Lesson Plan & Study Guide

Ethical Issues:
Bioethics

Working with Jesus

iFOLLOW

The iFollow Discipleship Series

Seventh-day Adventist Church

Vervent

Center for Creative Ministry

Version 1.0 - 11/17/10

About the iFollow Discipleship Series
Pastor's Edition

Categories

The iFollow Discipleship Series is designed to be used in congregations to assist people in their pursuit of God. This assumes that individuals are in unique places in their journey and there is no perfect set of lessons that everyone must complete to become a disciple—in fact discipleship is an eternal journey. Therefore the iFollow curriculum is a menu of milestones that an individual, small group, or even an entire church can choose from. The lessons can be placed in three general categories: **Meeting with Jesus** (does not assume a commitment to Jesus Christ); **Walking with Jesus** (assumes an acceptance of Jesus Christ); and **Working with Jesus** (assumes a desire to serve Jesus Christ).

Components

Each lesson has a presenter's manuscript which can be read word for word, but will be stronger if the presenter puts it in his/her own words and uses personal illustrations. The graphic slides can be played directly from the Pastor's DVD or customized and played from a computer. There are also several group activities and discussion questions to choose from as well as printable student handouts.

Usage

The lessons are designed to be used in small groups, pastor's Bible classes, prayer meetings, seminars, retreats, training sessions, discussion groups, and some lessons may be appropriate sermon outlines.

Credits

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www.ifollowdiscipleship.org

Ethical Issues: Bioethics

This presentation is designed for people who desire to serve Jesus Christ and help lead others to Him.

Learning Objectives

1. Understand the value of human life as taught in Scripture
2. Grapple with bioethical issues such as abortion and end of life
3. Search for God's principles in an imperfect world
4. Examine death as a part of life

Content Outline

1. In the beginning
2. Birth control
3 Abortion
4. Difficult choices
5. Issues at the end of life
6. A time to be born and a time to die

Background Material for the Presenter

In the beginning of each human being born since Adam and Eve, there was an egg and a sperm. They came together in a perfectly planned way so that the parents' DNA would combine and produce a perfectly unique individual. Cells began to divide at an explosive rate as primitive systems began to form. Soon the heart was beating and blood was coursing through tiny vessels. DNA was in place to map everything this person would become. Whatever a person is was already laid out in their genes from the moment they were conceived.

By the fourth month, when it becomes definitely visible that a woman is pregnant, the baby is about four and a half inches long from head to rump. It has

reflexes, functioning bodily organs, facial expressions and the little heart is pumping twenty-five quarts of blood per day. It can open and close its fingers. It can curl its toes, clench its eyelids, and suck its thumb and even pee! The new child is already an active little life inside the mother's womb, kicking its legs and punching with its little arms. The mother, if she lies very still on her back, can feel the baby's gymnastics as faint flutters.

About three weeks later, the child's ears develop to the point that it can listen to the mother's voice, sounding the way voices do in a public pool when one is under water. The baby hears mother chat and sing. It memorizes her voice and becomes emotionally attached.

A few weeks after that, the child can listen to its father's voice also. At some point it becomes aware that there is another person on the outside with a connection to itself. It can feel father's hand when he touches the mother's stomach, and it can kick in response. The father's touch is different and evidently the baby can distinguish it from the mother's.

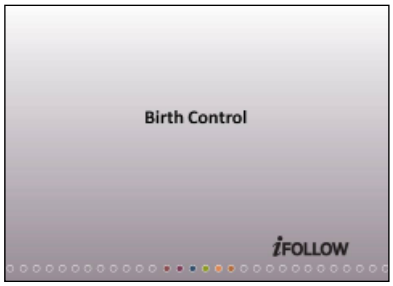
As the baby grows, its organs develop to more sophisticated levels, getting ready for the day when it must survive in the outside world. The baby's hearing improves. Its eyes open so that it can distinguish the light that filters into the mother's womb. The baby sucks its fingers, stretches its arms and legs, and listens to voices. There is much that babies sense and learn about the people who will care for them after their birth that we do not understand, but it is clearly evident that these prenatal influences are vitally important in the psychology of each person.

The baby's hair, eyelashes and eyebrows grow. It begins to plump up, the skinny, wrinkly appearance fattening into the look of a pudgy baby. Toward the end of pregnancy, the baby is quite cramped in the womb, hardly able to kick or stretch anymore. Every time it tries, the mother feels it and rubs her tummy which serves to pat the baby back into place. The child can feel her touch more easily. It listens more intently to the voices.

Then one day, the baby feels a strange pressure. It tries to push against it, but the only home it has known suddenly gets very hard. Over several hours, the compressions get harder and stronger and longer. The baby feels itself being pushed downwards, against an opening. The squeezing is painful; something the baby has never felt before, and as it is pushed down a tight passageway, it can hear quite a commotion going on outside. Suddenly, the newborn sees bright light, feels a strange hand clasp its head, and hears a scream from its mother as it emerges into the cold, strange emptiness. Hands grab the child, rub it, poke it and it takes its first breath. The shock is extraordinary, and it lets out its first cry.

Then the newborn feels the warmth of a blanket being wrapped around it, and soon it feels something strange and familiar all at once; its mother's arms. It hears her voice, talking softly. It feels her lips against its skin and it feels safe. It hears father's voice close by and soon it knows that although this world is strange, cold, new and frightening, it will be safe. That is how we all arrive in this world.

Birth Control



Not everyone is ready for a baby. Not every baby is planned for. Not every baby is wanted. Perhaps the mother is young and not ready for the responsibility of parenthood. Perhaps the couple needs to improve their financial position before starting a family. Regardless of the reasons, many people rely on birth control to stop pregnancy from occurring.

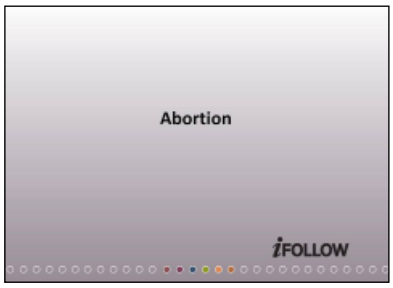
Is this OK with God? Is there anything wrong with stopping a pregnancy from occurring? When Adam and Eve were created, God commanded them to "be fruitful and increase in number; fill the earth and subdue it." (Genesis 1:28) It could be argued that the earth has been filled and humanity has obeyed that command already. Also, Jesus commented on the importance of careful planning: "Suppose one of you wants to build a tower. Will he not first sit down and estimate the cost to see if he has enough money to complete it?" (Luke 14:28) Planning the size of your family to what you can responsibly afford can be related to this teaching by Christ. Birth control is a personal question. The Seventh-day Adventist Church teaches that family planning is responsible stewardship. A new life should not be brought into this world if there will not be sufficient resources to assure the necessities of life.

