A Lutheran Catechism on Abortion and Life

by David A. Kaufmann, Ph.D. F.A.C.S.M.

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FOREWORD

Amidst all the confusion that evolutionary humanists have successfully introduced into the Christian Church regarding the beginning of personhood in the human embryo, this treatise brings a much needed clarification that cannot be refuted. No one can dispute the facts that Dr. Kaufmann documents in it, both theologically and scientifically, that a human being is a living person … at the moment of conception. I particularly liked the way he summed up these proofs in Part IV, Question 8: "Yes, both Scripture and science agree that the baby at conception is a human being with potential–not a potential human being." Therefore, all induced abortions, though legal, are immoral, premeditated murder except for those extremely rare physical conditions when one is necessary, as a matter of self-defense, to prevent the death of the mother (and baby, if possible).

As a Presbyterian elder, I have but one regret: Dr. Kaufmann's well-reasoned catechism should not be limited to Lutherans. It applies to and should be widely distributed throughout the entire Church of Jesus Christ, our Creator, Savior, Sustainer, Redeemer, and Lord.

Albert S. Anderson, M.D.
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19 Gallery Centre
Taylors, South Carolina
July 1, 1995

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PART I
The Lutheran Position on Doctrine and Practice

1. What is the Lutheran position on determining correct theology?

Answer: One of the chief principles of Lutheran theology is *sola scriptura* (Scripture alone). This catechism states that the natural meanings of the statements in Scripture are the only source for correct doctrine and practice.

2. Where is the Scriptural principle of *sola scriptura*, and other biblical norms, articulated and summarized?

Answer: The *Book of Concord: The Confessions of the Evangelical Lutheran Church*. This book of theological treatises was formulated by Lutheran theologians in 1580 to establish the correct teachings and faith of the Evangelical Lutheran Church. It contains eight treatises: the Three Ancient Creeds, the Augsburg Confession (1530), Apology of the Augsburg Confession (1531), the Smalcald Articles (1537), Treatise on the Power and Primacy of the Pope (1537), the Small Catechism (1529), the Large Catechism (1529), and the Formula of Concord (1577).

3. Where in the *Book of Concord* does it say that the statements in the Bible are the only rule and standard for correct doctrine and practice?

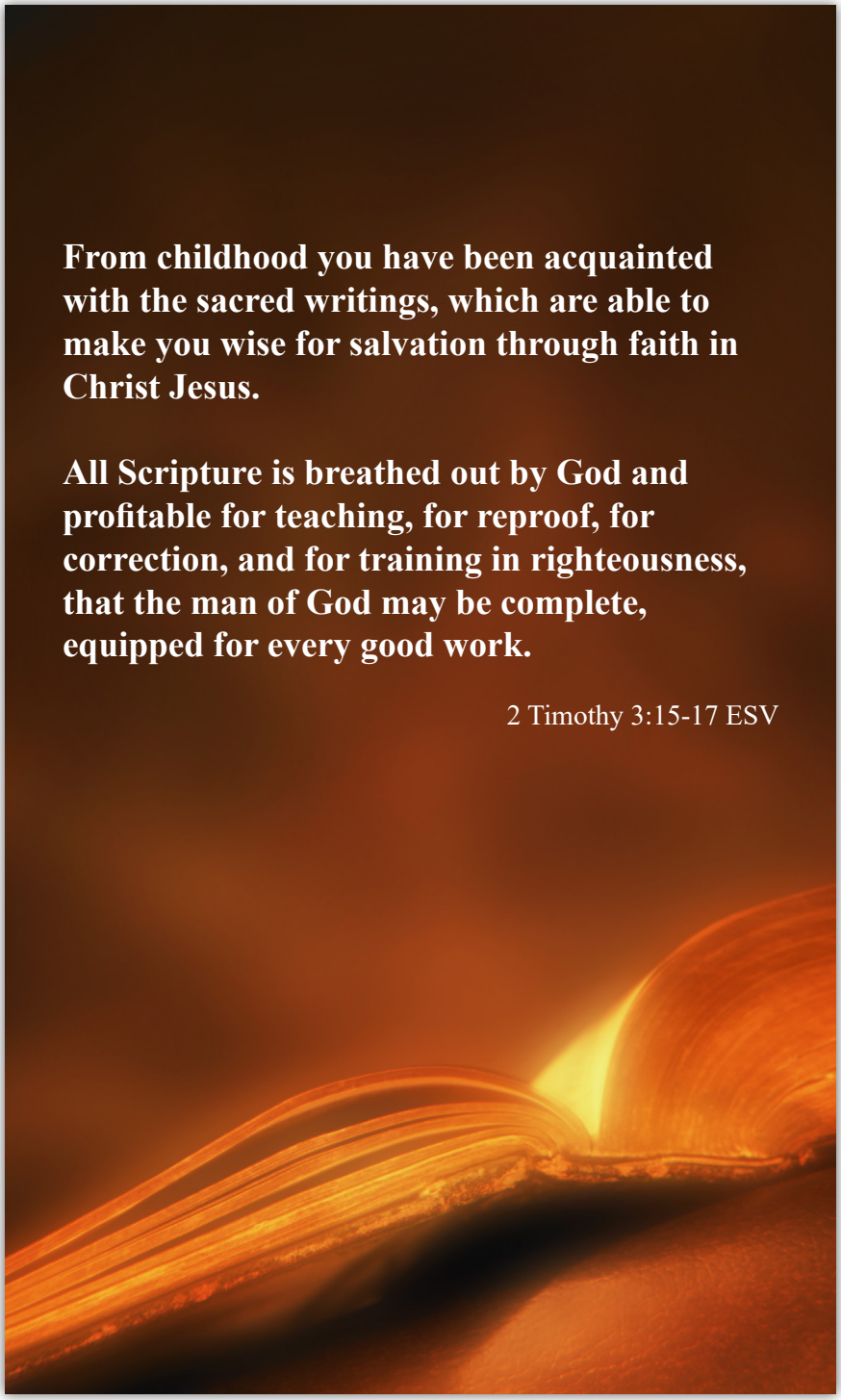
Answer: There are approximately sixteen places in the *Book of Concord* that either state or imply that the statements in the Bible are the only rule and standard for correct doctrine and practice. Two of the most famous statements are: "the Word of God shall establish articles of faith" (Smalcald Articles, II, ii, 15), and the Bible "is the only judge, rule and norm according to which, as the only touchstone, all doctrines should and must be understood and judged as good or evil, right or wrong" (Formula of Concord, Ep. Rule and Norm, 7).

