

REPORT TO 2016 GENERAL ASSEMBLY

ABORTION

The question of abortion: principles

1. The report submitted to the General Assembly in 1981 included a survey both of biblical principles and the historical position of the churches before considering the argument for abortion (a) where the mother's life was in danger unless it was performed, (b) in the case of rape and (c) in the case of fetal abnormality. On the basis of a report presented to the General Assembly on the 'Government Inquiry into Human Fertilisation and Embryology', a resolution was also agreed in 1985 '[t]hat the General Assembly accept the position that human life begins at conception and therefore believe that from that moment the human embryo should be treated in a manner in accordance with full human dignity'.

2. Obviously, attitudes towards abortion within Presbyterian churches, as within other churches and wider society, have developed over the last three decades. There is a diversity of viewpoints within our churches today. However, it would clearly be wrong to allow the fact of diversity to determine the position of the church on any matter of principle. No church can credibly allow its position to be determined by the whole range of views expressed by its members at any given point in time. These views are frequently in conflict with each other, so a church steered by the views of its members could hold no definite position at all on abortion. We believe that it is our responsibility to try to set forth a coherent, persuasive, biblically and theologically faithful account of our position.

3. Our basic theological conviction in PCI, as expressed above, embraces both a principle and an inference on the basis of the principle. The principle is that human life begins at conception. The inference is that the human embryo should be treated 'in a manner in accordance with full human dignity'. In this report, we proceed to take these two things separately. Firstly, can we maintain the principle that human life begins at conception?¹ In answering this, we note the fact that some argue that this is primarily a scientific, and not a religious, question. The biological fact is that when the male sperm fertilises the female ovum, a new organism is conceived, the zygote formed and the genotype established. From conception, the new organism has the innate capacity to develop into adulthood. However we describe the relation between scientific and religious explanations, we believe that biblical and scientific perspectives on the beginning of life are entirely harmonious. Although biblical writers lacked our biological knowledge, this does not affect either the validity or the relevance of what they say. When the psalmist said that the Lord had 'formed my inward parts; you knitted me together in my mother's womb' (139: 13), he was referring to that which was in the body of the mother. What he thought exactly did or did not happen inside her body does not matter. Contemporary science refers in biologically specific terms to the entity to which the psalmist was referring in more general, but still

¹ 'Conception' and 'fertilisation' are not distinguished in this report: the union of sperm and ovum may be described in either way.

perfectly concrete, terms. The Bible makes occasional mention of children in the womb: Jeremiah 1: 5 and Luke 1: 44 are amongst the texts often cited in this connection and, of course, the miraculous conception of Jesus refers to his intra-uterine life. However, the biblical writers do not deal with abortion. The celebrated reference to miscarriage caused by physical conflict in Exodus 21: 22-25, whether read in its Greek (LXX) or Hebrew version, informs us about the penal code at an early stage in the life of ancient Israel and we cannot infer from it a general principle about the status of the child. We do not enter here into the history of Christian thought on abortion and the status of the unborn child, which includes a range of material from strong condemnation of abortion in the early Christian centuries to medieval speculation about when the soul enters the body of the fetus, to which differing answers might be given, dependent on whether it was a male or female child.

4. In describing the being which or who is in the body of the mother, sometimes our language needs to be precise; sometimes, not. If we wish to be precise, we must be cautious about the way in which we speak about the fertilised ovum. Living human beings can do what the psalmist did and trace their beginning back to their conception. We project backwards from the point of view of a developed human life. However, not all fertilised ova are implanted in the womb and proceed to further human development. Many fertilised ova are flushed out of the mother's body soon after fertilisation without her being aware of it; indeed, it is possible for menstruation to proceed uninterrupted after the fertilisation and subsequent loss of the ovum. In such a case, it surely places a strain on our language if we refer to the fertilised ova flushed out as 'persons'. Furthermore, a fertilised ovum can divide into two (or more) and this results in identical twins. It would be strange to speak of one person becoming two persons. Again, much of the tissue of which the early embryo consists does not enter into the later composition of the fetus. For these reasons, we should question the appropriateness of speaking unreservedly of the fertilised ovum as 'a person' or 'an individual human being'. Although we shall later have occasion to ask about the theological significance of this, at this juncture our point here is essentially semantic. This is of the first importance. We do not subscribe to those ways of making a distinction embryos and proper persons which deny that, from conception, we are dealing with human life. We definitely reject the position that, in order to count as a person, certain faculties, such as a formed brain, have to be in place and to be functional. In this respect, we reject the distinction between human life and personhood. Questions of biological classification or taxonomy are complex. Nevertheless, it remains broadly true to say that in our working understanding of the world, we think in terms of different *kinds* of things of which the world is made up – rivers and trees, cats and apes.² The heading under which the fertilised ovum belongs is that of 'humankind', whatever then takes place after fertilisation. To be begotten of human parents is to partake of human form. It is inaccurate to describe the fertilised ovum as *potentially* human because it is *actually* something and that something is properly