Even those Christians who believe that a soul (person) exists at the moment of conception are willing to use some forms of birth control. If conception did not occur, then life has not been snuffed out. The idea that a soul exists at the moment of conception is at odds with what the Bible teaches about the nature of humanity as understood by Adventists. So for the Adventist Church there is less concern about methods of birth control than for some other denominations that have a different idea about the "soul."

The first, most obvious, method of birth control is the barrier method. Condoms, cervical caps, diaphragms and sponges are all examples of this method. When one uses the barrier method, the sperm and egg do not come in contact with each other. The spark of life has not begun. Some people consider the potential of a pregnancy if the method were not used; however, one could also refrain from having intercourse with their spouse to the same effect. You must decide, personally, where you stand on this issue.

An intrauterine device (IUD) is a small coil or wire that is inserted into the uterus and left there for the entire time that pregnancy is not desired. The IUD can either be copper-based, or it can be hormonally-based and release progestogen. Either way, the device in the uterus stops the fertilized egg from implanting on the uterine wall, making it unable to grow and develop. The moral issue arises with this question, where did life begin? Those denominations that teach that that life begins when the sperm and egg come together may also teach that because an IUD stops that life from progressing, it, in essence, kills it. The Adventist teaching on the matter is that "since the majority of fertilized ova naturally fail to implant or are lost after implantation, even when birth control methods are not being used, hormonal methods of birth control and IUDs, which represent a similar process, may be viewed as morally acceptable." (See Handout 1.) There is no way to know if a particular fertilized ovum would have implanted and produced a child. Birth control is a personal matter. Decisions about it should be made with the help of a physician.

Abortion



Abortion has been used as birth control. This is where an established pregnancy is terminated and the baby is removed from the mother's body, either by surgery or through induced labor before the new life is viable. If this is done too late, it takes the baby several hours to die as it struggles for life but is refused medical care. According to Wikipedia, the approximate number of induced (not spontaneous) abortions around the world was 42 million in 2003. In that year, 88 percent of abortions were conducted before 12 weeks of pregnancy. Ten percent were conducted between 13 and 20 weeks. The remaining few were conducted after 21 weeks. See Handout 3 to see what is happening developmentally during these stages.

At the earliest stages of conception, there is no evidence that a human being exists, though DNA is already in place. There are simply lumps of cells multiplying and dividing, unless one believes (as other denominations do) that the "soul" has a non-physical existence and is placed by God at the very moment of conception. New medical evidence shows that this time before a human being is present is much shorter than once believed. Parents can watch their baby move on an ultrasound as early as eight weeks. By week ten, the baby has tiny feet.

Many women who opt to abort also report emotional repercussions. Post Abortion Syndrome is a term used to describe the emotional response many women experience following an abortion. Overwhelming guilt is one reaction to an abortion. "One study found that fully 70 percent of aborting women expressed general disapproval

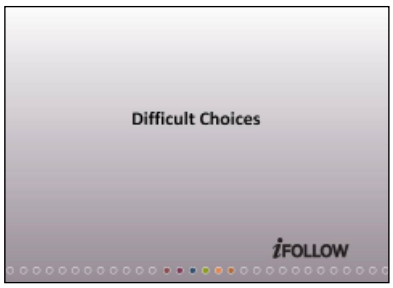
of abortion, yet tended to rationalize themselves as 'exceptions' to the rules." (lead-eru.com)

Some women become obsessed with the "would be" birthday of the aborted baby, and track how old their child would have been, and what they would have been doing. Women often feel anxiety and depression, at least for a period of time. Some will avoid baby showers or the baby aisle at the grocery store. "Those who report a sense of loss describe a number of related reactions such as the inability to look at other babies, or pregnant mothers, or a jealousy of mothers. Many consciously seek a replacement pregnancy." (*Ibid*.)

One of many reasons women choose to abort is to save a relationship, however this is seldom successful. "Feelings of rejection, low self-esteem, guilt and depression are all ingredients for suicide. According to one study, women who have had abortions are nine times more likely to attempt suicide than women in the general population." (*Ibid*.) Other studies have different findings.

Every baby is a gift from God, even when that child is the result of mistakes. "And we know that in all things God works for the good of those who love him, who have been called according to his purpose." (Rom. 8:28) The baby is the good that comes out of situations that seem so out of control. If the mother cannot reasonably care for the child, there are many couples who desperately want a child and have the resources to raise it. God hears the prayers of these couples every day and your accident may be His answer to their prayers.

Difficult Choices



Nothing in life is completely black or white. Life is filled with situations that complicate even the best ideals. Life is sacred, a gift given by God. Yet, life is also subject to the effects of evil in this world.

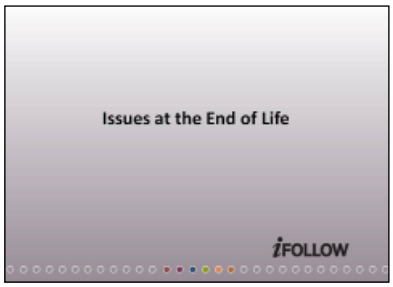
There are situations where a mother's life is in danger. Doctors will always try to save both lives, but what if the mother will lose her life if she continues to carry the pregnancy? Then, there is a situation where if the mother dies, so will the baby. But if the baby loses its life, then the mother will survive. It's a horrible situation that every mother dreads! And suddenly, the question doesn't seem quite so black and white anymore. Even if the baby is wanted, is it responsible for the mother to sacrifice her own life to die with her unborn child? Or should she allow a doctor to do all he can to save her life, even if that means that her child will not survive?

These are questions that the church cannot answer for you. Only a woman in that situation may make that decision. It is her life. She has a family who need her, and it is to be hoped that they will lovingly help her with her decision and support the one she makes. There may be a husband and other children who need her. Even if there were not, is not the woman's life worth the struggle to save? Who, when faced with death, goes peacefully into it?