4. Should we also use human reason to determine correct doctrine and practice?

Answer: Human reason can help us understand the true meanings of Scriptural statements, but it must be used ministerially and not magisterially. That is, we may use our reason **to serve** in our understanding of Scripture, but it must never **overrule** what Scripture plainly says. The Introduction to the *Concordia Self-Study Bible* explains it this way: "Although the ability to reason, which is also a gift from God, distinguishes human beings from animals, it is not regarded as the criterion by which questions of a religious nature are answered. Where paradoxes occur, a childlike faith must prevail over logical deductions. Scripture takes precedence over reason. This means that when, for example, God's Word teaches a triune Deity—Father, Son, and Holy Spirit—we bow to Biblical revelation, even though such a teaching is beyond the understanding of our human mind. The same is true when Scriptures speak of the virgin birth of Jesus, of His twofold nature (God and man), of His resurrection and ascension, of the partaking of His body and blood in the Lord's Supper. All these teachings we believe, because they are stated in Scripture, although they are beyond our mortal comprehension" (p. xvii).

5. Did Martin Luther believe in the principle of *sola scriptura*?

Answer: A famous Methodist theologian named Philip Watson read the works of Martin Luther and wrote an exposition of his theology. He titled his book *Let God Be God*. This is essentially what Martin Luther did; he adamantly demanded that all Christian theology be derived from the natural meanings of the translated words from the Hebrew and Greek manuscripts. He warns us: "If the teaching of men comes into the Church, then throw out every bit of it, and know that, as surely as God lives, all human doctrine is idolatry" (*What Luther Says*, p. 1201). Most people want to serve God … but only in an advisory capacity. We serve God by following His Word.


From childhood you have been acquainted with the sacred writings, which are able to make you wise for salvation through faith in Christ Jesus.
All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be complete, equipped for every good work.
2 Timothy 3:15-17 ESV

PART II
What Is Abortion?

1. What is abortion?

Answer: The Latin root for abortion, *aborior*, means to perish by untimely death. Abortion is defined as "the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus: as a: spontaneous expulsion of a human fetus [see miscarriage below] b: induced expulsion of a human fetus" (*Merriam-Webster Dictionary*, 2000).

2. What is a miscarriage?

Answer: A miscarriage is a natural and spontaneous abortion. Usually, the growing baby has died because of abnormalities within itself or its placenta (afterbirth). After this has occurred, the uterus (womb) automatically goes into labor and expels the dead baby and placenta.

3. Is a miscarriage dangerous?

Answer: Miscarriages are usually safe and natural. Sometimes there is excessive bleeding or incomplete expulsion from the uterus of the placenta, requiring hospitalization during which the surgeon gently dilates the cervix and scrapes the decaying components of the placenta out of the uterus with a spoon-shaped instrument known as a curet. Infection is rare. The surgical procedure is called a therapeutic dilatation and curettage (D&C).

4. What is an ectopic pregnancy?

Answer: Ectopic pregnancy happens when the embryo implants somewhere other than the womb. Most often this occurs in the fallopian tubes but may involve other locations in the abdomen. The tissues at these sites cannot accommodate the embryo's growth and will rupture and hemorrhage if left untreated. Almost always (in greater than 99% of cases), the pregnancy has miscarried and the embryo has died by the time the situation is discovered. However, in either case, the deceased embryo may require chemical or surgical removal in order to preserve the mother's life and health. In the rare circumstance that the embryo

is alive when the ectopic pregnancy is detected, a doctor may perform a surgical separation (delivery) from the mother's body. Although the embryo's survival is unlikely, this differs from an abortion because there is no intent to end a life (see Part V, questions 1 and 15).

4. What is an induced abortion?

Answer: An induced abortion is an unnatural removal of the fetus from the uterus caused by various methods.

5. What are some examples of induced abortion?

Answer: Some forms of hormonal "contraception," RU-486, IUD contraception, suction aspiration, dilatation and curettage, dilatation and evacuation, salt poisoning, prostaglandin injection, hysterotomy, and partial-birth abortion are examples of induced abortion.

6. What about hormonal "contraception" ("morning after" pill, implants, birth control pills)?

Answer: Although often advertised as contraceptives, some of these actually cause an abortion by producing an unfavorable uterine lining and preventing implantation of an already-developing human being. The "morning after" pill, under brand names such as Preven, are really high doses of contraceptive pills. These definitely function by preventing implantation. The mechanism of action of implants is stated by experts as "only partially explained." One of the proposed mechanisms, however, is creation of a uterine lining unfavorable to implantation.

The most widely used hormonal contraception is the OCP (oral contraceptive pill). There is much debate, even among pro-life professionals, about its mechanism of action. Product information on the label of these pills will list three methods of action: (1) prevention of ovulation, (2) thickening of the lining of the cervix (hindering sperm flow), and (3) thinning of the uterine lining. The latter is said to be a "back up" mechanism in case the first two fail and ovulation occurs and the egg is fertilized. Recent research indicates with a high degree of certainty that this secondary, abortifacient mechanism of the pill comes into play for 2% to 10% of female cycles per year.

7. What about the drug RU-486?

Answer: Planned Parenthood, along with other pro-abortionists, proclaim RU-486 to be the "safe and effective" abortion technique. But RU-486 warrants careful scrutiny. "The abortion pill," "medication abortion," or "chemical abortion" is a procedure that requires the woman to take two powerful drugs. The first, mifepristone, causes the uterus to shed its lining, killing the tiny preborn child. The second, misoprostol, causes the expulsion of the now-dead baby. Thus, with RU-486, it is the woman who becomes the abortionist as she takes the drugs, and it is her body that makes the abortion happen. This process may drag out for as long as two weeks, requiring multiple visits to the physician. Complications documented by the U.S. FDA include bleeding, nausea, significant pain, incomplete abortion resulting in retained tissue and requiring subsequent surgical abortion, and even death from hemorrhaging or infection. There may also be emotional consequences as well. The woman will often see her dead, expelled child. This visual evidence can cause deep pain.

