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The Southern Baptist Tradition: Religious Beliefs and Healthcare Decisions, 2002

Paul D. Simmons

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The Southern Baptist Tradition

Religious Beliefs and Healthcare Decisions

By Paul D. Simmons

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Baptists trace their origins to early seventeenth-century English Puritanism with the baptism by immersion of Thomas Helwys and John Smyth in Holland in 1607.¹ Baptists and other dissenters believed the English Reformation had failed to achieve sufficient moral purity and doctrinal integrity. They also resisted the efforts of the Crown to impose uniform religious beliefs and practices through the Act of Conformity. Along with Quakers and Congregationalists, Baptists emerged among those who rejected established religion and creed-oriented religious faith. They held strongly to beliefs in a free church and to the Bible instead of creeds as their central authority.

Baptists in North America began with Roger Williams, who founded the first Baptist congregation in what is now Providence, Rhode Island, in 1639. He remains perhaps the central inspiration for contemporary Baptists with his insistence on religious liberty for all people and his commitment to intellectual integrity beyond doctrinal rigidity or creedal conformity. His influence on Baptist theology and identity reaches far beyond the short period during which he identified himself as a Baptist before declaring himself a “Seeker.” His flight from the Puritans and his staunch defense of the rights of native Americans still influence those who think of him as the paradigm of what it means to be an authentic Baptist in contemporary America.

Paul D. Simmons, Ph.D., Th.M., is Clinical Professor in the Department of Family and Community Medicine at the University of Louisville School of Medicine and Adjunct Professor in the Department of Philosophy. An ordained Baptist minister, he was previously Professor of Christian Ethics at the Southern Baptist Theological Seminary.

Baptists emerged in the South in 1696 when pastor William Screven led his congregation from Kittery, Maine, to Charleston, South Carolina, where they absorbed local Baptists who had met since the 1680s as house churches.² Baptists were also shaped by north-south divisions in America. The Triennial Convention was a national Baptist body from which southerners withdrew when its Foreign Mission Board refused to appoint slaveholders. The Southern Baptist Convention (SBC) was subsequently organized in Augusta, Georgia, in 1845. The old convention was predominantly northern and has since become the American Baptist Convention (ABC). The southern convention did not develop its own publishing house, however, until 1885. From such humble origins Southern Baptists have become the largest Protestant denomination in the United States, boasting a membership of over 45,000 contributing churches and in excess of 15 million people. Its constituency is drawn from all fifty states but its greatest concentration and influence remain in the South.

BAPTIST THEOLOGY, POLITY, AND ETHICS

Southern Baptists are a complex and diverse people, and thus are impossible to define in simple terms. Considerable variety exists among them regarding theological issues and appropriate responses to particular social problems. The popular notion that a Baptist is a Christian who believes in immersion and personal regeneration is true but inadequate. Diverse theological and sociological traditions are reflected in who Southern Baptists have become. Even so, they find significant commonality in commitments to biblical authority, believer's baptism by immersion, congregational or democratic church governance, and religious liberty.³

Where ethical questions are concerned, doctrines such as the priesthood of the believer, the leadership of the Holy Spirit in individual and corporate decisions, the universality of sin, the possibility of personal regeneration (new birth),

the freedom of conscience under the lordship of Christ, and separation of church and state are of critical importance. Baptist theology builds on the New Testament insight that faith is a matter of personal trust and relationship to God, not intellectual assent to confessional or dogmatic statements. Emphases on personal responsibility and the private nature of faith make it both understandable and predictable that strong differences of opinion would exist among Baptists. Their origins in dissent and their insistence on freedom may represent the most important characteristics of the mindset of this diverse and complex people.

Historically, Southern Baptists were held together by a common commitment to missions and the belief that cooperation was more important than unanimity about theological beliefs. Baptists took pride in having "no creed but the Bible." The history of their ancestors' suffering because of dissent from orthodox creeds is a constant reminder of the dangers of dogma in the hands of powerful ecclesiastics co-opting political power, or politicians eager to gain the advantage of ecclesiastical support. Confessions of faith have developed in order to express consensus views on doctrinal issues while allowing Baptists to fashion cooperative associations beyond doctrinal differences.⁴

Anti-creedalism had its theological foundations in notions of soul competency, the priesthood of the believer, and local church autonomy. *Soul competency* is the notion that each person is created in the image of God and thus can discern the will of God for oneself with the guidance of Scripture, the inspiration of the Holy Spirit, and the shared wisdom of the church. *The priesthood of the believer* holds that each person of faith is directly related to and responsible to God.⁵ The believer cannot substitute conformity to creeds, faithful obedience to clergy, or loyalty to government for the direct and profound relationship to God that comprises the life of faith.⁶ Ordination conveys the local congregation's endorsement and blessing of those called to ministry, but confers no special

authority or privileges not otherwise controlled by the local church. *Local church autonomy* affirms that each church is independent of control by any other agency or ecclesiastical entity. This emphasis is basic to Baptist polity. All authority for making decisions and setting policy affecting its life, missions, and associations with other groups is centered in the local church.

The Convention is supported by churches cooperating in a voluntary effort to foster missions, evangelism, and educational endeavors. The Convention itself is not a Church, but an organizational structure designed to assist local churches in carrying out ministries beyond their immediate environs. No assessments of any kind may be imposed by the Convention on the local church, nor may any doctrinal statements be imposed or required. Baptist beliefs regarding the church emphasize the local congregation as a “gathered community”⁷ rather than a corporate body. The “universal church” is composed of all believers but has no institutional expression. Membership in the church is voluntary and premised on one’s conversion and baptism; it is not conferred by tradition, ecclesiastical authority, or family origins.

BAPTISTS, EVANGELICALS, AND DIVERSITY

Southern Baptists come from diverse roots. The Convention is made up of Baptists who identify with one or more of several traditions: (1) the liberal/religious liberty stance of Roger Williams, (2) the moral rigorism of New England Puritanism with its politics of theocratic governance (as in Puritan New England and Calvin’s Geneva), and (3) the influence of the church growth movement out of California. Other strands of influence include a high church tradition out of South Carolina and frontier revivalism out of North Carolina and Kentucky. Diversity may be a source of strength and vitality, but it is terribly threatening to those who are convinced that certain beliefs and attitudes are necessary to per-

sonal salvation, or who cannot tolerate ambiguity. Baptists on both (all) sides of the diversity debate claim commitments to the integrity of the Christian witness, but they mean very different things when they define what is required, permitted, or prohibited as a basic indicator of Christian faith and what it means to be a Baptist.

Debates over doctrine and the church’s social mission have become a source of profound division among Southern Baptists. During the past three decades, a reform movement led by astute political and religious leaders has impelled a strong shift toward conservative evangelical theology and ethics, that is, toward the Puritan/theocratic tradition. Their goal has been to narrow the parameters of theological belief and moral perspective that might be found among those associated with the Southern convention.

The leadership of the Convention increasingly identifies itself as “evangelical” instead of “Baptist.” Calling Baptists “evangelical” is problematic.⁸ In general, “evangelical” refers to those Protestants who believe in biblical authority, a personal experience of salvation, evangelism, and congregational polity. Certainly Baptists fit this description. But evangelicals make doctrine a central concern. Doctrines such as biblical inerrancy, virgin birth, penal substitutionary atonement, the bodily resurrection of Jesus, and the bodily return of Jesus are thought necessary to being a Christian. Evangelicalism is thus a first cousin to Fundamentalism, which is strongly rationalistic and intolerant toward other views, even to the point of refusing to “have fellowship” with those who question doctrines such as those just mentioned.⁹

Historically, Baptists resisted the notion that they were Evangelicals. Since 1979, however, the terminology has become more widespread and readily accepted among Southern Baptists, as have an evangelical attitude toward the centrality of orthodox belief and an intolerance toward those who disagree on doctrinal or ethical matters. SBC leaders have engaged in a concerted effort to lessen the theological diversity among

Southern Baptists. Largely because of efforts to centralize authority and insistence on conformity to conservative doctrinal views, the once unified Convention has been fractured into a variety of splinter groups.¹⁰ Some have broken away from the Convention and now claim no longer to be Southern Baptists.¹¹ Various forums and a considerable amount of literature provide alternatives to SBC actions or perspectives on issues.¹²

DIVISIONS, CHURCH POLITY, AND FUTURE PROSPECTS

The divisions within the Convention in recent years complicate the task of identifying the religious beliefs of Southern Baptists with regard to health care. There is no definitive statement to which one can turn and declare with confidence that one knows what Baptists believe. (If such a declaration could be made, it would hardly be Baptist, of course.) A further complication is that SBC leaders now claim that a central organizational authority, whether the Executive Committee or the President, can make definitive pronouncements on ethical or political issues for all Southern Baptists. Those formed by the tradition indebted to Roger Williams, George Truett, and E. Y. Mullins¹³ strongly resist such efforts on the basis of appeals to Baptist polity and freedom of conscience.

Baptist polity builds upon the autonomy of the local church. The national convention cannot dictate practice or particular beliefs to individual churches or their members. The Preamble to the 1963 *Baptist Faith and Message (BF&M)* statement acknowledged individual differences of opinion and affirmed that confessional statements are not required of all Southern Baptists.¹⁴ That acknowledgement was deleted from the *BF&M* revision of 2000. Further, the doctrinal portions of the 1963 *BF&M* were not to be used or circulated without the preamble, a provision which was important in securing and maintaining wide support for the 1963 statement.

But SBC leadership is now aggressively seeking to intervene in local church practices. One issue on which the leadership has succeeded, for all practical purposes, is homosexuality. Churches that bless the union of openly gay or lesbian persons, or ordain them as ministers or deacons, may no longer send messengers¹⁵ to the annual convention. Nor may they make contributions to the Cooperative Program, the central funding agency of the Convention. The issue of women pastors has also been contentious, but women have been quite assertive in preventing SBC efforts to control their organizations and prerogatives. The 2000 *BF&M* declares that “the office of pastor is limited to men.”¹⁶ Nevertheless, a few churches have women pastors, and the ordination of women as ministers or deacons is widespread among Southern Baptists.

The strategy of using convention resolutions as if conformity to them were required of all Southern Baptists has met considerable resistance. Convention resolutions have traditionally reflected the opinion of those messengers present and voting at the annual business meeting, and have not been binding on individuals, local churches, or state conventions. The effort to press all state conventions to endorse the 2000 *BF&M* has met with mixed results. Some state conventions have affirmed the statement (Missouri), others have refused to do so (Texas), and still others have simply acknowledged it as one option among several (Kentucky).¹⁷

A variety of relationships among the various state conventions, local churches, and the national convention now exists. A very conservative Southern Baptist church may relate directly to the SBC, but not to its (moderate) state convention. Or state conventions may divide, as in Virginia, where strongly conservative churches split away and formed their own state convention more in line with SBC directions and commitments. Another pattern is for a local church to withdraw from the SBC and still cooperate with a local association and/or its state convention. Finally, the local church may affiliate with groups or conventions in addition to the SBC.

