



# Ethical Issues in Reproductive Medicine: A Mormon Perspective

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his presentation is not “the” Mormon perspective but the point of view of “a” Mormon. “The” Mormon point of view, at this moment, does not exist on the subjects under discussion. Certainly many Mormons hold strong views on these subjects, and some argue their views reflect those of the Church.<sup>1</sup> Rather, I mean that if one were to write, as I did, and ask the First Presidency — which is solely entrusted with the authority to establish official Mormon Church policy — if it has “a position, or a doctrine . . . relating to the subject” of any of the four medical processes this symposium addresses, one would receive an answer stating that the Church has not “taken an official position with respect to the issues raised by the scenarios.” If, mildly surprised that this should be so despite the explicit or implicit overtones of abortion in two of the four scenarios, one writes again, highlighting this problem, he or she will be referred without elaboration to the “current official policy of the Church with respect to [abortion]” and advised that “the scenarios . . . should be viewed in light of this policy” (Gibbons 1982, 1983).

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*LESTER BUSH, a physician and former associate editor of DIALOGUE is completing a monograph, “Health and Medicine in the Mormon Tradition” as part of a multi-volume series sponsored by Lutheran General Hospital’s Project Ten. Ultimately about a dozen faiths will be represented in the series which is being assembled under the general editorship of Martin E. Marty and Kenneth L. Vaux. In this paper, delivered at the University of Utah’s Fifth Annual Birth Defects, Mental Retardation, and Medical Genetics Symposium, 25 March 1983, Lester Bush was asked to bring his knowledge of Mormon history to bear on four emerging medical ethical issues: the question of terminating pregnancies with fetal abnormalities which will not cause serious impairment until well after birth, genetic engineering, in utero surgery, and in vitro fertilization.*

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<sup>1</sup> The complex subject of what constitutes an official “doctrine” within the Mormon church is beyond the scope of this essay. In general I will use statements issued by either the President of the Church or the First Presidency as my guide to the doctrine current at any given time. A conspicuous article in an official church journal is also used occasionally to indicate at least the range of acceptable beliefs. Some useful criteria are given in J. Reuben Clark, Jr., “When Are the Writings and Sermons of Church Leaders Entitled to the Claim of Scripture?,” reprinted in DIALOGUE 12 (Summer 1979).

With this as one current bottom line, let us now look to history to review the Mormon view of heroic intervention and modern medicine in general, then examine in a little detail the Mormon record on birth control (the most closely related issue on which much doctrinal history exists), abortion, and other related subjects. To the extent that generalizations emerge from this review, I will hazard a guess as to what they might portend for the future Mormon perspective on reproductive medicine.

### HEROICS IN MEDICINE

Although not prominent on the agenda of early Mormonism, medical ethical questions, loosely defined, were an early and persistent concern within the Church. The first and most conspicuous of these involved what was then termed the heroic medical practice of orthodox physicians. Joseph Smith and his colleagues regularly condemned what they viewed as dangerous heroics in the treatment of disease.

Given the state of the medical art at this time, this view was pragmatic; but the justification went well beyond what otherwise might have been labelled common sense. As biblical literalists, Mormon leaders felt doctrinally bound to the advice of James who counseled the sick to "call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord" (James 5:14). Should an additional step be necessary, according to a revelation announced by Joseph Smith in 1831, sick believers who "[had] not faith to be healed [by priesthood administration] . . . shall be nourished with all tenderness, with herbs and mild food" (D&C 42:43) — guidelines again in harmony with biblical precedents.

Authoritative counsel reinforced these implicitly anti-heroic guidelines in unequivocal terms. During the Mormon trek west, for example, Brigham Young, acting as president of the Church after Joseph Smith's death, advised members of the Mormon Battalion: "If you are sick, live by faith, and let the surgeon's medicine alone if you want to live, using only such herbs and mild food as are at your disposal" (Tyler 1969, 146).