8. What is IUD contraception?

Answer: IUD contraception is the use of an Intra-Uterine Device (IUD) to prevent pregnancy. The IUD does not prevent conception. Therefore, it is not a contraceptive at all. Rather, it is an abortifacient. An abortifacient is any agent that causes an abortion. With few exceptions, almost all scientific papers agree that the effect of an IUD is to prevent implantation of an already-living embryo into the nutrient lining of the uterus. This clearly causes an abortion.

9. What is suction aspiration?

Answer: Suction aspiration abortion, sometimes called menstrual extraction abortion, is used in 95% of induced abortions. A powerful suction tube is inserted into the uterus through the expanded cervix. This painfully dismembers the body of the developing baby and tears the placenta from the uterus, sucking the parts into a container. Uterine hemorrhage and/or infection can easily occur if any fetal or placental tissue is left inside the uterus.

10. What is dilatation and curettage (D&C)?

Answer: In this technique, the cervix is dilated or expanded to permit insertion of a loop-shaped steel knife in order to scrape the wall of the uterus. This painfully cuts the baby's body into pieces and cuts the placenta away from the uterine wall. Bleeding is sometimes excessive. This method is used primarily during the seventh to twelfth week of pregnancy and should not be confused with therapeutic D&C done with a spoon-shaped instrument for reasons other than undesired pregnancy, e.g., incomplete miscarriage as noted under question #3 above.

11. What is dilatation and evacuation (D&E)?

Answer: This technique is used to remove a baby from the uterus who is as old as eighteen weeks and is similar to the D&C method. The difference is that a forceps is used to grasp part of the developing baby who already has calcified bones. The body parts must be painfully twisted and torn away and the placenta separated from the uterine wall. Bleeding can be excessive.

12. What is salt poisoning?

Answer: Salt poisoning, sometimes called "saline amniocentesis" or "salting out," is used after sixteen weeks of pregnancy, when enough fluid has accumulated in the amniotic sac surrounding the baby. A needle is inserted through the mother's abdominal wall directly into the amniotic sac, and a solution of concentrated salt is injected into it. The baby breathes in, swallowing the salt solution, and is thereby painfully poisoned. Shortly after the injection, the baby dies, and the mother usually goes into labor approximately a day later, delivering a dead and shriveled baby. Saline amniocentesis was the most common type of second-trimester abortion done in the 1970s and 1980s, but it has since declined in usage to less than 1% of all abortions. In addition, it is outlawed in Japan and other countries because of many inherent risks to the mother. Some victims, including Gianna Jessen and Melissa Ohden, have survived the process after being delivered alive.

13. What is prostaglandin injection?

Answer: Prostaglandins are hormones that assist the birth process. Injecting concentrations of prostaglandins into the amniotic sac induces

violent labor and premature birth of a baby usually too undeveloped to survive. This technique is usually used during the second half of the pregnancy. A self-administered prostaglandin suppository or tampon is being developed for first-trimester abortions. Serious complications for the mother from prostaglandin injection are cardiac arrest and a ruptured uterus.Misoprostol, the second pharmaceutical of the chemical abortion regimen (RU-486, or mifepristone, is the first), is a synthetic prostaglandin and has become the most common prostaglandin involved in abortions.

14. What is hysterotomy?

Answer: This technique is similar to a cesarian section birth operation and is generally used if the salt poisoning or prostaglandin injections fail. The surgeon makes a cut through the mother's abdominal wall and the wall of her uterus. Then the baby is removed. Sometimes babies are born alive during this technique. This is known as the "dreaded complication." Questions arise as to how and when to kill the baby and by whom. Some babies who are cared for after the hysterotomy have been known to survive and are subsequently accepted by their natural mother or placed for adoption. This method presents the highest risk to the health of the mother with a mortality rate of double the risk from D&E.

15. What is a partial-birth abortion (also known as a "D&X" abortion)?

Answer: In a partial birth (or dilatation and extraction) abortion, the abortionist turns the baby within the uterus and partially delivers him or her feet first–all but the head. A pair of curved, blunt scissors is used to puncture the base of the skull. A tube is then inserted and the baby's brain is suctioned out. The baby dies, the head collapses, and the "delivery" is completed. We can be grateful that "The Partial-Birth Abortion Ban Act of 2003" made this procedure illegal.

16. What are the potential complications of an induced abortion?

Answer: The argument used by many proponents of induced abortion–that abortion is safer than childbirth–is difficult to defend in light of medical evidence to the contrary. The Abortion Surveillance Branch of the Centers for Disease Control in Atlanta asserts that induced abortion is safer than childbirth, that the serious complication rate for abortion is

less than one percent, and that induced abortion is a good solution for contraceptive failure. However, the experiences of private physicians and gynecologists do not support this claim because of massive underreporting of complications and deaths. Daniel J. Martin, M.D., a clinical instructor at St. Louis University Medical School, stated in a research paper (April, 1983), "The impact of abortion on the body of a woman who chooses abortion is great and always negative. I can think of no beneficial effect of a social abortion on a body." Medical researchers have identified a pattern of psychological problems by women who have had abortions. This is known as Post Abortion Syndrome (PAS), which has been recognized as a type of "post-traumatic stress disorder." Most women have induced abortions without a significant physical injury, but a significant number do sustain physical damage, and a few even die. Many women end up with serious emotional and guilt-related aftereffects. Even those who favor abortion will admit this. Dr. Julius Fogel, a psychiatrist and obstetrician who has been a longtime advocate of abortion and has personally performed over 20,000 abortions, said in an interview:

> "Every woman—whatever her age, background, or sexuality—has a trauma at destroying a pregnancy. Often the trauma may sink into the unconscious and never surface in the woman's lifetime. But it is not as harmless and casual an event as many in the pro-abortion crowd insist. A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman's consciousness when she destroys a pregnancy. I know that as a psychiatrist."

Women should be aware of another complication. Chris Kahlenborn, M.D., graduate of Pennsylvania State Medical University and international lecturer, attended a professional conference in 1993 where the speaker asserted that there was a link between abortion and the risk of developing breast cancer. Kahlenborn was skeptical and set out to disprove this claim. But after five years of studying the pertinent medical literature, he found the evidence of such a link nearly indisputable. As of 2021, 61 of 76 peer-reviewed studies over 60 years in the United States and worldwide showed an elevated risk of developing breast cancer for women undergoing induced abortion. While 41 of these studies determined the correlation to be statistically significant, only four found a statistically significant negative association. Induced abortion is not safe for women. Of course, an induced abortion is never safe for the preborn baby.