There is a medical condition that occurs in pregnant women called Pre-eclampsia. This is a condition where the mother's blood pressure rises to dangerous levels. The risk is that blood clots will form and be dislodged to float freely in the blood. If a blood clot makes its way to the heart or the brain, it can be fatal. Other concerns are seizures and damage to the kidneys and liver. All that can be done to keep the baby inside the mother as long as possible is done, but eventually, the blood pressure spikes up to such a dangerous level, that the only option is to deliver the baby. If the baby is far enough along, it can survive with medical intervention and hospitalization. However, if the baby is not far enough developed, the delivery could be fatal for the infant. No matter what the doctors do, the little one just can't make it. If the problem arises early enough, the only answer is an abortion. Sometimes, a decision must be made to save the mother, and the baby passes away.

Life is sacred, the mother's life as well as the baby's! These decisions must be made by the mother and the family. It is important, even if the baby cannot survive, that it is treated with respect and dignity. That baby is still a creation of God, and even though his life was short, he was one of God's children. Life is not an easy experience for any of us. Respect for life is respect for the God who created it.

Issues at the End of Life



Unless Jesus returns in our lifetime, we all must die at some point. We are mortal. Our own mortality is possibly the hardest idea to make our peace with. The only thing harder is making our peace with the mortality of the ones we love.

God created us to live forever, and there is something inside of us that expects to do just that. The idea of dying is horrific. The idea of being without the ones we love so much is heartbreaking. Dying is never in the plans.

Perhaps even harder than an immediate, shocking death, is a lengthy dying process. The survivors must deal with the fact that their loved one is no longer with them.

They must grieve. They must pull together and face the tragedy. However, when someone has a terminal illness or lingers in a coma, the process of dying is much longer and more difficult. The loved ones don't only have to deal with death, but they have to wait for it.

Of course, we serve a God of miracles who can heal our loved ones! We must not forget that there is always hope for recovery, no matter how dismal the situation might appear. However, death is a reality until Christ brings the New Earth. We all must face death at some point, and it is difficult, no matter what the time. Whether we must face the tragic death of a child or young adult, or whether we are watching the slow deterioration of an elderly grandparent, death is never welcome and grief is inevitable. (Handout 4 describes the grieving process and gives some ideas for dealing with grief.)

There are even more complicated situations when a loved one is dying and there is nothing that can be done to save them, but the process of dying is horribly painful for them. Examples of this are cancer or AIDS. Dying of these diseases is painful and lingering. To watch a loved one wasting away in agony when there is nothing that can heal them is heartrending. What do you do if your loved one asks you to give them relief? What do you do if your loved one asks you to help them die?

This is commonly called Euthanasia or "mercy killing." When a person longs to rest but their bodies have not given up, someone might help them to end their suffering. Is this wrong? We can understand the emotional desire to end the pain, but is there a better way? Is it wrong to end the life that God created? Currently, there are only a few places in the world that allow assisted suicide, but others will follow. In many places it is illegal. (Marker)

Let us consider a spiritual situation. What if the person who is still lingering is lingering for a reason? What if God is still speaking to their heart, making them right with Him before He gives them rest? We do not know what happens in someone else's heart or relationship with God. Even if they say they are ready to die, only God knows if they truly are. If you were to intervene, give them a fatal dose of morphine or some other drug to help them to die, would you be interfering with God's will?

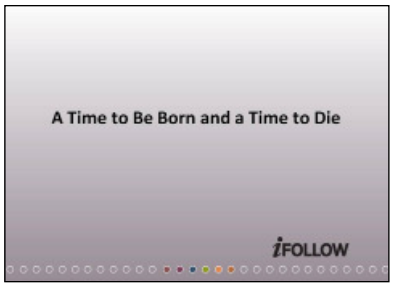
A legal and moral issue that arises is whether or not the person suffering truly wanted to die. Were they simply tired, sick and depressed? Did they change their mind? Did they ever want to die, or was the person "helping" them along for selfish reasons? Love of money, as we know, is the root of all evil. Perhaps a relative wanted an inheritance early. Perhaps the medical team thought that the person would die anyway, was depressed, and was a drain on their resources. Were they manipulated in their decision? "Euthanasia and assisted suicide are not private acts. Rather, they involve one person facilitating the death of another. This is a matter of very public concern

since it can lead to tremendous abuse, exploitation and erosion of care for the most vulnerable people among us." (*Ibid*.)

Once again, we return to respect for the life that God created. Each one of us was created for a purpose—our entire lives being a part of that purpose, from conception to death. "All the days ordained for me were written in your book before one of them came to be." (Psalm 139:16) The day of our death is included in that, although it is wrong to ascribe suffering to God's will. Suffering and death are caused by evil. God promises to do away with both forever. (Rev. 21)

God takes killing seriously. "The Lord said, 'What have you done? Listen! Your brother's blood cries out to me from the ground.'" (Gen. 4:10) Life span is not supposed to be in our control. We must put our faith in God and allow Him to be God. God is with us during every step of our lives, including the painful steps. "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me." (Psalm 23:4) Death is frightening, but God will never leave us alone through the experience. We also have hope that death is not the end.

A Time to Be Born and a Time to Die

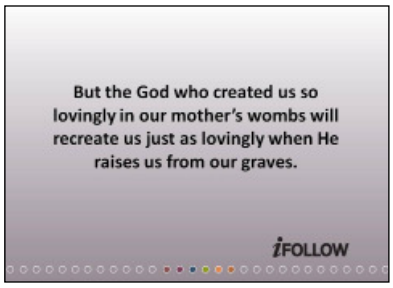


As Christians, we do have the promise of eternal life. This life is not the end. There is not darkness and oblivion stretching out in front of us, but a perfect life with God and our loved ones for all eternity. When we pass away, it will seem like a fraction of a second before we open our eyes to the trumpet sounding as we rise up into the sky. Considering this, the dying experience does not have to be the same terrifying event for believers as it is for non-believers.

Medical knowledge and ability has come a long way in the last fifty years. Diseases like diabetes and heart problems are no longer the death sentence they used to be. Childbirth is no longer the number one killer of women. Our average life spans have lengthened considerably because of modern medical intervention. However, the question arises: are we obliged to accept all medical intervention that is available? When the medical intervention is of a basic sort that will lengthen your life and allow you go continue living a full life with your family, yes, treatment is a good thing. Only a severely depressed individual would choose to die of something so basic as an infection or untreated diabetes, if he or she has access to treatment. However, what if the person is dying of a terminal disease? What if they have been battling cancer for years and they are on their last stretch? What if they are in pain, tired and unwilling to take another round of chemotherapy? What if they simply want to enjoy the

last little bit of time they have left with their minds alert instead of fogged by a drug therapy will only lengthen the dying experience instead of lengthening the life? This is a very personal question, again, that the church cannot answer for you.

