

# Abortion: A Biblical, Biological, and Philosophical Refutation

**Matt Dawson**, Answers in Genesis, PO Box 510, Hebron, Kentucky

## Abstract

According to the newest report issued by the Guttmacher Institute, 926,200 abortions were performed in the US in 2014. A holistic approach which accounts for biblical, biological, and philosophical truths must conclude that these unborn represent human beings with full personhood. Biblically, God the Almighty Creator establishes the worth and value of humanity by making all people in His own image (Genesis 1:26–27). From Scripture, a progression can be given which traces this image from adults, to the unborn, to conception. Biologically, it is an undisputed fact that a new, complete, genetically-distinct, individual human being is present at conception. Although attempts to redefine *conception* have been made, embryologists have consistently defined conception as the moment of fertilization for over 100 years. Abortion also cannot be justified philosophically. Some of the most common philosophical arguments for abortion are evaluated and discussed: (1) embryos lack consciousness, (2) abortion prevents children from being born into poverty, (3) monozygotic twinning proves personhood cannot begin at conception, (4) rape justifies abortion, (5) incest warrants abortion, and (6) abortion is often necessary to save the life of the mother.

**Keywords:** Abortion; Abortion Worldwide Report; cases of rape; conception; conjoined twins; consciousness; continuum of life; DNA; Down syndrome; ectopic pregnancy; embryo; ensoulment; Exodus 21:22–25; expectant monitoring; Genesis 1:26–27; Guttmacher Institute; *imago Dei*; implantation; incest; life of mother; monozygotic twinning; personhood; Planned Parenthood; Psalm 139:13–16; unborn

## Introduction

Abortion continues to be one of the most passionately debated contemporary topics. Undoubtedly, the conversation is emotionally intensified because it affects numerous people personally, either directly or indirectly. Demographically, among women aged 15–44 years, 4.6% will have had an abortion by age 20, 19% by age 30, and 23.7% by age 45. In other words, one in four of all women in the US will have had an abortion by the time they turn 45 years old (Jones and Jerman 2017b, 1907)!<sup>1</sup> The weighty moral and ethical implications of abortion also escalate tensions. To fully ponder the ubiquitous and solemn issue of abortion, one must consider questions of morality, biology, and philosophy.

First, the biblical witness must be considered because the Bible is God's Word, the authoritative source for all questions of morality. The cornerstone of the biblical witness against abortion is the sanctity of human life. People possess innate worth because God created humans in His own image (Genesis 1:26–27). Exodus 21:22–25 and Psalm 139:13–16 are critically examined to determine if this image extends to the human embryo. Next, this section demonstrates how the total corpus of Scripture supports the value of the unborn. A brief look at Scripture's position on ensoulment and personhood concludes the biblical section.

The proceeding section weighs the medical and biological facts on abortion. The biological evidence demonstrates that human life begins at conception. Biology also refutes the argument that the embryo is an extension of the mother's body. Instead, the embryo is a distinct entity with its own genetic code.

Lastly, some common philosophical arguments in favor of abortion are scrutinized. The arguments that abortion prevents children from being born into poverty, that embryos lack consciousness, and that monozygotic (identical) twinning proves that personhood does not begin at conception are discussed first. Then, an examination is given of the instances involving rape, incest, and pregnancies that may jeopardize the life of the mother.

This paper concludes that the unified witness of Scripture, biology, and philosophy present a robust three-fold case against abortion at any time after conception. The intention is not to be exhaustive, addressing every conceivable point, but to give a sufficient, holistic defense of life.

## Statistical Overview

For 2014, the Centers for Disease Control and Prevention (CDC) reported 652,639 abortions in the US for 2014 (Jatlaoui et al. 2017, under "Results"). Due to several self-confessed limitations (one being that CDC did not obtain any information from California, Maryland, or New Hampshire), this number is significantly less than the actual number (under "Limitations").<sup>2</sup> Research done by the Guttmacher

<sup>1</sup> Statistics for 2014, the most recent year for which Guttmacher has published comprehensive data for the US.

<sup>2</sup> Although CDC is not as accurate as Guttmacher—CDC readily admits this (Jatlaoui et al. 2017, under "Limitations")—its numbers are included because CDC is the leading national public health institute of the federal government of the United States, operating under the Department of Health and Human Services.

Institute estimates that the number of abortions performed in the US in 2014<sup>3</sup> is closer to 926,200 (Jones and Jerman 2017a, 20). Jones and Jerman (2017a, 21, 25), however, confess that the number 926,200 potentially undercounts 51,725 abortions.<sup>4</sup> If the given number of 926,200 is assumed, 19% of all unborn babies (excluding miscarriages) in 2014 were aborted (20).

Planned Parenthood (n.d.a. 31)—America’s largest provider of abortions—performed 321,384 abortions according to their 2016–2017 annual report.<sup>5</sup> Planned Parenthood, therefore, performs about one-third of all abortions in the US. According to these numbers, Planned Parenthood aborted 880 babies every single day in fiscal year 2017. Stated another way, during operating hours, a baby was aborted every two minutes of the day at a Planned Parenthood facility in the US.<sup>6</sup>

Worldwide, the numbers are more tragic. Jacobson and Johnston (2017a, v) reveal in their monumental work *Abortion Worldwide Report: 1 Century, 100 Nations, 1 Billion Babies* (AWR) that over 1 billion babies have been aborted from 1920–2015! The AWR—representing over 46 years of combined research and 4,915 nation years of data—is presented by the authors as “a Sacred Memorial to the lives of every baby exterminated through abortion” (v).<sup>7</sup> The United Nations and Guttmacher estimate that 56.3 million babies were aborted every year between 2010–2014 (Sedgh et al. 2016, 258; WHO 2018). Jacobson and Johnston (2017a, xi), although they agree for the most part with Guttmacher’s US data, believe that these organizations have intentionally inflated the global number<sup>8</sup> and estimate 12.5 million abortions worldwide per year. Even taking the drastically lower number of 12.5 million, Jacobson and Johnston (2017a, xi) compare the number of children killed by abortions to other bloodshed in the twentieth century:

Total deaths for World War I were estimated at 16.5 million; for World War II, at 63.2 million; and for all democides from 1900 through 1999, at 262 million. The average daily death toll during World War I was 6,500, and during World War II was 24,700, both military and civilian. But 34,400 babies are exterminated every day by abortion.

From 1926–2015, the total number of babies aborted in the US equaled 17.85% of the entire US 2016 population. From 1921–2015, the number of abortions performed by the Russian Federation was 152.13% of its total population in 2016 (Jacobson and Johnston 2017b).

As sobering as these numbers are, the sad reality is that they are necessarily too low. The actual number of abortions is much higher due to factors such as types of birth control that cause abortions,<sup>9</sup> unreported abortions, abortion providers intentionally left out of surveys, illegal abortions, and self-induced abortions. All of AWR’s numbers exclude illegal abortions and unreported abortions. Neither do they try to estimate for them. One study by the Texas Policy Evaluation Project performed from December 2014 to January 2015 estimates that 100,000–240,000 women in Texas alone have attempted self-induced abortions (Grossman et al. 2015). In 2015, in the US, more than 700,000 Google searches were made “looking into self-induced abortions”—around 119,000 searches were made for the exact phrase “how to have a miscarriage” (Stephens-Davidowitz 2016)!<sup>10</sup>

Confronted with this number of abortions, conscientious individuals must consider the ethical and moral realities of this medical procedure. What follows is an attempt to evaluate abortion holistically from a Christian worldview.

### A Biblical Case Against Abortion

For Christians, God is the final authority for all ethical decisions. Therefore, since the Bible is His

<sup>3</sup> Currently, 2014 is the most recent year for which Guttmacher Institute has released its research.

<sup>4</sup> Jones and Jerman (2017a, 21) estimate that their survey missed “2,069 physicians, who collectively provided 51,725 abortions in 2014.” If this is accurate, their study “undercounted the total number of abortions by 5%” (21, 25).

<sup>5</sup> This report is for “patient care provided by Planned Parenthood affiliate health centers from October 1, 2015 to September 30, 2016” (Planned Parenthood, n.d.a. 7n1).

<sup>6</sup> This assumes the average number of operating hours for a given Planned Parenthood facility as 50 hours/week all 52 weeks of the year. In other words, it assumes that the facilities do not close for any holidays or any other reason. This number also assumes accurate reporting from Planned Parenthood, and it does not include any of the abortions caused by their emergency contraception kits or other forms of birth control.

<sup>7</sup> Jacobson and Johnston’s book *Abortion Worldwide Report: 1 Century, 100 Nations, 1 Billion Babies* is one of the most comprehensive reports ever published on abortion worldwide. Citations in this paper are taken from pre-publication sample chapters posted at <https://www.globallifecampaign.com/abortion-worldwide-report> and other various reports posted on <http://www.johnstonsarchive.net/policy/abortion/index.html>.

<sup>8</sup> Johnston (2018, under “Comments on Abortion Statistics”) argues that the “[Guttmacher Institute] is an extension of an organization engaged in intense political lobbying for the completely unrestrained practice of abortion. High abortion rates are in their political (and financial) interests for a number of reasons. For example, high numbers of illegal abortions are an element of their rationalization for legalized abortion.”

<sup>9</sup> Abortions caused by birth control are not counted, because (1) it would be impossible to know the number with certainty, and (2) the majority do not consider these abortions.

<sup>10</sup> Of course, one must be careful to not make the mistake of thinking that the actual number of self-induced abortions is as high as the number of internet searches. The exact number cannot be known, but it does show that women do attempt self-induced abortions more frequently than may be realized.

Word, its teachings are authoritative. Biblically, the sanctity of life is the foundational truth which prohibits abortion. Human life is sacred because each person is created in the image of God (*imago Dei*) (Genesis 1:26–27). Any conversation concerning human value must begin with this concept. A detailed exegesis of Exodus 21:22–25 manifests that unborn children are also created in God’s image and that the unborn and adults are of equal value in God’s eyes. Psalm 139:13–16 is significant because it shows that the biblical concept of personhood is present at conception. Although an in-depth look cannot be given to all passages of Scripture, it is still vital that the scriptural consensus be considered. The entire corpus of Scripture argues for the personhood and the incredible worth of unborn children. This section concludes with a discussion of the ontological and functional views of personhood.

### **All people are created in the image of God**

The Bible clearly teaches that each person has intrinsic value because humans are created in the image of God. Walton (2001, 134) confirms that “in the biblical view, it is the concept of being in the image of God that provides for human dignity and the sanctity of human life.” Geisler (2010, 410) defines the sanctity of human life as “the belief that human life is sacred, of great value, and should be protected and preserved.”

Genesis 1:26–27 is the first biblical passage that teaches humans are created in the image and likeness of God. Here, God says, “Let us make man in our image, after our likeness” (Genesis 1:26 ESV). Waltke and Fredricks (2001, 65–66) state that “being made in God’s image [*tselem*] establishes humanity’s role on earth and facilitates communication with the divine”; whereas, “likeness” [*demut*] “underscores that humanity is only a facsimile of God and hence distinct from him.” Walton (2001, 130) states that it is being created in God’s image that separates humans from animals. The *image* and *likeness* of God are unquestionably the chief distinctions between humans and animals. While disagreement exists among scholars concerning the exact meaning of the image and likeness of God, the essential truth relevant to this conversation is the undeniable worth that this image bestows upon every person.

Genesis 9:6 explicitly connects the intrinsic worth of every individual to the image of God in which they are created. This verse reads, “Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image.” Schaeffer (1972, 50) succinctly explains the thrust of this verse: “Anyone who murders a man is not just killing one who happens to be of a common species with me, but

one of overwhelming value, one made in the image of God.” Another fact which emphasizes the innate value of a person’s life is that “unlike other law codes in the ancient world, money cannot ransom a murderer (Numbers 35:31)” (Waltke and Fredricks 2001, 145). Kissling (2004, 325), on the other hand, does not see Genesis 9:6 as an imperative: “It is interesting that God does not explicitly command the death penalty here. It is impossible to know whether he is making a prediction or a recommendation.” However, as Waltke and Fredricks (2001, 158) point out, this command of retribution is “an obligation, not an option. Three times God says, ‘I will demand an accounting’ (9:5).” Also, Kissling is not only incorrect in his interpretation, but he is also arguing a moot point. Even a recommendation alone proves the sanctity of human life. The command of capital punishment for murder—based entirely upon man’s being created in the image of God—shows the enormous worth each individual has in God’s eyes. Genesis 9:6 is an important post-Flood declaration because it demonstrates that humans still maintain the *imago Dei* bestowed in Genesis 1:26. It was not lost at the Fall.<sup>11</sup>

While the preceding discussion clearly reveals the biblical witness to the incredible value of each human being created in God’s image, further examination of Scripture must be conducted to prove that the unborn are also created in God’s image. Both Exodus 21:22–25 and Psalm 139:13–16 manifest the value of the unborn in God’s eyes.