² Although the account of creation in Genesis uses the language of 'kind' (e.g., 1: 11), the meaning of the Hebrew word cannot be assimilated into standard biological or philosophical meanings.

described as an embryonic form of human being. We conclude that the principle adopted by PCI that ‘human life begins at conception’ is consistent with both a biblical perspective and biological science.

5. The more demanding task, to which we now turn, is the task of asking what is involved in treating the being which has been conceived ‘in a manner which is in accordance with full human dignity’. We noted above that the position of PCI is that there are circumstances in which abortion may be permitted and that this is compatible with treating the embryo ‘in a manner which is in accordance with full human dignity’. These circumstances were not specified in the relevant Assembly resolution. Circumstances are mentioned and discussed in the 1981 report, but neither the resolution adopted at the 1982 Assembly nor the later resolution adopted in 1985 committed it to all the views expressed in the 1981 report. In referring to these, we are not assuming that the church must always remain bound to its past: clearly, it is always our responsibility to think and re-think in the present, whatever positions have traditionally been adopted in PCI. Our reason for alluding to the official position of PCI is to indicate the continuity between the substance of its official position and the matters which occupy us today.

6. The present call for provision for abortion in NI to be extended to cases of (a) FFA and (b) rape or incest makes no reference to the question of abortion in situations where it is widely accepted, that is, where the life of the mother is under threat.³ There is provision for abortion in that event in the current legislation in NI which permits it both where ‘it is necessary to preserve the life of the woman’ and where ‘there is a risk of real and serious adverse effect on her physical or mental health, which is either long term or permanent’. Here, we must counter a popular supposition. The supposition is that, when maternal life is under threat, we are confronted with a situation where it is one life or another. With that in view, it may be argued that, along with the physical ability for us to make a choice in this situation, we should accept that there exists also a moral right to choose to take the life of the unborn child, because life may be taken in order to preserve a life - the tragic circumstance has arisen where the progress of the unborn child unwittingly endangers the life of the mother to which the child owes his or her existence.⁴ In clinical reality, the situation is different. It is only extremely rarely a case of *either* mother *or* baby dying. It is a case of either mother *and* baby dying or the baby alone dying. In that situation, direct action with the intention or foreseen effect of taking the life of the unborn baby is justified.⁵ While this is not currently at issue, we mention it as an ‘exceptional circumstance’ where we

³ Fatal fetal abnormality (FFA) is sometimes called ‘Lethal fetal abnormality’ (LFA). It is a sub-set of ‘Serious malformation of the fetus’ (SMF).

⁴ In this situation, we should not be saying that the life of the unborn child *must* be taken in such a situation, as though it were an obligation, only that it is permitted.

⁵ Arguments here often take into account relatively complex questions surrounding the distinction between intention and foresight, introducing the principle of ‘double effect’. See, e.g., Teresa Iglesias, *The Dignity of the Individual: Issues of Bioethics and Law* (Dublin: Pleroma, 2001) chapter 6. To avoid unnecessary complexity at this point and allow for different points of view, we adopt the formulation ‘intention or foreseen effect’ in our text.

judge abortion justified. The cases of fetal abnormality and sexual crime (rape and incest) are the judicially and politically relevant cases in NI at this stage and it is to these that we now turn.