At least at the theoretical level, the anti-heroic ethic extended to the most severe cases, such as that of Elizabeth Morgan, a fifty-five-year-old convert living in London in 1842. She had a "spasmodic affection" which one day developed into an inflammation of the bowel. Despite a rapid deterioration in her condition, treatment was limited to anointing "with oil in the name of the Lord, . . . sage tea with Cayenne pepper, [and] leeches." All efforts failed and the "beloved sister" died.

The lessons drawn from these developments were revealing. The coroner feeling the "remedy . . . worse than the disease," and shocked that no "medical gentleman" or "surgeon" was called in, "had his doubts whether [the case] was not one of manslaughter." A jury was convened to investigate but "after some deliberation returned a verdict of 'natural death,' with a hope that the present inquiry would act as a caution to [the Mormons] how they acted in such cases for the future." The Mormons viewed things differently. They re-

printed a *London Despatch* article on the story in their own official journal and added a hyperbolic editorial observing that “what gives deep interest to the fact [of Sister Morgan’s death] and adds solemnity to the scene is that she died a ‘natural death!!!!’” Among the litany of unnatural alternatives cheerfully suggested was “the privilege of being killed through the administration of the learned medical faculty” (“She Died” 1979, 86–89).

With the passage of time, orthodox medicine became more “scientific,” herbalism fell into disrepute, and Church opposition to regular medical doctors began to erode. Late in his life, Brigham Young sent young Mormons back East to be educated in leading orthodox medical schools and hospitals. Under the influence of this growing cadre of well-educated physicians and a few regular physician émigrés, “scientific medicine” came to dominate the Utah medical scene. By the turn of the century, the Church had fully embraced modern medicine. The increasingly heroic “state-of-the-art” medicine espoused and practiced at this time was judged not so much by a doctrinal yardstick as by — in the words of Apostle James Talmage — the “intelligent exercise of common sense” (Talmage 1922, 3). In the words of a *Deseret News* editorial accompanying the opening of a well-equipped Church-sponsored hospital in 1902, “Remedies are provided by the Great Physician or by Nature as some prefer to view them and we should not close our eyes to their virtues or ignore the skill and learning of the trained doctor” (Smith 1979, 50).

While divinely sanctioned herbalism was discarded during this general accommodation, orthodox therapy and priesthood blessings came to be seen as adjuncts to each other, especially when a serious illness was involved. Again, the words of Apostle Talmage, “We must do all we can, and then ask the Lord to do the rest, such as we cannot do. Hence we hold the medical and surgical profession in high regard. . . . When we have done all we can then the Divine Power will be directly applicable and operative.” This symbiotic relationship has continued within Mormonism to the present day. On 19 February 1977, in the face of a resurgence of nineteenth-century anti-medical “fundamentalist” theology among some Mormons, the *Church News* repeated editorially that “our belief in the divine power of healing should in no way preclude seeking competent medical assistance.”

Looking back on this, Mormons — including, I expect, most Mormon physicians — would say that the Lord had merely commended to the early Saints the most effective and safest treatments of the day and that later Church leaders were simply responding, under inspiration, to changed circumstances. While the case for herbalism, even in 1830, is at best debatable, for our purposes the important point is that general medical judgments were demonstrably pragmatic, even though they were couched in a doctrinal vernacular. This is the same standard against which the Church today seems to evaluate the propriety of even the most heroic medical measures. It is no longer, as it once was, *a priori*, a matter of doctrine. Rather — to paraphrase Talmage — it is a question of common sense and technical feasibility.

While a very sympathetic relationship has been present between modern, often heroic medicine and Mormonism throughout the twentieth century, there

have been a few points of discordance. Most typically, they have been issues involving human reproduction.<sup>2</sup>

### BIRTH CONTROL

The national ferment of the sixties and early seventies over abortion is an instructive parallel to the birth-control controversy of a half century earlier. The term "birth control" itself derives from this period, which also saw the first formal statements by the Mormon hierarchy on the subject. These statements, as in the case of the first comments on abortion, were made rather early in what was a radical reform movement, and at a time when many aspects of contraception were illegal.