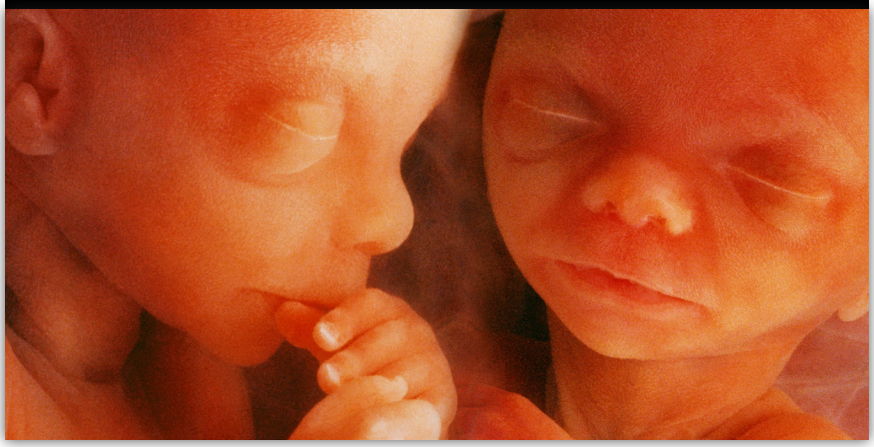
17. What is Abortion Pill Reversal?

Answer: In 2012 physicians developed a process to interrupt and reverse chemical abortions. Within 24 to 48 hours after a woman has ingested the first abortion pill (mifepristone), but before she has ingested the second (misoprostol), the baby can be saved. A doctor neutralizes the mifepristone with repeated doses of progesterone, which is a hormone naturally produced by the pregnant woman's body.Progesterone has been safely used in treating pregnancy complications for decades. It doesn't pose any additional danger to the mother or the child, and peer-reviewed research has documented it as effective in saving the baby's life to full-term delivery in 64-68% of cases studied. In its first decade, APR has rescued over 2,000 children from death by chemical abortion. The APR network hotline (877-558-0333) and website (www.abortionpillreversal.com) connects patients to a physician near them for care.

Quick Facts …

An unborn baby's heart begins to beat 18-21 days after fertilization. Brain waves can be detected as early as 40 days after fertilization.

Since 1973, there have been more than 63 million abortions in the United States. Women have cited "social reasons," not mother's health or rape/incest, as their motivation in approximately 93% of all abortions. *Source: National Right to Life Committee*




weeks
1
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20-36
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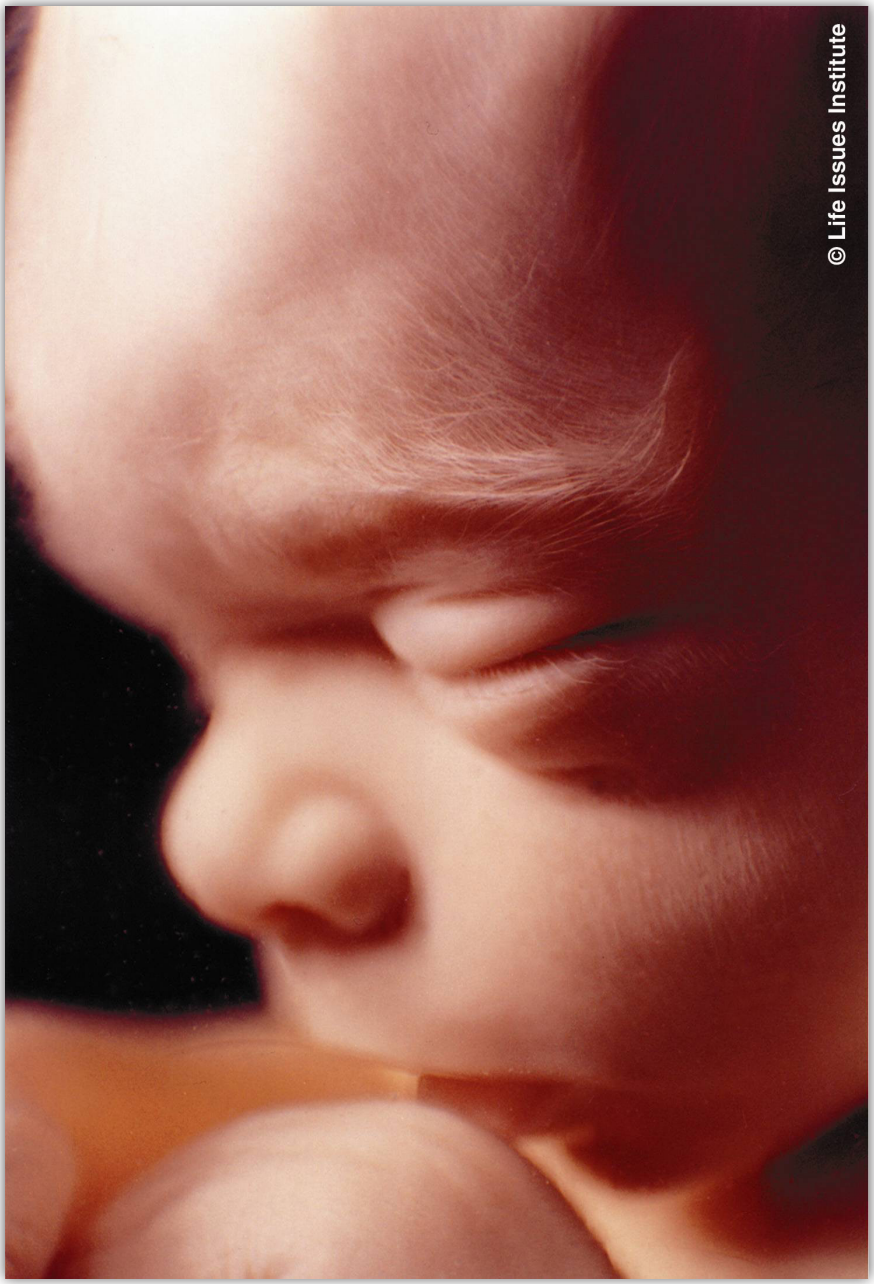


An unborn baby twenty weeks from conception


Wonderful
I am wonderfully made.
innermost
You created my innermost being.
know me
Before I was born, you knew me.

PART III
When Does Human Life Begin? What Does the Bible Say?