Some churches have maintained dual affiliation (as with the SBC and the ABC) for years.

Freedom of conscience is a second source of resistance to any coerced uniformity of opinion among Baptists. At the level of individual decision making, traditional Baptist emphases on soul competency and a personal relationship to the living Lord have nurtured individualism in personal choices. Baptists are to be thinking Christians who bear the burden of responsible choice,¹⁸ because they are directly accountable to God. The priesthood of the believer is thus underscored and emphasized through freedom of conscience under the Lordship of Christ. Baptists think in terms of freedom, choice, and voluntarism in faith decisions.¹⁹ It is one thing for the Convention to condemn abortion or physician-assisted suicide, but it becomes quite another when Baptists confront a problem pregnancy or an ugly, painful death, or simply reflect on the intellectual or biblical merits of the Convention statements themselves. Personal choices may be influenced more by health providers, friends, family, or respected ministers than by denominational resolutions.

POWER, LEADERSHIP, AND CONSENSUS

In spite of resistance to centralized authority, Southern Baptist leadership is moving aggressively to assure basic conformity to its core mandates, including, but not limited to, the 2000 *BF&M*. The wider aim is to define orthodox belief and practice for all cooperating churches and/or their members. If the strategy of allowing only one point of view to be taught succeeds, nearly all Southern Baptists should think alike within a single generation.²⁰ The first group to feel the pressure to embrace the new direction are those directly associated with or employed by the Convention, who are now required to endorse the new Confession of Faith. Moreover, declaring oneself an “evangelical” (not a Baptist) is the first requirement for service on boards of trustees or other positions within the

Convention. This strategy of selective appointment dominates and gives strong direction to the life and work of the Southern Baptist Convention.

Furthermore, the presidents of the six seminaries and leaders of other agencies insist on “accountability” measured by adherence to doctrinal statements or convention resolutions.²¹ Those who refuse to conform are forced out. Certain faculty at Southwestern Seminary, the largest of the SBC schools, have chosen to resign or retire rather than sign the 2000 *BF&M*.²² More recently, foreign missionaries have faced the “sign it or leave” dictum.²³ A strong reaction to this International Mission Board (IMB) action has resulted in the establishment of a fund in excess of \$1,000,000 to provide financial support for those missionaries who choose to leave the SBC-controlled Board.

Still another controversy surrounded the effort by the North American Mission Board (NAMB) to control actions of the D.C. Baptist Convention (DCBC). The NAMB cut off funding for churches in the District when the executive board of the DCBC voted not to comply with SBC directives.²⁴ At issue was whether the D.C. group was free to belong not only to the SBC but also to the ABC and the Progressive National Baptist Convention (NBC), both of which have more open attitudes on abortion, homosexuality, and the ordination of women.²⁵ The NAMB has also decided to discontinue commissioning women chaplains for the military.²⁶

The second new direction for SBC leadership concerns public policy. Evangelical/theocratic Southern Baptists are vigorously pursuing their moral objectives through political and legislative action. They now form the core of what is called the “Religious Right” with its vision of a “Christian” America.²⁷ Efforts to influence congressional leaders seek to promote a conservative social agenda, from overturning *Roe v. Wade* to seeing that only conservative judges are appointed. The claims of SBC leaders would have greater political credibility if they could say “Baptists believe” and produce a statement that

15 million Southern Baptists have endorsed.

The discrepancy between historic Baptist understandings and faith commitments and these efforts to reshape the Baptist witness makes controversy and resistance entirely predictable. But insofar as the “official” or public pronouncements of SBC leaders are concerned, diversity of opinion or extensive debate is simply nonexistent. The powers of intimidation and institutional authority, if not of persuasion, have succeeded in muting if not eliminating voices of dissent within the national convention itself. There is an amazing unanimity of opinion among convention leaders, at least according to their writings and speeches.

The net result is that, while Convention leaders interpret resolutions passed by messengers at the annual meeting as both representative of and required for Southern Baptists, large num-

bers of Southern Baptists think and behave as if more traditional Baptist emphases on the priesthood of believers, local church autonomy, private conscience, and religious liberty were still normative. This ironic state of affairs will undoubtedly persist for some time; there seems little prospect for a change in the direction of the SBC within the foreseeable future.

This booklet therefore attempts to gather the declared or identifiable perspectives of current leadership throughout the structures and ranks of the SBC, and thus to indicate sources of tension and diverse perspectives that exist in the larger body of Southern Baptists. It will draw on the views of political activists, convention leaders, and current and former employees of convention agencies and seminaries to illustrate both historical and contemporary variations in perspective on particular topics.

DECISION MAKING AND THE PATIENT-CAREGIVER RELATIONSHIP

In relating Southern Baptists’ beliefs about theology and ethics to issues in health care, the key question is how beliefs about biblical authority, soul competency, the priesthood of the believer, freedom of conscience, local church autonomy, the universality of sin, and the leadership of the Holy Spirit affect decisions about these issues.

Some studies have identified four primary elements in ethical decision making: (1) character, or one’s defining values; (2) ethical principles, or moral action guides; (3) theological beliefs; and (4) perceptions of the nature of the problem and strategies toward its solution.²⁸ The question is how these elements come together to shape the believer’s decisions and actions in the healthcare or clinical setting. Glenn Stassen developed a synergistic model showing the interaction of four major variables: perceptions of the data, ground-of-meaning beliefs, rules and principles, and interests and loyalties.²⁹

Needless to say, Baptist approaches to such

factors or variables are strongly influenced by Scripture. Reference to the kind of person one is points to the virtues enjoined by the Bible; principles or rules can be drawn directly from Scripture texts ranging from the Ten Commandments to the Sermon on the Mount; theological or ground-of-meaning beliefs are shaped by biblical teachings, stories, and parables; and one’s loyalties are directed to God as understood in the biblical portrayal of Jesus Christ.

Indeed, all writings by Baptists will emphasize Scripture and be strongly oriented toward the biblical revelation. Some will appeal primarily to a type of proof-texting and others will be more complex in their style of interpretation and application. The great advantage of a model such as that developed by Stassen is that it helps one avoid an overly simplistic, proof-texting approach.³⁰ It appeals to those who rely primarily on a rational or thinking-through approach, both to the Bible and to specific decisions. James McClendon, on the other hand, is suspi-

cious of what he calls “decisionism,” which he thinks relies too heavily on reason and rational processes.³¹ He suggests a “narrative” approach to Scripture in which the believer identifies with the stories of the people of God. He says that the stories of the Bible become the stories of the believer, and thus shape one’s behavior into faithful obedience.

These and other Baptist theologians and ethicists engage the issues in a systematic and comprehensive fashion by bringing historical perspectives, biblical materials, and theological understandings together with clinical data and other information drawn from the world of science and medicine. Their approaches may appear too complex for ready use by the Baptist in the pew or the parishioner facing a health-care crisis. Even so, almost any believer’s decisions will reflect the elements identified by these writers. Believers bring such factors together through imagination and intuition as they make decisions in faith.

In the healthcare setting, Baptists will draw on their reading of Scripture, the wisdom and strength experienced through prayer, the shared stories and specialized knowledge of physicians and nurses, and the guidance of pastor and family. These areas come together as patients and caregivers reflect on the interventions to be chosen among the identified alternatives, or patients and families wonder whether to accept any medical intervention at all. In the context of shared suffering, a community of faith that reflects or temporarily fills the role of the church in the believer’s life may be formed. Baptists’ decisions are by no means entirely individualistic, yet must finally be made by the one most affected: the one whose health, faith, and possibly life are uniquely at stake.

Southern Baptists will be concerned that their decisions are “biblical.” Particular passages of Scripture that are meaningful, or that seem directly to address the person in the situation at hand, may be quoted or recalled. Citing II Corinthians 13:14, McLendon once wrote that one’s “answer will refer ultimately to the love of

God, to the grace of the Lord Jesus Christ, [and] to the fellowship of the Holy Spirit.”³² Reading a story in light of one’s healthcare needs would lead to a “this is that” moment in which the biblical passage becomes word of God for the believer.³³ Discerning what ought to be done is a matter of the leadership of the Holy Spirit and the wisdom of experience in community.³⁴ When both patient and physician share similar religious interests and commitments, their conversation will have common points of reference and will genuinely reflect the role of community in decision making.

Physicians nurtured among Southern Baptists will be personally concerned for patients and embrace generally accepted standards for professional medical ethics. They will go beyond professional standards, however, since they are motivated by a Christian call to service and love of neighbor. The story of the Good Samaritan has inspired men and women to be sacrificial healthcare providers and has led Baptists to establish nonprofit hospitals, clinics, homes for the elderly, and other facilities both at home and abroad. For Baptists, beneficence in medicine will be understood in religious terms and translated into competent, compassionate care.

Those providers influenced primarily by the tradition of moral rigorism (Puritanism/Fundamentalism) may be strongly paternalistic. Some will intervene or impose their personal point of view in the name of preventing a patient from making a “wrong” decision or violating what is thought to be a biblical norm. Such physicians may strongly recommend treatments thought to be in the patient’s best interest, or even oppose and refuse to cooperate in certain options or alternatives, such as abortion, sterilization, or artificial insemination. Those committed more strongly to the liberal/religious liberty tradition are likely to respect the patient as a responsible decision maker before God and may offer insight and counsel without seeking to impose their personal beliefs.

The dynamics involved in patient-caregiver relationships are never purely formal, nor are

the decisions purely rational judgments. For Baptists, decisions, like relationships, are primarily personal. They reflect one's beliefs and values, which shape perceptions of God's will regarding issues such as illness and health, life and death, and one's responsibility to answer directly to God. Because the individual is created in the image of God and because Baptists see the body as the temple of the Holy Spirit, they place a strong emphasis on health and wellness.

Baptist notions of autonomy and religious liberty require respect for the other and emphasize

the responsibility to decide for oneself in light of one's faith commitments. Respect for persons can also enable physicians and other providers to relate positively to those of other religious traditions in the belief that all people, whether Jewish, Muslim, Buddhist, Hindu, or atheist, are entitled to the protections and respect befitting persons created in the image of God. From this perspective, health choices reflect a life of faith before and with the God of one's religious tradition, though the traditions may differ on particular issues.

FAMILY, SEXUALITY, AND PROCREATION

The 2000 *BF&M* declares that "God has ordained the family as the foundational institution of human society." Marriage is defined by monogamy ("one man and one woman") and permanency ("a covenant commitment for a lifetime"). Further, marriage is the "framework for intimate companionship, the channel of sexual expression according to biblical standards, and the means for the procreation of the human race."³⁵

The dominant voice among Southern Baptists is also strongly opposed to gay and lesbian rights. The emphasis on the family presupposes a heterosexual union. Sexual activity by gays or lesbians is regarded as both unbiblical and reprehensible.³⁶ Homosexuality is seen as a chosen lifestyle and thus condemned either as mental derangement or moral depravity. Churches that accept homosexuals as deacons or affirm their unions are not allowed to participate in the convention.