Joseph F. Smith was the first LDS Church president to address in any detail the question of what was then termed "prevention." Having heard as early as 1900 that "steps were being taken," even among Latter-day Saints, "to prevent . . . spirits being tabernacled," he spoke regularly on the subject for nearly two decades (CF April 1900, 39–40; Bush 1976).

One of his earlier statements was written in response to a physician's inquiry in 1908 as to whether it was ever right "intentionally to prevent, by any means whatever, the spirits . . . from obtaining earthly tabernacles?" Smith's response was that "in a general way, and as a rule, the answer to this question is an emphatic negative. I do not hesitate to say that prevention is wrong." In addition to bringing in its wake selfishness, and a "host of social evils," it would also "disregard or annul the great commandment of God to man, 'Multiply and replenish the earth'" (1908, 959–61).

While the tone and substance of much that he said derived from the undifferentiated perspective of the nineteenth century, he also added a caveat reminiscent of the new pragmatism with which the Mormons viewed medicine in general: "I am now speaking of the normally healthy man and woman. But that there are weak and sickly people who in wisdom, discretion and common sense should be counted as exceptions, only strengthens the general rule." The thinking at this time was further from our own than this might suggest: Smith concluded that in such exceptional cases the only legitimate preventive was "absolute abstinence."

While Smith held to the same basic view throughout his presidency, which ended with his death in 1918, his last extensive counsel on the subject intro-

<sup>2</sup> The most significant other problem to bring the Church into conflict with the received medical view came in 1900. It involved the issue of "free choice," and grew out of a Utah Board of Health initiative to require all school-aged children to have smallpox vaccinations. Although the First Presidency clearly accepted the merits and wisdom of vaccination, other prominent Mormons, notably Charles E. Penrose, the influential editor of the Church's *Deseret News*, felt the procedure itself both dangerous and unwarranted. (In a sense, this was a vestige of the old anti-heroic philosophy.) Penrose, who not long thereafter became a member of the Quorum of the Twelve, led a vigorous crusade against the initiative, and ultimately the Mormon-dominated state legislature banned (over the governor's veto) a compulsory vaccination program. Despite their support of vaccination, *per se*, the First Presidency chose not to exert its pivotal influence in support of an involuntary program. This same ingrained aversion to mandatory programs later created popular opposition to such public health programs as quarantines and fluoridation of water supplies.

duced another exception to his general condemnation of “this evil practice:” “I think that [curtailing the birth of children] is a crime whenever it occurs,” he advised the women’s Relief Society in 1917, “where husband and wife are in possession of health and vigor and are *free from impurities* that would be entailed upon their posterity. I believe that where people undertake to curtail or prevent the birth of their children that they are going to reap disappointment by and by. I have no hesitancy in saying that I believe this is one of the greatest crimes in the world today” (317–18).

Smith’s successor, Heber J. Grant, presided over the Church during Utah’s depression years, which had begun in the early twenties, a decade earlier than for the nation. During these years, the birth rate among Mormons declined precipitously, dropping to levels not again reached until the advent of “modern” contraceptives in the sixties. However, senior Church authorities said relatively little in response to this unprecedented evidence of intentional family limitation; even then, advice was generally given only in personal correspondence.

J. Reuben Clark, of the First Presidency, in 1933 wrote privately in response to an inquiring correspondent that the Church did not have an official position on birth control (Quinn 1983, 158).

Several years later, on 1 May 1939, a similar letter from Heber J. Grant set forth his views. He first invoked the counsel of his predecessor, Joseph F. Smith, then added, “Married couples who, by inheritance and proper living, have themselves been blessed with mental and physical vigor are recreant in their duty if they refuse to meet the natural and rightful responsibility of parenthood. Of course, in every ideal home the health of the mother, as well as the intelligence and health of the children should receive careful consideration” (Grant to Haymore).