Fatal fetal abnormality

7. The public debate on abortion in NI and the rest of Europe is shaped largely by notions of human rights. It is true that attitudes towards abortion are often described in terms of ‘compassion’ and those who address abortion in terms of ‘rights’ generally assume that compassionate instincts will help to steer our ideas about rights.⁶ However, it is the collision between the perceived right of a woman to have an abortion and the current restriction on abortion provision under NI law which shapes the present discussion. Some voices warn us that the contemporary vocabulary of ‘rights’ stands in tension with a Christian outlook.⁷ We sympathise with this. Certainly, to talk of the relative or competing rights of a mother and child can reflect the breakdown of a sense of organic family and social unity; we have become atomised individuals related to each other through legal mechanisms.⁸ It misrepresents the way in which the large majority of mothers perceive their relationship with their unborn child, with their deep instincts of care. ‘Rights’ language is singularly inappropriate here; we are unnaturally pitting a mother’s interests over against those of the child by the use of such language. At all events, the language of rights should never marginalise the language of responsibility, whether we are speaking of the responsibilities of the mother or of the State with respect to the unborn child. It is under these conditions that we grant the propriety of ‘rights’ language, bearing in mind that secular and religious uses may overlap but not be identical in light of our belief that human rights are God-given. Those who both accept that ‘rights’ language is appropriate and oppose extending abortion to cases either of FFA, rape or incest appeal to the rights of the unborn child or fetus. While Christian thought must clearly be governed by Christian principles, we should challenge those who leap to the conclusion that our beliefs about the rights involved in abortion depend entirely on whether we proceed from a religious or a secular point of view. There are two reasons for this challenge. Firstly, where people with a religious conviction object to mothers claiming the right to abort on the grounds that they have the right to do what they want with their own bodies, they insist that it is not a matter of religion, just a matter of scientific fact, to say that the fetus is not a part of the mother’s body. Obviously, no one is disputing the biological facts of the intra-uterine mother-child connection; equally obviously, the fetus has a brain and circulatory system. Secondly, there are secular, non-religious feminists who oppose abortion. Both

⁶ If we had space to expand on this, we should note the broad, but definite, shift in the language used over the years by those who advocate a liberalisation of laws in relation to beginning and end of life issues from appeal to ‘compassion’ to an appeal to ‘rights’.

⁷ See Joan Lockwood O’Donovan, ‘The Concept of Rights in Christian Moral Discourse’ in Michael Cromartie, ed., *A Preserving Grace: Protestants, Catholics, and Natural Law* (Grand Rapids, Michigan: Eerdmans, 1997). For wise caution and discussion of human rights as ‘an emergency measure’, see Helmut Thielicke, *Theological Ethics*, volume 2: *Politics* (Grand Rapids, Michigan: Eerdmans, 1979) 232.

⁸ See Stanley Hauerwas, *A Community of Character: toward a constructive Christian social ethic* (Notre Dame, Indiana: University of Notre Dame Press, 1981) 171.

religious and secular perspectives may be adopted in more or in less informed ways, unthinkingly or thoughtfully. While it is our responsibility in this report to assist PCI in setting out its position on controversial questions surrounding abortion, it would be a mistake to regard our perspective as merely or exclusively ‘religious’. A Christian perspective on abortion both takes into account the uncontested scientific facts and seeks to reason rightly and wisely.

8. In Christian perspective, human rights are ultimately God-given rights, since God is the universal Creator. ‘The Christian respect for life is first of all a statement, not about life, but about God.’⁹ Some argue that, unless we believe that there is a Creator, no coherent or convincing account of human rights is possible; where that belief is absent, human rights amount to no more than the product of human constructions, lacking any objective grounding in the true nature or value of humans, including unborn children. It is not a debate into which we enter here. The belief that human rights are bestowed by God, the Creator, underlies the following considerations, even if many of the points that we make will command the agreement of some who do not subscribe to this belief and even if we bear in mind the qualification of ‘rights’ language mentioned above.