1. When does the Bible say that human life begins?

Answer: The Bible clearly views humans as persons from conception onward. The noted theologian and attorney Dr. John Warwick Montgomery cites Psalm 51:5, **"Surely I was sinful at birth, sinful from the time my mother conceived me,"** as solid proof that David considered himself as a "me," not an "it," even at conception. He concluded, "For the biblical writers, personhood in the most genuine sense begins no later than conception; subsequent human acts illustrate this personhood, they do not create it" (*Christianity Today*, June 5, 1970). Again the psalmist stated, **"For you created my inmost being; you knit me together in my mother's womb"** (Psalm 139:13). J. R. Dummelow said that, within this context, David is alluding to the "mysterious origin of a human personality in the womb" (*One Volume Bible Commentary*, p. 376). And certainly the Holy Spirit considered Jeremiah more than a "blob of flesh" when He said: **"Before I formed you in the womb I knew you, before you were born I set you apart; I appointed you as a prophet to the nations"** (Jeremiah 1:5).

2. Does the New Testament say anything about unborn babies?

Answer: The Greek word *brephos* is found several times in the New Testament. Thayer's *Greek-English Lexicon of the NT* (p. 105) defines *brephos* as "an unborn child, embryo, fetus … newborn child, infant, babe." John the Baptist, as a *brephos*, leaped in his mother's womb (Luke 1:41). Baby Jesus, as a *brephos*, was laid in a manger (Luke 2:12,16). Now if one would never consider destroying a *brephos* (babe), as in the case of baby Jesus, how could one consider destroying a *brephos* (fetus), as in the case of John the Baptist? The same word *brephos* is used in both verbally inspired statements. According to the New Testament, the only difference between the preborn baby (fetus) and newborn baby is a matter of time and a different location.

3. Who is the author and giver of life?

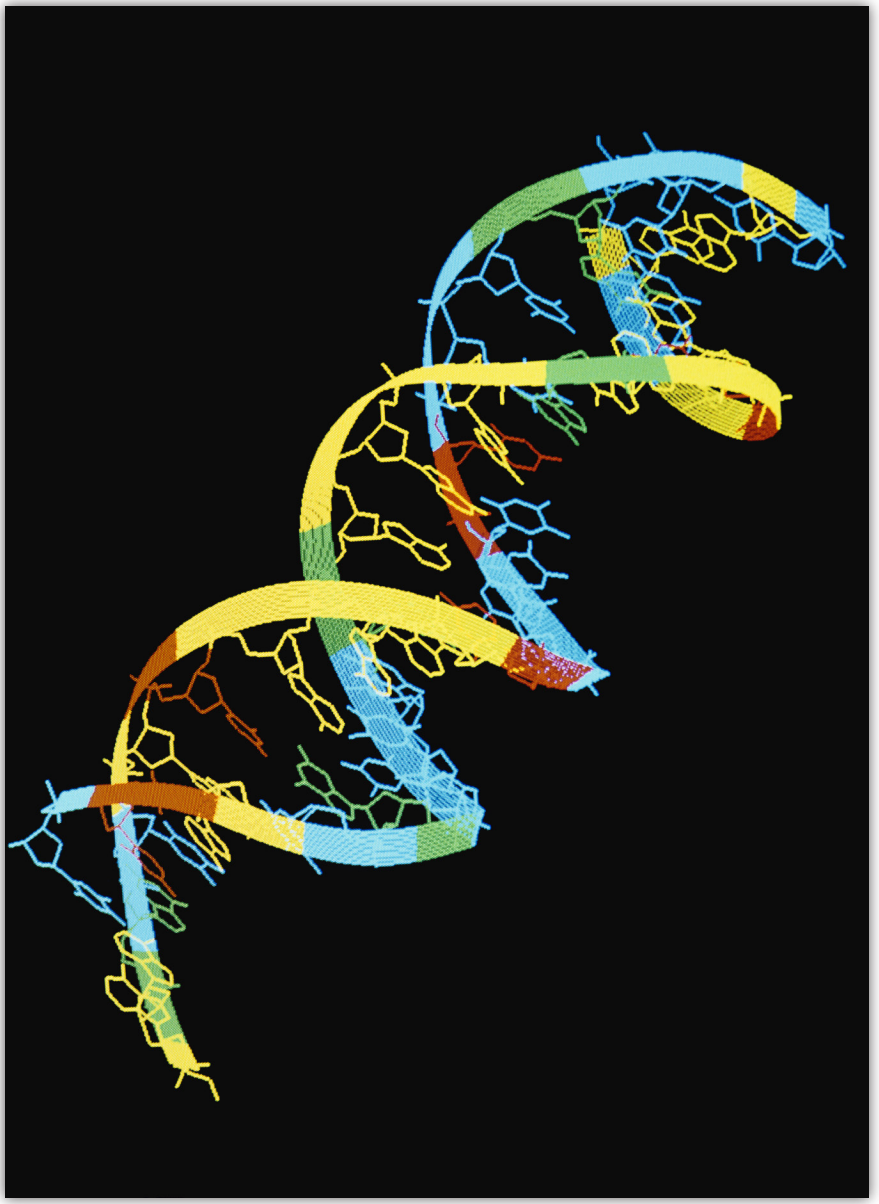
Answer: Humanist philosophy justifies abortion on demand on the grounds that man is the author and giver of life and, therefore, if one desires, humans may terminate life at will. Several Bible passages clearly indicate that the only true God, the triune God of the Bible, is the Author and Giver of life. He was the Author of human life in the very beginning (Genesis 1:26-27, 2:7, 2:22). God then told Adam and Eve to "be fruitful and multiply," setting into motion a biological process for procreation. However, God did not remove Himself from this creative process. He remains the Author of life (Genesis 30:2, 22; Job 12:10; Psalm 139:13; Isaiah 49:5; Acts 17:28). We leave the wonder of this mystery in God's hands (Ecclesiastes 11:5).