In 1942, the influential apostle John A. Widtsoe advised a personal correspondent that “as far as I know the Church has not expressed itself as to birth control” (Widtsoe to Klinger). Later that year he published an important essay on birth control in the *Improvement Era* forthrightly entitled “Should Birth Control Be Practiced?” It was a remarkably even-handed treatment of the subject, clearly reflecting another phase in the evolution of leadership thinking on the subject. Instead of rejecting economic arguments out of hand, he rather found them “seldom convincing.” Equally interesting, he implicitly rejected total abstinence as the sole recourse open to those with legitimate grounds for controlling fertility. His advice was that “a careful recognition of the fertile and sterile periods of woman would prove effective in the great majority of cases” (1942, 801, 803).

Four years later, Apostle David O. McKay (1946) in private correspondence carried this position a step further in advising that “when the health of the mother demands it, the proper spacing of children may be determined by seeking medical counsel, by compliance with the processes of nature, or by continence.” While some Mormon authorities were — and still are — willing to label birth control “gross wickedness” (McConkie 1958, 81; Smith 2:86–89), McKay’s much more tolerant view was the dominant perspective after he

became president in 1951. The high-water mark in this direction can be found in the writings of his counselor Hugh B. Brown who wrote in 1960 that “the Latter-day Saints believe in large families wherever it is possible to provide for the necessities of life, for the health and education of their children, and when the physical and mental health of the mother permits” (135–36).

Ultimately, probably at Brown’s prompting, the First Presidency issued a formal statement on 14 April 1969 — the first and only formal statement by the First Presidency specifically on the subject of birth control. In this McKay, Brown, and Nathan Tanner wrote:

The First Presidency is being asked from time to time as to what the attitude of the Church is regarding birth control. . . .

We seriously regret that there should exist a sentiment or feeling among any members of the Church to curtail the birth of their children. We have been commanded to multiply and replenish the earth that we may have joy and rejoicing in our posterity.

Where husband and wife enjoy health and vigor and are free from impurities that would be entailed upon their posterity, it is contrary to the teachings of the Church artificially to curtail or prevent the birth of children. We believe those who practice birth control will reap disappointment by and by.

However, we feel that men must be considerate of their wives who bear the greater responsibility not only of bearing children, but of caring for them through childhood. To this end the mother’s health and strength should be conserved and the husband’s consideration for his wife is his first duty, and self-control a dominant factor in all their relationships.

It is our further feeling that married couples should seek inspiration and wisdom from the Lord that they may exercise discretion in solving their marital problems, and that they may be permitted to rear their children in accordance with the teachings of the gospel. (First Presidency 1969)

This masterpiece of diplomacy effectively combined the essence, if not the bottom lines, of the guidance issued throughout the twentieth century into one ultimately ambiguous statement which in essence transferred full responsibility from the Church to the individual member. Their success is indicated by the fact that Mormons across the entire spectrum of possible attitudes toward birth control cite it in defense of their beliefs. Beyond reiterating the strong pro-family tradition which has sustained nearly all Mormon commentary on the subject, the statement thereby placed specific behaviors above ecclesiastical review.

In a larger sense, perhaps, Church leadership also thus ratified the collective judgment of rank-and-file Mormons. For years, surveys of active Mormons had found a large majority either using or planning to use contraceptives; and by the late sixties, when the First Presidency statement was issued, Mormon birth rates were at historic lows, ranging between 26 and 28 births per thousand.

The point to be made is not that the Church capitulated on the issue of birth control, but rather that a change in societal perspective was accompanied, eventually, by a similar change within the Church. In fact, the Church did not really capitulate on its more fundamental concern — that procreation and family life lie at the heart of human beings’ reason for being. While this is

now interpreted in the context of a very broadly defined medical concern for the well-being of the total family, there still has been no formal sanction of arbitrary spacing of births because of educational or economic goals.