9. In holding together both (a) the principle that the human embryo should be treated from conception ‘in accordance with full human dignity’ and (b) that there are exceptional cases in which medical abortion may be permissible, PCI accepts the obvious fact that calling someone ‘human’ does not always resolve the question of rights. This is obviously a general truth, whether or not we are dealing with matters of life and death. A ten-year old child is human, but it does not follow that it has the rights of an eighteen-year old to vote; here we correlate rights to *stage* or *capacity*. In matters of life and death, those who (rightly or wrongly) condone capital punishment do not question the humanity of the person convicted of capital crime, but they deny that his or her right to life is absolute. Here, a right is related to *desert* or *behaviour* rather than to stage. These examples are not completely irrelevant digressions. They remind us that calling the embryo, fetus or unborn child a human being cannot be translated immediately into an absolute right to life *just because* of the humanity. We must argue cautiously. However, the purpose of this reminder is simply to encourage us to avoid loose talk. Obviously, neither example directly promotes a case for abortion. A right to vote is not the same as a right to life, the latter being the ground of all other rights. In the case of capital punishment – whether or not we support it – we presume guilt; in the case of the unborn child or fetus, its innocence is axiomatic. Abortion is the taking of innocent human life.

10. The criterion currently legislatively proposed for regarding a given case as a case of FFA is the inability of the fetus to survive independently of the mother beyond an indefinitely short while after she has given birth. In the Consultation mentioned at the beginning of our report, the Department of Justice emphasised that its consultation pertained only to ‘a very narrow range of cases’, these cases being

⁹ Hauerwas, *A Community of Character*, 226.

‘illustrated by the condition of anencephaly’. The phrase ‘illustrated by the condition’ is potentially awkward, for the anencephalic condition may exhibit unique features. For this reason and because of the high profile given to anencephaly in current discussion in Northern Ireland, we add a special word about it in the form of an ‘Added Note’ at the end of this paper. At this point, our discussion is concerned with FFA, as generically understood. Our conviction that human life begins at conception entails that the unborn child in a condition of FFA has the same rights as do other children without FFA and that our responsibility towards the child with FFA is one with our responsibility towards any unborn child. We recall here what we said at the beginning of the report about its emotional underpinning: it goes without saying that we are dealing with an agonising situation for the mother. Yet, we hold that the taking of a child’s life in general cases of FFA cannot be justified. Of course, we accept the propriety of medical intervention which has the foreseen effect of shortening life when the intention is the alleviation of pain. This is a general moral principle which applies across the board, including to unborn life. The unborn child for whom we are responsible comes before us not only in his or her individuality as the child that he or she is, but also as a member of the human race, conceived in solidarity with it, an unwitting and tragic bearer of the rights (if we choose to use that word) belonging to its kind.¹⁰ In refusing to take the life even of the child doomed shortly to die, simply on the grounds of its serious or fatal malformation, we pay proper homage to our co-humanity, honour its Creator and respect the sadly malformed creation. It is true that the process of giving birth is often arduous and we appreciate the *prima facie* force of the argument that abortion should be permitted in order to obviate the need to give birth in a case where the child will not survive. However, whatever the rights of the mother, they reach their limit when it comes to taking the life of the child. From the outset, we must accept that the decision to try to have a child or to continue the pregnancy should not be taken only on condition that the fetus possesses or lacks certain attributes.

Sexual Crime

11. In the cases of rape or incest, both (a) the circumstances of the sexual act that leads to pregnancy and (b) the legality of conception raise a distinct set of questions. Where incest is presumed to be consensual, a legal issue arises with respect to the consenting parties, but the illegality of the action does not logically affect the morality of the abortion. Despite the nature of incest, it cannot constitute an independent ground for abortion, simply by virtue of its illegality. Therefore, the question we address is the question of abortion in the case of rape (which, of course, may be incestuous rape). Two closely-associated factors distinguish this situation. The first is that the activity which resulted in pregnancy was non-consensual. The second is that there is a form of violence involved which, in the majority of cases, is intensely traumatising, constituting an attack on the mental and emotional health and not only

¹⁰ If we occasionally use a word like ‘its’ for the unborn child, it is to avoid excessively using the phrase ‘his or her’ and not because of any doubt about its full humanity.

on the physical body of the victim. Does this constitute an exceptional situation in which abortion is permitted?