Southern Baptists are also deeply divided over women's rights and whether women are truly equals with men before God. Since 1986, resolutions approved at the annual Convention have declared that husband and wife are "of equal worth" before God, since each is created in God's image. Beyond that, however, the *BF&M* adopts a hierarchical structure that ele-

vates male authority within family and church. The man is "to love his wife as Christ loved the Church," but the wife is "to submit herself graciously" to her husband.³⁷ The inequality between men and women extends to the office of pastor, which is limited to men.³⁸ No Southern Baptist seminary employs faculty who openly affirm that women may be called as pastors, nor is any woman a member of the department of theology at any SBC seminary.³⁹

CLINICAL ISSUES

Abortion and the status of the fetus

Polls indicate that most Southern Baptists take a moderate stance toward abortion.⁴⁰ That is, they identify neither with those who believe abortion should be banned nor with those who believe there should be no legal controls at all. Nearly all agree that there is a moral issue involved in elective abortion; they disagree over what public policy is appropriate or necessary. Most believe abortion is best left to the woman or couple involved, in a social context that allows a responsible decision to be made without undue legal hindrances. That position is based on the principle of the priesthood of the believer, the notion that life begins with birth and breath,

and the absence of any prohibition of abortion in Scripture. For many, religious liberty commitments are also crucial for public policy protections of the woman's right to decide. In their view, reproductive freedom is an expression both of responsible sexuality before God and of the separation of church and state. Further, some would add, the fact that "metaphysical speculation" is necessary to arguments that a fetus is a person underscores how deeply the First Amendment is involved on both Establishment and Free Exercise grounds.⁴¹

During the 1970s, the annual convention supported legislation that would have allowed therapeutic abortions while it rejected efforts to support a constitutional ban.⁴² Those Southern Baptists who support abortion rights emphasize salvation by grace, the freedom of conscience, and the responsibilities of faithful obedience as basic guides when dealing with matters so deeply personal as abortion. W. A. Criswell, a biblical conservative, supported *Roe v. Wade* both because it seemed consistent with Biblical views of personhood that began with birth and breath (Gen. 2:17), and because it protected the health and interests of the woman.⁴³ Numerous Southern Baptist professors, pastors, and other leaders, including almost all professors of Christian ethics at SBC seminaries, also endorsed "A Call to Commitment," circulated by the Religious Coalition for Reproductive Choice in 1977. The "Call," among other things, asserted that human misery would increase if abortion were made illegal, and that religious liberty and freedom of conscience were at stake.

Since 1986, however, SBC leaders have made a concerted effort to consolidate opinion against any support for abortion rights in America. The one exception allowed is abortion performed to save the life of the woman.⁴⁴ An absolutist position is now required in any public statement by any denominational employee or convention leader, and an annual "Sanctity of Life" Sunday is promoted in SBC literature, with its strong anti-*Roe* agenda. The aforementioned support for "A Call to Commitment" became a major

factor in criticism leveled by the SBC's right-wing leadership against those professors who endorsed the statement. Some of the professors recanted or withdrew their signature under pressure from administrators and trustees. No employee of the Southern Baptist Convention may now publicly adopt a pro-choice position on pain of removal or other severe sanction.⁴⁵

A 1993 SBC resolution affirmed the sacredness of human life, deplored "the killing of 1.6 million unborn babies each year," criticized legislative efforts to curtail anti-abortion protests, and expressed strong opposition to the Freedom of Choice Act (which was referred to as the "radical abortion on demand bill") and any effort to include abortion funding in healthcare reform.⁴⁶ More recent Southern Baptist Convention resolutions condemn elective abortion as "an act of violence against unborn human beings," and declare the Convention's "enduring, consistent and vigorous opposition to elective abortion."⁴⁷ News reports from the Convention-controlled Baptist Press (not the Associated Baptist Press), which are carried by the newspapers of all State Conventions, support only anti-abortion positions in their coverage.

On this issue (and others of importance to the Religious Right), Baptists and other evangelicals have joined forces with Roman Catholics.⁴⁸ At a 1995 Christian Life Commission (CLC) conference on "Culture Wars,"⁴⁹ CLC executive director Richard Land described Southern Baptists as "the most pro-life denomination in the country."⁵⁰ Timothy George, dean of Beeson Divinity School in Birmingham, argued that "the erosion of doctrinal substance" in the SBC was the reason Baptists had supported abortion rights during the 1960s and 1970s.⁵¹

Anti-abortion sentiment carries over into other facets of the reproductive choice debate. The drug mifepristone (RU-486) is considered a type of abortifacient, and its use is strongly condemned. The convention went on record as opposing "the testing, approval, distribution, marketing and usage . . . of any abortion pill and urging U.S. corporations which are considering

such business ventures to refuse to do so.”⁵²

Not all Southern Baptists agree with the Convention’s views on the moral gravity of abortion or how it should be treated in public policy. In a pamphlet entitled *Abortion and the Christian Life*, the Christian Life Commission of the Baptist General Convention of Texas (hereafter referred to as the Texas CLC) takes a moderate approach to the debate. It adopts the idea of “reverence for life” (instead of sanctity of human life) and applies it to the most vulnerable (the poor and minorities) in society, and to “every life involved in a crisis pregnancy.” The Texas CLC would permit “therapeutic abortions,” and thus would allow the physical and emotional health of the woman, pregnancies resulting from rape and incest, and fetal deformity to be considered in decisions about abortion. The pamphlet describes such terminations as “regrettable alternatives” for the woman.⁵³

In a pamphlet commissioned by the Cooperative Baptist Fellowship (CBF), David Hughes argues that the terminology of “sanctity of human life” is unbiblical, and that it is preferable to speak of a “profound respect for human life.”⁵⁴ Ray Higgins argues in the same pamphlet that ethical decision making should focus respect for persons on real and indisputable people, not on abstract ideas such as “life” or “human life.” The CLC approach, he contends, treats these abstractions as absolute values and applies them primarily if not exclusively to fertilized ova and those who are dying. Higgins wants ethics to embrace the moral value of the woman, not just that of the fetus, and to encompass the problems of violence associated with capital punishment and killing in war.⁵⁵

For their part, SBC leaders have strongly criticized those Baptists who take issue with them on abortion. Convention CLC staff authors referred to the Texas document as “undefined and permissive,”⁵⁶ and to the CBF pamphlet as “painfully politically correct.”⁵⁷ They further claimed that the idea of sanctity of human life is grounded in the Reformation insight regarding sanctification.⁵⁸

There is no way to know how many Southern Baptist women have abortions, since records do not indicate specific denominational affiliations. Clearly, abortion has been a chosen option for some Baptist women. Some Baptists have also been active in groups committed to and active for choice.⁵⁹ They might cite the priesthood of the believer and freedom of conscience under the lordship of Christ among their reasons for doing so.

On the issue of abortion, therefore, as with nearly every topic in health care, Baptists display considerable difference of opinion. No one, and no single group, speaks for everyone. For many Baptists, diversity is the practical meaning of the respect due to one another and is the legitimate outworking of commitments to religious liberty and freedom of conscience. In this perspective, each person must work out the demands of faith in “fear and trembling” (Phil. 2:12).

Infertility and new reproductive technologies
Varieties of perspective and approach also exist among Southern Baptists on the subject of human infertility and the medical interventions now available to counteract it. No definitive convention consensus has emerged, nor has any resolution on the subject been approved at a meeting of the national Convention. But there are pamphlets and other writings on the subject.

Some statements label infertility interventions as “artificial” and “unnatural,” and thus question their ethical acceptability; other statements express sensitivity to couples who struggle with the frustration of this “medical problem.” One conference dealt with “myths” about how to achieve pregnancy and offered couples insightful guidance that outlined the various interventions available. Suggestions were also offered to churches developing ministries for couples who cope with this profound frustration. Speakers called for an expansion of traditional definitions of family, and expressed sensitivity to the fact that a stress on mothers and fathers can be painful for the childless.⁶⁰

At a conference titled “Infertility and Spirituality: Coping, Comforting, and Connecting,” speakers were basically supportive of a variety of medical interventions. Apparently, however, they did not address more controversial techniques such as artificial insemination by donor (AID), in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and surrogacy. That is, the speakers gave encouragement to couples trying to achieve pregnancy through sexual intercourse, but no encouragement to turn to interventions involving biotechnical procedures.⁶¹

Their approach illustrates the fact that, while Southern Baptists support the desire for children, many will not venture into the thickets of moral reasoning where biotechnical interventions are an issue. Such procedures involve the manipulation of gametes and pre-embryos⁶² in such a way that some of the latter are inevitably destroyed or wasted. The process would therefore seem to violate the principle of killing after “the moment of fertilization.” The same concern that prompts assistance to infertile couples prompts alarms about the moral status of the pre-embryo for those strongly committed to the notion of the zygote as person. SBC materials argue that compassion and guidance for living with the tragedy of infertility should be available, but couples are never to consider options that might prove immoral, such as abortion or discarding a pre-embryo.

Even so, Baptist couples do resort to reproductive services in order to achieve pregnancy. Couples have used AID, IVF, hormonal treatments for both male and female infertility, and other approaches.⁶³ At least ten different inter-

ventions are now available to help a couple bypass the frustration of infertility. For those who believe that God has called them to be parents and who take seriously the responsibilities of love and nurture that Christians believe should be part of family planning, there is no obvious ethical or theological reason not to use all the avenues that science makes available. Those choices can be based on Baptist doctrinal beliefs such as soul competency, the priesthood of each believer, and the guidance of the Holy Spirit.⁶⁴

The Texas CLC has a pamphlet, *Infertility and Medical Options*, that openly explores several of the technical procedures science now makes available to infertile couples. The document raises certain questions, such as whether gamete donors should be compensated, issues pertaining to the family and its genetic ties to the offspring, the disposition of any unselected (cryopreserved) pre-embryos, the possible threat to the ego of a partner who is unable to share in the genetic contribution, whether adoption might be a better option, and whether separating love-making from conception is acceptable.⁶⁵ Basically, the pamphlet takes a positive but guarded approach that approves of such procedures, however tentatively. The pamphlet ends with an appeal to the concept of stewardship—stewardship of procreative powers, of marriage, and of parenthood—as the basic biblical-ethical issue at stake. Further, the concepts of soul competency and liberty of conscience are implicitly embraced. The moral issue is how various options affect those most intimately involved in the decision, namely, the prospective parents.

GENETICS

The Human Genome Project has raised a number of issues that require thoughtful reflection by Christians. Southern Baptists have certainly given attention to questions posed by the scientific possibilities associated with the new genetics. They have shown particular interest in certain uses of this new knowledge, and a variety of responses can be found among them.