4. Have Christians always opposed abortion?

Answer: While modern techniques and substances have increased the efficiency of ending unborn lives, abortion has been happening for millennia. Many ancient cultures—Egyptians and Persians, Greeks and Romans and Indians—kept records of abortion medications and procedures. (It should be noted that the Hippocratic Oath for medical practitioners, dating back to the fifth century B.C., pledges physicians not to participate in abortions.) The earliest Christians advocated against it. One of the first non-Scriptural Christian documents, called the *Didache* (The Teaching of the Twelve Apostles), appeared about the same time as the New Testament. It clearly says, "Thou shalt not murder a child by abortion nor kill that which is begotten." Another text from the same era, *The Epistle of Barnabas*, echoes it: "Thou shall not slay the child by procuring abortion; nor, again, shalt thou destroy it after it is born." Many church fathers (Tertullian, Ambrose, Augustine, Jerome, and John Chrysostom, among others) condemned abortion, as did multiple ecumenical councils. And reformers John Calvin, Ignatius Loyola, and Martin Luther spoke in defense of the unborn, with the latter pleading, "How great, therefore, the wickedness of human nature is! How many girls there are who prevent conception and expel tender fetuses, although procreation is the work of God," and, "Those who pay no attention to pregnant women and do not spare the tender fetus become murderers."

5. What about those Christian men who condone abortion and Christian women who have induced abortions?

Answer: Where willful sin or a mistake in judgment has been made, the repentant Christian can continue to live and serve in full assurance of forgiveness. However, the availability of divine forgiveness suffers flagrant abuse whenever it is taken for granted and freely used as a basis for violating clear moral principles related to the sanctity of human life. However, flaunting God's will and abusing His grace are forgiven for those Christians who repent of such sins and accept the pardon offered from our loving Savior, Jesus Christ.



PART IV
When Does Human Life Begin? What Does Science Say?

1. What determines if an organism is living or not?

Answer: Any organism that exhibits the seven traits of life–metabolism, excitability, conductivity, contractility, growth, differentiation, and reproduction–is living.

2. What is the first sign of human life?

Answer: Dr. Bradley M. Patten, distinguished author of *Foundations of Embryology*, stated that every individual of the higher animals begins its life as a single cell, the fertilized ovum (egg), which is called a zygote. The zygote is formed by the fusion of one ovum from the female and one sperm from the male. Scientifically, this begins the life of a new individual. The 23 chromosomes from the father and the 23 chromosomes from the mother unite to form a unique human being. No more genetic input will ever be needed for the development of this new person's life! Embryology is the study of the growth and differentiation of an organism from conception to birth.

3. Does the growing embryo exhibit the seven signs of life?

Answer: Yes, the zygote and its following stages–morula, blastocyst, embryo, and fetus–all exhibit the seven signs of life. In addition, prominent neurobiologist Dr. Maureen Condic has observed that the zygote from its very initial stages of formation exhibits properties and functions defining it as an organism (being) rather than a component of a different organism (part of mother's body): coordinates distinct operations toward the good of the whole, develops toward a mature form, adapts to changing circumstances, and repairs damage. To deliberately interrupt this chain of living, growing stages at any time in the individual's life is to cause that individual's death.

4. Is it true that scientists disagree about when life begins?

Answer: Yes, but the disagreement was not based on scientific facts. When, in 1981, the Executive Board of the American College of

Obstetricians and Gynecologists (ACOG) issued a statement opposing restrictions on abortions, it argued that no one can tell when human life begins. It focused on the "cost-effectiveness" of abortion in dealing with the social, economical, and psychological problems in society. They reduced moral choices to economic choices. Since it is cheaper to procure an abortion than to love and rear a child, some in our society would rather kill their innocent, preborn babies than accept any economic responsibilities. Many members of ACOG protested this new attitude based on the fallacy that "no one knows when life begins." Dr. Richard Jaynes, for example, stated in *Obstetrics and Gynecological News*: "To say that the beginning of human life cannot be determined scientifically … is utterly ridiculous."

5. Has Congress investigated when human life begins?

Answer: Yes, in 1981 the U.S. Senate Judiciary Subcommittee held hearings on the issue of when human life begins. Pro-abortionists, though encouraged to do so, failed to produce even a single expert witness who would specifically testify that life begins at any other point than conception or implantation. The great majority of experts testified that life begins at conception. One witness testified that no one can say when human life begins but offered no scientific facts. The following are quotes from the overwhelming majority of scientific experts (Shettles and Rorvik, *Rites of Life*, Zondervan, p. 114):

> Dr. Watson Bowes, Jr., of the University of Colorado Medical School, stated that: "The beginning of a single human life is from a biological point of view a simple and straightforward matter—the beginning is conception. This straightforward biological fact should not be distorted to serve sociological, political, or economic goals."
>
> Dr. Michiline Matthews-Roth, Research Associate of Harvard University Medical School, asserted: "It is incorrect to say that biological data cannot be decisive … It is scientifically correct to say that an individual human life begins at conception … Our laws, one function of which is to help preserve the lives of our people, should be based on accurate scientific data."

Dr. McCarthy De Mere, a practicing physician and a Law Professor at the University of Tennessee, stated: "The exact moment of the beginning [of] personhood and of the human body is at the moment of conception."

6. Do some argue that life begins at implantation?

Answer: Implantation is the process of the fertilized ovum attaching itself to the lining of the uterus several days after conception. Some argue that without implantation, the new, living organism cannot be nourished and cannot survive. Implantation is an important embryological event, but it in no way defines life. It is a condition attained after a living organism is conceived and by which life is maintained once it has already started.

7. Do fetuses really function like adults?

Answer: The growth and development of a preborn baby, especially in the early months, is quite miraculous. Neonatal research has indicated that the heart begins beating as early as eighteen days after conception, and by forty days its energy output is about twenty percent of an adult's. At 43 days brain waves can be detected, and by eight weeks all the body organs are present and functioning. The rapidly developing preborn baby becomes extremely sensitive to sound, pressure, heat, light, and even pain.

8. Does science prove that life begins at conception–just as Scripture says?

Answer: Yes, both Scripture and science agree that the baby at conception is a human being with potential, not a potential human being. Birth is not the beginning of life. It is only a change of residence for an already-living child.

PART V
Simple Answers to Complex Questions

1. Are there any abortions that are God-pleasing and permissible?

Answer: Abortion is never pleasing to God. There are times, however, when an abortion is an unavoidable result of a medical procedure to save the life of the mother (see question 15, p. 34). These are very rare in the United States–almost non-existent. If the mother's life was really threatened, a conscientious physician would first try to save both mother and baby. In the rare case when a decision must be made to save one or the other, the woman and her husband should seek the advice of the attending physician and Lutheran pastor and hopefully arrive at the best God-pleasing decision.