12. Quite obviously, discussion of this question must attend to the realities surrounding rape and these include the question of what is or what is not possible in reporting it soon after it has occurred and the legal question of determining and proving whether rape has, in fact, occurred. The moral issue is whether abortion should be allowed on the *presumption* of rape. It may appear that the principles of our discussion up to this point rule out rape as an exceptional circumstance which permits abortion. The argument for categorically ruling it out would go like this. The horror of the offence of rape does not detract from the fact that a human being has been conceived and its rights are unaffected by the circumstances in which it came into existence. The fetus is as innocent as is the mother and it is our responsibility to give every support to the mother and encouragement to carry the pregnancy to term and, if she so wishes, help to make arrangements for the adoption of the child. Although we may agree that the mother bears no moral responsibility for the upbringing or nurture of the child, that does not equate with the right to take the life of the child. Dreadful as the offence has been, the mother's right cannot be extended in these cases to include the right to take the life of the child. Is that not the only position consistent with the approach which we have taken so far? That is certainly a judgement that we could make. The following paragraphs (15-17) represent an alternative line of reasoning which we also believe to be consistent with our theological position.

13. In answering this question, we need to dwell on the reality surrounding heterosexual rape, a reality which men are unable to comprehend properly. Rape is not only criminal; it is a heinous act of intimate violation of a woman's body. It is a flagrant breach of the law of God. A child is formed in the womb in explicit violation of God's command.¹¹ Of course, this may be the case in pregnancies where there is no rape, where coitus was consensual but outside the moral boundaries of God's law. (Incest is included here.) It is also true that all sin, whether or not connected with sexual activity, is contrary to that law. However, in the case of rape, we are dealing with a situation where the victim, bearing no responsibility for the outcome of the violation, is violently forced into coitus.¹² The woman now has to bear the child in her body; the child, as it is sometimes put, embodies the attack.

14. In this case, it is important that we look more closely at the stages of the unborn life, whatever conclusions we proceed to draw. The argument against taking even the earliest post-coital abortifacients (whether or not we want to use that word) is that this risks taking human life; it is not known whether

¹¹ This in no way diminishes God's care for the child. On the contrary, when children learn of the circumstances of their conception – whether by rape or a one-night stand – it is vital that we tell them that they are claimed, owned, embraced and loved just as they are by God the Creator. The general question of the relation of God's will to God's command is too big for us to enter into here.

¹² It is not relevant here to discuss various scenarios, including those where it is difficult to draw the line between consensual sex and rape.

or not conception has taken place, but it may have.¹³ The combination of sexual violence with uncertainty as to whether an ovum has been fertilised or proceeded to implantation compels us at least to consider a different way of reasoning. We do not for a moment assume that the victim of rape is expected to reason coolly in the following terms and to act immediately in accordance with the reasoning. We simply seek to understand the moral dimensions of this question. Is the following obviously mistaken? 'I am not certain whether there has been conception and, if there has been conception, whether there will be implantation. I do know that I bear no responsibility for any conception that may have or has occurred in violation of the command of God. Uncertainty under *these* circumstances mean that I am, before God, prepared to take responsibility for taking life prior to implantation.' It will be clear to some but not clear to others that Scripture or informed theological reasoning enjoins a sanctity-of-life principle which absolutely forbids anyone to reason in this way. The question is whether we can be sure that the innocent being should *under no circumstances* be deprived of life on account of the father's wrongdoing. Does human life have an unconditional right to protection at *any* stage after conception irrespective of the circumstances of conception? Different answers to this question are consistent with PCI's position.

15. Lest there be misunderstanding, we want to underline that all we are doing here is noting the view that there appears to be no definitive *theological* reason to take steps to ensure the non-implantation of an ovum that may have been fertilised in the case of rape. Women's experience may determine our minds one way or another, particularly when we take into account the sense that some women have of abortion as a violation of their motherhood which compounds the initial violation of rape. The question raised in these two paragraphs was whether reasoning simply on a sanctity-of-life principle resolved all the issues before us. We are well aware of the danger that, if we refuse to foreclose the answer to this question, our reasoning in relation to sexual crime may open the door to 'liberal' positions on abortion which collide with our theological principles. Even if the logic of those who take steps to prevent implantation in the case of rape can hold its ground, have we not made our ground harder to hold and left ourselves open to its occupation by cultural forces which move in an entirely different direction from what we believe to be right with respect to abortion? We feel the force of this objection and underline that, since we are dealing with innocent human life, there is no suggestion here of the propriety of taking life beyond the stage of implantation on the grounds that a sexual crime has been committed.¹⁴

¹³ We acknowledge that 'abortifacient' is a controversial term because it apparently assumes pregnancy. However, 'contraceptive' is also controversial. If human life begins at conception, there is a moral distinction between taking steps to prevent the fusion of sperm and ovum and taking steps to ensure that, if an ovum has been fertilised, it does not implant.