However, ending a life is a very different thing from allowing a life to end. How much medical intervention is wanted is a question that should be settled by responsible believers before they and their loved ones are faced with a difficult situation. A "living will" or medical directives should be taken care of while one is in good health. Because we believe in Jesus' second coming, where the dead will be raised and we will all go to Heaven, death does not have to be the bitter end that the world sees. Death is a sleep, a rest, until Jesus comes to wake us up again to a perfect, beautiful life free of pain and sin. While medicine should be used to ease the pain and suffering of the individual, it is not necessary to be used to lengthen the process of dying if the person does not want to. As the Adventist official statement says, "Christians need not cling anxiously to the last vestiges of life on this earth." (See Handout 2.) We can slip into a peaceful rest, confident that out next waking moment will be a joyful reunion with our family and friends as we go to meet Jesus in the air.



Life is precious, short and fragile. God created us to live forever, so that dying is a horrible, unnatural thought for us to consider. But the God who created us so lovingly in our mother's wombs will recreate us just as lovingly when He raises us from our graves. Just because we die, we are not forgotten by God. Our lives are still precious to Him, and they will continue in an earth made new, safe from pain and sin.

Handouts in this Package

1. Principles for a Christian View of Human Life
2. Adventist Church Position on Birth Control
3. The Development of a Baby
4. Adventist Church Guidelines on Abortion
5. Adventist Church Position on Care for the Dying
6. The Grieving Process

Additional Resources

Hays, Richard B. (1996). *The Moral Vision of the New Testament: A Contemporary Introduction to New Testament Ethics.* New York, NY: Harper San Francisco.

Kubo, S. (1980). *Theology and Ethics of Sex.* Nashville: Review and Herald Publishing Association.

Londis, James (1980). *Abortion: Mercy or Murder?* Nashville: Southern Publishing Association.

Pearson, Michael (1990). *Millennial Dreams and Moral Dilemmas.* Cambridge University Press. (A comprehensive volume on ethics by an Adventist theologian who teaches ethics at Newbold College in the United Kingdom.)

Pelt, John (1973). *The Soul, the Pill and the Fetus.* Philadelphia: Dorrance and Co. (Written by a Seventh-day Adventist minister.)

Stassen, Glen H., and David P. Gushee (2003). *Kingdom Ethics: Following Jesus in Contemporary Context.* Downers Grove, IL: InterVarsity Press.

Wittschiebe, C. E. (1974). *God Invented Sex.* Nashville: Southern Publishing Association.

Woolsey, R. H. (1974). *Christian Sex and Family Planning.* Takoma Park, MD: Review and Herald Publishing Association.

Article

Gushee, David (2001). "The Consistent Ethic of Life." *Journal of Christian Ethics* 32:7 (February 2001). Available online at: www.christianethicstoday.com/Issue/032/The%20 Consistent %20Ethic%20of%20Life%20By%20David%20Gushee_032_3_.htm

Leader U (2002). "Physical and Psychological Complications of Abortion." Published online at: www.leaderu.com/orgs/tul/pap1.html

Marker, Rita L. and Hamlon, Kathi (2010). "Euthanasia and Assisted Suicide: Frequently Asked Questions." Steubenville, OH: International Task Force on Euthanasia and Assisted Suicide. Published online at: www.internationaltaskforce.org/faq.htm

Discussion Questions

1. When do you believe that life begins? Why?
2. Consider Psalm 139:13. How important is the unborn child to God?
3. What should the balance be between faith and medical intervention?
4. Do we have the right to choose the time of our death? Why or why not?
5. How does a belief in Heaven alter your view of death and dying?
6. Do you think that committing suicide during a terminal illness would affect your salvation?
7. Since God created you, what do you think He wants you to do in your life?
8. What does God expect of us? What brings Him joy?
9. What can you do today to make your life one well-lived?

Group Activity

Purpose: To consider life and death issues more deeply than we often do.

Preparation: You will need room for the larger group to divide into smaller groups of three or four individuals. Each participant will need writing materials. Tables or desks would be good.

Assignment: Tell the groups that they are to write an epitaph (statement on a grave stone) they think would be true if they died today, using 20 words or fewer. Tell them they have ten minutes, but they may discuss this together and help each other. It may be more difficult for some than for others. After ten minutes have passed, have them write one that expresses what they most **wish** to be remembered for. Are these the same? What would need to happen to turn Epitaph 1 into Epitaph 2?

Debrief: Bring the larger group together to share insights, reactions, and emotions. Also discuss the following question: What elements do you think are the most important in a life well-lived?

Time: Allow ten minutes in the groups for each epitaph. Allow 20 minutes or more for larger group discussion at the end.

Handout 1

Principles for a Christian View of Life

Voted by the Executive Committee of the General Conference of Seventh-day Adventists at the Annual Council session in Silver Spring, Maryland, October 12, 1992.

"Now this is eternal life; that they may know you, the only true God, and Jesus Christ whom you have sent." (John 17:3, *NIV*) In Christ is the promise of eternal life; but since human life is mortal, humans are confronted with difficult issues regarding life and death. The following principles refer to the whole person (body, soul, and spirit), an indivisible whole (Genesis 2:7; 1 Thessalonians 5:23).

Life: Our valuable gift from God

1. God is the Source, Giver, and Sustainer of all life (Acts 17:25,28; Job 33:4; Genesis 1:30, 2:7; Psalm 36:9; John 1:3,4).

2. Human life has unique value because human beings, though fallen, are created in the image of God (Genesis 1:27; Romans 3:23; 1 John 2:2; 1 John 3:2; John 1:29; 1 Peter 1:18,19).

3. God values human life not on the basis of human accomplishments or contributions but because we are God's creation and the object of His redeeming love (Romans 5:6,8; Ephesians 2:2-6; 1 Timothy 1:15; Titus 3:4,5; Matthew 5:43-48; Ephesians 2:4-9; John 1:3, 10:10).