The positive injunction given to Adam and Eve to multiply and replenish the earth was really the foundation of all Mormon commentary on birth control. And Mormons at large obviously have responded to this ideal. While unmistakably influenced by changing socio-economic circumstances — much like their non-Mormon contemporaries — Mormon families still collectively average one and a half additional children per family — a distinction held throughout the twentieth century.

Those who have followed McKay to the presidency of the Church have been both more outspoken and more conservative in their commentary on birth control. As expected, however, they chose not to revise the formal guidance already issued on the subject. While the new emphasis may have been associated with a brief rise in the birth rate of Mormons in Utah in the late 1970s, it seems not to have influenced the overall usage of contraceptives within the Church (which by the end of childbearing seems ultimately to approach 90 percent). A recent study based on a small sample from the 1975 National Fertility Studies found that 96 percent of reporting Mormons had made use of birth control (Heaton and Calkins 1983). Though this is somewhat higher than previous reports, surveys since 1935 have found the majority of Mormon respondents either endorsing or using birth control (Bush 1976, 32). Indeed, the most recent guidance on the subject of birth control in official Church forums is essentially indistinguishable in tone and substance from that which appeared in the sixties. The most extensive such commentary appeared in the *Ensign's* "I Have a Question" column in August 1979. In a thoughtful response to the question, "Is there not any kind of 'gospel family-planning,' for lack of a better way to say it?," noted Mormon obstetrician Homer Ellsworth first rejoiced in "our spiritual obligation, to bear children and to have a family" and decried family limitation for "selfish" reasons. "But, on the other hand," he continued (in part),

we need not be afraid of studying the question from important angles — the physical and mental health of the mother and father, the parents' capacity to provide basic necessities, and so on. If for certain personal reasons a couple prayerfully decides that having another child immediately is unwise, the method of spacing children — discounting possible medical or physical effects — makes little difference. Abstinence, of course, is also a form of contraception, and like any other method it has side effects, some of which are harmful to the marriage relationship. (Ellsworth 1979, 23–24)<sup>3</sup>

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<sup>3</sup> Since the presentation of this paper, a new edition of the authoritative *General Handbook of Instructions* (Sept. 1983) has been issued, including the most open-ended statement on "birth control" yet published by the Church:

The Lord has commanded husbands and wives to multiply and replenish the earth that they might have joy in their posterity.

Husbands must be considerate of their wives, who have the greater responsibility not only of bearing children but of caring for them through childhood, and should help them conserve their health and strength. Married couples should exercise self-control in all of their relationships. They should seek inspiration from the Lord in meeting their marital challenges and rearing their children according to the teachings of the gospel. (1983, 77)

## ABORTION

Although there was no formal statement of Church policy on abortion until very recently, the views of early Church leaders on the subject were very clear: abortion was synonymous with murder. Polemically, at least, no distinction was made between "foeticide," the "destruction of embryos," or abortion on the one hand, and "infanticide" or "infant murder" on the other. John Taylor, for example, spoke with some regularity of "pre-natal murders," or "murders . . . committed while the children are pre-natal;" of infants killed "either before or after they are born;" and of murdering children "either before or after they come into the world." Similar language can be found in the related sermons of nearly all late nineteenth-century Mormon leaders (Bush 1976, 14-16, 42 note 104).

Given this perspective, it is not surprising that the Church viewed those involved in such "hellish" practices as under grave condemnation. George Q. Cannon of the First Presidency in 1884 was perhaps the most graphic: "They will be damned with deepest damnation; because it is the damnation of shedding innocent blood, for which there is no forgiveness. . . . They are outside the pale of salvation. They are in a position that nothing can be done for them. They cut themselves off by such acts from all hopes of salvation." John Taylor had given the same message in 1881: "They are murderers and murderesses of their infants . . . and you that want them, take them, and you that do will go along with them, and go to perdition with them, and I tell you that in the name of the Lord" (JD 22:320).