CLINICAL ISSUES

Genetic testing and screening

Testing for particular genetic mutations is now available for a number of diseases that are related to the human genetic makeup. Genetic mutations can cause problems ranging from disfigurement to lethal disease. Science can now test for many markers for lethal genetic problems, but no corrective genetic therapy is yet available. Some problems can be managed by relatively simple medical interventions, however. For instance, PKU is an enzyme deficiency that will cause radical mental retardation if it is not treated. But it can be controlled by diet, and can be detected at birth using a simple blood sample drawn from the heel of the infant. Screening (testing) for PKU is now routine in hospitals despite the low incidence of its occurrence among newborns. Knowing the devastating consequences to those who are affected makes the value of testing seem well worth the price. Diabetes can also be detected and treated with insulin, and those affected can lead rather normal lives. No Baptist statement has been critical of testing for PKU or diabetes.

There are types of testing that clearly pose ethical issues, however. Markers can be detected for some diseases for which there are no treatments or cures. Some of these diseases will not become symptomatic until the person is an adult. SBC statements argue that all screening for genetic diseases for which there are no treatments should be prohibited.⁶⁶ This prohibition

would include diseases such as Tay-Sachs, from which a child will typically die by the age of two and which especially affects Ashkenazi Jews, and adult-onset diseases such as Huntington's disease or ALS (Lou Gehrig's disease). In these cases, terminating a pregnancy is now the only way to avoid the suffering and death that the disease would eventually inflict. SBC opposition to abortion thus has special meaning for Jews, who have used abortion as a way to reduce the incidence of Tay-Sachs in their offspring. Such implications highlight the importance of religious liberty questions for public policy, and the wider significance of the ongoing debate on these questions among Southern Baptists.⁶⁷

A Texas CLC pamphlet takes a more nuanced approach than the SBC statements. Pre-symptomatic testing should certainly be offered if early detection would aid in treatments or improve one's chances of survival. The pamphlet adds that the possibility of discrimination in insurance coverage or employment should also be addressed. An insurer's knowledge that one has a marker for adult-onset disease may result in a denial of health insurance coverage. Employers can use genetic information to deny a job or refuse a promotion. At the societal level, Christians are admonished to guard against tendencies to create a genetic underclass in America and against attitudes that would judge genetic differences/deficits ethically significant. Legislation that prevents exorbitant costs for healthcare coverage should also be supported.⁶⁸

Sex selection

Genetic testing for sex-selection purposes is also condemned in SBC statements. Discarding a pre-embryo or terminating a pregnancy because the conceptus is not of the gender desired by a couple is regarded as "an affront to the sanctity of all human life and . . . a grotesque form of gender discrimination."⁶⁹ On this issue, Baptists are in strong but hardly unanimous agreement. A possible exception to the rule, for some, might

be cases in which a couple already have children of one gender and would like to have a child of the opposite gender in order to complete their family.

Gene therapy

The Texas CLC pamphlet acknowledges difficulties in making an emphatic distinction between somatic and germ line therapy. Somatic therapy is supposedly limited to treating the patient, whereas manipulations of germ cells (sperm and eggs) will transmit the changes to future generations. If it is ethical to correct a problem for one person, the pamphlet asks, why not pass on the benefits of that genetic correction to future generations? The argument that consent cannot be obtained from future persons is a moot point. What can be done is to will and seek the health and well-being of future offspring, and perhaps even assure them of a genetic makeup free of a burdensome mutation.⁷⁰

Cloning

Strong opposition to nuclear transfer cloning for reproductive purposes was expressed in a resolution at the 2000 annual SBC convention. Two reasons were given: (1) cloning carries a significant risk of producing children with severe disabilities and lethal deformities, and (2) it substitutes biological manufacture of humans for human procreation. The biblical norm is held to be “procreation in which children are begotten, not made.” The statement presumably intends a distinction between coital conception and fertilization produced in vitro. Asexual (noncoital) reproduction is thought to violate the biblical norm in which children are born to “a husband and wife.” The resolution calls for Congress and world leaders to enact a “permanent, comprehensive ban” on human cloning and to impose severe penalties for violations.⁷¹

Experiments that can lead to cloning human beings are thus regarded as inherently wrong. The large number of embryos that would apparently be destroyed in efforts to create a clone is a major concern. Such procedures are compared

to the experiments conducted by Nazis on human subjects and are deemed a violation of the moral line-in-the-sand against rogue science. As an SBC spokesperson put it, such efforts would lead to “a complete breakdown of the total system of medical ethics and of human personhood.”⁷²

While cloning poses special questions for ethics, not all Baptists agree that it should be banned or is inherently evil. A previously mentioned Texas CLC pamphlet does not address cloning directly, but could encompass cloning in its guidelines for genetic research.⁷³ Cloning human beings is an issue that will not go away, and many Baptists realize that the ethical issues it raises deserve careful and continuing consideration.⁷⁴

Stem cell research

Research with embryonic stem cells has been addressed by Southern Baptists in a variety of forums. At issue are “pluripotent” or early universal cells with the potential to form almost any cell in the human body. That possibility makes scientists eager to see whether cures can be developed for people now suffering because of damaged organs ranging from diseased livers to severed spines. The focus is not on germ line cells that could produce an entire human being but on cells that might grow into replacement body parts without the need for anti-rejection drugs. Stem cell research is thought by scientists to be the most promising avenue for developing cures for diabetes, Parkinson’s disease, cardiomyopathy, and hundreds of other maladies.

The use of embryonic stem cells is made possible by the existence of many pre-embryos that have been cryopreserved and will apparently be discarded. These pre-embryos have been produced as a result of in vitro fertilization procedures for women facing infertility. Typically, more pre-embryos are produced than will be implanted in the woman’s uterus. If pregnancy is achieved, the couple may not wish to conceive further children. When there are “extra” pre-embryos, the couple may donate them to the

fertility clinic for possible adoption by other couples, donate them for experimentation, discard them, or pay to keep them in storage indefinitely. One experimental use, of course, involves the use of embryonic stem cells and poses questions about the intrinsic value or personal status of such genetic material.

The SBC has gone on record condemning any federal funding for embryonic stem cell research. Such funding would reflect “a crass utilitarian ethic that would sacrifice the lives of the few for the many.” The SBC’s concern is that human embryos would be harmed, a development which would violate “universally held principles governing experiments on human subjects.” Research involving stem cells from adults, “which does not destroy human embryos,” is supported, however. The basic test is whether the research experiment will result in the death of any embryo or whether it appears likely to support abortion in any way.⁷⁵

Some Baptists disagree both with the Convention’s use of absolutist language and with the call for a ban on funding for any stem cell research. The Texas CLC cautions against a total ban, saying that each innovation should be evaluated on its own merit, and that any decision should be informed, not reactionary.⁷⁶

Other Baptists disagree with the SBC position on additional grounds. They argue that the basic question is whether a stem cell is “human life” that deserves protection as a “human subject.” The protection of human subjects in research and experimentation is the concern of internationally recognized codes that govern the conduct of scientific projects. No code of ethics, it is noted, treats a pre-embryo as a person, that is, as a living, autonomous creature able to give or withhold consent to experimental procedures.

Moreover, to treat a pre-embryo as a person who should be given constitutional protections is questioned on biblical grounds. Some Baptists would argue that the Bible does not treat fetuses, much less pre-embryos or stem cells, as persons. Furthermore, the Bible insists that only God is worthy of reverence. The pre-embryo should be treated with due regard without lapsing into a posture of reverence toward it. In this view, “reverence for life” should mean respect for persons. To revere “life” or “human life” is to elevate the penultimate to the level of an absolute. Science’s moral mandate to pursue knowledge through research would include research involving pre-embryos and stem cells, according to this approach.⁷⁷

ORGAN AND TISSUE TRANSPLANTATION

Southern Baptists give full support to transplants, whether from cadaver donors or living donors. Their strong belief in the resurrection and the afterlife distinguishes the body of earthly existence from the spiritual body suited for eternity. There is no need for a physical body in heaven, so believers can feel free to donate body parts for transplantation.⁷⁸ Attention is usually given to cadaver organ and tissue donation, but Baptists would permit transplants from living donors as well as donation of the entire corpse for medical research.

Advances in anti-rejection interventions make

transplants increasingly effective and less susceptible to rejection. Baptists recognize that a donated organ can thus be the gift of life to persons who are in need of a heart, lung, intestines, liver, corneas, skin, or various other body parts. Donating external parts of the body (hands, arms, legs, etc.) may pose certain aesthetic issues for family members when viewing the corpse. Many people are reluctant to donate such parts, though the ethical issues are little different from those that arise when vital organs are involved.⁷⁹

The Texas CLC provides guidance for people

contemplating organ donations. A brochure outlines legal guidelines, procedures for declaring one's intention, and suggestions for discussions with family (since family members make the final determination about cadaver donation, whatever the deceased person's declared wishes). A biblically grounded ethical framework centers on the principles of "reverence for life" and "stewardship." Organ donation is seen as an act of reverence for life. Stewardship gives direction and meaning to the transplant technology, which both prolongs life and serves God's purposes. Donating organs can be a redemptive action in the face of tragic death. The brochure concludes by suggesting support for people facing transplant decisions through ministries that include prayer, counseling, and assistance with costs.⁸⁰

CLINICAL ISSUES

Living donors

Donations for transplants by living donors present an ethical problem that has not received sufficient attention. The deaths of donors of liver (only a portion of the liver is used) or a kidney have raised the issue with new seriousness. It can be argued that Baptist notions of soul freedom and individual responsibility are necessary but insufficient guides for making decisions about such donations. For one thing, a prospective donor can be free to accept the risks associated with donating an organ only if he or she has been adequately informed. Further, Baptists have not held that anyone is morally required to sacrifice personal health, much less one's life, for the sake of another, though the ethic of sacrifice has been a strong motivation to parents or relatives. In recent years living donors have died who either were not told of the signif-

icant risks of infection and possible death from the procedures or chose to donate in spite of the risks. Is what is noble and sacrificial at one level almost reckless at another? Baptist pastoral counselors, physicians, and theological ethicists will need to give careful attention to the moral and emotional factors involved in these donor decisions.

Sale of fetal tissue

It is unlawful to buy or sell transplantable organs and tissue in the United States. But the law allows payments for shipping and handling. (A single corpse can fetch up to \$400,000, depending on how much of the body is used and the various transportation costs in particular parts of the country.) The irony is that the only money exchange that is forbidden is payment to the donor or to the (deceased) donor's family. The intent of the law, of course, is to inhibit if not eliminate a traffic in body parts.