Life: Our response to God's gift

4. Valuable as it is, human life is not the only or ultimate concern. Self-sacrifice in devotion to God and His principles may take precedence over life itself (Revelation 12:11; 1 Corinthians 13).

5. God calls for the protection of human life and holds humanity accountable for its destruction (Exodus 20:13; Revelation 21:8; Exodus 23:7; Deuteronomy 24:16; Proverbs 6:16,17; Jeremiah 7:3-34; Micah 6:7; Genesis 9:5,6).

6. God is especially concerned for the protection of the weak, the defenseless, and the oppressed (Psalm 82:3,4; James 1:27; Micah 6:8; Acts 20:35; Proverbs 24:11,12; Luke 1:52-54).

7. Christian love (agape) is the costly dedication of our lives to enhancing the lives of

others. Love also respects personal dignity and does not condone the oppression of one person to support the abusive behavior of another (Matthew 16:21; Philippians 2:1-11; 1 John 3:16; 1 John 4:8-11; Matthew 22:39; John 18:22,23; John 13:34).

8. The believing community is called to demonstrate Christian love in tangible, practical, and substantive ways. God calls us to restore gently the broken (Galatians 6:1,2; 1 John 3:17,18; Matthew 1:23; Philippians 2:1-11; John 8:2-11; Romans 8:1-14; Matthew 7:1,2, 12:20; Isaiah 40:42, 62:2-4).

Life: Our right and responsibility to decide

9. God gives humanity the freedom of choice, even if it leads to abuse and tragic consequences. His unwillingness to coerce human obedience necessitated the sacrifice of His Son. He requires us to use His gifts in accordance with His will and ultimately will judge their misuse (Deuteronomy 30:19, 20; Genesis 3; 1 Peter 2:24; Romans 3:5,6, 6:1,2; Galatians 5:13).

10. God calls each of us individually to moral decision making and to search the Scriptures for the biblical principles underlying such choices (John 5:39; Acts 17:11; 1 Peter 2:9; Romans 7:13-25).

11. Decisions about human life from its beginning to its end are best made within the context of healthy family relationships with the support of the faith community (Exodus 20:12; Ephesians 5, 6).

12. Human decisions should always be centered in seeking the will of God (Romans 12:2; Ephesians 6:6; Luke 22:42).

Handout 2

The Seventh-day Adventist Church
Official Statement on Appropriate Methods of Birth Control

Voted during the Annual Council of the General Conference Executive Committee on Wednesday, September 29, 1999 in Silver Spring, Maryland.

Scientific technologies today permit greater control of human fertility and reproduction than was formerly possible.* These technologies make possible sexual intercourse with the expectation of pregnancy and childbirth greatly reduced. Christian married couples have a potential for fertility control that has created many questions with wide-ranging religious, medical, social, and political implications. Opportunities and benefits exist as a result of the new capabilities, as do challenges and drawbacks. A number of moral issues must be considered. Christians who ultimately must make their own personal choices on these issues must be informed in order to make sound decisions based on biblical principles.

Among the issues to be considered is the question of the appropriateness of human intervention in the natural biological processes of human reproduction. If any intervention is appropriate, then additional questions regarding what, when, and how must be addressed. Other related concerns include:

- likelihood of increased sexual immorality which the availability and use of birth control methods may promote;
- gender dominance issues related to the sexual privileges and prerogatives of both women and men;
- social issues, including the right of a society to encroach upon personal freedom in the interest of the society at large and the burden of economic and educational support for the disadvantaged; and
- stewardship issues related to population growth and the use of natural resources.

A statement of moral considerations regarding birth control must be set in the broader context of biblical teachings about sexuality, marriage, parenthood, and the value of children—and an understanding of the interconnectedness between these issues. With an awareness of the diversity of opinion within the Church, the following biblically based principles are set forth to educate and to guide in decision making.

1. Responsible stewardship. God created human beings in His own image, male and female, with capacities to think and to make decisions (Isaiah 1:18; Joshua 24:15; Deuteronomy 30:15-20). God gave human beings dominion over the earth (Genesis 1:26,

28). This dominion requires overseeing and caring for nature. Christian stewardship also requires taking responsibility for human procreation. Sexuality, as one of the aspects of human nature over which the individual has stewardship, is to be expressed in harmony with God's will (Exodus 20:14; Genesis 39:9; Leviticus 20:10-21; 1 Corinthians 6:12-20).

2. Procreative purpose. The perpetuation of the human family is one of God's purposes for human sexuality (Genesis 1:28). Though it may be inferred that marriages are generally intended to yield offspring, Scripture never presents procreation as an obligation of every couple in order to please God. However, divine revelation places a high value on children and expresses the joy to be found in parenting (Matthew 19:14; Psalm 127:3). Bearing and rearing children help parents to understand God and to develop compassion, caring, humility, and unselfishness (Psalm 103:13; Luke 11:13).

3. Unifying purpose. Sexuality serves a unifying purpose in marriage that is God-ordained and distinguishable from the procreative purpose (Genesis 2:24). Sexuality in marriage is intended to include joy, pleasure, and delight (Ecclesiastes 9:9; Proverbs 5:18, 19; Song of Solomon 4:16-5:1). God intends that couples may have ongoing sexual communion apart from procreation (1 Corinthians 7:3-5), a communion that forges strong bonds and protects a marriage partner from an inappropriate relationship with someone other than his or her spouse (Proverbs 5:15-20; Song of Solomon 8:6, 7). In God's design, sexual intimacy is not only for the purpose of conception. Scripture does not prohibit married couples from enjoying the delights of conjugal relations while taking measures to prevent pregnancy.

4. Freedom to choose. In creation--and again through the redemption of Christ--God has given human beings freedom of choice, and He asks them to use their freedom responsibly (Galatians 5:1, 13). In the divine plan, husband and wife constitute a distinct family unit, having both the freedom and the responsibility to share in making determinations about their family (Genesis 2:24). Married partners should be considerate of each other in making decisions about birth control, being willing to consider the needs of the other as well as one's own (Philippians 2:4). For those who choose to bear children, the procreative choice is not without limits. Several factors must inform their choice, including the ability to provide for the needs of children (1 Timothy 5:8); the physical, emotional, and spiritual health of the mother and other care givers (3 John 2; 1 Corinthians 6:19; Philippians 2:4; Ephesians 5:25); the social and political circumstances into which children will be born (Matthew 24:19); and the quality of life and the global resources available. We are stewards of God's creation and therefore must look beyond our own happiness and desires to consider the needs of others (Philippians 2:4).