### **Exodus 21:22–25**

Exodus 21:22–25 teaches the equal value of the unborn/newborn child to an adult. Moses here writes about the hypothetical situation of two men struggling with one another. If a pregnant woman is hurt during this struggle so that she gives premature birth, then the fate of the one who hurt the woman is dependent upon the outcome of the mother *and* the child. If both the mother and the child live, then a fine will suffice. However, if the mother *or* the child dies, then the culprit should be put to death: “But if there is harm, then you shall pay life for life” (Exodus 21:23). The exchange of an adult life for the life of the premature child shows the equality of each in God’s eyes.

The first thing to note about 21:22 is that the clause “and her children come out” (ESV) is not referring to a miscarriage. Kaiser (2009, 113) argues that, although a few translations interpret v.22 as a reference to a miscarriage (e.g., RSV, NRSV, and AMP), the proper translation conveys a premature birth, since “this text does not use the regular Hebrew word for ‘miscarriage.’”<sup>12</sup> In fact, one regular Hebrew

<sup>11</sup> See James 3:9 for a New Testament passage confirming the post-Fall *imago Dei*.

word for *miscarriage*, *meshakkelet*, is used just two chapters later (Exodus 23:26). Enns (2000, 446) also agrees that the clause literally means “and her children come out” (as ESV). Lastly, if a miscarriage were the correct interpretation, then how would it be possible for there to be “no harm” caused by the strike upon the woman (v.22)? Two parents have already lost their child to a horrible miscarriage! It is only possible for there to be “no harm” in this passage if it were the mother who is exclusively in view, but the context does not support this interpretation. The reason this translational choice is critical and is discussed first is that it determines to whom the statements of equality in the following verses can be applied. As will be shown, if a miscarriage is the appropriate translation, then the statements of equality expressed in the *lex taliones* can only apply to the mother.

The second important exegetical distinction is that Exodus 21:22 does not refer to the life of the mother exclusively—or even primarily. When this verse states that “men strive together and hit a pregnant woman, so that her children come out, but there is no harm...” it does not merely mean that the woman has a miscarriage, but her own life is not lost. It is the life of the premature child that is the focus. Harris, Archer, and Waltke (2003, s.v. “*nāgap*”) confirm this position: “This interpretation is supported by the proximity of ‘her fetus goes out’ and ‘and there shall be no accident involving death’ (cf. KB, used in Gen 42:4 of accidental death), as well as verses 23–25.” Enns (2000, 446) disagrees and states that the phrase “but there is no serious injury” (Exodus 21:22 NIV) is ambiguous, equally capable of referring to the mother or the child. While Enns is correct that the phrase is equally capable of referring to the mother or the child grammatically, he incorrectly assumes that the “serious injury” (as NIV) must refer to *either* the mother *or* the child. He does not consider the interpretational possibility that *both* the mother *and* the child could be possible recipients of the “harm.”

Furthermore, although the woman and child are both possible referents grammatically in the Hebrew syntax, contextually the emphasis is on the child. If the child is not at least a possible referent, details within the text become irrelevant. Why does the passage explicitly mention that the woman hurt is pregnant? Why does the passage explicitly state that it is due to the woman being hit by the striving men that a premature birth takes place? Such details are unnecessary if the mother is the sole recipient of the harm. For, if the mother is the exclusive recipient of the harm, then 21:22 could simply read,

“When two men strive together and hit a woman...” Immediately, all the details describing the woman being pregnant and of the child become meaningless, save for the fine which was to be assessed. Even Enns (446) agrees that “if the mother is in view... then the state of the child, whether miscarried or merely born prematurely, is not important.” Therefore—believing biblical details are important—the child is not only a grammatically possible referent of the “harm” in vv. 22–24, but is also a contextually strong, legitimate option. This understanding is superior, for it does not neglect the details of the surrounding context.

Also, other Mosaic laws would be sufficient to instruct in the case of the mother’s life being lost. Numerous verses already exist that demand the death penalty for the intentional/negligent killing of another person (e.g., Exodus 21:12–14; Leviticus 24:17, 21; Numbers 35:16–21, 30–31).<sup>12</sup> The point of this passage, however, seems to be in part to address a unique situation involving a premature birth, which is not addressed elsewhere. Although commonly argued that the injury to the woman is accidental, the context does not support this. Additionally, every other time the Hebrew word *nāgap* (Hebrew word translated as “hit” in v. 22 in ESV) is used in the Old Testament as an action done by one individual to another, it is emphatically intentional, especially in the Qal stem, as here. Furthermore, just earlier in this same passage (vv. 12–14), accidental killings were not to be punished with the death penalty. It makes better sense that the woman intervened in the fight to help one party and, upon doing so, was intentionally struck by the other party to eliminate the unfair advantage. In this case, the man who struck the woman did so knowing, though not necessarily intending, that his blow could be fatal to the mother and her child(ren). Pregnancy is dangerous enough by itself for a woman without receiving any traumatizing blows. Deuteronomy 25:11 is an instance where a wife is said to intervene intentionally in a fight between two men to help her husband by taking hold of the other man’s genitals. Women intervening in fights between men in this way was apparently an instance common enough for God to give a law forbidding its practice. In no way is the claim being made that Exodus 21:22–25 necessarily implies a woman intervening in this particular way; it is merely being shown that it is not unreasonable to believe that the woman was struck intentionally as a result of her involvement in whatever way.

Interpreting the “strike” in Exodus 21:22 as intentional is not necessary at all to show that this passage clearly teaches the equal value of the unborn

<sup>12</sup> Kaiser here explains that the regular Hebrew words for a miscarriage are *meshakkelet*, *shakul*, *shikkel*, or its related forms found in Genesis 31:38; Exodus 23:26; 2 Kings 2:19, 21; Job 21:10; Hosea 9:14; and Malachi 3:11.

<sup>13</sup> Compare with Genesis 9:6.

with adults. This interpretation does, however, strengthen the argument that the baby must be in view. If the strike is intentional and the baby were not in view, the only point of the passage would be to mete out a fine for causing a premature birth and the death penalty for killing a mother in this *very specific* way. This would seem redundant considering that the death penalty was already prescribed for intentional bloodshed only ten verses earlier (as well as numerous other places in the Old Testament). Therefore, if one takes this passage to refer exclusively to the mother, the only new point of this passage would be to mandate a fine for the one who causes a premature birth. Interpreting the strike to the woman as intentional also answers Enns's (2000, 447) questioning of the "relevance an unintentional killing of a fetus has for a woman's 'choice.'"

Enns (2000, 446–447) argues that this passage is too ambiguous to make any clear deductions concerning its application or meaning. Bailey (2007, 237) also argues that this passage is too obscure to be used by pro-abortionists or anti-abortionists. He asserts that in addition to the ambiguous referent, the "differences of situations (abortion is the deliberate ridding of a woman of her fetus, whereas the text is speaking of an accident causing an abortion/premature birth) indicate the passage should not be used by proponents of either side." However, the referent, as already explained, seems clear in this passage. Additionally, although the situations are different, the main point of this passage is that when a premature baby dies, "a real life of a real person [has] been lost!" (Kaiser 2009, 114). Indeed, no distinction of value is made between the child and the adult in Exodus 21:23, but they are both considered equal: "But if there is harm, then you shall pay life for life." Not only is there a "life for a life," but vv. 24–25 further emphasize equality of value between the unborn and the adult by giving the rest of the *lex talionis* (theological term for *law of retaliation* or *retribution*): "eye for eye, tooth for tooth, hand for hand, foot for foot, burn for burn, wound for wound, stripe for stripe." An argument from lesser to greater also contends that if an accidental killing of a baby is a capital crime (assuming for the sake of the argument that Bailey's interpretation is correct), then surely a deliberate, premeditated homicide is! It is also important as one delves into the details of Exodus 21:22–25 to not overlook the obvious in this passage: the Scripture refers to the "expelled fetus [as] a 'child'" (Klusendorf 2009, 143). The Hebrew word used in 21:22 for "children" is *yeled*. A *yeled* overwhelmingly refers to a child or a young man, meaning that it is a "child"—i.e., a human being—that is being described in this passage.

Despite this passage's worth in establishing the value of the unborn/newly born, it cannot be used

to argue that personhood begins at conception. An exegesis of Psalm 139:13–16 can take the equal, precious value of the unborn discussed in Exodus 21:22–25 and demonstrate that it is present at conception.

### **Psalm 139:13–16**

Psalm 139:13–16 is a beautiful passage poetically describing God's personal involvement in David's development within his mother's womb. God is said to form and "knit together" the unborn in v. 13. In v. 14, David exclaims that he is fearfully and wonderfully made. David describes the womb as "the depths of the earth" in v. 15. David praises God that "his frame" was not hidden from the Lord as he was "intricately woven" in the secret place (139:15). In v. 16, David states that God saw his "unformed substance" in the womb and that He had already ordained all his days at that point. A more detailed look at verses 13, 14, and 16 is needful.

Kaiser (2009, 110) explains that the Hebrew word used in 139:13 is *qanah*. He teaches that *qanah* was originally "a metaphor for procreation, but then it came to signify God's divine activity in creation. The fact is that mortals are known and seen by God even from the very origins of their being." Waterhouse (2005, 124–125) explains that the Hebrew word *qanah* often carries the meaning "to acquire, to buy something, to own something." He, therefore, agrees with the KJV's translation of "possessed" for *qanah*. He concludes that Psalm 139:13 teaches that "*God owns the children.... God owns the unborn*" (emphasis in the original). Another important aspect of Psalm 139:13 is that David uses the personal pronouns "my" and "me." Therefore, David conceives of himself as a person from the earliest moments in the womb. He does not merely refer to himself at that time as a biological mass of cells in the third person. However, David uses first-person pronouns, demonstrating that he believes himself in exact essence to have been present in the womb. If his essence, personhood, or being were not the same in the womb, then it would not have been David, but rather, a pre-Davidic substance or clump of cells with which he could neither relate to personally nor refer to with first-person pronouns.

In v. 14, David praises God for being "fearfully and wonderfully made." Interestingly, "all texts about God's fashioning in the womb imply God's loving care (Job 31:15; Isaiah 44:2; 49:5; Jeremiah 1:5)—recall that the Hebrew word for 'mercy' derives from 'womb'—helping to explain David's outburst of praise" (Waltke, Houston, and Moore 2010, 559). It is important to note here that God loves people, not pre-human substances. Again, David employs "intensely personal language" in this verse (Kaiser 2009, 111).

*He* is the one loved and fearfully and wonderfully made within the womb!

The meaning of the Hebrew word translated “unformed substance” (ESV) in 139:16 is particularly worth investigation. Kaiser (2009, 111–112) argues that “the Hebrew word...is *golmi*, meaning ‘my embryo.’ This Hebrew word is used since the embryo is in the shape of an egg, which suggestion comes from the Hebrew root for the word ‘embryo,’ meaning ‘to roll, to wrap together,’ just as the Latin word *glomus* means a ‘ball.’” Waltke, Houston, and Moore (2010, 560) also translate the Hebrew word *golmi* as “embryo” in this verse. They explain that although “the psalmist was unaware of the genome...he was aware of the concept of ‘seed,’ which carries in itself hereditary characteristics causing the begetter to beget its likeness.”

Another crucial theological statement made by David in v.16 is that the Lord’s “eyes saw [his] unformed substance.” Davis (2006, 12) astutely points out that “in biblical theology, God’s eyes or God’s seeing imply not only knowledge or awareness, but can more specifically imply watchful care and concern as well.” Davis lists several instances of God’s “eyes” or God’s “seeing” being used in this manner<sup>14</sup> and concludes that “these examples indicate that God’s ‘seeing’ can express God’s personal concern for and personal, covenantal relationship with the object of his sight—in this context, his concern for David as an embryonic human.” This interpretation alone of *seeing* makes sense in this intimate love story. A cold, intellectual *seeing*, implying only knowledge and awareness, does not make sense of the context. God is not passively aware of David’s existence while He is actively weaving and preordaining David’s person.

The beautiful passage of Psalm 139:13–16 strongly supports the theory that personhood begins at conception. David praises God for his personal involvement in his prenatal development. God is portrayed as a skillful weaver knitting David together in the secret place of the womb. The development of the child in the womb is not sectioned off into stages in this passage; instead, the entire process is expressed as a cumulative whole, with God actively involved in the process from the earliest moment! Is one to believe that God allows naturalistic means to begin this process and that He only begins to get involved as the Grand Weaver and great Lover sometime later at an unspecified point when “life” begins?

