

The Sanctity of Human Life: Harvesting Human Fetal Parts

written by Dr. Ray Bohlin

The grisly effects of over twenty years of an abortion industry in this country are becoming easier to document all the time. In Pennsylvania, the “anatomy specialist” for The International Institute for the Advancement of Medicine has a task that would cause many of us to become physically ill. He travels to local abortion clinics seeking abortion remains. He searches for fetal parts and tissues that may be of use to medical doctors and researchers. The Institute is one of a half-dozen fetal tissue providers in the country. They will charge handling fees of \$50 to \$150. These companies distribute over 15,000 specimens to doctors and researchers annually. Some large medical centers at universities regularly supply fetal parts to their own doctors and researchers (*The Human Body Shop*, by Andrew Kimbrell, HarperCollins, 1993, pp. 45-66).

The growth and future prospects of the fetal tissue market are actually quite good. Despite controversy over their effectiveness, the use of fetal organs for transplants is expected to grow. Prime targets for recipients are the 1 million Parkinson’s disease victims, 3 million Alzheimer’s patients, 6 million diabetics, and 25,000 with Huntington’s disease.

The growth of this industry is assured for three reasons. First, fetal tissue comes from sources the Supreme Court in *Roe vs. Wade* does not consider persons. This gives developing babies virtually no legal status, and there is no recognized need for regulation of “non-descript tissue.” Second, fetal tissue exhibits tremendous developmental potential. The use of fetal tissue in transplants is desirable since these tissues are expected to grow and hopefully replace adult tissue that has ceased to function or functions improperly. In the case of Parkinson’s disease, fetal brain tissue is transplanted into the brains of Parkinson’s victims in the hope

that the fetal tissue will perform normally and lessen or eliminate the effects of the disease. Third, fetal tissue is available in an abundant and continuous supply. With over 1.5 million elective abortions performed in this country every year, the supply of fetal tissue is bountiful.

These prospects are complicated further by the fact that the best tissue for research and transplants is tissue obtained from fetuses that were still alive when the tissue was obtained. There is no way to offer protection under current law. France, the United Kingdom, Australia, Canada, and Sweden all have guidelines but no laws. The U.S. had the Reagan moratorium on fetal tissue research involving federal funds. But this moratorium has been misunderstood. All it did was ban the use of federal funds for this research, not ban the research altogether. This ambiguous situation provides new pressures on pregnant women seeking abortion. Some are asked to allow their abortion to be performed by certain procedures to allow for the live acquisition of fetal parts. So not only is she asked to end the life that thrives within her, but she is sometimes asked to sign a permission waiver to allow for a particular procedure. The lack of legal status will lead to a commercial industry. President Clinton virtually assured this prospect when he lifted the ban on using government monies for research using fetal tissue from elective abortions.

This is no time to lose heart or grow faint in the pro-life movement. The fetal tissue industry will exert new monetary pressures to continue abortion on demand. This raises an additional rationalization that abortion is for the common good. "Just look what can be done for those suffering from these diseases" they will say. We must stiffen our resolve and understand what is happening in our culture.

The Sanctity of Human Life and the Bible

As the pro-life movement encounters increasing pressures from inside and outside, it becomes more important than ever to have our thinking grounded in

Scripture. We must not only know what we believe, but also why. Some of these passages are ones you are familiar with to some degree, but some of them may be new. In either event, they are important to have for quick reference.

Psalm 139:13-16 says, “For Thou didst form my inward parts; Thou didst weave me in my mother’s womb. I will give thanks to Thee, for I am fearfully and wonderfully made; wonderful are Thy works, and my soul knows it very well.... Thine eyes have seen my unformed substance; and in Thy book they were all written, the days that were ordained for me, when as yet there was not one of them.” David clearly implies that God is intimately involved in the process of embryological development inside the womb. David also indicates that the days of every developing human have been numbered from before birth.

Psalm 51:5 says, “Behold I was brought forth in iniquity, and in sin my mother conceived me.” David is not suggesting that he was born as the result of a sinful relationship. What he is saying is that from the time he left his mother’s womb, even from the moment he was conceived, he was a sinner. David, therefore, was not some amorphous blob of tissue at conception, but a spiritual being with a sin nature. Some may object that I am using a modern day definition of conception and applying it to a 3,500-year-old text. However, conception was recognized as the beginning of life. They understood that the seed of the man needed to be combined with the seed of the woman and out of that union, a new life was brought forth. While our technical knowledge may be more precise, the idea is still the same.

Several individuals in Scripture tell us that they were called to their respective ministries before birth or while still in the womb. The Lord tells Jeremiah in Jeremiah 1:5, “Before I formed you in the womb I knew you, and before you were born I consecrated you; I have appointed you a prophet to the nations.” Isaiah says in Isaiah 49:1, “The LORD called me from the womb; From the body of my mother He named me.” Paul says in Galatians 1:15, “But when He who had set me apart, even from my mother’s womb, and called me through His grace, was

pleased to reveal His son in me.” Our days were not only numbered, but our ministries already planned from the time before we entered our mother’s womb. Each and every life is indeed valuable in God’s eyes.