5. Appropriate methods of birth control. Moral decision making about the choice and use of the various birth control agents must stem from an understanding of their

probable effects on physical and emotional health, the manner in which the various agents operate, and the financial expenditure involved. A variety of methods of birth control—including barrier methods, spermicides, and sterilization—prevent conception and are morally acceptable. Some other birth-control methods may prevent the release of the egg (ovulation), may prevent the union of egg and sperm (fertilization), or may prevent attachment of the already fertilized egg (implantation). Because of uncertainty about how they will function in any given instance, they may be morally suspect for people who believe that protectable human life begins at fertilization. However, since the majority of fertilized ova naturally fail to implant or are lost after implantation, even when birth control methods are not being used, hormonal methods of birth control and IUDs, which represent a similar process, may be viewed as morally acceptable. Abortion, the intentional termination of an established pregnancy, is not morally acceptable for purposes of birth control.

6. Misuse of birth control. Though the increased ability to manage fertility and protect against sexually transmitted disease may be useful to many married couples, birth control can be misused. For example, those who would engage in premarital and extramarital sexual relations may more readily indulge in such behaviors because of the availability of birth control methods. The use of such methods to protect sex outside of marriage may reduce the risks of sexually transmitted diseases and/or pregnancy. Sex outside of marriage, however, is both harmful and immoral, whether or not these risks have been diminished.

7. A redemptive approach. The availability of birth-control methods makes education about sexuality and morality even more imperative. Less effort should be put forth in condemnation and more in education and redemptive approaches that seek to allow each individual to be persuaded by the deep movings of the Holy Spirit.

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*Some current examples of these methods include intrauterine devices (IUDs), hormone pills (including the “morning-after pill”), injections, or implants. Questions about these methods should be referred to a medical professional.

Handout 3

The Development of a Baby

Conception: The sperm and egg unite, beginning the miracle of life. This point is not certain for two weeks after ovulation.

Week 4: Baby is an embryo the size of a poppy seed, consisting of two layers: the epiblast and the hypoblast, from which all of her organs and body parts will develop.

Week 6: Baby is the size of a lentil. The heart is beating. Arm buds are forming and blood is already coursing through her tiny body. Intestines are developing and the bud of tissue that will be her lungs has appeared.

Week 8: Baby has webbed fingers and toes. Eyelids cover her eyes. Nerve cells in her brain are branching out and she is already moving. She is the size of a kidney bean.

Week 10: She is now a little over an inch, crown to bottom. Her fingers and toes have separated into ten and ten. Her kidneys, intestines, brain and liver are in place and starting to function.

Week 12: She has developed reflexes. She moves in response to pressure on her mother's stomach. This week, her fingers begin to open and close, her toes curl, her eyelids clench and she begins to make sucking movements with her little mouth. She is two inches long from crown to rump.

Week 14: She can now squint, frown, grimace, pee and suck her tiny thumb! She is three and a half inches from crown to bottom, and her arms and legs are getting more flexible and active. Her liver has started to make bile.

Week 16: She is four and a half inches long. Her heart pumps twenty-five quarts of blood per day. Her toenails have started to grow.

Week 19: She now measures six inches from head to bottom. Her hair is sprouting, and some research suggests that she can now hear your voice.

Week 21: She is now ten and a half inches long. Her eyelids and eyebrows are now present, and her movements are now easily felt kicks and nudges! She is halfway there!

Week 24: She is almost a foot long and just over a pound. Her brain is growing quickly and her taste buds continue to develop. Her lungs are developing branches,

as well as cells that produce surfactant, a substance that will lubricate her air sacs once she hits the outside world.

Week 26: She is fourteen inches from head to heel. She is breathing amniotic fluid and can now hear well enough to make out her daddy's voice, too!

Week 28: She is almost fifteen inches long, has eyelashes and may now be able to see light that filters into the womb. At this point, she could survive being born early with medical intervention. Some babies have been known to survive as early as twenty-four weeks.

Week 30: She is sixteen inches long and weighs almost three pounds. Her eyesight continues to develop and her bones are hardening.

Week 32: She is almost four pounds and is seventeen inches long. She is perfectly formed, just small and thin. She needs some time to plump up before she is born. Her lungs also need a little more time to develop.

Week 34: She is nearly five pounds and eighteen inches long. She is plumping up and quickly developing that pudgy baby look. Her nervous system and lungs are maturing.

Week 36: She is gaining weight at the rate of an ounce a day. She weighs almost six pounds now, and is losing the protective downy covering and waxy coating that guarded her skin from the amniotic fluid.

Week 38: She weighs almost seven pounds and is over eighteen inches long. She has a firm grasp, ready to hold your finger when she is outside in the world.

Week 40: She is ready to be born, complete with personality, strengths, preferences and a fully established relationship with both her parents.

Handout 4

Guidelines on Abortion

These guidelines were voted by the General Conference of Seventh-day Adventists Executive Committee at the Annual Council session in Silver Spring, Maryland, October 12, 1992.

Many contemporary societies have faced conflict over the morality of abortion.* Such conflict also has affected large numbers within Christianity who want to accept responsibility for the protection of prenatal human life while also preserving the personal liberty of women. The need for guidelines has become evident, as the Church attempts to follow Scripture, and to provide moral guidance while respecting individual conscience. Seventh-day Adventists want to relate to the question of abortion in ways that reveal faith in God as the Creator and Sustainer of all life and in ways that reflect Christian responsibility and freedom. Though honest differences on the question of abortion exist among Seventh-day Adventists, the following represents an attempt to provide guidelines on a number of principles and issues. The guidelines are based on broad biblical principles that are presented for study at the end of the document.**

1. Prenatal human life is a magnificent gift of God. God's ideal for human beings affirms the sanctity of human life, in God's image, and requires respect for prenatal life. However, decisions about life must be made in the context of a fallen world. Abortion is never an action of little moral consequence. Thus prenatal life must not be thoughtlessly destroyed. Abortion should be performed only for the most serious reasons.

2. Abortion is one of the tragic dilemmas of human fallenness. The Church should offer gracious support to those who personally face the decision concerning an abortion. Attitudes of condemnation are inappropriate in those who have accepted the gospel. Christians are commissioned to become a loving, caring community of faith that assists those in crisis as alternatives are considered.