### **Total corpus of Scripture**

In addition to the specific Scriptures already presented, the entire corpus of Scripture embraces the unborn as persons. Geisler (2010, 148) points out that throughout Scripture “unborn babies are called

‘children,’ the same word used of infants and young children (Exodus 21:22; Luke 1:41, 44; 2:12, 16) and sometimes even of young adults.” Geisler also points out that “the unborn are said to be known intimately and personally by God as he would know any other person (Psalm 139:15–16; Jeremiah 1:5)” (148–149). Foreman (1999, 101) adds that “God calls the unborn to their vocation (Isaiah 49:1) in the same way he calls other persons (Amos 7:14–15).”

Additionally, the Hebrew midwives Shiphrah and Puah feared the Lord and disobeyed Pharaoh to protect the innocent male infants of the Hebrews (Exodus 1:15–22). Because of their saving of babies, God dealt kindly with Shiphrah and Puah and gave them families (Exodus 1:20–21).

The prebirth accounts of John the Baptist and Jesus in the Gospel of Luke provide many supports for the personhood of infants. First, John the Baptist is described as being “filled with the Holy Spirit, even from his mother’s womb” (Luke 1:15). Only a person created in the image of God would be filled with the Holy Spirit because the Holy Spirit would not indwell a mass of cells which is only potentially a human person. Later in the same chapter, John is said to leap with joy at the arrival of Mary and the Lord Jesus Christ within her womb (Luke 1:44). As Geisler (2010, 148) points out, joy is a characteristic of persons. It is also important to notice that John leaped within the womb because he recognized he was in the presence of the Lord. Therefore, Jesus is also a person—the Lord God—even within the womb. Likewise, although Mary had not yet given birth, Elizabeth still refers to her as a mother (Luke 1:43). As Davis (2006, 15) remarks: “She recognizes Mary not as the mother of a thing, but as the mother of ‘my Lord’; the fruit of her womb was not mere tissue, but the incarnate ‘Lord.’” Elizabeth’s blessing of the Lord Jesus while He is still in the womb further implies that He is a person.

Lastly, although it is impossible to explain scientifically or medically, the Bible consistently speaks of God knowing individuals before they are conceived. One example of this has already been noted in Psalm 139:13–16. Another well-known example is Jeremiah 1:5: “Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations.” Furthermore, God’s foreknowledge of successive generations is shown in Genesis 25:23: “And the LORD said to her, ‘Two nations are in your womb, and two peoples from within you shall be divided; the one shall be stronger than the other, the older shall serve the younger.’” Walton (2001, 549) argues that it is important “to notice that the oracle refers to the ‘peoples’ that will come from them, not

<sup>14</sup> Deuteronomy 11:12; Psalm 101:6; Jeremiah 24:6; Genesis 16:13; Exodus 3:17; 1 Kings 9:3; Numbers 6:24–25.

the individuals themselves.” Therefore, God knows individuals multiple generations in advance. Even more telling, Ephesians 1:4–5 speaks of God choosing His saints before the foundation of the world to be holy and blameless and to be adopted as sons. Thus, although conception is the earliest detectable time that humans can recognize personhood, God recognizes and knows each individual person from everlasting to everlasting! In light of the Everlasting God knowing, calling, loving, choosing, and foreordaining people from eternity past, the arguments over the exact timing after conception “to acknowledge” personhood of the unborn become utterly ridiculous!

### **Ontological and functional views of human value and personhood**

Philosophically, at least two major positions exist that deal with human value and personhood: (1) the ontological view and (2) the functional view. The ontological view states that a human being has value and possesses personhood by virtue of being human. The functional view bases value and personhood on some acquired characteristic or ability (e.g., self-awareness, consciousness, self-dependence, etc.). The functional view implies that the unborn are *not* persons. They are merely human creatures without personhood or being. So, yes, they are human but not human *beings* nor *persons* (Giubilini and Minerva 2013). Because value is dependent upon personhood and being, the unborn have no inherent value. This view would also imply that elderly patients with dementia have lost personhood or have diminished personhood. The functional view is the dominant view among secular scholars (e.g., Peter Singer).

The Bible teaches, however, that humans possess value because of the *imago Dei* in which they are created. Value is intrinsic; it is not the result of a function. Because only persons can be created in the *imago Dei*, the question of when humans become persons is critical. As demonstrated above (especially Psalm 139), the Bible decidedly teaches that personhood is present at conception. Personhood also necessarily exists at conception because, if it does not, it follows that humankind must be broken into two distinct groups: those who possess personhood and value and those who do not. Because it is the image of God that gives humans their incredible value—and only persons can be created in God’s image—one would have to conclude further that the group of humans who do not possess personhood are not created in God’s image *yet*. In other words, God’s image is not present at conception but is bestowed

at a later point in development. For, if they were created in the *imago Dei*, they would have to possess value and personhood. Scripture does not allow this division between humans created in God’s image and humans who are not created in God’s image. *All* humans are created in God’s image. Thus, to be human is to possess personhood and value.

Furthermore, although the word *image* in Genesis 1:26–27 is complex and not perfectly understood, it must include a spirit/soul. A person without a spiritual component could in no meaningful way be said to be created in the image of God (John 4:24). It is our spiritual component that makes us moral beings—morality is not found in matter—and God is certainly not amoral in His being. Although the absolute beginning of a human soul is God’s mystery, personhood can at least be said to be recognized as necessarily present at conception, the beginning of a new human being. Scripture does not speak of *living* humans without souls (although we know the spirit leaves the body at *death* for a season).<sup>15</sup>

Since to be human is to possess personhood and value, one must look to biology to determine when human life begins.

### **A Biological Case Against Abortion**

Now that the biblical case against abortion has been scrutinized, the biological evidence against abortion will be examined. First, conception is a distinct point in the reproductive process where human life begins and where personhood can be recognized. Second, an embryo is not an extension of the mother’s body.

#### **Human life begins at conception**

A strong biological argument can be made that conception is a definitive point in the reproductive process at which a new human life begins to exist. The wording here is carefully chosen. It is not argued that personhood begins at conception. The absolute beginning of a human soul or personhood is a mystery that belongs to God alone. It is a question for theology and philosophy. The beginning of a human life, however, is a question that can be and has been answered by science. The term *life* can be ambiguous. The male and female gametes (sperm and oocyte) are “living” and “human” before fertilization, for example. Human life is here defined as “a new, genetically unique, newly existing, individual, whole living human *being* (an embryonic single-cell human zygote)” (Irving 1999, 23; emphasis in original).

Due to the constant redefining of *conception*, it is necessary to define the term as intended here. *Conception* is here defined according to the definition

<sup>15</sup> The words *spirit* and *soul* are being used interchangeably in this context for the purpose of this particular conversation. However, readers should not infer any particular position of the author concerning whether the nature of humankind is a dichotomy or trichotomy.

given in the 28th edition of *Stedman's Medical Dictionary* (2006, s.v. "conception"): "Fertilization of oocyte by a sperm." *Stedman's* (2006, s.v. "fertilization") definition of *fertilization* is "the process beginning with penetration of the secondary oocyte by the sperm and completed by fusion of the male and female pronuclei." The specification is made that the newest edition of *Stedman's Medical Dictionary* is used because the previous edition defined *conception* according to implantation instead of conception/fertilization: "Act of conceiving; the implantation of the blastocyte in the endometrium" (*Stedman's* 2000, s.v. "conception"). In fact, since 1961 among nine editions, *Stedman's Medical Dictionary* has defined *conception* on the basis of fertilization six times and upon the basis of implantation three times, switching its position four times (Gacek 2009, 549). Even in the newest edition cited above, the word *conceive* is defined as the following: "To become pregnant, i.e., to achieve implantation of the blastocyst, ideally in the endometrium" (*Stedman's* 2006, s.v. "conceive"). In other words, according to the *Stedman's* 28th edition, a woman could have already experienced conception without having first conceived and without becoming pregnant until five to seven days later at implantation!

One disingenuous approach of abortion providers and contraceptive providers is to change the definition of *conception*. Instead of trying to discredit the fact that human life begins at conception, they merely change the definition of *conception*. By defining *conception* as the implantation of the blastocyst into the endometrium, they obtain another five to seven days to sell morning-after pills, other forms of birth control that block implantation, do unethical research, and whatever else they desire to do to the human embryo while denying that it affects pregnancy or causes abortions:

The morning-after pill is NOT the same thing as the abortion pill (also called medication abortion or RU-486). The morning-after pill doesn't cause an abortion. It won't work if you're already pregnant, and it won't harm an existing pregnancy. Emergency contraception (including the IUD) is birth control, not abortion. It doesn't end a pregnancy—it prevents one. (Planned Parenthood, n.d.b.; emphasis in original)

Here is another quote from a Planned Parenthood article written specifically for teens: "EC [emergency conception] is effective when started within 120 hours (five days) of unprotected sex. The sooner it's started, the better. EC prevents a pregnancy before it occurs. Pregnancy begins when a fertilized egg implants itself in the lining of the uterus" (Amy @ Planned Parenthood 2010).

Several biological facts evidence that human life begins at conception. First, "species-specific DNA

strands identifying the fertilized egg as human are present at conception." In other words, humans beget humans (Feinberg and Feinberg 1993, 60). Although an obvious point, it is a powerful one. The burden of proof would fall upon anyone who tries to argue that a human being begets anything other than a human being (i.e., just a mass of cells).

Second, at conception, a brand new entity exists that is not identifiable with either the father or the mother (Aydin et al. 2016, 562; Irving 1999). Klinovska, Sebkova, and Dvorakova-Hortova (2014, 10653, 10654) explain that "fertilization is a multi-step and complex process culminating in a merger of gamete membranes, cytoplasmic unity and fusion of genomes" initiating the "development of a new unique individual." Kischer (2003, 337), emeritus professor of cell biology and anatomy with a specialty in human embryology at University of Arizona, challenges the assertion that we cannot know when life begins: "It is quite clear that what was known more than 100 years ago, even intuitively before that, is that the fusion of sperm and oocyte begins the life of the new individual human being." Kischer (2002) contends that the beginning of human life is primarily a question concerning human embryology and gives the following critique to the several doctors and medical experts that often argue that it is impossible to determine when human life begins:

In all of the Supreme Court cases since 1973 and at all of the Congressional hearings on these issues, no human embryologist has been called as a witness and no reference to Human Embryology has ever been made. Further, among the NIH [National Institutes of Health] Human Embryo Research Advisory Panel, the National Bioethics Advisory Commission, and President Bush's Council on Bioethics, no human embryologist was appointed as a member, nor called as a witness.

Kischer (2003, 328) goes even further to state that "virtually every human embryologist and every major textbook of human embryology states that **fertilization marks the beginning of the life of the new individual human being**" (emphasis in original). As Geisler (2010, 149) restates: "From the moment of conception until death, no new genetic information is added. All that is added between conception and death is food, water, and oxygen."

Third, human life being a continuum is evidence that life begins at conception. Kischer (2003, 328, 330) gives an excellent explanation of the continuum of life:

Human development is a *continuum* in which so-called stages overlap and blend, one into another. Indeed all of life is contained within a time continuum. Thus, the beginning of a new life is exacted by the beginning of fertilization, the



reproductive event which is the *essence* of life. ... Every moment of development blends into the next succeeding moment. But, even common sense tells one that this so-called development does not cease at birth. It continues until death. At any point in time, during the continuum of life, there exists a whole integrated human being. This is because over time, from fertilization to a 100-year-old senior, all of the characteristics of life change, albeit at different rates at different times: size, form, content, function, appearance, etc. (Emphasis in original)

After conception, any attempt to identify a “trigger point,” “marker event,” or specific moment where life begins *must* be arbitrary. Those holding to functional views of personhood and human value have given different suggestions for trigger points: implantation, the beginning of a heartbeat, certain levels of brainwave activity, sometime after monozygotic (identical) twinning is no longer possible, birth, moral status, self-awareness, etc. Asserting a more extreme position, Giubilini and Minerva (2013, 261), two professors of philosophy in Australia, believe “abortion” should be allowed after birth: “We argue that, when circumstances occur after birth such that they would have justified abortion, what we call after-birth abortion should be permissible.” One of their arguments is that the mother is justified to abort her baby in the womb if certain genetic defects are detected, and she should have that same right to abort her child when she discovers previously unknown genetic defects post-birth. Going even further, Giubilini and Minerva (2013, 261–263) believe that a mother should even be allowed to exterminate perfectly healthy children post-birth, just as healthy children can be aborted within the womb, because they have not yet obtained the moral status of human beings and are not yet “persons”:

The moral status of an infant is equivalent to that of a fetus, that is, neither can be considered a “person” in a morally relevant sense.... If a potential person, like a fetus and a newborn, does not become an actual person, like you and us, then there is neither an actual nor a future person who can be harmed, which means that there is no harm at all. So, if you ask one of us if we would have been harmed, had our parents decided to kill us when we were fetuses or newborns, our answer is “no”, because they would have harmed someone who does not exist (the “us” whom you are asking the question), which means no one. And if no one is harmed, then no harm occurred.

