exodus* 472.

⁴⁴ Sprinkle, "Interpretation of Exodus" 237-43.

⁴⁵ *Ibid.*, 243.

is present, this law demands no distinction in the quality or kind of punishment.

Medical Feasibility. A number of proponents of the miscarriage position contend that in the medically primitive time of the OT, it is unlikely that any infants survived a premature birth under severe duress caused by blunt force trauma.⁴⁶ Although this observation has validity, it does not pose an insurmountable obstacle to the premature birth view. By giving this law, Moses is not implying that many infants born prematurely as the result of blunt force trauma will live. However, he could be establishing a law that stands distinct from the ANE law codes of his day. Not only is there severe punishment in the wake of unintentional mortal injury to a mother or a fetus, but even forcing an early delivery of an infant through violence, in the event that the infant lives, faces a demanding penalty.

What about the Input/Example of Other ANE Law Codes?⁴⁷

A number of Ancient Near Eastern law codes contain scenarios similar to that found in Exodus 21. An overview of the data found in those law codes and a brief evaluation of its impact on the issue at hand follows below. For the sake of brevity, the law codes are presented in chart form.

The Code of Hammurabi (ANET, 175, laws 209-14).

- An injury causing a *gentleman's daughter* to miscarry 10 shekels
- An injury causing a *gentleman's daughter* to miscarry and die life for life
- An injury causing a *commoner's daughter* to miscarry 5 shekels
- An injury causing a *commoner's daughter* to miscarry and die 30 shekels
- An injury causing a *gentleman's slavewoman* to miscarry 2 shekels
- An injury causing a *gentleman's slavewoman* to miscarry and die 20 shekels

The Hittite Laws (ANET, 190, laws 17-18).

- An injury causing a slave woman to miscarry (in the 10th month) 5 shekels
- An injury causing a free woman to miscarry (in the 5th month) 5 shekels
 - An injury causing a free woman to miscarry (in the 10th month) 10 shekels

The Middle Assyrian Laws (ANET, 181, 184-85, laws 21, 50-53).

- An injury causing a daughter to miscarry a punitive fine, public flogging, and royal service
- An injury causing a free wife to miscarry life for life
- An injury causing a prostitute to miscarry life for life

⁴⁶ Robert N. Condon, "Exodus 21:22-25 and the Abortion Debate," *BSac* 146 (1989):140-431-Sprinkle, "Interpretation of Exodus 21:22-25 " 249.

⁴⁷ For a more complete explanation of this issue (from an accidental miscarriage view), see Fuller, "Exodus 22:22-23" 171-74.

- An injury causing a wife to miscarry⁴⁸ a punitive fine
- A self-induced miscarriage life for life

Numerous scholars argue that since these and other significant ANE law codes address the occurrence of miscarriages and not premature births in their legislation and since the OT legal stipulations frequently are quite similar to ANE legal statements, one can assume that Moses is dealing with miscarriage and not premature birth. If Moses was introducing a new, unique law, he would have avoided any misunderstanding by utilizing precise terminology to distinguish his legislation from that of other ANE law codes.

In response, it is essential to observe that although numerous scholars contend that the Exodus passage must be interpreted in light of the various ANE law codes (where miscarriage appears to be in view),⁴⁹ the biblical law dealing with this issue is different in some key areas. For example, Exodus 21

- Makes no distinction concerning the age of the fetus
 - Makes no distinction with regard to the social status of the injured woman
 - Introduces a different fate depending on whether or not "harm" took place
 - Specifies that a child (*yeled*) "comes out" from a pregnant mother's womb.
- Most of the ANE law codes refer to a case where someone causes a woman "to drop that of her womb" (*ANET*, 175 n. 137) in a very generic fashion.

In summary, the Mosaic Law demanded that the unborn child be protected as a person and that the same penalties be assessed when the child was injured as when an adult person was injured. In the first instance, the men guilty of hitting the woman must render monetary compensation for the trauma of premature birth and any discomfort caused the mother. In the second place, the legal principle of *lex talionis* is invoked for the men guilty of striking a mortal blow, leading to the death of the child and/or the mother.

Key Observations on Exodus 21:22-25

- Opponents of abortion should not view this passage as one of their strongest biblical arguments against abortion (in light of the interpretive complexities).
- Although these verses do not provide an absolute prohibition of abortion, they clearly do not teach that an unborn child is less than human.
- Even if verse 22 presents the accidental miscarriage of an unborn child, this

⁴⁸ The phrase can be rendered "a wife with a history of miscarrying." For this interpretation of the ANET translation, "who does not rear her children," see G. R. Driver and J. C. Miles, *The Assyrian Laws* (Oxford: Clarendon, 1935) 114-15.