¹⁴ In this connection, we commend the sensitivity of such treatments as those of Helmut Thielicke in *Theological Ethics*, volume 3: *Sex* (Grand Rapids, Michigan: Eerdmans, 1979) 246. The whole question of borderline situations in ethics is important: see Thielicke, *Theological Ethics*, volume 1: *Foundations* (Grand Rapids, Michigan: Eerdmans, 1979) chapters 29-31.

Conclusion

We acknowledge that in this paper we have not entered into the debate about women's rights. The reason that we have omitted reference to them is that (a) what is at issue is the right to take human life and (b) the fetus is a human life and not part of a woman's body. This sets limits to the rights of any person, female or male – limits which we standardly acknowledge in the case where a child is born. However, no one should conclude from our report that the well-being of women is irrelevant. On the contrary: not only have we appealed to the place of women's experience, but also we are aware of what often goes under the name of 'post-abortion syndrome', the devastating effects on women in later life of an abortion performed earlier.¹⁵ The way in which women suffer from abortion ought to be foregrounded in this debate. If we have not done so in this report, it is because we have sought to balance the emphasis placed on women's rights in the court judgment which occasions our report with a proper emphasis on the rights of the unborn child.¹⁶

Although it is necessary for the church to set forward its position on the social and public issues of the day, a report such as this can convey the wrong impression of Christianity. It is not a system of ideas, principles and arguments. It is a proclamation that the one God who made the world in which we live has entered it in the person of Jesus Christ in order to rescue it from its wrongdoing and misery. The gospel is not the imposition of a set of moral laws on the world, but a revelation of the reality of God, humanity and creation and an announcement of the path to life. Only by the response of repentance and faith, obedience and joy do humans flourish. This conviction undergirds and pervades our report.

We recognise that the proposed change in legislation does not aim to open the door to abortion on demand. Yet, it is in order to remind ourselves that when Christianity entered the world, it was distinguished, among other things, by its treatment of the weak and the vulnerable, including children in the womb. It endorsed on its own, distinctive basis a medical tradition going back to Hippocrates which stood firmly against abortion and forged the essentials of a code of medical practice which has informed Western medicine through the ages.¹⁷ Gilbert Meilaender refers to 'the long and arduous history in which we have slowly learned to value and protect...those who are "least" among us.'¹⁸ In recent decades, practices of abortion have been introduced and legalised in the West which have increasingly undermined this tradition and this has gone hand in hand with the growing public

¹⁵ See, e.g., reference to the 2011 study in the *British Journal of Psychiatry*, cited in Robertson McQuilkin and Paul Copan, *An Introduction to Biblical Ethics: Walking in the Way of Wisdom*, 3rd edition (Downers Grove, Illinois: IVP Academic, 2014) 377.

¹⁶ Sometimes women's rights are described in terms of 'the right to privacy'.

¹⁷ See Nigel Cameron, *The New Medicine: the Revolution in Technology and Ethics* (London: Hodder & Stoughton, 1991). Reference to the Western medical tradition is not meant to demean traditions of Eastern medicine. It is merely a recognition of the context in which we are operating. If space permitted, we should discuss the whole question of the need for the medical profession to retain its own code of ethics in a pluralist society.

¹⁸ Meilaender, *Bioethics: A Primer for Christians* (Carlisle: Paternoster, 1997) 33

conviction that there exists no God who is the giver of human life and the accompanying responsibilities and rights. We commonly decide when and how to dispose of human life without reference to God as its creator. This opens the door to a culture of death.¹⁹ Christians are rightly ashamed of the way in which the Christian Church, over the centuries, has often capitulated to the lure of power and control and itself been the agent of violence and oppression. If it summons anyone to penitence and faith, it summons itself in the first place.