Despite this seemingly categorical stance, the condemnation of abortion was not absolute. A few years earlier, in 1876, amid the national anti-abortion crusade which fueled much of the Mormon commentary, Utah had passed an anti-abortion statute. The criminal penalties were not as severe as one might have expected from the sermons. Those convicted of having an abortion received one to five years; those performing an abortion, two to ten. More importantly, there also was an explicit exemption in cases where abortion was "necessary to preserve [the] life [of the mother]." (*Utah Code Annotated*, sec. 1972, 1876; sec. 76-7-301 et seq. 1973.)

In actual practice, abortion seems to have been very uncommon in the Mormon community. After the period of intense national agitation ended, the subject largely disappeared from Church commentary for nearly a century. When it reemerged, the social and medical context was radically different from that faced by John Taylor.

The twentieth century brought an unprecedented public acceptance of active intervention in the reproductive processes. Infant mortality had de-

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This message was repeated in Gordon B. Hinckley's 29 January 1984 address on "Cornerstones of a Happy Home," which subsequently was published as a brochure and delivered by home teachers to every LDS family. Hinckley added, "[The Lord] did not designate the number [of children], nor has the Church. That is a sacred matter left to the couple and the Lord." Paradoxically, as with the relatively liberal guidance of 1969, this statement follows the decline of the Mormon birthrate to the lowest level to date, 24.5 births per thousand for 1983.

clined precipitously, so there no longer was a need to have “insurance” children to guarantee a “full” family surviving into adulthood. Society became increasingly mobile and urbanized. Those with large families encountered emotional and economic challenges from which their parents and grandparents seemingly were spared. And family limitation through birth control, despite a controversial entry into the national arena, became increasingly acceptable — even within the Mormon community.

To a growing number of participants in this social revolution, particularly since 1960, a logical next step was to make therapeutic abortions available in cases other than those threatening the mother’s life. The reasons for this change in perception are less evident than the fact of the change. Some fundamentalist Mormons have seen it as yet another symptom of sweeping moral decay. Others found convincing the statistical evidence that, although illegal “abortionists” operated with very high mortality, therapeutic abortions in legal medical settings had substantially less maternal morbidity and mortality than pregnancy itself.

Whatever the reasons, both medical and popular sentiment on abortion unquestionably moved substantially away from the categorical abhorrence of earlier decades. Accordingly many states revised their abortion laws. In 1969, Utah Senate Bill 121 was introduced to revise Utah’s century-old statute, proposing to allow abortions where the mother’s mental or physical health (not solely her life) was at stake, where pregnancy resulted from rape or incest, or if the child was likely to have “grave or permanent physical disability or mental retardation.” As a member of LDS Hospital’s house staff in 1968–69, I recall numerous conversations among the hospital’s physicians. Many felt that the Church would not oppose the proposed legislation — an indication of how far sentiment within the LDS community had shifted. As startling as this view may seem in retrospect, there are several reasons why it might have been true.

To begin with, as Lohner (1967) documents, there was the practical consideration that a somewhat liberalized policy was already tacitly in effect in most major hospitals in Salt Lake City, including the LDS Hospital itself. Only Holy Cross Hospital reported no therapeutic abortions between 1954 and 1964. Although far from routine, abortions were being performed occasionally for the very indications the new legislation proposed to authorize. For instance, 9 percent of the abortions had been for fetal indications, and 18 percent for psychiatric. Lohner also felt that many of the 73 percent of abortions labelled “medical” were, in fact, performed for other indications.

A second reason was a relatively tolerant attitude toward birth control on the part of the current Church leadership. Notwithstanding a long tradition which once had equated preventive measures with abortion and, thus, infanticide, the use of contraceptives was largely viewed in actual practice as principally a medical judgment. And by the standards of old, such “medical” judgments were very lenient indeed. There were also several theoretical reasons why some relaxation in state abortion laws might have been ecclesiastically acceptable.