The one market issue associated with organ and tissue recovery that Southern Baptists have addressed is the sale of fetal tissue. The Convention's opposition to abortion generates strong objections to selling parts harvested from fetuses for use in research. The distinctive fear about this practice is that it might encourage women to choose an abortion in the belief that some good can come of it if donor tissue is recovered from the abortus. A 2000 resolution named various companies involved in distributing fetal organs and body parts. It was also argued that federal funding supports research using fetal tissue in several states. These transactions were called "grisly practices" that convert human body parts into a marketplace "commodity." The sale of fetal tissue was decried as an assault "on the biblical truth that all human beings are created in the image of God."⁸¹

MEDICAL EXPERIMENTATION AND RESEARCH

Southern Baptists have no objections to competent medical experimentation that involves human subjects who can provide informed consent. (Strong objections are expressed, however, to any research or experimentation involving fetal tissue, as noted above.)⁸² Notions of soul competency and freedom of conscience, combined with an ethic of service and love for fellow human beings, often prompt volunteers to enter experimental medical protocols. The volunteer may do so for the benefit of others, rather than for personal therapeutic benefit.⁸³ As long as the protections required by law and medical ethics are provided and careful attention is given to informed consent, there is no moral reason to prohibit a person from entering a research study. Experimental devices, such as the artificial heart, will also need volunteer subjects if researchers are to discover whether the technology is sufficiently advanced for routine use with human patients.⁸⁴

CLINICAL ISSUES

Genetic engineering and experimentation

Genetic engineering is supported by Southern Baptists because it promises new avenues of therapy and new possibilities of cure. Now that genetic markers have been found for such dread diseases as cystic fibrosis, ALS, Huntington's disease, neurofibromatosis, retinoblastoma, certain leukemias, diabetes, and Wilm's tumor, such findings seem to promise new treatment approaches and cures for hundreds of lethal illnesses. The SBC holds, therefore, that scientists should be encouraged in the battle against genetic illnesses.

While the SBC supports genetic therapy, its materials also caution that "we must be careful not to violate the sanctity of human life." Research that could support genetic enhancement is strongly resisted. The fear is that eugenics efforts like "those in Nazi Germany" might surface again with proposals for sterilization, abortion, or infanticide to prevent birth defects

or eliminate the genetically damaged.⁸⁵

Patenting new life forms produced by genetic engineering is also opposed when the patent involves mixing human genes with animal genes. Such research, declared Richard Land, is "a particularly egregious abuse of genetic technology," since the researchers violate the God-given limits of nature and science. Each species should retain its own integrity: "Animals and humans are pre-owned beings. We belong to the Creator God . . . [but] patents . . . represent the usurpation of the ownership rights of the Sovereign of the universe." Further, "transgenic experimentation—introducing animal genetic material into human genetic material—devalues human life and, in our view, represents a form of genetic bestiality." Thus, Land continued, "[p]atenting human life 'commodifies' human beings, body parts, tissues, and gene sequences . . . [and is] a form of genetic slavery. . . . That the U.S. Patent Office would grant such applications is absolutely chilling."⁸⁶

Not all Baptists share such strong reservations. Some would argue that the absolute distinction between human and animal biology is hard to maintain. The difference lies in the complexity of the human genetic code, but some basic gene sequences can be found in both plant and animal life. Further, some would add, it is difficult, if not impossible, to show that the Bible supports the notion of forbidden knowledge. Human sin and limitation may well distort human capacities for curiosity and innovation, but sin attends every human endeavor without rendering the venture itself sinful or forbidden. Some contend that to call the mixing of human and animal tissue a form of "bestiality" is surely an exaggeration, even a misuse of language for political effect. If to own a patent on a life form is by definition to enslave it, is a life form or virus designed to do a certain job (e.g., clean up oil spills) really a victim of enslavement?⁸⁷ Clearly, this aspect of genetic research and engineering represents another area in which Baptists are not of one mind.

MENTAL HEALTH

Southern Baptists have made few formal statements regarding mental health. Discussions about healthcare reform have not been a priority for convention leaders, and thus the topic has received little attention as a public policy matter during annual conventions. At the personal and professional level, however, Southern Baptists have contributed a great deal to the field of mental health. SBC seminaries provide training in pastoral care that combines the insights of psychiatry with those of theological and biblical studies. Baptist chaplains serving in prisons, hospitals, and the military have brought insight and healing to persons facing mental

health crises. Jesus' miracles of healing and the biblical portrayal of God's concern for human health and wholeness have provided inspiration and direction to such ministries.⁸⁸

The Wayne E. Oates Institute, located in Louisville, provides materials for ministers engaged in mental health services (and in other health-related aspects of ministry).⁸⁹ The Institute offers monthly presentations and discussions, on-line conversations, an on-line journal, individual articles that can be downloaded, and other materials to ministers and laypersons who seek assistance.⁹⁰

DEATH AND DYING

Baptists nurture a strong belief in the afterlife, and this belief affects decisions regarding aggressive treatment during the dying process. Some support is given for choosing to forgo treatment for lethal illnesses based upon the belief that "whether we live or whether we die, we are the Lord's" (Rom. 14:8). Death is not seen as an ultimate enemy but as a transition to eternal life.

CLINICAL ISSUES

Forgoing life-sustaining treatment

Withholding or withdrawing treatment from a dying patient is morally acceptable to most Southern Baptists.⁹¹ Their strong theology of the afterlife provides support for this approach in situations when death is imminent. The distinction between "allowing to die" and intentionally or willfully killing a patient is still vitally important.⁹²

The Supreme Court's decision in *Cruzan* (1990) included nutrition and hydration among those invasive treatments that might be refused

or withdrawn. Trustees of the CLC, however, directed staff to "discourage any designation of food and/or water as 'extraordinary' medical care for some patients."⁹³ Thus, providing nutrition and fluids by medical means was also to be viewed as "compassionate and ordinary care." The trustee dictum left the CLC able to provide only limited guidance to Southern Baptists on various options for refusal of treatments.

The same problem emerges in CLC guidance regarding living wills and advance directives. Without elaborating, the CLC says it "supports living wills in most cases."⁹⁴ But a CLC pamphlet on living wills never mentions the fact that the Patient Self-Determination Act (PSDA) of 1991 specifically includes the right to refuse even life-prolonging treatments. This information does not appear in the CLC pamphlet even though it was published nearly three years after the PSDA became effective.

Again, the declarations of SBC agencies are not binding on individual conscience. Southern Baptists embrace a personal theology that stresses the presence and power of God available to the dying for comfort and consolation, as well as

for wisdom, strength, and courage in dying. Death is the gift of God for the relief of suffering and serves as a transition to eternal life.⁹⁵ Baptists also believe in and pray for miracles on behalf of the sick and dying, but tend to have strong reservations about faith-healing rituals or evangelists who exploit hopes for a miracle. Notions of personal salvation and the divine presence provide a religious frame of reference for persons confronting death. One can die in peace knowing that life everlasting in the presence of God is assured.

Beliefs in heaven and hell as the eternal habitations of the righteous and unrighteous, respectively, dominate Southern Baptist thought.⁹⁶ Such religious beliefs serve as incentives to the life of morality and piety and provide an orientation for life beyond death. Southern Baptists have been inspired to sacrificial service by such beliefs, even to the point of martyrdom.⁹⁷

Believing in the afterlife also serves to mitigate efforts to prolong the dying process. Aggressive end-of-life measures may be seen as contradictory to the desirability of death under circumstances of intractable pain and incurable illness. Refusing treatment or withdrawing aggressive care would be acceptable on religious and moral grounds. Quality-of-life considerations can also figure prominently in Baptist patient preferences. An accident or debilitating illness may leave a person so severely impaired that death may seem preferable to living under such conditions. Baptists recognize that persons might well grow spiritually through suffering or during the dying process. But few would suggest that this possibility justifies imposing further suffering on the dying by using aggressive treatments.

Suicide, assisted suicide, and active euthanasia

Convention statements and literature draw the line at decisions intended to hasten or invite death. Suicide, physician assisted suicide, and euthanasia are condemned as violations of the

sanctity of human life. Suicide is often condemned as a sign of weakened if not inadequate faith. The distinction between “allowing to die” and intentionally or willfully killing the patient is therefore treated as vitally important. Because God decides when death comes, all human efforts to alter the divine time frame are labeled “playing God” or condemned as unethical. God’s providence guides, if it does not determine, the course of the disease, whether and when one is healed, and the moment of death.

Euthanasia and assisted suicide are condemned since “they are direct, intentional acts of killing.”⁹⁸ Such practices are said to violate “the biblical prohibition” against the taking of innocent human life, whether by another person or by oneself. A resolution in 2001 condemned the Netherlands for legalizing active euthanasia, whether with or without the patient’s consent. The practice of infanticide, even if the neonate is born with lethal deficits, was equally condemned. Messengers expressed fear of a growing “quality of life” ethic as opposed to the sanctity-of-life ethic they embraced. Better pain management and keeping dying patients comfortable were supported.⁹⁹

A CLC pamphlet calls upon governments at all levels to prosecute physicians or others who practice euthanasia or assist patients to commit suicide.¹⁰⁰ The reason given is that there are sufficient pain management techniques to relieve pain without the intentional killing of the patient. Hospice is thus implicitly commended. The 2001 resolution affirms that “every human life, including the life of the terminally ill, disabled or clinically depressed patient, is sacred and ought to be protected against unnecessary harm.” Legalized euthanasia is condemned as “immoral ethically [*sic*], unnecessary medically and unconscionable socially.”¹⁰¹

Nonetheless, some Baptists believe that under certain conditions it is more humane and moral to help a patient die more quickly when the alternative is enduring a slow and ugly death. Further, it is reasonable to believe that there are and have been Southern Baptist physicians and

others who have assisted persons to die.¹⁰²

It can also be argued that, from a Baptist perspective, suicide is not an unforgivable sin, especially when a person is terminally ill. Even in cases in which no terminal condition exists, many would concede that any “moral failure” involved in suicide is mitigated by depression or mental illness. Believing, as Baptists do, that salvation is by God’s grace means that the final determination of one’s destiny is, in every case, up to God.

A Texas CLC brochure recognizes the moral dilemma in end-of-life care. The writer counsels open dialogue and constant care as persons face death. Euthanasia, understood as the active killing of the comatose or unconscious, is not condoned.¹⁰³ The brochure says nothing, howev-

er, about those who are in unremitting pain and request assistance.

The moral and legal rule of “double effect” (or indirect effect), commonly associated with the Roman Catholic tradition, allows the use of medication to alleviate pain even if death occurs as an unintended result. Such an action is supportable on Baptist theological and ethical grounds, as well. The patient who sees death as a gift of God for the relief of suffering and as a transition to eternal life will not fear death so much as dying an ugly death. Baptists will support comfort measures, assure patients of the presence of loved ones and caregivers, and pray that God’s mercy will be experienced with a gentle death.

SPECIAL CONCERNS

ATTITUDES TOWARD DRUG AND ALCOHOL ABUSE

A Drug Task Force, composed of the leaders of the twelve SBC agencies, was established by Southern Baptists in 1998. It reported to the annual convention in 2001. Targeting alcohol abuse and street drugs, as well as abuse of prescription drugs, the report charged that the abuse of drugs is “ravaging our families.” Churches were challenged to establish halfway houses for community ministry to the abuser and the addicted.¹⁰⁴ Among Baptists, injurious habits related to drug abuse, nicotine, or alcoholic beverages are condemned on moral grounds because of their adverse effects, both on health and on society: the body is a “temple of the Holy Spirit” (I Cor. 6:19), and “you are not your own; you were bought with a price” (I Cor. 6:19-20; cf. 7:23). On the problem of drug abuse and addiction, Southern Baptists are in near-unanimous agreement.