2. Isn't abortion following a rape "the better of two evils"? Wouldn't God permit such an exception?

Answer: Every preborn baby is a child created by God, no matter what the circumstances of his or her conception. Most importantly, the preborn has a soul, is loved by God, and will live forever. Thus, the preborn child should be allowed to be born. It should be understood that pregnancy from rape is exceedingly rare. A study of 1,000 rape victims, who were medically observed right after the rape, reported no pregnancies (Kuthera, L. "Post Contraception with DES," *JAMA*, October 25, 1971). Consider also that it is twisted logic to kill an innocent, preborn baby for the sin of his or her father. We don't punish children for the crimes of their fathers. The rapist should be punished by the criminal justice system for the crime of rape. While recognizing the tremendous emotional turmoil for the mother associated with giving birth to a child conceived by rape, she should be encouraged, with the help of God, to love this child, as should all practicing Christians. Some women who have conceived as a result of sexual assault and then undergone abortion report that the procedure inflicted as much—or more—trauma than the crime and compounded their grief as well as hindering their recovery. And many other women who have conceived as a result of sexual assault and then carried their babies to term report that the pregnancy experience contributed to their healing, as it enabled them to take back the control that rape deprived them of and to exercise their unique ability to bring good out of something evil. The woman who has been grievously

wronged should not be encouraged to do violence to her child because what makes rape wrong also makes abortion wrong: the violation of an innocent person's body. Placing the child for adoption is always a loving option under such circumstances.

3. Isn't it okay to have an abortion in the case of incest?

Answer: Incest is intercourse by a father with his daughter or uncle with niece, etc. Fortunately, pregnancy is very rare. "In studies of incest victims, the vast majority choose to carry pregnancies to term. Those in the minority who have an abortion appear to do so only under pressure from their parents to conceal the incestuous relationship. For some incest victims, carrying their pregnancy to term is a way to break out of an incestuous relationship with their fathers, whom they may still love despite their confusion and resentment about the way they have been used as sexual objects … having the child not only exposes the incestuous relationship but also gives hope of beginning a truly loving relationship" (Bartlett, L., *From Heartache to Healing*, Concordia Publishing House, p. 50. Out of print.). As in the case of rape, the mother should be supported in her struggles by Christian friends and encouraged to do what is most loving for herself and the baby. Again, the choice of adoption is a loving option.

4. What about when the physician knows the baby will be born with a severe handicap? Isn't abortion in such a case the "compassionate" thing to do?

Answer: God permits conception to occur sometimes in the case of a child who will be born with a handicap (John 9:1-3). Because a handicap may serve as the stimulus which can bring out the love and devotion of a person's character, God does not give anyone the right to judge that this life should be terminated. God has created the child with a purpose and soul; neither his parents nor society has the right to end the child's life. The handicapped child should be loved just like all other children.

5. Is the fetus, at least in the early stages of pregnancy, part of the woman's body?

Answer: A woman's appendix, obviously an organ of her body, can be removed for necessary medical reasons. The cells of the appendix are somatic cells and carry the identical genetic code that is present in every other somatic

cell in the mother's body. They are, for this reason, undeniably part of her body. The zygote is the result of the union of two germ cells (sperm and ovum), and its various stages of development have a genetic code that is totally different from the somatic cells of the mother's body. The growing, preborn baby in her uterus is a completely separate human being and can never be considered anatomically or physiologically a part of the woman's body. Does a woman have a right to parts of her body? Yes, but the preborn baby in her uterus is not part of her body. It is another person's body. The baby can be a male or have a completely different blood type than the mother.

6. Should viability be the standard to determine if a fetus is a human or not?

Answer: This is the argument from secular humanism. The frightening aspect of using viability as a criterion for someone's right to life is quickly apparent when we consider that, by this standard, a newborn baby or child of any age with a handicap is also "nonviable." By the above standard, the senile elderly person rendered incompetent by a stroke, the completely psychotic person, or even the paraplegic war veteran is not "viable," since they are not capable of independent existence. Some of these people do not have mental "viability." To make a judgment on the preborn baby's right to live or not in our society by virtue of its mental or physical competence, rather than merely by the fact that biologically and theologically it is human and alive, is a cruel and capricious way for the state to decide who is worthy to live or not.

7. Is there a relationship between racism and abortion?

Answer: Yes.

Slavery	**Abortion**
Dred Scott 1857 7-2 Decision	*Roe v. Wade* 1973 7-2 Decision
Slave = Non Person	Preborn Baby = Non Person
Property of Owner Can Choose to Buy, Sell, or Kill	Property of Owner (Mother) Can Choose to Keep or Kill
Abolitionists Should Not Impose Morality on Slave Owner	Pro-Lifers Should Not Impose Morality on Mother
Slavery Is Legal	Abortion Is Legal

(Source: Wilkie, J.C., *Abortion: Questions and Answers*, Cincinnati, Ohio: Hayes Publishing Co., p. 18)

The two largest abortion providers in the world, Planned Parenthood and Marie Stopes, originated in the eugenics movement of the early twentieth century. Eugenics sought to eliminate certain populations of human beings in order to improve the genetic quality of humankind. And 80% of Planned Parenthood surgical facilities are located within walking distance of minority (black or Hispanic) neighborhoods.

8. What about the right of a woman to the privacy of her own body?

Answer: *Roe v. Wade* is based on the fallacious reasoning of right of privacy. This so-called right is not in the Constitution; it is read into it by secular humanistic reasoning. If you, as a citizen, stand outside a door and see and hear a mother battering her child, even to the point of killing him or her, what would you do? Would you respect the privacy of her home? A moral person would call the police or, if necessary, break down the door and rescue the child. A physician or anyone trained in first aid should cut away a person's clothing if that is necessary to save the life of the injured person. Respect for privacy must always yield to the right to life of our neighbor. No civilized government can permit the claim of

privacy to be used as reason for killing innocent preborn babies. We may insist on the freedom from unreasonable search and seizure (the Fourth Amendment of the Constitution), but we cannot in good conscience tolerate the killing of preborn babies under the pretense of respecting the mother's privacy.

9. Will aborting unwanted babies leave more wanted babies and, therefore, decrease child abuse?

Answer: Exactly the opposite has happened. In New York City, during the 1960s, the number of abused children averaged about 5,000 cases per year. Abortion was legalized there in 1970. By 1975, over 25,000 cases were reported.

Statistics from Ontario, Canada, show the same trend.