⁴⁹ E.g., Fuller, "Exodus 22:22-23 " 171-74; Sprinkle, "Interpretation of Exodus 21:22-25 " 250, et al.

conclusion in no way legitimizes the intentional aborting of an unborn child.

- Even according to the accidental miscarriage view, since a fine is levied against the guilty parties for causing this tragedy, the death of an unborn child is not acceptable.
- If an accidental miscarriage results in a fine levied against the guilty party, how much more serious would be the intentional killing of an unborn child? It is totally inappropriate to use this passage to sanction abortion, an intentional killing of a child.
- The different penalties levied, a fine in one case and *lex talionis* in the other case, does not necessarily indicate anything about personhood and worth. As a rule, Moses did not impose a mandatory death penalty in cases of accidental killing (Exod 21:13, 20-21).
- The relatively "light" sentence in verse 22 in no way indicates that the fetus/infant is less important or less than a person. In the immediately preceding passage (21:20-21) a slave owner who kills his slave unintentionally escapes with no penalty at all. Does Mosaic law regard slaves as less than human persons? Legal status rather than personhood are in view in both instances.

This writer agrees with Youngblood who writes, "The complexities involved in attempting to interpret verse 22 make it unwise to press it into service in the abortion controversy, pro or con."⁵⁰ McQuilkin affirms that "Such an unclear and hotly disputed passage could hardly be used to establish the status of the unborn with unassailable biblical authority."⁵¹

WHAT ABOUT THOSE QUESTIONABLE CASES (e.g., mother's health, rape, incest)?

Between the polar positions that suggest that abortion is always or never permissible, a number of people wrestle with the possibility that in some cases abortion might represent a potential consideration. The most common position among those who are generally against abortion is that abortion can serve as an acceptable option in the case of a pregnancy causing risk to the mother's health, or when the pregnancy is the result of an act of rape or incest.⁵² Narrower still, there are people who would limit abortions to ectopic pregnancies (see above for explanation). The following paragraphs survey those possibilities.

The Mother's Health (Therapeutic Abortion)

At the outset, it is important to note that the present writer intentionally limits this discussion to the mother's physical well-being. Many individuals include

⁵⁰ Youngblood, *Exodus* 105.

⁵¹ Robertson McQuilkin, *An Introduction to Biblical Ethics* (Wheaton: Tyndale House, 1989) 320.

⁵² Most politicians who oppose abortion fall into this camp.

her psychological, social, and economic situation as part of the mother's health.⁵³ D. Gareth Jones rejects abortion on demand but contends that "unresolvable dilemmas" in which the fetus places the mother's life in great jeopardy provide an acceptable ground for abortion.⁵⁴ Most proponents of this position contend that the actual person (the mother) is of greater intrinsic value than the potential person (the fetus) she is carrying.⁵⁵

First of all, statistically, this "dilemma" of facing the potential loss of a mother's life is a rarity, and when it occurs, the decision is not one of choosing whose life to take and whose life to save. Instead, it is a choice between losing both patients or saving the mother. In the rare case where a pregnancy must be abbreviated to protect the life of the mother, the proper procedure would be to give the child extraordinary care with the hopes of bringing it to maturity. C. Everett Koop, former Surgeon General of the U.S. and a leading pediatric surgeon, has stated, "In my thirty-six years in pediatric surgery I have never known of one instance where the child had to be aborted to save the mother's life."⁵⁶

Pregnancies Caused by Rape/Incest

No doubt victims of these horrible crimes experience humiliation, fear, and anger. The unborn child is a tangible reminder of the abusive act that traumatized the woman. According to those who would allow abortions in the wake of this abuse, it is "unfair" that a woman who has endured rape or incest should have to carry the evidence of her tragedy through nine months of pregnancy and subsequent childbirth. Another complicating factor is that victims of incest are normally fairly young and are later along in their pregnancy before it is diagnosed. Because of their relative youth, their pregnancies may be more difficult and the childbirth more strenuous. Nevertheless, while it is "unfair" that the victim of rape/incest goes through the demands of pregnancy and childbirth, would it not be a greater injustice to kill the unborn child?

Pregnancies Facing Fetal Handicaps

Some examples of fetal handicaps that serve as justifiable circumstances

⁵³ The 1973 Supreme Court case of *Doe v. Bolton* included a woman's emotional and psychological health with her physical health as elements to be considered as part of the woman's health (as it relates to justification for having an abortion).

⁵⁴ D. Gareth Jones, *Brave New People: Ethical Issues at the Commencement of Life* (Grand Rapids: Eerdmans, 1985) 76-77.