Additional insight into the meaning of Baptist beliefs about the freedom of conscience emerges

from Baptist attitudes toward abusive habits. Southern Baptists believe strongly in free will, and this belief underscores personal responsibility for one’s actions. So strong is this conviction that it can be difficult for Baptists to recognize the implications of studies suggesting a genetic basis for alcoholism. In ethics, “ought implies can,” and this maxim points to the diminished capacity that people may have to control their addictive behavior. At the same time, an emphasis on free will and individual responsibility is often a source of hope and determination for those struggling with substance abuse. With God as helper, a support group for companionship, and the interventions of skilled therapists, unhealthy and indeed life-defeating patterns of behavior can be broken and positive, healthy patterns developed.

The emphasis on personal responsibility also implies certain boundaries around the liberties of conscience that Baptists claim so strongly. The classic text for Christian freedom is Galatians 5:1, which is an open declaration that freedom from bondage to the law is the gift of Christ. But Chris-

tian liberties are both defined and limited in certain ways. One is not free to do whatever one pleases just because the human spirit has been liberated by the work of Christ. Rather, three freedoms are made possible: one is enabled by grace to choose appropriate behavior (1 Cor. 10:23); one is free to contribute to the general well-being (1 Cor. 10:23b); and one is free not to be enslaved by legalistic religion or injurious habits (1 Cor. 6:12; 10:23).

Baptists have thus been strong advocates of abstinence from alcoholic beverages. Some go so far as to say that Jesus and the disciples drank only grape juice, not wine. On the other hand, numerous Baptists work in distilleries, many drink alcoholic beverages, and some churches actually require wine for the Lord's Supper on the basis of the New Testament pattern. Strong prohibitionist factions still exist within Baptist ranks, however, and they can often keep a town or county "dry" in a local referendum.

Even so, a larger proportion of Baptists tend to become abusers of alcohol than is the case, for example, among Jews, who use wine on a regular basis. A major factor in the Baptist pattern may be that the ostracism and judgmentalism directed toward those who drink tend to drive them into private spaces in order to hide the habit. Social and religious disapproval creates guilt and shame, which, in turn, cause persons to drink in order to escape their problems or feel better about themselves—a sure formula for abusive behavior.¹⁰⁵

For those who have problems with drink or drugs, Baptists strongly advise therapeutic interventions. Medicines are now available to facilitate withdrawal and therapy is available to help establish new ways of thinking and acting. Alcoholics Anonymous and other assisting groups are provided and supported by hospitals, churches, businesses, and government agencies.

VIOLENCE AND SEXUALITY

Southern Baptist responses to violence and sexuality in the media and on the internet have reflected the national concern about outbreaks

of violence among teens and in society generally. Fervent preaching often takes up moral issues, and issues associated with drugs, violence, and sexual exploitation are frequent targets for Baptist preachers. A resolution by the SBC addressed "a despair-soaked culture fixated on death replete with horrifically realistic and vicious computer games, new music genres such as death metal and shock rock, and Internet web sites with malignant content offering the means for the acting out of hate-filled behavior and destruction."¹⁰⁶ At issue is the extensive exposure of America's youth to violence through music, movies, television, videotapes, on-line interactive games, and other media. According to the resolution, violence and sexuality pervade the national consciousness and have a pernicious effect on youth. Thus Baptists called for better parenting, heightened attention to moral values, and stronger family commitments to nurture young people. The entertainment industry was challenged to "exercise restraint" in the "depiction of violence, immoral sexual conduct, [and] the use of offensive language and lyrics," and to create products that are "morally wholesome."

Southern Baptists also make available materials for sex education of various age groups, from pre-school children through young adults.¹⁰⁷ The first educational series was launched in 1973. A revised series, launched in 1993, advocates a much more conservative posture than prior books. For example, no mention is made either of homosexuality or of abortion in the book currently used with early teens.

"True Love Waits" is a religious and educational campaign that aims to persuade teens to commit themselves explicitly to abstinence prior to marriage. A variety of videotapes, books, and manuals, along with a pledge sheet, are available as part of the campaign.¹⁰⁸ So strong is the SBC's commitment to sexual abstinence as the only possible approach to unmarried sexuality that the executive director of the Ethics and Religious Liberty Commission (ERLC) publicly criticized the U.S. Secretary of State for suggesting that sexually active teens should use condoms.¹⁰⁹

HIV/AIDS

Southern Baptist attitudes toward and approaches to HIV/AIDS have typically been linked to beliefs about homosexuality, which is regarded as a “perverted lifestyle.”¹¹⁰ The AIDS epidemic has been viewed as the judgment of God,¹¹¹ and it has been claimed that “toleration” of homosexuality (as well as abortion) leads to God’s punishment of a nation.¹¹² A 1987 resolution viewed AIDS as “a major health threat” resulting from a rejection of “biblical standards of decency and morality.” Opposition to the distribution of condoms and the notion of “safe sex” was expressed. Still another resolution viewed homosexuality as the cause of AIDS, linked suffering to God’s punishment, and called on gays to seek forgiveness for their “abomination.”¹¹³

The Bible is said to teach that homosexuality is an abomination to God¹¹⁴ on the basis of such passages as Genesis 19:1-5, Leviticus 18-22, and Leviticus 20:13 (which calls for the capital punishment of males engaged in homosexual activity). A 1992 recommendation from the Executive Committee of the SBC condemned two churches for “accommodating homosexuality” and called for their exclusion from the SBC. One had blessed the union of a gay couple and the other had ordained an openly gay man as a deacon.¹¹⁵ Convention resolutions express “abhorrence of homosexuality” because “God regards homosexuality as a gross perversion and unquestioned sin” and “unrepentant homosexuality is repeatedly condemned in Scripture.”¹¹⁶

SBC literature has tended to dwell on certain fears associated with AIDS. The CLC, for instance, expressed a fear that the AIDS epidemic would be so costly as to “force the country to adopt active euthanasia out of economic necessity.”¹¹⁷

Even so, an ethic of “Christlike compassion” for the “victims of AIDS and their families”¹¹⁸ informs the responses of most Baptists. Open

acceptance of homosexuality is not often found, but nearly all Baptists advocate a caring ministry to those with AIDS. Educational material is available to facilitate discussions by study groups in local churches and calls are made for ministry to those who are homosexual.¹¹⁹

Southern Baptist churches have begun to recognize the inevitable presence of persons living with AIDS (PLWAs) in both church and society.¹²⁰ Because AIDS is a disease that affects actual human beings, a highly personal theology and ethical orientation has led many Baptists to engage in caring ministries for people regardless of their circumstances. A number of effective ministries, such as the Baptist AIDS Partnership of North Carolina, have been developed. Other ministries have been instituted in Houston, San Francisco, and Knoxville.¹²¹

Educational materials have also been created to assist concerned individuals and churches in developing ministries and countering fears and prejudices that often accompany encounters with PLWAs. A resource and study guide published by the Cooperative Baptist Fellowship suggests that moral judgment be suspended in the interest of truthful understandings and compassionate ministries. It aims to provide accurate information about HIV/AIDS, dispel myths, diminish fears based on false rumor, encourage churches to be open to PLWAs, deal with ethical issues emerging in the AIDS crisis, and provide ministries to families dealing with grief and other issues.¹²²

The tragic story of a prominent Southern Baptist minister’s family and its struggle with AIDS brought national attention to their experience. It has proven to be a case study in how biblical-theological beliefs and traditional approaches to homosexuality influence attitudes toward those living with AIDS. The minister now works with the AIDS Interfaith Network and served for three years on the President’s Commission on AIDS.¹²³

SPECIAL NEEDS, CREATIVE MINISTRIES

Effective responses to healthcare needs often emerge in creative ways among Southern Baptists through individual and church ministries. These ministries are part of a movement emphasizing the relation of faith to health care that seems to be gaining recognition and momentum throughout the country.

A foot care clinic, headed by a retired nurse who recognized the need for such care among diabetic patients, has opened at a church in Fort Smith, Arkansas. The ministry serves older adults who find it difficult to care for their feet and toes because of physical limitations. The service combines the biblical story of Jesus' washing the disciples' feet with meeting the health needs of this particular population.¹²⁴

Parish nurses and congregational health ministries often connect area churches with a hospital, thus making these ministries a source of ecumenical cooperation as well as resources for people with health-related needs.¹²⁵ Support groups for home and family caregivers are also gaining recognition for the vital ministry they provide. Further, there is an emerging recognition that caregiving professionals—pastors, physicians, nurses, social workers, and other providers—are also among those who need support groups. These groups provide resources for the family or professional, relationships with other caregivers, assistance in dealing with fears and myths, and counsel on how to work through complex decisions.¹²⁶

NOTES

1. At least two other views of their origins can be found among Baptists. Some claim that Baptists descended from 16th century Anabaptists centered in Westphalia, Germany. But the General Baptist Confessions of 1611 and 1666 and the Particular Baptist Confession of 1644 rejected any association with Anabaptists. Others, called Landmark Baptists, claim an unbroken succession through various dissenters, whom they trace all the way back to John the Baptist. This claim has been thoroughly refuted. An occasional similarity of views is hardly sufficient to establish organic connections with those claimed as ancestors. See W. M. Patterson, *Baptist Successionism: A Critical View* (Valley Forge: Judson Press, 1969); B. Hays and J. Steely, *The Baptist Way of Life* (Englewood Cliffs, N.J.: Prentice-Hall, 1963); and P. A. Duncan, *Our Baptist Story* (Nashville: Convention Press, 1958).
2. See H. L. McBeth, *The Baptist Heritage: Four Centuries of Baptist Witness* (Nashville: Broadman Press, 1987), 147.
3. See W. B. Shurden, *The Baptist Identity: Four Fragile Freedoms* (Macon, Ga.: Smyth & Helwys, 1993).
4. See H. L. McBeth, *A Sourcebook for Baptist Heritage* (Nashville: Broadman Press, 1990), 443-542. McBeth discusses the major controversies that contributed to significant changes and divisions among Southern Baptists in the twentieth century. *The Baptist Faith and Message* statements of 1925 and 1963 are found at 503-518.
5. See *ibid.*, 521-522, for statements regarding the priesthood of the believer. These show differences of opinion between the SBC and the Baptist General Convention of Texas that reflect a major controversy within the SBC.
6. Shurden, *The Baptist Identity*, 23.
7. See R. C. Walton, *The Gathered Community* (London: Carey Press, 1946).
8. See E. G. Hinson, "Baptists and Evangelicals: What Is the Difference?" *Baptist History and Heritage* 16 (April 1981). See also D. Dockery, ed., *Southern Baptists and American Evangelicals: The Conversation Continues* (Nashville: Broadman Press, 1994), and C. F. H. Henry, "What Does It Mean to Be Evangelical?" *Christianity Today*, June 16, 1989.
9. See J. L. Garrett, E. G. Hinson, and J. E. Tull, *Are Southern Baptists "Evangelicals"?* (Macon, Ga.: Mercer University Press, 1983).
10. The Cooperative Baptist Fellowship (CBF), Atlanta; Mainstream Baptists, Norman, Okla.; and the Baptist General Convention of Texas, Dallas, have distanced themselves without openly separating from the SBC.
11. For instance, the Alliance of Baptists, with offices in Washington, D.C.
12. The CBF supports the work of the Baptist Center for Ethics in Nashville (on the web at: baptist4ethics.com); the Baptist General Convention of Texas has its own Christian Life Commission, which produces materials on various issues and conducts conferences; Mainstream Baptists also produce and distribute pamphlets that challenge materials from the SBC (on the web at: mainstreambaptists.org).
13. See McBeth, *A Sourcebook for Baptist Heritage*, 463ff.
14. H. H. Hobbs, *The People Called Baptists and the Baptist Faith and Message* (Shawnee, Okla.: Oklahoma Baptist University, 1981); H. H. Hobbs, *The Baptist Faith and Message* (Nashville: Convention Press, 1971).
15. Southern Baptists distinguish "messengers" from "delegates." The local church appoints a "messenger" but cannot dictate how the messenger is to vote at the annual convention. Further, the "convention" is not a church or ecclesiastical body, as such. It is an annual gathering of messengers from local churches for the purpose of conducting business and encouraging one another in missions and evangelism.
16. See 2000 *Baptist Faith and Message*, VI. "The Church." [Hereafter cited as *BF&M*.]
17. Messengers at the Kentucky Baptist Convention approved a report affirming the authority of Scripture in all matters of faith and practice, and recommending that churches study various Baptist confessions of faith for education and edification. See *Western Recorder*, September 18, 2001, p. 6.
18. P. D. Simmons, *Birth and Death: Bioethical Decision-Making* (Philadelphia: Westminster, 1983), 86-87.