Year	Abortions	Child Abuse
1971	16,172	422
1975	25,921	769
1978	38,782	1762

(Source: Child Welfare Branch, Ministry of Human Resources, Ontario, Canada, 1980)

Statistics that are more recent indicate the trend continues.
From figures available from the National Center of Child Abuse and Neglect, the number of children harmed by abuse increased 149% between 1980 and 1993. Perhaps even more significant is that the number of ***seriously*** injured children increased 400% between 1986 and 1993.

Psychiatrist Dr. Philip Ney, in a widely read study on the connection between child abuse and abortion, says, "Elective abortion is an important cause of child abuse. Recent evidence indicates many women harbor strong guilt feelings long after their abortions. Guilt is one important cause of child battering and infanticide. Abortion lowers women's self-esteem, and there are studies reporting a major loss of self-esteem in battering parents."

10. Should Lutherans picket abortion clinics? What about doing violence to clinics or harming, even killing, abortionists?

Answer: As part of Jesus' mandate for Christians to be this world's "salt" and "light," Lutherans may participate in peaceful, prayerful, and legal demonstrations. Lutherans, however, must refrain from violence of any kind. The violence of abortion will not be overcome by further violence. Christians know that evil can be overcome only by good. The true battleground over abortion is not in Washington, D.C., or in front of abortion clinics but in every human heart. We urge all Lutherans to seek peaceful, legal change by appealing to the consciences of their family members, church members, friends, and government representatives.

11. What is the position of the American Medical Association?

Answer: The AMA position maintains that if killing a preborn baby is legal, then it is also ethical and permissible.

12. Does making something legal also make it morally right?

Answer: In Nazi Germany, a physician could perform genocide with legal sanction. In the United States, he would have been declared a murderer. Since 1973 in the United States, a physician can perform abortions with legal sanction. Now in Germany abortion is illegal, and it is possible for a physician who performs an abortion to be prosecuted. The humanist philosophy that reigns in the United States has changed our practice to one that approaches Nazi Germany's immorality.

13. Does the Hippocratic Oath state that a physician should never perform an abortion?

Answer: Yes, it states: "I will give no deadly medicine to anyone if asked nor suggest such counsel, and in a like manner, I will not give to a woman a pessary to produce an abortion." Some medical schools no longer recite the oath at graduation or remove the abortion part and replace it with "I will do nothing that is illegal."

14. Why does a physician perform an abortion?

Answer: Some abortionists believe they are helping women overcome a difficult situation. Others act because they think it's the best way to

keep people safe. Still others see themselves as advancing an important societal freedom or woman's right. Of course, such sentiments are misinformed and even often willfully ignorant. And undoubtedly there are those motivated primarily by money. If a federal law were passed tomorrow stating that no medical person could receive any money for participating in an abortion, the number of physicians performing abortion would decline drastically.

15. May a Lutheran physician or medical person perform an abortion?

Answer: Since an abortion ends a human life, abortion is not a moral option for a Lutheran physician or medical person. It is recognized that there are rare medical procedures that are necessary to save the life of a pregnant woman that will unavoidably result in the death of her unborn child. The removal of a fallopian tube in an ectopic pregnancy is one example. The intent of this procedure is not the death of the child, and it is not the death of the child that saves the mother's life. It is not an abortion that is being performed in these kinds of circumstances.

16. Should a Lutheran woman who becomes pregnant outside of marriage consider having an abortion?

Answer: She should immediately seek the counsel of a Lutheran pastor. She, along with the father, should read this Lutheran Catechism on Abortion and Life. They both should repent of their sinful actions and receive through faith the full forgiveness offered to them by the redemptive work of their Savior, Jesus Christ. A God-pleasing solution would be for them to marry, give birth to the baby, and as loving parents, bring the child up in the Christian faith. If marriage is not an option, the father and mother should carefully consider an adoption plan and place the child in the home of a Christian couple.

17. Is there hope for the Lutheran woman who has already made the choice of abortion?

Answer: Yes! The ministry of the Church involves far more than just being against sin or being "anti-abortion." The Church is "pro-life" in the fullest sense. God's love is not just for children but also for mothers and fathers. However, softening the seriousness of sin only devalues the magnitude of God's forgiveness, bought and paid for by the sacrificial

life and death of Jesus Christ. The Church can help a post-abortive woman lay her burden at the foot of the Cross. It is the sacrifice of Jesus, the only begotten Son of God, that brings forgiveness for every sin. Because of Christ's sacrifice, sin cannot defeat us. As the psalmist reminds us (32:5), **"Then I acknowledged my sin to You and did not cover up my iniquity. I said, 'I will confess my transgressions to the Lord,' and You forgave the guilt of my sin."**

Those struggling with an abortion decision are encouraged to contact Word of Hope, the post-abortion ministry of Lutherans For Life (888.217.8679; word-of-hope.org).

18. Isn't abortion permitted only during the first three months?

Answer: According to *Roe v. Wade*, abortions are permitted up to nine months. Abortion is available as an absolute right for the first three months. During the fourth to final months of pregnancy, the state may prescribe certain controls for the mother's health.

19. Isn't *Roe v. Wade* a benevolent law protecting the rights of women?

Answer: The Supreme Court's ruling in *Roe v. Wade* is unbalanced law. It gives one hundred percent of rights to the woman, fifty percent of rights to the states, zero percent of rights to the potential father, and zero percent of rights to the unborn baby. It is based on selfish humanistic values to destroy the results of an unplanned, unwanted pregnancy.

20. Can the Lutheran position on abortion be summarized?

Answer: When it comes to the issue of abortion, Lutherans should remember four Scriptural principles:

1. Human life at every stage of its development is valued by the Creator, Savior, and Comforter.
2. Human lives are entrusted by God to our care.
3. There are limits to human freedom.
4. Moved by our faith in the Creator, Savior, and Comforter, Lutherans must be a people glad to receive all children into our human family.

21. As we are motivated by God's love and empowered by the Holy Spirit, how can we support the biblical, Lutheran position on abortion and life?

Answer: You can join and participate in the programs of Lutherans For Life, a nationwide organization with State Federations, Life Chapters, Life Teams, and Life Ministry Coordinators, who seek to change hearts through prayers, education, and service. For further information contact Lutherans For Life.

Lutherans For Life

lutheransforlife.org • info@lutheransforlife.org

888.364.LIFE

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