3. In practical, tangible ways the Church as a supportive community should express its commitment to the value of human life. These ways should include:

   A. strengthening family relationships
   B. educating both genders concerning Christian principles of human sexuality
   C. emphasizing responsibility of both male and female for family planning
   D. calling both to be responsible for the consequences of behaviors that are inconsistent with Christian principles

E. creating a safe climate for ongoing discussion of the moral questions associated with abortion
F. offering support and assistance to women who choose to complete crisis pregnancies
G. encouraging and assisting fathers to participate responsibly in the parenting of their children.

The Church also should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that add to abortion and to care redemptively for those suffering the consequences of individual decisions on this issue.

4. The Church does not serve as conscience for individuals; however, it should provide moral guidance. Abortions for reasons of birth control, gender selection, or convenience are not condoned by the Church. Women, at times however, may face exceptional circumstances that present serious moral or medical dilemmas, such as significant threats to the pregnant woman's life, serious jeopardy to her health, severe congenital defects carefully diagnosed in the fetus, and pregnancy resulting from rape or incest. The final decision whether to terminate the pregnancy or not should be made by the pregnant woman after appropriate consultation. She should be aided in her decision by accurate information, biblical principles, and the guidance of the Holy Spirit. Moreover, these decisions are best made within the context of healthy family relationships.

5. Christians acknowledge as first and foremost their accountability to God. They seek balance between the exercise of individual liberty and their accountability to the faith community and the larger society and its laws. They make their choices according to Scripture and the laws of God rather than the norms of society. Therefore, any attempts to coerce women either to remain pregnant or to terminate pregnancy should be rejected as infringements of personal freedom.

6. Church institutions should be provided with guidelines for developing their own institutional policies in harmony with this statement. Persons having a religious or ethical objection to abortion should not be required to participate in the performance of abortions.

7. Church members should be encouraged to participate in the ongoing consideration of their moral responsibilities with regard to abortion in light of the teaching of Scripture.

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*Abortion, as understood in these guidelines, is defined as any action aimed at the termination of a pregnancy already established. This is distinguished from contra

ception, which is intended to prevent a pregnancy. The focus of the document is on abortion.

**The fundamental perspective of these guidelines is taken from a broad study of Scripture as shown in the document “Principles for a Christian View of Human Life.”

Handout 5

The Seventh-day Adventist Church
Official Position on Care for the Dying

Voted by the Executive Committee of the General Conference of Seventh-day Adventists at the Annual Council session in Silver Spring, Maryland, October 9, 1992.

For people whose lives are guided by the Bible, the reality of death is acknowledged as part of the current human condition, affected by sin (Genesis 2:17; Romans 5; Hebrews 9:27). There is "a time to be born, and a time to die" (Ecclesiastes 3:2). Although eternal life is a gift that is granted to all who accept salvation through Jesus Christ, faithful Christians await the second coming of Jesus for complete realization of their immortality (John 3:36; Romans 6:23; 1 Corinthians 15:51-54). While waiting for Jesus to come again, Christians may be called upon to care for the dying and to face personally their own death.

Pain and suffering afflict every human life. Physical, mental, and emotional traumas are universal. However, human suffering has no expiatory or meritorious value. The Bible teaches that no amount or intensity of human suffering can atone for sin. The suffering of Jesus Christ alone is sufficient. Scripture calls Christians not to despair in afflictions, urging them to learn obedience (Hebrews 5:7-8), patience (James 1:2-4), and endurance in tribulations (Romans 5:3). The Bible also testifies to the overcoming power of Jesus Christ (John 16:33) and teaches that ministry to human suffering is an important Christian duty (Matthew 25:34-40). This was the example and teaching of Jesus (Matthew 9:35; Luke 10:34-36), and this is His will for us (Luke 10:37). Christians look in anticipation to a new day when God will end suffering forever (Revelation 21:4).

Developments in modern medicine have added to the complexity of decisions about care for the dying. In times past, little could be done to extend human life. But the power of today's medicine to forestall death has generated difficult moral and ethical questions. What constraints does Christian faith place upon the use of such power? When should the goal of postponing the moment of death give way to the goal of alleviating pain at the end of life? Who may appropriately make these decisions? What limits, if any, should Christian love place on actions designed to end human suffering?

It has become common to discuss such questions under the heading of euthanasia. Much confusion exists with regard to this expression. The original and literal meaning of this term was "good death." Now the term is used in two significantly different ways. Often euthanasia refers to "mercy killing," or intentionally taking the life of a patient in order to avoid painful dying or in order to alleviate burdens for a patient's

family or society. (This is so called active euthanasia.) However, euthanasia is also used, inappropriately in the Seventh-day Adventist view, to refer to the withholding or withdrawal of medical interventions that artificially extend human life, thus allowing a person to die naturally. (This is so called passive euthanasia.) Seventh-day Adventists believe that allowing a patient to die by foregoing medical interventions that only prolong suffering and postpone the moment of death is morally different from actions that have as their primary intention the direct taking of a life.

Seventh-day Adventists seek to address the ethical issues at the end of life in ways that demonstrate their faith in God as the Creator and Redeemer of life and that reveal how God's grace has empowered them for acts of neighbor love. Seventh-day Adventists affirm God's creation of human life, a wonderful gift worthy of being protected and sustained (Genesis 1-2). They also affirm God's wonderful gift of redemption that provides eternal life for those who believe (John 3:15; 17:3). Thus they support the use of modern medicine to extend human life in this world. However, this power should be used in compassionate ways that reveal God's grace by minimizing suffering. Since we have God's promise of eternal life in the earth made new, Christians need not cling anxiously to the last vestiges of life on this earth. Nor is it necessary to accept or offer all possible medical treatments that merely prolong the process of dying.

Because of their commitment to care for the whole person, Seventh-day Adventists are concerned about the physical, emotional, and spiritual care of the dying. To this end, they offer the following biblically based principles:

1. A person who is approaching the end of life, and is capable of understanding, deserves to know the truth about his or her condition, the treatment choices and the possible outcomes. The truth should not be withheld but shared with Christian love and with sensitivity to the patient's personal and cultural circumstances (Ephesians 4:15).

2. God has given human beings freedom of choice and asks them to use their freedom responsibly. Seventh-day Adventists believe that this freedom extends to decisions about medical care. After seeking divine guidance and considering the interests of those affected by the decision (Romans 14:7) as well as medical advice, a person who is capable of deciding should determine whether to accept or reject life-extending medical interventions. Such persons should not be forced to submit to medical treatment that they find unacceptable.