It is reprehensible this idea is taught at universities and published in respected medical journals! Conception is not arbitrary. It is the absolute beginning of a new human life, just as death is the cessation. As Irving (1999, 27) points out: “The commonly used term, ‘fertilized egg,’ is especially very misleading, since there

is really no longer an egg (or oocyte) once fertilization has begun. What is being called a ‘fertilized egg’ is not an egg of any sort; it is a human being.”

In conclusion, human-species DNA present at conception and the creation of a brand-new, genetically distinct being at conception are evidence that life begins at conception. Because life in its entirety exists within a continuum that is in a constant state of change, all attempts to define the beginning of human life any time after conception must be arbitrary. As Alcorn (2004, 28–29) cogently states: “At conception the unborn doesn’t appear human to us who are used to judging humanity by appearance. Nevertheless, in the objective scientific sense he is every bit as human as any older child or adult. He looks like a human being ought to at his stage of development.”

As previously argued, it is impossible biblically to conceive of a living, distinct, human entity as not possessing personhood. Unborn children are persons who have incredible worth.

### **An embryo is not an extension of the mother’s body**

One common argument for abortion is the claim that the fetus is an extension of the mother’s body. Thus, pro-abortionists argue that a woman has a right to do whatever she pleases with her body. However, this position is fatally flawed because it is categorically false, as seen above. Irving (1999, 23) lucidly explains why one cannot accurately scientifically conceive of the unborn as being part of the mother’s body:

Scientifically something very radical occurs between the processes of gametogenesis and fertilization—the change from a simple *part* of one human being (i.e., a sperm) and a simple *part* of another human being (i.e., an oocyte—usually referred to as an “ovum” or “egg”), which simply possess “human life,” to a new, genetically unique, newly existing, individual, whole living human *being* (an embryonic single-cell human zygote). That is, upon fertilization, parts of human beings have actually been transformed into something very different from what they were before; they have been changed into a single, whole human being. During the process of fertilization, the sperm and the oocyte cease to exist as such, and a new human being is produced. (Emphasis in original)

Hence, it is incorrect to consider a human being at conception as a peanut butter and jelly sandwich, in which a part of the mother and a part of the father (their gametes) come together and remain unchanged. Instead, it is more accurate to conceive of hydrogen and oxygen coming together to form water, a new chemical molecule with unique characteristics distinct from both oxygen and hydrogen. No one would

ever say that water is a part of hydrogen; though, hydrogen is a part of water. Also, scientifically the father contributed half of the genetic information the new human being possesses at conception. Why has no one ever heard the claim that the unborn are part of the father's body? Should not "pro-choice" activists also be arguing for father's rights using the same logic used to champion women's rights?

Several other biological facts manifest that unborn children are not part of the mother's body. First, embryos "have their own sex from the moment of conception, and half of them are male while the mother is always female." Second, embryos have their own brainwaves approximately 40 days after conception. Third, within a few weeks after conception, babies within the womb have their own blood type, many times different from the mother's. Fourth, "the embryo is only 'nesting' in his/her mother's womb. Birth simply changes the method of receiving food and oxygen. Hence, embryos are no more a part of their mother's body than a nursing baby is part of her mother's breast or an artificially conceived 'test-tube baby' is part of a petri dish" (Moreland and Geisler 1990, 28).

Fifth, because the baby is not part of the mother's body, special gene silencing must occur within the decidua (the maternal part of the placenta) to protect the baby from being rejected by the mother's body. The onset of this gene silencing begins at the implantation of the blastocyst into the endometrium. This silencing occurs in part when the decidua's cellular promoters responsible for producing chemo-attractants for the mother's T-cells (white blood cells that destroy foreign invading cells and play a significant role in immunity) are repressed by the H3K27me3 histone (Nancy et al. 2012). If it were not for this unique property of the decidual cells, the mother's body would destroy the unborn. If the baby were part of the mother's body, this "cloaking" protection would not be necessary. The mother's body's acceptance of the unborn child is so remarkable that Nancy et al. (2012, 1317) say the following: "Besides being essential for reproductive success, the ability of the allogeneic fetus and placenta to avoid rejection by the maternal immune system during pregnancy (i.e., fetomaternal tolerance) *has served as a paradigm for the study of organ-specific immune tolerance*" (emphasis added).

Lastly, the baby's dependence upon the mother for survival does not signify that the baby is part of the mother's body. This reasoning would be akin to claiming that a pet goldfish is a part of its owner's body. Alcorn (2004, 37–38) makes the following jeer toward those who insist the baby is part of the mother's body: "If the mother's body is the only one involved in a pregnancy, then consider the body parts she must have—two noses, four legs, two sets

of fingerprints, two brains, two circulatory systems, and two skeletal systems. Half the time she must also have male genitals."

Even if one were to concede for the sake of the argument that unborn children are part of their mother's bodies, this alone would not justify abortion. Civil laws exist to restrict what individuals may do with their own bodies. For example, one may not steal, rape, murder, commit perjury, or vandalize. Several laws go further by not only restricting what people may do with their bodies to someone else or someone else's property, but to themselves also: "Civilized societies do not permit women absolute control over their bodies; they do not sanction such things as mutilation of one's own body, drug abuse, prostitution, or suicide" (Nathanson and Ostling 1979, 191).

Although the argument that a baby is an extension of the mother's body is decisively refuted by science and indubitably untrue, several people still make this assertion. Planned Parenthood (n.d.a.) devotes the entire first page of their 2016-2017 annual report to this quote that its president Cecile Richards made at the Women's March of 2017: "We are here today to thank generations of organizers, troublemakers, and hell-raisers who formed secret sisterhoods, who opened Planned Parenthood health centers in their communities, and demanded the right to control their own bodies." As is often the case, the worst arguments are the most popular. Not only is the argument false, but people holding to it also do so inconsistently. Some of the same people who argue that the unborn are part of the mother's body and can be terminated at will, because they are not yet persons, also believe in charging someone who kills a pregnant woman with double homicide. The babies are therefore persons when anyone besides the mother kills them. When the mother kills the unborn, they are nothing more than cells which are part of her own body.

To be fair, not every woman who claims that she has a right to do "whatever she wants with her own body" actually believes that the baby is biologically an extension of her body. Instead, what she means by this statement is that she is under no obligation to use her body to support the life of another individual. She is further arguing that she should not have to go through a pregnancy and all the changes that it would cause to her body unless she chooses. The fatal flaw of this selfish thinking is that if the baby is not part of her body, then she is killing "some-body" else—her own child!

As stated earlier, Waterhouse (2005, 125) makes the following statement concerning the idea that the embryo is an extension of the mother's body: "So often in the abortion argument, the mother says, 'I can do

whatever I want with this baby, I own it.' **No, you don't.** *God owns the children.* The unborn belong to Him" (emphasis in original).

### A Philosophical Case Against Abortion

Pro-choice advocates raise many philosophical arguments in support of abortion. The following section discusses some of the more common arguments: (1) embryos lack consciousness, (2) abortion prevents children from being born into poverty, (3) monozygotic twinning proves that personhood does not begin at conception, (4) rape justifies abortion, (5) incest makes abortion permissible, and (6) an abortion should be performed if the mother's life is in danger.

#### Embryos lack consciousness

Pro-abortionists sometimes argue that embryos are not persons, because they lack consciousness. This position is a common functional view. Davis (2006, 17) identifies this argument as an example of a "Cartesian fallacy"—identifying the essence of personhood with the presence of a particular state of consciousness. If the experience of full consciousness is a necessary condition for full personhood, then such a definition denies personhood not only to human embryos, but to brain-damaged persons, and even to normal persons who happen to be asleep.

As such, a human is a person before he goes to sleep, a "human non-person" while he sleeps, and a person once again when he awakes. Also, do humans lose their personhood during the interval of time they are in a coma or under anesthesia? Using this argument, all a person would have to do to get away with murder is to first knock his victims unconscious before he kills them. This position is obviously inadequate. Davis (17) argues that "it is not so much the circumstantial and momentary presence of consciousness that marks the person, but rather, the *intrinsic capacity* to manifest consciousness given right circumstances. Embryonic humans possess such an intrinsic capacity." Furthermore, it is their being created in God's image that gives humans intrinsic value, not a particular state of consciousness.

#### Abortion prevents children from being born into poverty

Waterhouse (2005, 125) acutely persuades that "every argument for abortion is the same argument for death for those that are already born." One example that he gives is the abortionists' argument that babies that will be born into poverty should be aborted because poverty is so terrible (134). Waterhouse answers this argument with the following question:

"However, would this not be the same argument for killing the majority in Africa, South America, and Asia?... Again, we are told they are poor. If poor people should not live, then why not rid ourselves of all poor people." Truly, when people see poor children struggling and starving on television, they feel an obligation to help these children, not to murder them. Likewise, this argument shows the presupposition of pro-abortionists that the unborn are not fully human. No sane individual would consider killing a child merely because the child is impoverished. Thus, this argument fails because it presupposes what it is trying to prove: the non-personhood of the unborn.

#### Monozygotic twinning proves that personhood does not begin at conception

The development of identical twins, or monozygotic twinning, is sometimes used to argue that personhood cannot begin at conception. The term *monozygotic* derives from the fact that identical twins are formed by the splitting of a single zygote. During the first several days<sup>16</sup> after conception, it is possible for the developing embryo to split and form identical twins, triplets, etc. Each of these children would be genetically identical but a distinct and separate individual. The twinning argument asks how one person who exists at conception can later split and become two (or more) different persons. Is one individual person being split into two individuals comparable to the regeneration of a starfish? If so, is each person capable of producing, in theory, an infinite number of other persons? It is argued that since the lives of the individual twins cannot begin to exist until after the embryo splits, personhood cannot begin at conception in instances of twinning. Moreover, if personhood does not begin at conception in these cases, then it cannot be dogmatically argued that life ever begins at conception; instead, personhood can only be said to exist after the timeframe when twinning is no longer possible and the number of persons is determined. Such is the argument.

Several responses have been given to answer the twinning enigma. Davis (2006, 16) argues that one reason why this argument fails is that it is "based on a confusion of two related but distinct concepts: *individuality* and *indivisibility*. An individual—i.e., a distinct, recognizable member of a given class—does not need to possess the property of *indivisibility* in order to be a recognizable individual." This argument is one response. Although, several people would argue that individuality intrinsically has the property of indivisibility (e.g., Donceel 1970).

The primary defect of the twinning argument, however, is that it confuses the ontological property

<sup>16</sup> Monozygotic twinning after implantation (approximately 8 days after conception) is extremely rare.

of personhood with the number of persons present. As Feinberg and Feinberg (1993, 61) point out: “The argument does not in fact prove that what is developing inside the mother is anything less than human. Check the DNA strands. They are species-specific at the point of conception. The most the argument shows is that until after blastocyst we do not know *how many* persons are present, but that is clearly a different question than whether personhood is present.” Siamese twins make a strong case against the twinning argument because they never complete the process of twinning. If personhood cannot be bestowed upon a human until after twinning occurs, then one would have to conclude that Siamese twins are “non-person” humans. As argued previously, the Bible does not allow for humans who lack personhood. Davis (2004, 41) makes the following refutation to those that try to justify abortifacient medications by using the twinning argument: “[Siamese] twins can be viewed as two human individuals who happen to share the same body. Should their right not to be harmed be invalidated by the fact that they share a body?”

One possible solution to the twinning argument is that God imparts the ordained total number of persons into the zygote at the moment of fertilization. These persons (whatever the number) collocate within the same unicellular zygote until later cell divisions take place and they move to their new location(s) (cf. Koch-Hershenov 2006, 158–160).<sup>17</sup> This position combined with God’s foreknowledge can account for all human persons. God’s foreknowledge allows Him to impart the appropriate number of persons at conception, despite the number of divisions that will later take place. This is the only position that the author is aware of that allows for all persons to be recognized at conception. The instance of conjoined twins is one example of two persons sharing the same body. Because the embryonic division never fully completes in the instance of conjoined twins—but both twins demonstrably possess personhood and distinct personalities—it indicates that both persons existed before the beginning of the division. Why would God wait until mid-division to impart the second soul? Additionally, the indwelling of the Person of the Holy Spirit within believers and of demons in the demon-possessed<sup>18</sup> are two other examples of multiple persons sharing the same body.

Of course, another alternative is that God imparts the second person instantaneously at some point during the twinning process. If this were the case, abortion would still be wrong because the first person was present from conception. Regardless of which position one chooses, it has been demonstrated that it does not logically follow that personhood can only begin after the possibility of twinning has passed. Biologically, biblically, and philosophically, no difficulty exists in establishing personhood at conception in the case of monozygotic twinning.