⁵⁵ *Ibid.*, 177; Norman L. Geisler, *Ethics: Alternatives and Issues* (Grand Rapids: Zondervan, 1971) 117-18.

⁵⁶ C. Everett Koop, "Abortion: Deception-on-Demand," *Moody Monthly* 80:9 (May 1980):24. Koop is apparently referring to instances of aborting a fetus that has attached itself to the mother's womb. From the perspective of the current writer, an ectopic pregnancy provides the only clear and legitimate occasion for a therapeutic abortion. If a physician does not remove the fetus from the mother's fallopian tube, as a result both mother and infant will without question die.

for abortion are anencephaly (part or all of the brain is missing), Tay-Sachs (severe enzyme deficiency causing blindness and paralysis), spina bifida, and Down's Syndrome. For example, D. Gareth Jones regards anencephaly as legitimate ground for abortion but rejects Down's syndrome as a viable occasion for abortion. He comes to this conclusion because anencephaly, where the major brain centers are lacking, signifies that "there is no prospect of anything remotely resembling human life."⁵⁷ He contends that Down's syndrome does not rob the fetus of the potential of having many personhood qualities.⁵⁸ The debate revolving around this "hard case" focuses on the following alternatives: Quality of life vs. Sanctity/Value of life.

Quality of life. Fundamental to this emphasis is the idea that human life is not possessed of any inherent worth, and thus the individual human being must achieve a serious right to life. Though some scholars suggest objective criteria to guide one's decisions when facing situations of this kind, for the most part the decision-making process has little objectivity. The projected "quality" of life for the fetus is the basis for the decision to abort or not.

Because of the untold suffering that might be experienced by the fetus as well as the agony, pressure, and financial strain that would come upon the parents, pro-abortionists will recommend abortion in certain instances.

Sanctity/Value of life. Those who give emphasis to life's sanctity regard human life as distinct from all other life, possessing an inherent dignity which renders it worthy of protection and preservation simply because it is human life. According to Genesis 1:26-27, man is created in the image of God (Gen 1:26-27). At the very least that indicates two things. In the first place, God's image in man renders man distinct from all other created beings on this earth. Secondly, God's image in man renders man worthy of protection; to shed innocent blood is reprehensible because "in the image of God He made man" (Gen 9:6). This majesty or dignity is not acquired or achieved, nor is it affected by the individual's personal worth to society, but God endows it. It is part and parcel of our humanness. Throughout Scripture, God invites man to enter into a personal relationship with Himself through His Son Jesus Christ. Since life has sanctity and value given by God Himself, we cannot judge its quality by our mortal standards.

Although life's realities are complex at times, from the perspective of this writer, very few situations provide an occasion to consider abortion as a legitimate option. An ectopic/tubal pregnancy provides the only clear justification for abortion in the life of a believer. The instances of pregnancy caused by rape or incest or the potential of a fetus afflicted with a serious handicap place undue attention on the

⁵⁷ Jones, *Brave New People* 180.

⁵⁸ *Ibid.*, 181. Whether or not Tay-Sachs disease would warrant an abortion depends on the potential impact of the child on the rest of the family unit (*ibid.*, 181-82).

potential quality of life for the fetus or place an improper focus on the abuse experienced by the unwilling mother. The human "injustice" of those scenarios must be subordinated to God's definition of justice.

CONCLUSION

Since the Supreme Court case of *Roe v. Wade* in 1973, almost 40 million pregnancies have ended in abortion. Pro-abortion proponents enthusiastically lobby for the continued legality of abortion-on-demand. Those opposed to abortion fall into three general camps: abortion is acceptable sometimes (risk to life of the mother, in the wake of rape or incest), rarely (ectopic pregnancies), or never.

The Bible affirms the personhood of the fetus in a number of ways. Exodus 21:22-25 (which receives the bulk of this article's attention) should not be used as a compelling "proof-text" for either the pro- or anti-abortion camps. One can draw certain important conclusions from this important passage. An unborn child is not less than human. Even if Exodus 21:22 depicts an accidental miscarriage (for which only a fine is levied), this conclusion in no way legitimizes the intentional aborting of an unborn child.

ADDENDUM

After "The Abortion Dilemma" had gone through the editorial process for this issue of *The Master's Seminary Journal*, the FDA announced their approval of the early abortion pill known as RU-486. Instead of implementing the potential restrictions mentioned above in this article (176), the FDA has granted almost unlimited approval. Any physician will be able to prescribe the drug if he/she has a backup who can provide surgical intervention in cases of complications. Consequently, this drug will find its way into family-practice clinics as well as into abortion clinics.

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