19. Shurden, *The Baptist Identity*, 2.
 20. See T. J. Nettles, *A Foundation for the Future* (Cape Coral, Fla.: Founders Press, 1997).
 21. P. Patterson, "Presidential Address," *Annual of the Southern Baptist Convention* (Nashville: SBC Executive Committee, 2000), 95ff. [Hereafter cited as (year) *Annual*.]
 22. See "Southwestern Profs Holloway, Johnson Refuse to Sign Faith Statement; Must Find New Jobs," *Baptists Today* 19, no. 6 (June 2001): 29. Undoubtedly, many others sign with strong inner reservations.
 23. B. Allen, "IMB President Urges Missionaries to Sign 2000 BF&M," *Western Recorder*, February 5, 2002, p. 2. See also *Baptists Today* 20, no. 3 (March 2002): 11.
 24. "D.C. Baptists Reject NAMB Request for Additional Control," *Baptists Today* 20, no. 4 (April 2002): 11.
 25. See *Western Recorder*, January 29, 2002, p. 2; also *The Washington Post*, March 13, 2002, p. B5.
 26. See *Western Recorder*, February 12, 2002, p. 2. Also on the web at: mainstreambaptists.org.
 27. "SBC Has Become 'Virtual Arm' of Religious Right, Critic Says," on the web at: bpnews.com/apbnews/story/cfm?newsid=1642.
 28. Simmons, *Birth and Death*, 52-63.
 29. G. H. Stassen, "Critical Variables in Christian Social Ethics," in *Issues in Christian Ethics*, ed. P. D. Simmons (Nashville: Broadman Press, 1980), 57-76.
 30. See *ibid.*, 58, for Stassen's interesting and helpful synergistic model.
 31. J. W. McClendon, Jr., *Ethics*, vol. 1 of *Systematic Theology* (Nashville: Abingdon, 1986). Despite his criticism of an excessive reliance on reason, McLendon identifies three "spheres" or strands basic to Christian thought: the *organic*, which takes account of bodily needs, and for which love is the central norm; the *communal*, which deals with life in society and the assistance the church can provide for ethical living; and the *anastatic*, which accounts for resurrection and the work of the Holy Spirit in the life of the believer. McClendon's focus is on peacemaking and nonviolence, and he does not address healthcare issues. His approach thus has limited value for medical or clinical ethics, but an attempt to devise a decision-making model based on his three spheres could be intriguing.
- See also A. Jonsen, M. Siegler, and W. Winslade, *Clinical Ethics*, 5th ed. (New York: McGraw-Hill, 2002), who identify four points of reference for physicians dealing with ethical issues: medical indications, patient preferences, quality of life, and contextual factors.
32. J. W. McClendon, Jr., "The Concept of Authority: A Baptist View," *Review and Expositor* 16, no. 2 (Summer 1989): 101. In some recent translations, II Cor. 13:14 has become II Cor. 13:13.
 33. *Ibid.*, 105.
 34. *Ibid.*, 106.
 35. See 2000 *BF&M*, Article XVIII: "The Family." See also S. Glahn, *Sexual Intimacy in Marriage* (Nashville: Broadman & Holman, 1998).
 36. 1999 *Annual*, 199.
 37. 2000 *BF&M*, Article XVIII: "The Family."
 38. 2000 *BF&M*, Article VI: "The Church."
 39. See "Texas Executive Board Rebukes Seminary on Nomination," *Western Recorder*, June 3, 1997, p. 6.
 40. See P. D. Simmons, "Baptist-Evangelical Biomedical Ethics," in *Theological Developments in Bioethics: 1990-1992*, ed. B. A. Lustig et al., vol. 3 of *Bioethics Yearbook* (Dordrecht: Kluwer Academic Publishers, 1993), 249-252.
 41. P. D. Simmons, "Religious Liberty and the Abortion Debate," *Journal of Church and State* 32 (Summer 1990): 567-584.
 42. See 1971, 1974, and 1977 *Annuals*.
 43. See *Christianity Today*, February 16, 1973, p. 48 [516], which quotes Criswell as saying, in response to the *Roe v. Wade* decision, "I have always felt that it was only after a child was born and had life separate from its mother that it became an individual person, and it has always, therefore, seemed to me that what is best for the mother, and for the future should be allowed."
 44. *Western Recorder*, March 21, 1995, p. 7.
 45. *Ibid.* Pressure to assure such conformity to the convention mandate led to the termination of the teaching contract of Dr. Robert Adams by Southwestern Seminary in Fort Worth. Adams, a former missionary, had most recently taught at the seminary under a spe-

- cial presidential appointment. The seminary president acted when a conservative trustee discovered that Adams had signed "A Call to Commitment."
46. Resolution 4, 1993 *Annual*, 99-100.
 47. Resolution 4, 2000 *Annual*, 80.
 48. See W. B. Ball, ed., *In Search of a National Morality: Manifesto for Evangelicals and Catholics* (Grand Rapids: Baker Book House; San Francisco: Ignatius Press, 1992). This book is organized around such topics as "secularization" and "human life," with an evangelical and a Roman Catholic writing on each topic. Southern Baptists C. F. H. Henry and Richard D. Land are among the contributors to the volume.
 49. The Christian Life Committee of the SBC became the Ethics and Religious Liberty Commission on June 19, 1997. References to materials from this agency refer to its name at the time of the publication cited.
 50. *Western Recorder*, March 21, 1995, p. 10.
 51. *Ibid.*, p. 9.
 52. Resolution 4, 1993 *Annual*, 100.
 53. Baptist General Convention of Texas Christian Life Commission, *Abortion and the Christian Life* (Dallas: Baptist General Convention of Texas Christian Life Commission, n.d.).
 54. D. Hughes, "Paying Our Respect to Life," in *Global Discipleship: A Guide for Local Churches Paying Profound Respect to Human Life* (Nashville: Baptist Center for Ethics, 1992), 1. Hughes also advocates a "seamless garment" position in the pamphlet, and asserts that being "pro-life" requires concern for "those in poverty, the family, the rights of women and children, racism, tobacco, alcohol and drug abuse, handgun control and the environment."
 55. R. Higgins, "A Profound Respect for Human Life Ethic," in *Global Discipleship: A Guide for Local Churches Paying Profound Respect to Human Life* (Nashville: Baptist Center for Ethics, 1992), 2.
 56. B. Mitchell and D. Buckley, "Lest the Trumpet Give an Uncertain Sound," *Light*, March-April 1993, p. 8.
 57. *Ibid.*, p. 9.
 58. *Ibid.*
 59. The Religious Coalition for Reproductive Choice, headquartered in Washington, D.C., for instance.
 60. J. Lee, "Infertility: A Silent Grief," *Baptists Today* 19, no. 9 (September 2001): 28-29, 33. A Southern Baptist pastor and his wife have written a moving book on their struggle with infertility (A. Trent and P. Trent, *Barren Couples, Broken Hearts: A Compassionate Look at Infertility* [San Bernardino, Calif.: Here's Life Publishers, 1991]). They discovered that there were no stories of permanent infertility in the Bible, and for them this lack was discouraging and upsetting. (The biblical narratives of Abraham and Sarah [Gen. 16-21] and Elkanah and Hannah [I Sam. 1-2], for example, both end with the birth of a child.) The authors offer a sensitive and insightful approach to a profoundly personal and troubling issue. One of the strengths of the book is that the writers share the problem with hopeful readers; they are not armchair theologians or counselors who do not know the agony of childlessness and/or infertility.
 61. M. Foust, "Men and Women Relate Differently to Infertility Struggles, Speaker Says," *Southern Seminary Magazine* 68, no. 2 (June 2000): 42.
 62. A pre-embryo is a fertilized ovum formed in a petri dish or cryopreserved in a fertility clinic.
 63. See S. Glahn and W. Cutrer, "The Baby Blues: Finding Ethical Solutions for Infertile Couples," *Light*, Fall 2001, pp. 4-6.
 64. P. D. Simmons, "Biotechnical Parenting: The Biblical and Human Issues," in *Abortion and Reproductive Rights: A Comprehensive Guide to Medicine, Ethics and the Law*, ed. J. Butler (Stanford: Multi-Media C-D Rom, 1996). See also Simmons, *Birth and Death*, "The Bible and Biotechnical Parenting," 155-192.
 65. Baptist General Convention of Texas Christian Life Commission, *Infertility and Medical Options* (Dallas: Baptist General Convention of Texas Christian Life Commission, n.d.).
 66. B. Mitchell, *Genetic Engineering: Bane or Blessing*, The Sanctity of Human Life Series (Nashville: Christian Life Commission): 16. See also Mitchell's "Genetic Engineering—Bane or Blessing?" in *Ethics & Medicine* 10, no. 3 (1994): 50-55.
 67. P. D. Simmons, "Casey, Bray and Beyond: Religious Liberty and the Abortion Debate," *Saint Louis University Public Law Review* 13, no. 1 (1993): 467-488, esp. 482.