### **What if the mother is raped?**

One of the most common arguments raised by pro-abortionists is that a mother who becomes impregnated by rape should not be forced to mother the rapist’s child. First, it should be understood that an extremely low number of abortions are performed because of rape. Johnston’s (2016) research reports 3 in 1,000 abortions (0.3%) in the US and Europe are due to rape.<sup>19</sup> Therefore, the actual number of abortions due to rape is less than half of one percent. Second, it should also be noted that this argument once again begins by begging the question that the unborn are not truly persons. If the unborn are inherently persons with value, then killing the baby is homicide and is automatically ruled out as a viable option.

In the instances of rape, the unborn baby should not suffer for the sins of his or her father. Although the father committed a horrible crime, the baby is innocent. Indeed, are not babies viewed as the epitome of innocence? As Beckwith (1993, 69) appeals: “The rapist is the aggressor. The unborn entity is just as much an innocent victim as its mother.” Alcorn (2004, 80) asks the following question to expose the logical fallacy of aborting children conceived by rape: “If you found out today that your biological father had raped your mother, would you feel you no longer had a right to live?”

Pro-choice advocates often argue that abortion should be permitted in cases of rape because the pregnancy and the child will remind the mother of the rape. Without question, “she may indeed suffer painful memories when she looks at the child, and it’s foolish to think she never will” (Klusendorf 2009, 173). These women definitely need love, support, and compassion. However, “if the unborn are human, killing them so others can feel better is wrong.

<sup>17</sup> Even though the author agrees with Koch-Hershenov generally on the idea of collocation of multiple persons within a unicellular zygote, I do not agree with Koch-Hershenov’s Thomistic philosophy of hylomorphic embryology.

<sup>18</sup> Consider the case of Legion (Mark 5:1–20). Though the exact number of unclean spirits is not given, the text does state that they were “many” and that their exorcism into a herd of pigs caused the herd to rush down a steep bank into the sea and drown. The number of pigs was around 2,000.

<sup>19</sup> The data from Johnston’s (2016) report are used in the cases of rape, incest, and the life of the mother because of Johnston’s incredibly thorough and careful methodology. It is advised that the entire report is read to see how the numbers are derived and to see a thorough analysis of and comparison with the numbers given by Guttmacher Institute on these same issues.

Hardship doesn't justify homicide" (Klusendorf 2009, 174). Feinberg and Feinberg (1993, 77) concur: "It is never right to commit murder to alleviate suffering. Abortion is murder, like it or not, and in this case, it is committed to alleviate the pain of the mother." Mitigation of suffering as a justification for abortion also does not withstand scrutiny. The child will not be the only one that reminds the woman of the rape. Suppose the woman was good friends with the rapist's family. Would it not be true that seeing the rapist's family could also cause her to remember the rape? Surely no one would believe that the woman has the right to kill the rapist's family members because they may remind her of the rapist, and therefore the rape. Of course, the woman is most intimately and emotionally connected to her child, but the premise of mental distress justifying abortion is the same in each instance. Imagine another scenario where a woman conceives by consensual sex with her husband, but then the child is born on the date she was previously raped by another man. Would the woman be justified in killing this child because the child's birthdays would be a constant reminder of her rape? Unquestionably, the rapist himself would be the greatest reminder of the rape, but our law does not permit a woman who is raped to kill the rapist later.

It is also fundamental to realize that two wrongs do not make a right. Rape is a heinous evil. However, so is homicide. Rape does not make killing an innocent baby morally acceptable.

Another important consideration is that "harm, both physical and psychological, may come to the mother who aborts in the situation, so there is concern for her" (Chitty, Barnes, and Berry 1996, 479–480; Feinberg and Feinberg 1993, 77; Korenromp et al. 2007; see also Abort73.com 2017a, 2017b). As Justice Kennedy stated in *Gonzales v. Carhart*:

Respect for human life finds an ultimate expression in the bond of love the mother has for her child. The Act recognizes this reality as well. Whether to have an abortion requires a difficult and painful moral decision. *Casey, supra*, at 852–853 (opinion of the Court). While we find no reliable data to measure the phenomenon, it seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustained. See Brief for Sandra Cano et al. as *Amici Curiae* in No. 05–380, pp.22–24. Severe depression and loss of esteem can follow.<sup>20</sup>

Therefore, it is not, as the pro-abortionists insist, unfeeling to demand a mother not abort a baby conceived in rape. The mother's lifelong regret of having an abortion may prove in many cases psychologically worse than the rape experience. A woman who commits abortion not only has the

psychological pain of being raped, but she also has incredible guilt and pain from knowing that she killed her own baby. Abortion does not help improve a rape victim's psyche or emotional state; it harms and afflicts them. In a recent study of pregnant couples who decided to abort upon discovering their child had Down syndrome (DS), all couples "addressed the decision as burdensome due to its irreversibility and potential cause of future regret" (Lou et al. 2018). Two quotes by the couples are particularly sobering:

I worry if this was my chance. I worry that 5 years from now we still don't have a child and this was my chance to have a baby. Then I will forever regret this decision that we've made. (Table 2, Quote 11)

I feel a bit like a murderer. You kind of become master of life and death. (Table 2, Quote 16)

Although rape is tragic indeed, it is not a justification for abortion. A rape victim always has alternate choices to abortion. Also, adoption is always a better alternative than abortion. Unfortunately, Planned Parenthood only made 1 adoption referral per every 83 abortions it performed, according to its 2016–2017 annual report (Desanctis 2018; Planned Parenthood n.d.a. 31). Another option is to keep the baby. With proper counseling, rape victims can grow to love their babies just as a mother who conceives under ordinary circumstances. An abortion cannot take away or "change the fact that the woman was raped" (Beckwith 1993, 69), and it will not help.

### What about incest?

People conversing on abortion frequently raise the question of incest. Should abortion be permitted or recommended when the child was conceived due to incest? As with abortions performed for rape, abortions performed for the stated reason of incest are extremely rare and only constitute 0.03% of all abortions in the US (Johnston 2016). Although infrequent, conception due to incest does occur and demands an answer.

Ultimately, the bedrock of the answer here is the same as in all other questions concerning abortion: human value, personhood, and dignity. Humans are intrinsically valuable because they are created in the image of God. This intrinsic worth exists independently from one's parents or cause of conception. The precious, incredible value of the unborn, their personhood, and their right to life are not diminished because of potential genetic defects or other inherent complications or hardships resulting from an incestuous conception. As Koop and Schaeffer (1983, 113) argue, "any person, no matter who he or she is—a stranger or a friend, a fellow-believer or someone who is still in rebellion against God, anyone of any age, before or after birth—any

<sup>20</sup> *Gonzales v. Carhart*, 550 U.S. 124 (2007).

and every person is made after the likeness of God” (emphasis in original).

Those who are pro-life and desire to make exceptions for abortion in the cases of rape and incest commit two fallacies: (1) they undermine the foundation of their entire pro-life position, and (2) they make arbitrary delineations. First, the intrinsic value and personhood of the unborn any time after conception are the foundational truths upon which the pro-life argument is constructed. However, if these truths should not be regarded in the cases of rape and incest, then why should they apply elsewhere? Second, the trauma and mental distress the pregnancy and the child will cause the mother are the primary underpinnings of the demand for these two exceptions. However, Cohen (2015, 93) evinces why trauma to the mother is ultimately an arbitrary premise:

A woman who becomes pregnant from a boyfriend whom she believes is faithful but then learns he actually has a family and wife he has been hiding may feel no less the subject of a continuous violation [a violation emotionally due to the pregnancy/child]. The same may be true of a woman who conceives after an intoxicated one-night stand. Indeed, in these cases, the feeling of invasion may be especially acute because she experiences this as a kind of self-violence, a life divided against itself. To be clear, this is not a claim that the trauma from these kinds of pregnancies is always or often on par with the trauma from rape. Indeed, it is not a claim about trauma at all. Instead, it is a claim that if *pregnancy* is the continued violation that justifies an act of self-defense against an innocent third party in rape or incest, similar continuing violations exist in other forms of pregnancy. (Emphasis in original)

Cohen (2015, 91) also discusses the tremendous trauma that results from caring for a child with “profound mental and physical disabilities” and concludes that “if *trauma* is the additional interest that justifies the rape and incest exceptions, there is nothing categorical about rape and incest in this regard that should lead to us to limit the exceptions to those two circumstances.”

As seen, exceptions for abortion in the cases of rape and incest are ultimately arbitrary. The sanctity of life bestowed upon all humans due to their being created in God’s image is not arbitrary. It is the only sure foundation for human value and dignity. Cases of incest are especially traumatizing to the mother because many of them include domestic rape. Again, these women need special love, support, and compassion. However, the children conceived in incestuous relations will also have incredible trauma emotionally and may also suffer potential genetic and physical disabilities. These innocent children *also* need special love, support, and compassion.

### **What if the life of the mother is in jeopardy?**

The most severe and grave question to struggle with concerning abortion arises when the life of the mother is thought to be in jeopardy. Before looking at some moral and philosophical points to consider when faced with this sobering scenario, it is necessary to understand at the outset that, as with abortions for rape and incest, abortions performed to save the life of the mother are extremely rare. With the attention this scenario receives, one may be beguiled to believe that abortions are commonly performed to save a mother’s life. This is not true. Johnston’s (2016) research reports that only 1 in 1,000 (0.1%) abortions in the US are performed with the stated reason of saving the life of the mother. The rarity of pregnancies that endanger a mother’s life does not minimize the gravity of the pregnancies where the mother is legitimately at risk. A mother is an innocent person created in God’s image, along with the child, and any instance in which her life is threatened must be taken seriously. The intention here is to give a proper context for the conversation concerning these rare instances.

Another important fact of context is that unsafe abortions accounted for 13% of all maternal deaths worldwide in 2008. The highest percentage of maternal deaths due to unsafe abortions exists in Eastern Africa, where 18% of all maternal deaths are due to unsafe abortions. Even in developed countries, unsafe abortions accounted for 4% of all maternal deaths (Åhman and Shah 2011, 123, Table 2; WHO 2011). Stated another way, “1 in 8 maternal deaths globally and 1 in 5 maternal deaths in Eastern Africa continue to be attributable to unsafe abortion” (Åhman and Shah 2011, 121). As tragic as these numbers are, they are almost certainly too low due to underreporting: “The extent of the underreporting of deaths attributable to unsafe abortion is potentially higher than that of maternal deaths attributable to any other cause, given the social stigma and the legal repercussions associated with unsafe abortion, and unsafe-abortion-related mortality estimates may, therefore, be underestimated” (122). Say et al. (2014, e331) give the same caution when interpreting statistics for maternal deaths due to unsafe abortions:

Classification of maternal deaths due to abortion, and more specifically unsafe abortion, is associated with a risk of misclassification, which might lead to underreporting. Even where induced abortion is legal, religious and cultural perceptions in many countries mean that women do not disclose abortion attempts and relatives or health-care professionals do not report deaths as such. Under-registration of deaths might be the result of stigmatization of abortion affecting what information is reported by relatives and informants or intentional misclassification by providers when abortion is restricted.

In these circumstances, the overall number of maternal mortality might not be affected, whereas abortion-related deaths might be particularly underestimated because of this underreporting.

Tens of thousands of preventable maternal deaths occur each year because of unsafe abortions (Åhman and Shah 2011, 124). Also, more than half of the babies aborted are girls (a higher number of girls are killed by abortion because girls are targeted by sex selection in certain countries). Why is abortion—which is one of the top killers of mothers worldwide—seen as an issue of women’s rights for which women themselves picket and protest? Also, why do people and politicians not raise the maternal mortality rates of abortion when they make appeals for others to consider the lives of mothers when deciding about abortion? Unfortunately, the solution for the high maternal mortality rates sought by these individuals is not a pro-life position that values life, but rather an attempt to make “safe” abortion more accessible and to improve the art of killing children in the womb through better training and more advanced technology.