Even more instructive is the miracle of the Incarnation. In Matthew 1: 18-20, we are told that Mary was with child by the Holy Spirit. Jesus entered the world at the point of conception.

We celebrate the incarnation at Christmas, Jesus’ birth, but the actual event took place at conception. This reality is brought home to us when Mary visits her cousin Elizabeth a short time later. John the Baptist, at six months gestation in Elizabeth’s womb leaps for joy inside her as he comes into the presence of the Messiah in Mary’s womb. At that point Jesus was not just a blob of cells or mere tissue. He was the Messiah, the Son of the Most Holy God. It is also important to note that John the Baptist was filled with the Holy Spirit and leaped for joy in the womb. Only beings made in God’s image can be filled with the Holy Spirit and that is what John was.

The Other Side of Life

Euthanasia has taken root in the culture and in our nation. Doctor-assisted suicide propositions failed in Washington State and California before passing in Oregon this last election. Dr. C. Everett Koop fears that for every Baby Doe that is allowed to die in a hospital due to physical or mental handicaps, there will be 10,000 Grandma Does. There is no question that we are faced with many difficult decisions concerning the end of life today because of the immense technological ability to sustain life indefinitely. While we hold that every life is sacred in the eyes of God, does there come a time when the merciful and right thing to do is to end a life?

The Bible actually has something to say to us in this matter. Apart from the commandment against murder there is additional information concerning the

sanctity of life in 1 and 2 Samuel. For example, 1 Samuel 31 tells of the death of Saul's sons, including Jonathan, in battle with the Philistines. When Saul witnesses these events and sees that defeat is unavoidable, he asks his armor bearer to kill him because he cannot stand the thought of capture by the Philistines. The armor bearer refuses out of fear, so Saul falls on his own sword to kill himself.

We learn, however, from an Amalekite who brings news about Saul to David in 2 Samuel 1, that like many other events during his reign, Saul did not get his own suicide quite right. We learn that this Amalekite had come upon Saul, whose life still lingered in him, at which point Saul requested that the Amalekite finish the job, which he did. Upon news of the King's death, David and his followers tear their clothes and mourn the death of the King of Israel. David next asks the Amalekite why he did not fear to slay God's anointed leader (Saul). Without waiting for a reply, David has the man struck down. It could be argued that David's drastic response could be because it was the King. But just as clearly, this man took Saul's life, and capital punishment was administered. God is a God of life and not death.

The New Testament constantly presents death as the enemy. Jesus wept at the tomb of Lazarus not just because of the loss of a friend, but also because of the spoiling effects of death on His creation. Jesus continually healed the sick, even those who were close to death, not just to relieve suffering but because death was the enemy. Jesus' message was clear: we are to seek to preserve life not find ways to terminate it.

But many in our society face difficult decisions concerning life and death. When are extra-ordinary measures justified and when should nature be allowed to take its course? Some would even say that the merciful thing to do is to take active measures to end a life that is wracked with incurable suffering. Christian Medical ethicist, John F. Kilner, presents a threefold imperative for making decisions in this area. Our decisions should be **God-centered**, **Reality-bounded**, and **Love-**

impelled. *God-centered* in that we have studied what Scripture has to say about life and death. We have gained an understanding of God's perspective. *Reality-bounded* in that we have educated ourselves concerning the relevant medical technologies and capabilities as well as the status of the patient. *Love-impelled* in that we consider others as more important than ourselves and that we are seeking the comfort and treatment of the one who is ill and not what will be easier for us to handle. All too often today, society offers a caricature of godly love and offers it up as the only criterion to be considered.

Decisions of Life and Death in the Real World

When asked about issues of death and dying, a book I always recommend is by Joni Eareckson Tada, *When Is It Right to Die?* Joni brings a unique blend of biblical interpretation, personal experience, and knowledge of modern medicine to the issues of suffering, mercy, suicide, and euthanasia. One of the more important points in the book is that there is a real difference between allowing nature to take its course in a person who is clearly dying and taking specific measures to end someone's life. Joni quotes former U.S. Surgeon General and co-author of the book, *Whatever Happened to the Human Race?*, C. Everett Koop:

If someone is dying and there is no doubt about that, and you believe as I do that there is a difference between giving a person all the life to which he is entitled as opposed to prolonging the act of dying, then you might come to a time when you say this person can take certain amounts of fluid by mouth and we're not going to continue this intravenous solution because he is on the way out.