3. God's plan is for people to be nourished within a family and a faith community. Decisions about human life are best made within the context of healthy family relationships after considering medical advice (Genesis 2:18; Mark 10:6-9; Exodus 20:12; Ephesians 5-6). When a dying person is unable to give consent or express prefer-

ences regarding medical intervention, such decisions should be made by someone chosen by the dying person. If no one has been chosen, someone close to the dying person should make the determination. Except in extraordinary circumstances, medical or legal professionals should defer decisions about medical interventions for a dying person to those closest to that individual. Wishes or decisions of the individual are best made in writing and should be in agreement with existing legal requirements.

4. Christian love is practical and responsible (Romans 13:8-10; 1 Corinthians 13; James 1:27; 2:14-17). Such love does not deny faith nor obligate us to offer or to accept medical interventions whose burdens outweigh the probable benefits. For example, when medical care merely preserves bodily functions, without hope of returning a patient to mental awareness, it is futile and may, in good conscience, be withheld or withdrawn. Similarly, life-extending medical treatments may be omitted or stopped if they only add to the patient's suffering or needlessly prolong the process of dying. Any action taken should be in harmony with legal mandates.

5. While Christian love may lead to the withholding or withdrawing of medical interventions that only increase suffering or prolong dying, Seventh-day Adventists do not practice "mercy killing" or assist in suicide (Genesis 9:5, 6; Exodus 20:13; 23:7). They are opposed to active euthanasia, the intentional taking of the life of a suffering or dying person.

6. Christian compassion calls for the alleviation of suffering (Matthew 25:34-40; Luke 10:29-37). In caring for the dying, it is a Christian responsibility to relieve pain and suffering, to the fullest extent possible, not to include active euthanasia. When it is clear that medical intervention will not cure a patient, the primary goal of care should shift to relief from suffering.

7. The biblical principle of justice prescribes that added care be given the needs of those who are defenseless and dependent (Psalm 82:3, 4; Proverbs 24:11-12; Isaiah 1:1-18; Micah 6:8; Luke 1:52-54). Because of their vulnerable condition, special care should be taken to ensure that dying persons are treated with respect for their dignity and without unfair discrimination. Care for the dying should be based on their spiritual and medical needs and their expressed choices rather than on perceptions of their social worthiness (James 2:1-9).

As Seventh-day Adventists seek to apply these principles, they take hope and courage from the fact that God answers the prayers of His children and is able to work miraculously for their well-being (Psalm 103:1-5; James 5:13-16). Following Jesus' example, they also pray to accept the will of God in all things (Matthew 26:39). They are confident that they can call on God's power to aid them in caring for the physical and spiritual needs of suffering and dying individuals. They know that the grace of God

is sufficient to enable them to endure adversity (Psalm 50:14-15). They believe that eternal life for all who have faith in Jesus is secure in the triumph of God's love.

Handout 6

The Grieving Process

Grieving is dealing with your feelings surrounding a loss in your life. That loss might be the loss of a person, or the loss of your health, a job, a marriage or something else that is important to you. The grieving process helps you to accept the finality of the loss as well as to understand the importance of what you lost.

What are the normal feelings of grief?

As you face a loss, you may have different feelings at different times. These feelings include shock, denial, anger, guilt, sadness and acceptance. You may find yourself going back and forth from one feeling to another. For example, right when it seems that you're starting to accept your loss, you may find yourself feeling sad or guilty again. Your grief may never completely go away. But the pain you feel will lessen with time as you work through these feelings.

What usually happens first?

When you first are told about the loss, you may feel shock, numbness and confusion. You may not remember what people are saying to you. You may feel dazed and as though you're going through things like a robot. You may think and act as though the loss hasn't occurred. This is called denial.

As your shock wears off, reality will slowly break through. You'll begin to realize that the loss has happened. It's normal to feel abandoned and angry. You may direct your anger toward God, religion, doctors and nurses, the one who has died or other loved ones, or yourself.

What happens after the anger wears off?

After you get through some of the anger and denial, it's normal to try to pretend things are like they used to be. If someone you love has died, you may play memories over and over in your mind. You may also feel the presence of your loved one, think you see him or her, or think you hear his or her voice.

You may also find yourself talking to your loved one as though he or she is in the room with you. As you begin to realize that your loved one is gone and you can't bring him or her back, you'll begin to feel the full impact of your loss. These feelings may be scary because they're so strange and so strong. They may make you feel like you are losing control.

Symptoms of Grief

Anger

Blaming yourself

Crying spells

Diarrhea

Dizziness

Headaches

Shortness of breath

Tightness in your chest

Trouble concentrating

Nausea

Not being able to get organized

Not feeling hungry or losing weight

Restlessness and irritability

Sadness or depression

Seeing images of the dead person

Feeling like there's a lump in your throat

Feeling like what's happening around you isn't real

Tiredness

Hyperventilating-sighing and yawning

Trouble sleeping

What happens then?

When you begin to realize the full impact of the loss on your life, you may feel depressed and hopeless. You may also feel guilty. You may find yourself thinking things like "if only" or "why me." You may cry for no apparent reason. This is the most painful stage of healing. But it won't last forever. In normal grief, the depression will begin to lift with time.

What is the first sign of relief?

You may start to feel better in small ways. For example, you may find it's a little easier to get up in the morning, or you may have a small burst of energy. This is the time when you'll begin to reorganize your life around your loss or without your loved one.

What is the final stage?

The last stage of accepting a loss is when you begin to reinvest into other relationships and activities. During this time, it's normal to feel guilty or disloyal to your loved one because you're moving on to new relationships. It's normal to relive some of your feelings of grief on birthdays, anniversaries, and holidays, and during other special times.

What do you need to do to deal with a loss?

1. Talk with others about how you are feeling.
2. Try to keep up with your daily tasks so you don't feel overwhelmed.
3. Get enough sleep, eat a balanced diet, drink enough water and exercise regularly.
4. Avoid alcohol; it will make you feel more depressed.
5. Get back to your normal routine as soon as you can.
6. Avoid making major decisions right away.
7. Allow yourself to grieve; to cry, to feel numb, to be angry or whatever you are feeling.
8. Ask for help.

Adapted from: College of Family Physicians of Canada