#### **What if the mother’s life could be endangered by continuing pregnancy to save the baby?**

What about scenarios when the mother’s life may be in legitimate danger if she continues the pregnancy to save her child? One must not fail to consider four critical truths when making moral judgments in this scenario: (1) doctors can be wrong, (2) God is ultimately in control, (3) unborn babies possess **full** personhood, and (4) the mother is also created in God’s image and of equal value as the child. *The following discussion is certainly not intended to instruct any mother or couple of which decision to make but is merely offering truths for consideration when making this incredibly difficult choice.* This section is also not addressing situations where both the mother’s and child’s life will be lost by continuing pregnancy. The next section addresses that situation. This section is specifically addressing the situation in which the mother’s life may be at risk if she carries the baby to the point of viability.<sup>21</sup>

Although it may sound like a trifle too simple for mentioning, doctors can sometimes be wrong. This statement is not meant to denigrate doctors. Everyone makes errors. This statement is also not insinuating that doctors are ordinarily wrong. In fact, the author assumes that doctors are usually right about life and death issues. They routinely do their best to explain all risks and options clearly, making it impossible for the patient to ignore the real risks. However, it is merely a fact that due to the complexity of the human body, it is not possible to always have certainty. The complexity of life is why second opinions are advised—by doctors—and sought regularly concerning medical matters. Consulting several counselors on weighty decisions is a biblical teaching (Proverbs 11:14, 15:22). Therefore, just because some doctors may say definitively that the mother will die if she continues the pregnancy to fetal viability, this cannot be accepted as absolute truth. Just because an outcome is not certain, however, does not mean it is not very probable, and patients should take the prognosis of their care providers seriously.

Unfortunately, some doctors do have a bias toward abortion. One must not forget that Planned Parenthood performs approximately one-third of all abortions in the US, only making 1 adoption referral for every 83 abortions performed (Desanctis 2018; Planned Parenthood, n.d.a. 31). Certain doctors may even exaggerate the risks involved with giving birth to children with disabilities or special health risks, going as far as coercion in these cases. Children with Down syndrome are especially targeted for abortion.<sup>22</sup> In a more recent study examining the “preliminary experiences of parents upon learning of their child’s diagnosis of Down syndrome,” most participants<sup>23</sup> stated that “their initial experiences with medical professionals were primarily negative,” with the negative experiences outweighing the positive experiences 2.5 to 1 (Nelson Goff et al. 2013, 446, 453). In the prenatal group (patients who discovered their child had DS before birth), 35% ( $n=16$ ) reported negative experiences with medical professionals, and only 11% ( $n=5$ ) reported positive experiences (453).

<sup>21</sup> Some risks to the mother and child are almost always present in complicated births. The intention is not to create a false distinction between pregnancies that only endanger the mother and ones that endanger both the mother and the child(ren). However, it is useful for the sake of moral considerations and conversation to separately group pregnancies whose risk is primarily to the mother from those where terminal risks exist for both the mother and the child.

<sup>22</sup> For the overall high abortion rates of children with DS, the negative attitude of physicians toward DS, and the pressure to abort from medical doctors and philosophers, see Bradford (2015); Cunningham (2018); Gee (2016); Nelson Goff et al. (2013); de Graff, Buckley, and Skotko (2015); Leach (2014); Lindeman (2015, 2017); Lou et al. (2018); Maxwell, Bower, and O’Leary (2015); Skotko (2005, 70–71, under “The Language”); Zuijderland (2017). Lou et al. (2018) is included because it demonstrates that the abortion rates in Denmark for children diagnosed with DS are >95%. Lou et al. (2018) is also significant in this context because it highlights doctors’ prejudice against continuing pregnancy of a child diagnosed with DS. In this case study, all participants decided to abort their children once DS was detected. Lou et al. (2018, under “Discussion”) noted that “none of the couples in this study felt pressure from clinicians...” but acknowledged that “couples who choose to continue the pregnancy may experience the decision-making, diagnostic process, and interactions with clinicians quite differently.”

<sup>23</sup> Participants in study represent 22 states and 1 other country. The participants were divided into prenatal ( $n=46$ ) and postnatal ( $n=115$ ) groups, depending upon when they learned of their child’s diagnosis with DS (Nelson Goff et al. 2013).

Reasons given for negative experiences with medical staff include the following:

**The medical professionals' insistence on terminating the pregnancies ( $n=11$ ),** the perpetuation of negative stereotypes of individuals with DS ( $n=7$ ), the lack of information about DS provided by the medical professionals ( $n=5$ ), and the perceived lack of compassion exhibited by the medical professionals ( $n=4$ ). (Nelson Goff et al. 2013, 453; emphasis added)

A study conducted in the Netherlands of women who terminated their pregnancies after their children were diagnosed with DS reports that 34% of the women indicated that the option of continuing the pregnancy was not raised (Korenromp et al. 2007, 149.e4). Wertz (2000, Table 8) documents the anonymous responses of 499 US primary care physicians. The percentages in Table 1 represent their answers concerning the counseling they would give mothers after prenatal diagnosis.<sup>24</sup>

In the same study, only 85% of genetics professionals (out of 1,084) and 65% of primary care physicians (out of 499) agreed with the statement that “a woman’s decision about abortion should be her own, without any intervention from anyone” (Wertz 2000, Table 3). Individuals also have expressed coercion to have an abortion in cases where the child has a terminal illness (Chitty, Barnes, and Berry 1996; Lathrop and VandeVusse 2011; Wertz 2000). Lathrop and VandeVusse (2011) lists “pressured mother to terminate pregnancy” as a behavior that served to invalidate motherhood in the patients (262, Table 3). Other invalidating behaviors of physicians include the following:

One mother’s physician commented that there was no reality-based reason for her to continue the pregnancy, and expressed his belief that she only continued the pregnancy because she irrationally thought the baby would somehow survive. Another physician prescribed a medication contraindicated in

pregnancy, explaining that it did not matter because the baby was going to die anyway. Another implied that as the baby was not expected to live very long, the mother would not become too attached and therefore would not grieve as much. (Lathrop and VandeVusse 2011, 260)

Of course, several individuals have already predetermined to abort if certain health conditions are diagnosed in their children, and doctors are not solely responsible for high abortion rates. Furthermore, not all doctors try to pressure their patients to get abortions. One patient who lost a child to a terminal condition was moved to tears as she described “how her physician came back to the hospital several hours after her baby’s birth to attend a bedside memorial service” (Lathrop and VandeVusse 2011, 262–263). The only point being made is that a bias for abortion does exist with some medical experts in certain pregnancies, and one should account for said possibility. Even when the risks are grave and unexaggerated, it is not uncommon for mothers and children to survive births that the doctors said they would never survive. It is by no means a denial of reality or a lessening of the extreme dangers involved for the child and mother in complicated births to here stress that doctors can sometimes be wrong, whether due to the complexity of the human body, human fallibility, or to personal bias.

In addition to human fallibility, another important parallel truth is that God is ultimately in control. Even if doctors were infallible in their prognoses, God may choose to intercede miraculously through intercessory prayers and defy the current reality. Because God is in control *and* intervenes in human affairs, the certainty of a mother’s death in complicated pregnancies is impossible to know beyond doubt. The significance of these first two points is that it is one philosophical reality for a mother to kill her baby when she *knows* the pregnancy will forfeit her own life; it is another for a mother to kill her baby—believing it is the only way for her to survive—when

**Table 1.** Primary Care Physicians’ Counseling after Prenatal Diagnosis ( $n = 499$ ).

Condition	Urge Parents to Carry to Term	Emphasize Positive Aspects So They Will Favor Carrying to Term Without Suggesting It Directly	Try to Be as Unbiased as Possible	Emphasize Negative Aspects So They Will Favor Termination Without Suggesting It Directly	Urge Termination
Trisomy 21 [DS]	4%	10%	63%	13%	10%
Pregnancy result of rape	2%	4%	66%	11%	17%
Mother’s life in danger	0%	1%	33%	16%	50%

<sup>24</sup> These three conditions were selected from several other conditions in the original table. It is recommended readers review the full chapter to see the responses to Wertz’s several surveys by 1,084 geneticists “(equally divided between MD/PhD geneticists and master’s-level counselors),” 476 patients, 499 primary care physicians, and 988 members of the public (2002, 262–263).



they both could have survived. At the least, a couple should wait as long as they and their doctor consider to be safe to pray before they make their decision. Safe postponement puts no one's life in danger and allows time for prayer. It must be emphasized that the author is not encouraging anyone to put their lives at risk by rejecting medical advice on the strength of a hoped for miracle. Again, the author assumes that doctors usually are right concerning matters of life and death. A woman must decide, like all individuals faced with life-threatening situations, what risks she is willing to take for her child and make her decisions accordingly. Prayers are not always answered in the way we desire. God does not always intervene.

When faced with a dangerous pregnancy, one must also remember that unborn children possess *full* personhood. This personhood is not less than that of adults or of children who are already born. Exodus 21:22–25 emphasized this equality of value. If this full personhood of unborn children—which begins at conception—be taken seriously, then the familiar arguments for abortion in complicated pregnancies lose their strength. One common objection is that the child should be aborted in these high-risk pregnancies because aborting the child would be better than for all the other children (assuming there are other children) to lose their mother. Another objection is that the mother cannot die if she is the provider for the other children. “What about the husband?” is another question asked.

The weight of these questions cannot be dismissed nor made light. When precious, innocent life is in jeopardy, decisions are never easy. However, if unborn children possess full personhood equal to that of the mother's born children, do these questions not demand to be looked at differently than they normally are? What mother would look at one of her children in a life-threatening situation and choose to not save her child, because she is concerned about her own safety? Would she let her two-year-old child die, because it is better for that child to die than for her other children to lose their mother? Would she not risk her own life, because she reasons within herself that she is the provider for the household? Would she hesitate to risk her own life for that of her five-year-old child, because she believes it is more important that her husband not lose his wife? Of course not! A mother who loves her children will risk her own life to save them. This self-sacrificing love is the greatest love of all (John 15:13) and is exemplified by mothers toward their children. These arguments raised by abortionists and some Christians alike in this most difficult scenario only make sense if the unborn child is granted a lesser personhood than children who have gone through birth. Some Christians demand full and equal

personhood for unborn children in all other scenarios except this one. Although they do not say it—truly, most do not even recognize it—they seem to give a “partial-personhood” to the unborn in complicated, dangerous births. They may not look at the child in the womb the same way they look at children who are born. They may not sympathize for them equally.

Lastly, it must be emphasized that the mother is also created in the image of God. She is of equal value to the child before the Lord. One must also consider her incredible worth in dangerous pregnancies. It would be wrong to ever elevate the value of the child above that of the mother.

Pregnancies that may jeopardize the mother's life present one of the most difficult decisions parents will ever face in this life. The gravity of these pregnancies cannot be made light. May the Lord help all who are faced with this situation! Although the situation is grave and extremely serious, one must always remember that doctors can sometimes be wrong, God is still in control, unborn children possess full personhood that is equal to that of anyone else living, and the mother is also created in the image of God and equal in value to the unborn child. With the advances in medical technology, this scenario is upon the brink of vanishing.

#### ***What if the mother's life and the baby's life will be lost by continuing pregnancy?***

The question naturally arises: “What if the mother's life *and* the baby's life will be lost by continuing pregnancy?” Two schools of thought exist on this question. The first is the majority consensus which states that abortions are sometimes necessary to save the mother's life. This view is espoused by both pro-abortion and some pro-life adherents. It is certainly the dominant view of medical experts and academia. Some common conditions cited for abortions being necessary to save the mother's life include diabetes, obesity, cancer, chronic heart or kidney disease, sickle-cell anemia, hypertension, and ectopic pregnancies (Nathanson and Ostling 1979, 245–246).

However, several pro-life adherents and doctors oppose using the term *abortion* to describe surgeries performed to save a mother's life. The Dublin Declaration on Maternal Healthcare (2012)—signed by over 1,013 obstetricians/gynecologists, medical professionals, midwives, nurses, neonatologists, pediatricians, and medical students—carefully distinguishes between abortions and surgeries performed to save a mother's life:

As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion—the purposeful destruction of the unborn child—is not medically necessary to save the life of a woman.

We uphold that there is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child.

We confirm that the prohibition of abortion does not affect, in any way, the availability of optimal care to pregnant women.

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG n.d.) also insist that medical procedures to save a mother's life are not abortions:

Abortion is the purposeful killing of the unborn in the termination of a pregnancy. AAPLOG opposes abortion. When extreme medical emergencies that threaten the life of the mother arise (chorioamnionitis or HELLP syndrome could be examples), AAPLOG believes in "treatment to save the mother's life," including premature delivery if that is indicated—obviously with the patient's informed consent. This is NOT "abortion to save the mother's life." We are treating two patients, the mother and the baby, and every reasonable attempt to save the baby's life would also be a part of our medical intervention. We acknowledge that, in some such instances, the baby would be too premature to survive. (Emphasis in original)

Other pro-life supporters, however, disagree with making a distinction between the definition of abortion and surgeries performed to save a mother's life. They argue that abortion is a medical term with a specific standard definition, which involves removal of an embryo or fetus from the uterus before viability. They argue that, although they also oppose abortion on demand for convenience, it is disingenuous to redefine (as they see it) abortion just because they do not like it. So, different positions exist within the pro-life community even on the definition of *abortion*, and the readers are left to make their own determination.