This is what death with dignity is supposed to be all about. There does come a time when a patient is dying and there is nothing to be done to heal or cure him. The next question then is how long and with what measures do you prolong the act of dying. As a person dies, various bodily functions begin to shut down. Some

will completely lose the ability to eliminate fluids from the body. In these cases, if intravenous fluids are continued, the body will bloat and become extremely uncomfortable. Medical care becomes torture. Better to remove the intravenous solution, provide limited fluid by mouth, and allow the dying process to continue while making the patient as comfortable as possible.

Withholding fluids in this case is totally different than withholding fluids from a newborn Down's Syndrome child because the parents don't want the child. The latter is murder. What is important here is to realize that every case is different. There is no set of rules that will be able to govern every possible situation. That is why any law attempting to legalize doctor- assisted suicide is dangerous. It is simply impossible to cover all the bases. The law will be abused.

We have the clear testimony of the Netherlands to back that up. A 1991 article in the *Journal of the American Medical Association*, stated that rules were established governing euthanasia in the Netherlands by the courts in 1973. However, the article stated that only 41% of the doctors obey the rules, 27% admit to having performed involuntary euthanasia (without consent of the patient), and 59% are willing to do so under various circumstances. In 1990, 5,941 deaths were the result of involuntary euthanasia.

But why is euthanasia gaining so much popular support? The reason is fear. People fear the power of modern medicine. They are worried that modern technology is out of control and that they may be left on life-support indefinitely and unnecessarily. People also fear the loneliness and pain of death. Today there is no reason to fear the pain. Surprisingly, the U.S. is a bit behind the rest of Western medicine in the treatment of pain in that there are many options available to treat pain and nearly eliminate it entirely for a dying patient. The loneliness is best dealt with in a hospice. A hospice is designed to take care of the emotional, mental, spiritual needs as well as the physical aspects of the terminally ill. In a hospital, a dying patient is often seen as a failure. A hospice can effectively provide care that is God- centered, reality-bounded, and love-impelled.

A Call to Action and A Warning

In this discussion I have tried to lay out some of the clear biblical and medical issues that face us today in the pro-life movement. Often we can become confused as to what we can do that is effective in turning the culture around. Certainly using the ballot box effectively is important. Making use of our representative form of government by writing letters and calling the appropriate legislators to let them know our position on a particular issue is another. But I would like to conclude with a specific encouragement and a warning.

My encouragement is to become involved in whatever way possible with a crisis pregnancy center in your area. If there isn't one, get a group together to find out how to start one. The Christian Action Council out of Washington, D.C., has set up hundreds of them around the country. Assisting women in a crisis pregnancy has a clear biblical parallel with how God treated Hagar when she left Abraham's household.

You will remember that when Sarah became frustrated with her inability to provide Abraham with a son to fulfill God's promise, she brought her servant, Hagar, to Abraham as a substitute. Abraham consented, of course, and soon found himself in trouble. When Hagar conceived there was immediate tension. Hagar was jealous because although she performed the duties of a wife for Abraham, she had gained none of the privileges. Sarah on the other hand was resentful because Hagar was successful where she had failed. Sarah complained to Abraham about Hagar's outward hostility and half- rightly blamed him for Hagar's mistreatment of her. Abraham gave Sarah permission to mistreat Hagar, and Hagar ultimately fled into the desert. This was indeed a crisis pregnancy. Hagar's child in her womb was the result of an adulterous relationship: she had been abused and mistreated, and she was now homeless and destitute.

But God met her in her time of need. He provided for her materially by telling her to return to Abraham and Sarah. He comforted her emotionally by assuring her

that her child was important to Him by indicating that it was a son and He already had a name picked out for Him: Ishmael, meaning “God hears.” God also promised that her son would be the father of many nations. Hagar chose life for herself and for her son. Today, women will choose the same path if provided with the truth surrounded by love and compassion.

My warning is to say simply that violence is never justified in our fight to save lives. First, we are commanded to submit and obey governmental authorities (Titus 3:1 and Rom. 13:1). Remember that Moses was banished for 40 years for taking matters into his own hands in Egypt when he killed an Egyptian soldier who was mistreating an Israelite worker (Exod. 2:11). Moses had one solution in mind, but God had another. Israel had every right by today’s standards to rise up in armed rebellion. God, however, had another plan. Civil disobedience is certainly allowed when God’s laws are violated, but violent protest is nowhere recorded in Scripture (Exod. 1,12; Daniel 3; 1 Kings 18; Acts 4-5; Rev. 13). Daniel disobeyed the law of the land but submitted to the lion’s den as did the martyrs of the early church when faced with terribly brutal and unjust persecution. Jesus rebuked Peter’s use of the sword at His arrest (Matt. 26:52). Jesus submitted to Pilate’s authority. He said, “You would have no power over me if it were not given to you from above” (John 19:10-11).

Whether dealing with abortion, helping women victimized by the allure and power of a legal abortion industry, or comforting people afraid of pain, suffering, and death, our response should be God-centered, rooted in the sanctity of human life; reality-bounded, knowledgeable about the situation, and love-impelled, guided by the desire to extend the love of Christ to all.