Northern Ireland has witnessed the abuse and public discrediting of religious belief on a large scale and the churches can take no pride in it. At the same time, it has preserved standards in the protection of the unborn child which mark it out for good from the rest of the United Kingdom. It should strive to retain those standards and, in this report, we have both sought to explain what we believe those standards should be and to indicate why their preservation matters.

Added note on anencephaly

Clinical and scientific difficulties arise here which complicate discussion of this sad question. ‘Anencephaly’ in fact embraces diverse conditions and this is, at least potentially, morally relevant. Let us first take the situation where anencephaly is straightforwardly conceived as an effective condition of brain absence; the anencephalic child might possess a brain stem, but we have no grounds to suppose that there is any cerebral functioning or awareness. Neither sentience nor consciousness nor the capacity for them is present. In such a case, we might legitimately ask whether this constitutes a truly exceptional case which could count as an exceptional ground for abortion. Sentience and the capacity for it are fundamental to our humanity, the brain and the respiratory system being the co-ordinate sources of human life. Anencephaly so described is not rightly bracketed with other cases of FFA where sentience or the capacity for it exists in some form. The anencephalic child is unquestionably human. The question is whether it follows from this that we are correct to speak of its absolute right to anencephalic life or our absolute responsibility to preserve it to the point of birth. We should have to ask precisely what is involved for the mother in carrying the pregnancy to term. The experience of women who have or have not brought to term an anencephalic child; the relevance or otherwise of ‘post-abortion syndrome’ in such cases; the risks associated with giving birth – all these must contribute to our decision on the propriety of abortion in these particular circumstances. Women’s experience might lead us either to a firm or to a tentative conclusion one way or another. Particular weight must be given to the natural response of most mothers to their born anencephalic child, which is to hold and express love as they would in the case of any other child. This tangibly expresses the very basic truth that this is, indeed, a human being which may be unable to experience the mother’s love but which is rightly its recipient.

¹⁹ Many decades ago, Karl Barth, in the context of discussing abortion, felt compelled to speak of ‘what one might almost call the secret and open mass murder’ in which civilization was getting caught up, *Church Dogmatics* III.4 (Edinburgh: T&T Clark, 1961) 417.

The deep responses of women are vital to our theological understanding. Nor should we forget the corresponding response of the father.

For these reasons, we might formulate our position in one of two ways. We might say (a) that it is difficult to justify an absolute prohibition of the abortion of an anencephalic child solely on the grounds of a theological sanctity-of-life principle, but that this does not amount to a justification for abortion because the experience of women has to be taken into account. Alternatively, we might say (b) that the experience of women who have brought to term an anencephalic child convinces us that a sanctity-of-life principle which precludes justification for abortion in other cases of FFA holds good for the particular case of anencephaly too. Into our thinking on all this, we should need to factor into consideration end-of-life issues: if we give theological weight to a condition where both actual and potential sentience and consciousness are missing, what impact does our reasoning have on our treatment of those who are in some form of 'vegetative state'? What we wish to underline here is the need to take into account the range of experiences which women (and others, including members of the medical profession) have had in connection with anencephalic children.

Up to this point, we have specified a particular form of anencephaly. However, there are both cases of anencephaly where all the cerebral tissue is absent and cases where there is some residual tissue. Complex clinical judgements may be involved. It is commonly held that there can be no awareness when there is no functioning cortex and subcortical connections. Yet, can we be sure of this? Anencephalic babies may cry or grimace when there is a stimulus, suck, swallow or open their eyes. There is an informed opinion, although at present a minority one, that this probably indicates some degree of awareness accounted for by deep brain structures without the presence of the cortex. In such a case, we are presumably witnessing a developmental stage in the fetus which, in the normal course of events, is overtaken when cortical activity takes over. Quite obviously, PCI is in no position to make judgements on such questions. It is, however, important to reflect on the limits of scientific confidence. Many will conclude that, if PCI is to reflect consistently on abortion, the question of the unborn child's awareness or otherwise is irrelevant. Others, as we have indicated above, will wonder whether the sanctity of the life of a child in an anencephalic condition, if awareness is categorically impossible, categorically rules out abortion. However, where awareness is possible, the anencephalic child is in the same situation as that of others who are victims of FFA.