Those opposing abortion give two primary arguments for terminating pregnancies when the mother's life is endangered. The fundamental reasoning is that both lives will be lost if the pregnancy is not terminated. Regretfully, the child will die either way, but the mother can be saved. Therefore, it is always best to save the life that can be saved. Why lose two innocent lives when one life could be saved? Others cite the principle of double effect (e.g., Geisler 2010, 153). According to this principle, the death of the embryo is merely an undesired side-effect of a medical procedure to save the mother's life.<sup>25</sup> The Catholic church commonly espouses the principle of double effect.

Although some anti-abortionists concede that terminating a pregnancy may sometimes be necessary to save a mother's life, they still firmly insist that pregnancies requiring termination are extremely rare. Dr. Bernard N. Nathan, a co-founder of the National Association for the Repeal of Abortion Laws (NARAL) and director of the largest abortion clinic in the world at that time, shares the following from his personal experience:

There are 75,000 abortions in my past medical career, those performed under my administration or that I supervised in a teaching capacity, and the 1,500 that I have performed myself. The vast majority of these fell short of my present standard that only a mother's life, interpreted with appropriate medical sophistication, can justify destroying the life of this being in inner space which is becoming better known to us with each passing year. I now regret this loss of life. I thought the abortions were right at the time; revolutionary ethics are often unrecognizable at some future, more serene date. The errors of history are not recoverable; the lives cannot be retrieved. One can only pledge to adhere to an ethical course in the future. (Nathanson and Ostling 1979, 248–249)

An important point to notice from Nathanson's quote above is that he is speaking from the "medical sophistication" of 1979. With our newer technology, he would have likely seen even less of his abortions as necessary.

Several eminent doctors, however, insist that abortion is never required to save the life of the mother (see NRLC 2012). Former US Surgeon General Dr. C. Everett Koop made the following bold statement:

Protection of the life of the mother as an excuse for an abortion is a **smoke screen**. In my 36 years in pediatric surgery, I have never known of one instance where the child had to be aborted to save the mother's life... If, toward the end of the pregnancy complications arise that threaten the mother's health, he will take the child by inducing labor or performing a Caesarean section. His intention is still to save the life of both the mother and the baby. The baby will be premature and perhaps immature depending on the length of gestation. Because it has suddenly been taken out of the protective womb, it may encounter threats to its survival. The baby is never willfully destroyed because the mother's life is in danger. (Quoted in Bohrer 1980; emphasis added)

Koop did not specialize in obstetrics, but he is commonly referenced because of his impressive résumé. In addition to being the US Surgeon General under Reagan, Koop was also awarded "41 honorary

<sup>25</sup> For a more detailed discussion of the principle of double effect, see Thomas Aquinas's *Summa Theologica*. For a summary of the position, see CUF (2003).

doctorates<sup>26</sup> and multiple prestigious awards” for his expertise (Hendren 2013). Koop was also the “author or coauthor of more than 230 articles and books on surgery, medical ethics, and health policy” (Hendren 2013). Koop was a public figure who would be held accountable for his public statements.

Sloan, a doctor with forty years of experience in performing abortions, surprisingly said the following in a book he wrote to defend abortion from a feminist perspective:

If a woman with a serious illness—heart disease, say, or diabetes—gets pregnant, the abortion procedure may be as dangerous for her as going through pregnancy...with diseases like lupus, multiple sclerosis, even breast cancer, the chance that pregnancy will make the disease worse is no greater than the chance that the disease will either stay the same or improve. And medical technology has advanced to a point where even women with diabetes and kidney disease can be seen through a pregnancy safely by a doctor who knows what he’s doing. We’ve come a long way since my mother’s time... The idea of abortion to save the mother’s life is something that people cling to because it sounds noble and pure—but medically speaking, it probably doesn’t exist. It’s a real stretch of our thinking. (Sloan and Hartz 2002, 45–46)

Dr. Frédéric Amant (2012), a world-renowned cancer specialist, gave the following testimonial at the 2012 International Symposium on Maternal Health in Dublin, Ireland: “In the case of cancer complicating pregnancy, termination of pregnancy does not improve maternal prognosis” (see also ISMH n.d.). Dr. Amant may recognize other instances where terminating the pregnancy is necessary, but cancer is not one of them. On his website (INCIP n.d.), Amant makes the following statement:

For nearly a decade, we have been leading an innovative research project on the treatment of cancer in pregnant women. Our research team studies the effects of various cancer therapies on the health of both mother and child.

**The results of our work are both remarkable and reassuring: they show that pregnant women with cancer can be treated just as effectively as non-pregnant women.**

We are currently monitoring 104 children in Belgium whose mothers received chemotherapy during pregnancy. Our results show that the treatment has no adverse effect on the health and development of the child. (Emphasis in original)

Appeals to authority are made not to “prove” either position (hence to commit a logical fallacy) but to prove that two positions exist.

### What about ectopic pregnancies?

Philosophical and ethical ponderings on this moral dilemma must consider ectopic pregnancies. Pro-abortion and most pro-life supporters both consider this to be an instance where the pregnancy must be terminated to save the mother’s life. Therefore, it is imperative to briefly discuss these pregnancies, so that readers can come to their own conclusions. The purpose here is not to persuade, but to inform the conversation.

Ectopic pregnancies are among the most severe threats to the life of the mother (Carlson 2014, 54; Larsen 1998, 16). Ectopic pregnancies are pregnancies that occur outside of the uterus. They predominantly occur in the fallopian tubes (tubal pregnancies), but they may also occur in the ovaries, the cervix, and the abdominal cavity. These pregnancies require careful monitoring from doctors and are highly dangerous. Fortunately, studies have shown that maternal deaths due to ectopic pregnancies are not as high as generally believed. A more recent study reports that the maternal mortality rate had dropped to 3.19 deaths per 10,000 ectopic pregnancies by 1999 (Grimes 2006, 93).<sup>27</sup> Yet, ectopic pregnancies remain lethal, accounting for 2.7% of all maternal deaths from 2011–2013 (Creanga et al. 2017, 369–370).

It is essential to clear up some common misconceptions about ectopic pregnancies before one can rightly consider the philosophical and ethical dilemma here discussed. First, it is untrue that ectopic pregnancies *always* require surgical or medical treatment. Expectant monitoring, waiting to see if spontaneous abortion occurs, is becoming a more popular option. My Virtual Medical Centre, Australia’s leading medical website, lists expectant monitoring as one of the three primary treatments for ectopic pregnancies (myVMC 2018). Human chorionic gonadotrophin (hCG) levels in the pregnant woman are currently thought to be the primary factor determining success of expectant monitoring (Kirk et al. 2011; myVMC 2018; Nadim et al. 2016; Poon et al. 2014). In one case study performed at an early pregnancy unit of a London teaching hospital, expectant monitoring was successful in 72% of all cases and in 88% of cases with women having the lowest levels of hCG (Kirk et al. 2011, 267). The success rate for the ectopic pregnancies treated medically with the drug Methotrexate was only 76%. Kirk et al. (2011, 265) affirm the following in their three year case study: “Currently, it would appear that a number of women with an ectopic pregnancy that would have resolved with non-

<sup>26</sup> It is difficult to get a solid figure for the number of honorary doctorates Koop was awarded. Different sources give numbers ranging from 17 (CEKID, n.d.) to 35 (Wheaton College, n.d.) to over 50 (RCAP, n.d.).

<sup>27</sup> For a good overview of ectopic pregnancies, see Sepilian and Wood (2017).

surgical management have surgery, and many who would have successfully resolved with expectant management have unnecessary methotrexate treatment.”<sup>28</sup> Expectant monitoring is not always possible and does require careful monitoring. However, as has been demonstrated, it is inaccurate to state that all ectopic pregnancies require intervention and deliberate termination of the child. Obviously, the baby will most likely still die,<sup>29</sup> but expectant monitoring allows children to die naturally without intervention. This is a consoling alternative to those pro-life supporters who wrestle morally with directly terminating their own pregnancies. ACOG (2018) informs that “candidates for successful expectant management of ectopic pregnancy should be asymptomatic; should have objective evidence of resolution (generally, manifested by a plateau or decrease in hCG levels); and must be counseled and willing to accept the potential risks, which include tubal rupture, hemorrhage, and emergency surgery.” Being constantly attended by reliable family and being located where emergency surgical and medical care is available 24/7 are two other factors that can make expectant monitoring a good option for a woman.

Second, it is not true that the child will always die in ectopic pregnancies. Survival rates for ectopic pregnancies are certainly rare, but it is not impossible for a child to survive an ectopic pregnancy, as is often unequivocally stated:

Ectopic pregnancy threatens the life and fertility of a woman if left untreated. A fertilised egg which implants outside the uterus (i.e. an ectopic pregnancy) is not a viable foetus which can develop into a baby. However some people believe that life begins at conception and for these people treatment of an ectopic pregnancy can present a moral dilemma. It is therefore important for patients faced with the choice to treat or not to treat an ectopic pregnancy to bear in mind that the embryo of an ectopic pregnancy cannot develop into a normal baby and will eventually die of its own accord. (myVMC 2018, under “Treatment”)

WebMD (2017) states that “because a fertilized egg can’t survive outside of the uterus, the tissue has to be removed to keep you from having serious complications.” WebMD also only lists medical and surgical options as viable treatments for ectopic pregnancies, not even mentioning expectant monitoring. Medscape is less dogmatic, stating that “virtually all ectopic pregnancies are considered nonviable and are at risk of eventual rupture and

resulting hemorrhage.” Medscape does list expectant monitoring as a treatment option (Sepilian and Wood 2017). Several case studies, however, have been published where the mother and child both survived ectopic pregnancies (Amritha et al. 2009; Baffoe, Fofie, and Gandau 2011; BBC 1999, 2000, 2005, 2008; Cotter, Izquierdo, and Heredia 2002; Mengistu, Getachew, and Adefris 2015; Yusuf et al. 2010; Zhang, Li, and Sheng 2008). Masukume (2014) compiled documentation of 38 live abdominal births from 16 different countries. Several other live births have been documented, but the purpose here is not to give an exhaustive list.

Third, it is partially inaccurate to make a hard distinction between tubal pregnancies and abdominal pregnancies, believing that tubal pregnancies never survive but that abdominal pregnancies may survive in the rarest occasions. This division between tubal ectopic pregnancies and abdominal ectopic pregnancies is usually artificial because the overwhelming majority of all abdominal pregnancies began as tubal pregnancies. In other words, most abdominal pregnancies exist because a tubal pregnancy ruptured, and thereafter the baby detached from the fallopian tube and reattached somewhere in the abdominal cavity (Amritha et al. 2009; Fortenberry 2015; Mengistu, Getachew, and Adefris 2015; The Ectopic Pregnancy Trust n.d. under “Abdominal Pregnancy”). These abdominal pregnancies are referred to as secondary abdominal pregnancies. As stated, they normally begin as tubal pregnancies, but they occasionally begin as ovarian or uterine pregnancies. Nearly every instance of live abdominal births recorded above were previous tubal pregnancies. Abdominal pregnancies that initially begin in the abdomen are referred to as primary abdominal pregnancies. These are much less common. Of course, it is impossible to know ahead of time which tubal pregnancies will result in abdominal pregnancies. And, as always, a ruptured fallopian tube presents a high risk to the mother.

Fourth, current medical journals (AbdulJabbar, Saquib, and Talha 2018; Kun et al. 2000; Parekh, Bhatt, and Dogra 2008) often reference an article written in 1977 (Strafford and Ragan 1977) for maternal mortality rates and perinatal mortality rates in ectopic pregnancies. Strafford and Ragan (1977), likewise, quote these mortality statistics from an article written in 1962 (Beacham et al. 1962). In other words, several “current” medical journals are using 56-year-old statistics from 1962 for ectopic

<sup>28</sup> For a case study of interstitial pregnancies where expectant monitoring had a success rate of 89.5%, see Poon et al. (2014). Interstitial pregnancies are pregnancies where implantation occurs in the part of the fallopian tube that penetrates the uterus. For an overview of several case studies published between 1992 and 2004 where expectant monitoring was used for ectopic pregnancies, see Kirk, Condous, and Bourne (2006).