68. Baptist General Convention of Texas Christian Life Commission, *Genetic Research* (Dallas: Baptist General Convention of Texas Christian Life Commission, n.d.).
69. Mitchell, *Genetic Engineering: Bane or Blessing?* 15.
70. Baptist General Convention of Texas Christian Life Commission, *Genetic Research*. The pamphlet concludes with four guidelines based generally on biblical virtues. *Gratitude* to God for the good gifts of the healing arts and scientific inquiry requires good stewardship of those powers. *Compassion and justice* require us to relieve suffering and create a society in which the benefits of medical science will bless the entire community, and not be used primarily for a privileged few. *Humility* requires patience and leads us to proceed with caution into the uncharted waters of innovative science; new techniques raise new questions and problems. Finally, *courage and imagination* require a positive attitude toward scientific discovery, yet with a sense of its contingency. The promise of the future should generate excitement about the possibility of new cures, but should also remind us of the dangers associated with enthusiasm without wisdom.
71. Resolution 4, 2000 *Annual*, "On Human Fetal Tissue Trafficking [*sic*]," 81.
72. M. Foust, "Mohler, on TV Panel, Argues Human Cloning Should Be Banned," in *Southern Seminary Magazine* 69, no. 2 (Summer 2001): 26.
73. Baptist General Convention of Texas Christian Life Commission, *Genetic Research*.
74. P. D. Simmons, "To Clone or Not to Clone?" *Christian Ethics Today* 3, no. 3 (July 1997): 10-14. Several factors associated with cloning are worth noting in this context. One is that "cloning" takes place in nature when twins or multiple siblings are the result of divisions of the fertilized ovum. Twins have the same DNA, much as a clone would have the same DNA as the person being cloned. Can it be inherently wrong to imitate a process that occurs routinely in nature itself? Second, children produced by biotechnical means are still persons in every sense. To categorize such children as "artificial" or "manufactured" seems, however unintentionally, to depersonalize and dehumanize them. Third, each cloned person would be an individual in his or her own right, not someone else—not even the "parent" from whom he or she is cloned. We may duplicate genetic information, but not the history or pattern of experiences that make each person unique. He or she would still be created in the image of God and would be an object of the divine love and care. Finally, science does not yet know all the benefits that cloning techniques might bring to human health. To ban such research might be to deprive the future of substantial benefits.
75. "On Human Embryonic and Stem Cell Research," Resolution 7, 1999 *Annual*, 96.
76. Baptist General Convention of Texas Christian Life Commission, *Genetic Research*.
77. J. R. Nelson, *On the New Frontiers of Genetics and Religion* (Grand Rapids: Eerdmans Publishing, 1994), 58-59, citing P. D. Simmons, "Moral and Religious Implications of Blastomere Analysis Before Implantation (BABI)," essay prepared for the Second National Conference on the Human Genome Project, Baylor College of Medicine, Houston, March 1992 (unpublished).
78. See Baptist General Convention of Texas Christian Life Commission, *Organ Donation* (Dallas: Baptist General Convention of Texas Christian Life Commission, n.d.).
79. See P. D. Simmons, "Ethical Considerations in Composite Tissue Allotransplants (CTA)," *Microsurgery* 20 (2000): 458-465. The hand transplants in Louisville, Kentucky, have opened the possibility of composite tissue transplants for selected recipients.
80. Baptist General Convention of Texas Christian Life Commission, *Organ Donation*.
81. "On Human Fetal Tissue Trafficking [*sic*]," 80.
82. Ibid.
83. P. D. Simmons, "Experimentation with the Dying Patient," *Law and Bioethics Report* 1, issue 1 (August 2001): 7-8.
84. P. D. Simmons, "The Artificial Heart: How Close Are We, and Do We Want to Get There?" *Journal of Law, Medicine & Ethics* 29, nos. 3 and 4 (Fall & Winter, 2001): 401-406.
85. Mitchell, *Genetic Engineering: Bane or Blessing?* 8. See also B. Mitchell, "Genetic Promise and Problems," in *Life at Risk: The Crises in Medical Ethics*, ed. R. D. Land and L. Moore (Nashville: Broadman & Holman, 1995), 114-129.

86. R. Land, "Joint Appeal against Human and Animal Patenting," news release to National Press Club, Washington, D.C., May 18, 1995. See also T. Strode, "CLC's Land, Others Decry Gene Patenting," *Light*, July-August, 1995, p. 3.
 87. See Simmons, *Birth and Death*, 212-215.
 88. Counseling ministries are included among the ministries of many Southern Baptist churches. The St. Matthews Baptist Church in Louisville, for instance, staffs an office of pastoral care named after the late Wayne E. Oates (see n. 89 below). The Kentucky Baptist paper, *The Western Recorder*, carries a weekly column called "Family Forum" that is devoted to counseling ministries. (See, for example, the column by W. Rowatt and J. Rainbow, "How Should Parents Respond When Adult Children Divorce?" *Western Recorder*, August 1, 2000, p. 5. A number of writers contribute articles on various topics to this column.) A children's home is operated by Kentucky Baptists at Middletown for young women facing out-of-wedlock pregnancies or other problems during their teenage years. Southern Baptists have also developed ministries to persons with Alzheimer's disease. See J. B. Riley, "Keeping Hope Alive: Spiritual Care for Alzheimer's Patients," *Baptists Today* 19, no. 4 (April 2001): 24-25, 32.
 89. Oates, a long-time professor of pastoral care at Southern Seminary in Louisville, wrote over 50 books in the field of pastoral care and was known as the dean of pastoral care in the United States. The Institute can be contacted at: www.oates.org.
 90. Individual, marital, and family counseling was offered free of charge to Southern Baptist ministers and their families during the 2001 meeting of the SBC in New Orleans. Counseling sessions and health screenings were provided by LeaderCare and Wounded Ministers, both of which are ministries of LifeWay Christian Resources (LifeWay Christian Resources was formerly The Baptist Sunday School Board). See notice for the counseling ministry in *Western Recorder*, April 17, 2001, p. 2.
- While the National Alliance for the Mentally Ill does not have Convention support as such, some Southern Baptist ministers are involved with the Alliance. A Southern Baptist is vice president of the Kentucky chapter of the Alliance. See K. Walker, "Churches Asked to Help Mentally Ill & Families," *Western Recorder*, April 17, 2001, pp. 1, 3.
91. H. Roberts, *Faith and Ethics: Tough Choices for the 21st Century* (Macon, Ga.: Smyth & Helwys, 1998), 171.
 92. *Ibid.*; see also D. Lasley, *Euthanasia*, Critical Issues Series (Nashville: Christian Life Commission, 1994), 18.
 93. Lasley, *Euthanasia*, 16; see also "On Euthanasia and Assisted Suicide," Resolution 13, 1992 *Annual*, 93-94. The terms "ordinary" and "extraordinary" can be problematic in the clinical setting, but they are still used in common parlance.
 94. Lasley, *Euthanasia*, 18, n. 6.
 95. Simmons, *Birth and Death*, 124-154.
 96. See 2000 *BF&M*, Article X: "Last Things."
 97. See, for example, E. Bridges, "Bill Wallace: A Missions Hero Remembered," *Baptists Today* 19, no. 4 (April 2001): 28-29.
 98. Lasley, *Euthanasia*, 5; see also B. Mitchell and M. Whitehead, *A Time to Live, A Time to Die: Advance Directives and Living Wills*, The Sanctity of Human Life Series (Nashville: Christian Life Commission, 1993), 6.
 99. Resolution 6, 2001 *Annual*.
 100. Lasley, *Euthanasia*, 17.
 101. Resolution 6, 2001 *Annual*.
 102. *Medical Ethics Advisor* 2, no. 7 (July 1986): 82. A survey of physicians in the state of Washington showed that 26% (218 of 828) had been asked to provide a lethal prescription by one or more patients. In 38 of 156 cases the request was granted; 15 of the patients did not use the medication.
 103. Baptist General Convention of Texas Christian Life Commission, *Elective Death: Euthanasia and Physician-Assisted Suicide* (Dallas: Baptist General Convention of Texas Christian Life Commission, n.d.).
 104. See news report in *Western Recorder*, June 19, 2001, p. 10.
 105. W. E. Oates, *Alcohol In and Out of the Church* (Nashville: Broadman Press, 1966), 21.
 106. "On Youth and Violence in the Media," Resolution 9, 1999 *Annual*, 98.

107. See, for instance, the True Love Waits volumes by D. Payne, *Courting, Dating, & Hanging Out* (Nashville: LifeWay Press, 2000); P. Kelly, *Sexual Resolutions* (Nashville: LifeWay Press, 1999); and M. Tullos, P. Turner, and K. Wyatt, *Pure Joy: God's Formula for Passionate Living* (Nashville: LifeWay Press, 2001).
108. See *Church Supply Catalog* (Nashville: Lifeway Christian Stores, 2002), 93.
109. T. Strode, "Powell's Condom Advocacy Denounced by Land, Others," Baptist Press news release, February 21, 2002. On the web at: www.bpnews.net/bpnews.asp?ID=1281. The secretary had been on an official visit to parts of the world where the AIDS problem is critical. He had suggested that "safer sex" practices are a step toward avoiding AIDS—a message that many Baptists would support.
110. Resolution 11, 1987 *Annual*, 66.
111. J. Falwell, "AIDS: The Judgment of God," *Liberty Report*, April, 1987, p. 4.
112. J. Falwell, "An Agenda for the 1980's," in *Piety and Politics*, ed. R. J. Neuhaus and M. Cromartie (Washington, D.C.: Public Policy Center, 1987), 14.
113. Resolution 6, 1987 *Annual*, 65.
114. Resolution 4, 1999 *Annual*, 101.
115. Recommendation 17, 1992 *Annual*, 80.
116. Resolution 6, 1987 *Annual*, 66. See also Resolution 11, 1987 *Annual*, 66.
117. Lasley, *Euthanasia*, 4.
118. Resolution 8, 1987 *Annual*, 65.
119. See W. Tillman, *AIDS: A Christian Response* (Nashville: Convention Press, 1990), and E. Shelp, *AIDS and the Church: The Second Decade* (Louisville: Westminster/John Knox Press, 1992).
120. W. Amos, *When AIDS Comes to Church* (Philadelphia: Westminster, 1988).
121. L. Judge-McRae, "Samaritan Ministry: Another New Way to Be Baptist," *TCBF News* 9, no. 4 (August-September 2001): 2.
122. J. E. Hyde and N. Miller, eds., *HIV/AIDS Ministry: Putting a Face on AIDS*, Ethics and Public Policy Ministry Group (Atlanta: Cooperative Baptist Fellowship, 1994).
123. See J. Allen, *Burden of a Secret: A Story of Truth and Mercy in the Face of AIDS* (Nashville: Moorings, 1995).
124. *Light*, Summer 2001, p. 22.
125. Y. Betowt, "Parish Nurses Offer Holistic Approach to Healthcare," *Baptists Today* 19, no. 9 (September 2001): 26, 32.
126. J. Wayne, "Help for Those Who Help Others," *Baptists Today* 19, no. 9 (September 2001): 27. Wayne includes a helpful list of on-line resources for caregivers.

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Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, healthcare workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not

substitute for discussion of patients' own religious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



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FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

205 West Touhy Avenue • Suite 203 • Park Ridge, Illinois 60068-4202

The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

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