<sup>29</sup> In instances where the tube ruptures or tears, it is possible in rare instances for the child to survive. This will be addressed in the following paragraph.

pregnancies. Many reference Strafford and Ragan (1977) indirectly through other articles (e.g., Baffoe, Fofie, and Gandau 2011). Articles that do not reference the exact article by Strafford and Ragan still regularly draw statistics from articles written in the 1980s. Because doctors terminate ectopic pregnancies upon discovery, new data concerning infant and maternal survival rates of ectopic pregnancies is more scarce. The babies that have survived ectopic pregnancies have almost always done so because the pregnancy was not discovered to be ectopic until after the baby had developed enough to survive:

Full-term abdominal pregnancy is a rare clinical event. It is observed less often because of more adequate gestational control and early diagnosis and treatment to terminate an ectopic embryo.... The main reason why the fetus could reach full time in our case was that it was not diagnosed and treated timely because of the misdiagnosis as suspected appendicitis and insufficient antenatal care. (Zhang, Li, and Sheng 2008)

Therefore, most of these babies must survive ex utero by themselves without medical aid. This lack of medical assistance and monitoring contributes to the high percentage of mortality, deformation, and malformations of ectopic babies (Stevens 1993). Of course, doctors and advanced technology can only do so much. Babies are intended to develop in the uterus, not the abdomen. Huang et al. (2014, 5461) states that the rarity of advanced abdominal pregnancies, the “high misdiagnosis rate, and the lack of clinical signs and symptoms explain the fact that there are no standard diagnostic and treatment options available for advanced abdominal pregnancy.” The authors argue that “standardization of the treatment principles for advanced abdominal pregnancy, peri-operative treatment options, and post-operative management measures would improve newborn survival, reduce complications, and mortality.” In advanced abdominal pregnancies, Huang et al. (2014, 5467) give the following surgical principle: “The primary goal of surgery is to save the fetus.”

Stevens (1993) has performed some “relatively” recent research into the survival rates of abdominal ectopic pregnancies. This extensive work looks at 1,161 cases of abdominal pregnancies published in 195 different journal articles. This is an overview of Steven’s (1993, 1190) findings:

When only liveborn infants of 30 or more weeks gestation were considered, the overall survival rate was 323/513 (63%). This rate was defined by survival documented beyond the first week of life. Since most reports do not describe long-term follow-up, accurate estimates of prolonged survival are not available.

The survival rates have improved over time. Prior to 1933, the survival rate was only 54.6%, while it was 78.3% during the last 20 years. The overall maternal mortality rate was 158/868 (18.2%). However, this has improved dramatically over time. Prior to 1933, 30.7% of mothers died compared with 4.5% during the past 20 years.

One thing to note is that Stevens’ research is 26 years old at this point. It is simply difficult to find any current, extensive studies on ectopic pregnancies. Therefore, the maternal mortality rate may be lower presently, and the infant survival rate may be higher. Despite the decline in maternal deaths, a 4.5% mortality rate still represents the lives of several innocent women. Unfortunately, only one alternative exists to continuing abdominal pregnancies—a 100% infant mortality rate. Ectopic pregnancies are so grave because, regardless of which position is chosen, innocent lives are in jeopardy. No easy decision exists.

Lastly, it is not true that it is impossible to transplant the embryo from the fallopian tube to the uterus. This procedure can and has been done. Wallace (1917) successfully made such a transplantation and published his results in the medical journal *Surgery, Gynecology, and Obstetrics*. The baby was delivered at full term on May 2, 1916. If this medical procedure could be performed over 103 years ago,<sup>30</sup> then surely it is not impossible to perform it now with the exponential advances in medical technology that have occurred since 1915. Wallace felt “compelled” to attempt such a surgery because of his pro-life views:

Heretofore it has been the advice of our best men that when ectopic pregnancy was diagnosed during the early quiescent period, or when it has been discovered during an abdominal operation, *it should be removed at once. This has been the rule followed for years. It has been accepted as the only thing to do.* Why have we all these many years been so willing to deprive these little children of the right to live just because they were started wrong?

In this day of advanced surgery, with the art of transplanting different parts, and, in fact organs of the body, I wonder at the escape of so important a procedure, entailing so little danger, as the transplanting of an ectopic pregnancy from the fallopian tube into the uterus, thus permitting the child to develop and be born as was its intention before its progress was obstructed. (Wallace 1917; emphasis added)

Wallace’s description of the medical sentiment in 1917 would seem to be just as accurate if published in a medical journal today. Although Wallace’s surgery was successful, he did acknowledge that it is not always possible to perform a transplantation. He explained that early diagnosis of the ectopic

<sup>30</sup> The surgery took place on September 15, 1915 (Wallace 1917).

pregnancy is one crucial factor for successful transplantation:

However, when we do find an early case, where the tube is still in a healthy condition, not too badly distended, and all things favorable, I think we should make a supreme attempt to save the life of the growing child by opening the tube carefully and dissecting out the pregnancy intact and transplanting it into the uterus where nature intended it should go. It can be very quickly done. It does not endanger the life of the mother and may be her only chance to bear a child. (Wallace 1917)

Due to his published success, Wallace (1917) predicted, "I have not the least doubt that many such transplanted ectopic pregnancies will be reported in the near future." Another successful transplantation of an embryo in the fallopian tube to the uterus was performed in 1980 by Shettles. This case was also published in a leading medical journal *American Journal of Obstetrics and Gynecology* (Shettles 1990). As with Wallace, conditions were favorable for Shettles' surgery. For example, the human chorionic sac was completely covered with intact villi, making implantation potentially feasible. Also, the ectopic pregnancy was located close to the uterine cavity, allowing easy access. In other words, transplantation of the child, like all other surgeries, is not always a possibility. Favorable conditions must be present.<sup>31</sup> Therefore, transplantations cannot be considered standard of care for tubal pregnancies across the board. Shettles (1990) makes the following conclusion about his and Wallace's successful transplantations: "With [Wallace's] case and the one cited, it would appear that with the intact, early embryonic sac still covered with the full complement of chorionic villi, free of hemorrhage, transfer in utero may prove successful and merits a try, especially in the childless patient." Although both successful transplantations were published in medical journals, few people, in general, have ever heard of either case. A main reason this medical procedure is uncommon is because it is not often attempted.

The goal of this section is to present both perspectives and to create an awareness that two different positions exist concerning the topic of a mother's life being in jeopardy by continuing pregnancy. Both positions are believed by world-class medical experts. The author is not qualified to make any medical determinations in this instance and does not claim authority. It is recommended that the women/couples facing this situation do further research and consult their physicians. Because complicated and high-risk pregnancies are

so weighty and solemn, mothers/couples are urged to find a physician they can trust who shares their same values concerning the sanctity of life.

## Conclusion

A careful investigation of the biblical, biological, and philosophical evidences testifies strongly against abortion. Abortion is heinous because it fails to respect the image of God in which each individual life is created. The sanctity of life bestowed by God to each human He creates in His own image is the crux of this entire discussion and the ultimate reason abortion is unethical. As Exodus 21:22–25 teaches, the unborn possess this image and value as much as adults do. Also, Psalm 139:13–16 presents God as a skillful weaver and lover of each person while they are still in the womb. This passage does not section off the prenatal development of the embryo, but it shows God caringly and lovingly involved in the entire process. The common, personal language used in the Bible for both the born and unborn, God's blessing of the Hebrew midwives Shiphrah and Puah, the pre-birth accounts of John the Baptist and Jesus in Luke 1, and God's foreknowledge of all persons strongly present a unified scriptural corpus against abortion. Lastly, placing personhood sometime after conception forces one to accept soulless human beings. It creates a division between humans created in God's image and humans not yet possessing this image. The Bible gives no allowance for such a position. To be human is to be created in God's image!

Biologically, abortion is wrong because it fails to acknowledge that personhood begins at conception. Indeed, each child contains species-specific DNA strands at conception which identify the baby as a complete human being. Second, at conception, a new, separate entity from the father and mother is present, who contains the entire genetic code the baby will possess throughout its entire life. A substantial, common identity is present during the entire lifespan of the person from conception to old age. Because life is a continuum, any attempt to define the beginning of life after conception is arbitrary.

As has been clearly shown, the embryo is not an extension of the mother's body, of which she has authority to do with as she wishes. Rather, the embryo has its own sex, brainwaves, and blood type apart from the mother. Also, just because the embryo is dependent upon its mother for survival, does not mean that the embryo is part of the mother's body. It is simply "nesting" within its mother. Additionally, even the mother's body recognizes the baby as a separate entity, and, therefore, decidual cloaking is

<sup>31</sup> The author is unaware of the percentage of ectopic pregnancies in which conditions are either favorable or unfavorable to perform transplantations. It is not the intention here to inadvertently raise mothers' hopes too much, as the chances of this procedure being possible in their situation is unknown to the author. More research needs to be done into this topic.

necessary to protect the embryo from being destroyed by the mother's T-cells. Even if one did grant for the sake of the argument that the unborn child is part of the mother's body, it still does not follow that the mother has the right to abort the child. Civil laws exist to regulate what individuals of society do with their own bodies and even *to* their own bodies. Of course, many women who say that they have a "right to do whatever they want with their own body" do *not* believe that their baby is a biological extension of their body. However, by admitting this, they are knowingly killing another person—their own child.

Abortion also cannot stand philosophically. The fact that embryos lack consciousness, for instance, is not a valid reason for abortion. Although embryos are not conscious, they have the intrinsic ability as humans to have consciousness under the right conditions. Even people who are asleep, in a coma, or under anesthesia lack consciousness. Also, the *imago Dei* gives people value, not consciousness. The argument that abortion prevents children from being born into poverty is also invalid. Just because an individual is poor does not give another the right to take his or her life. Monozygotic twinning, likewise, is not a valid proof that personhood does not begin at conception. The twinning arguments conflate individuality with indivisibility, mistake the ontological category of personhood with the number of persons present, fail to account for conjoined twins, and ignore biblical passages that speak of multiple persons inhabiting a single body. These arguments also fail to justify abortion because they cannot establish that a person is not present from conception, even if other persons are not present until later.

As demonstrated, the *sum* of all abortions in which rape (0.3%), incest (0.03%), and the life of the mother (0.1%) are factors in the US collectively constitute less than ½ of 1% (**0.43%**) of all abortions. Abortion advocates often use these extreme and rare examples to justify abortion in general. This tactic is intellectually dishonest. It is also illogical. Even if one could find adequate justification for abortion in these cases, it would not justify abortion in the other 99+% of abortions. As a contrast, tens of thousands of mothers die each year due to unsafe abortions, which were responsible for **13%** of all maternal deaths worldwide or **1 in 8** maternal deaths globally in 2008 (Åhman and Shah 2011).

In the most somber cases where pregnancies endanger the mother's life, one must not forget that doctors can sometimes be wrong, God is still in control, unborn children possess full personhood, and the mother is also created in the image of God. It would be a mistake to ever elevate the value of the child over that of the mother. Also, two disparate

views exist, and medical experts disagree on whether abortion is ever necessary to save a mother's life. Lastly, individuals need to be aware of the misconceptions of ectopic pregnancies to make the most informed decisions.

Christians need to educate themselves on this most important issue of abortion. A holistic approach to studying abortion will both benefit the one studying and stimulate more intelligent engagement of the culture in meaningful conversations. With the number of innocent lives lost daily to abortion, the need for immediate education and engagement with culture is urgent. As Kaiser (2009, 114) points out: "None of our days before our birth, or after, are inconsequential to our God. On the contrary, he is concerned to see each person made in his image fulfill the purposes for which he or she was made."

Despite advances in medicine and technology, abortion continues to claim close to 1 million lives annually in the US: "The awful paradox is that despite tremendous scientific and technological advances improving the quality of life in the United States, an equally strong advance of the humanistic ethic has undermined the intrinsic value or sanctity of all human life" (Congdon 1989, 132). The problem of abortion will not be solved by science. The issue is ultimately a sin issue and an issue of the heart. A thorough understanding of the biblical, biological, and philosophical arguments against abortion will engage a culture intellectually and spiritually. Informed engagement may evoke a change that could save countless innocent babies made in the image of God from having their lives extinguished prematurely in the womb. We must fight to stop the current infanticide.

In closing, it must be made very clear that God's love is sufficient for the mother who has had an abortion. Studies show that 45% of abortion patients have had one or more previous abortions (Jones, Jerman, and Ingerick 2018, 61). Therefore, it is likely that women we engage in conversation may be responsible for the deaths of several of their own children. They must understand that God is full of mercy and forgiveness for all sins, including the sin of homicide. Indeed, God is the only One who can heal the emotional and spiritual wounds of these women and give them a new start. In this most sensitive conversation, we must be careful to demonstrate compassion toward women who have had abortions and share the love of Christ with them without compromising the truth.

Due to the incredible genocide against the unborn detailed above and the fact that 57% of Americans believe "abortion should be legal in all or most cases" (PRC 2017),<sup>32</sup> a defense of life must

<sup>32</sup> A poll conducted by Gallup (n.d.) May 3–7 2017 reports only 42% of Americans believe abortion should be "legal under any" (29%) or "legal under most" (13%) circumstances.

once again be given. The unborn cannot offer their own defense, so it is up to us to be their voice and champions. As Jacobson and Johnston (2017a, v) passionately insist: “Their lives matter! They shall not be forgotten!”

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