First, the Church had never taken a formal stand on the subject of abortion. Given what has been said about the nineteenth-century view, this may

seem a technicality, but it is not. Notwithstanding its authoritarian image, Mormonism in fact has very few authoritative doctrines. Its canon, the standard works, rarely bears unequivocally on twentieth-century issues. Principles continue to be extracted and applied, but there is always a strong subjective or "inspired" interpretive element in these applications.<sup>4</sup> Moreover, unless these interpretations are publicly issued by the First Presidency — which is rarely the case — they do not attain the status of formal doctrines of the Church. Even those so issued are subject to later revision, though an effort is made to avoid explicit rejection of a previously published view. The record on birth control illustrates both these points. What most often passes for "doctrine" within Mormon society is, in reality, a widely held consensus, perhaps espoused in sermon or print by Mormon General Authorities, but ultimately without formal sanction by the First Presidency. In theory, such a consensus is not binding on Church members. In practice, it is not unlikely to change.

Second, despite the precedent of nineteenth-century Church commentary, mid-twentieth century Mormon leaders did not view abortion in entirely the same doctrinal light as their predecessors. While nothing definitive had been stated publicly, as early as 1934 Apostle David O. McKay privately expressed his opinion that the Church had not made an "authoritative answer" to the question of whether abortion should be "termed murder or not" (McKay to Nate). Later, as Church president, McKay and the First Presidency had affirmed that "as the matter stands, no definitive statement has been made by the Lord one way or another regarding the crime of abortion. So far as is known, he has not listed it alongside the crime of the unpardonable sin and shedding innocent blood. That he has not done so would suggest that it is not in that class of crime" (First Presidency 1973). In 1958, J. Reuben Clark, though generally strongly opposed to abortion, had been willing to advise a pregnant woman who had contracted German measles that on the question of terminating the pregnancy "she should seek the advice of her physicians . . . and also seek the Lord in prayer" (Quinn 1983, 158).

Third, the view that abortion should not be viewed as murder and thus the optimism that there might be no official objection to some modest liberalization in state laws was possible because the Church also had no formal stand on another theologically relevant subject: the relationship between a noncorporeal spirit and the physical body of flesh and blood with which it is associated. Assumptions about this relationship are central to some frequently heard condemnations of abortion, but this is not true of Mormonism.

Mortal existence, as we know it, was represented by Joseph Smith as the union of a spirit with its earthly body to form what was termed a "soul." At death, the spirit and body again separated, to be permanently reunited at

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<sup>4</sup> An instructive contrast is the distinctly different approach taken to medical ethical issues by the Reorganized Church of Jesus Christ of Latter Day Saints, which, with access to essentially the same body of scripture, rarely makes categorical statements. Decisions on abortion, for example, are considered to be individual decisions. Such decisions may not be lightly made, but church leadership also "recognizes that there may be *rare* occasions which might make it necessary, because of the conditions of the conception or the pregnancy, to terminate a particular pregnancy." (First Presidency 1974, 57).

the time of resurrection. Ultimately this resurrected soul accounts before God for his or her conduct on earth.

The essence of this theological understanding obviously is not unique to Mormonism. Among other common themes, it shares the popular notion — of some medical interest — that the spirit animates the body and that death coincides with the departure of the spirit. As biblical literalists, early Mormons might also have been expected to assume, as did many of their contemporaries, that the spirit was prenatally present, using as proof-text the familiar passage in Luke 1:44 in which Elisabeth's child "leaped in [her] womb for joy" at the news of Mary's pregnancy. The problem with this as a firm Mormon scriptural guide was a Book of Mormon episode in which the adult Christ appeared — presumably in spirit form — the day prior to his birth.

With these paradoxical precedents, it is understandable that leading Mormons held a variety of views over the years about timing of ensoulment — and that none of these views attained the status of a formal doctrine. Brigham Young assumed the spirit arrived at the time of quickening (JD 17:143). This view, the conventional Protestant wisdom of the day, was easier to maintain before modern science demonstrated that fetal motion was present almost from the outset of pregnancy, long before it could be detected by the mother. David O. McKay felt that the spirit joined the body at the time of birth. "Life manifest in the body before that time would seem to be dependent upon the mother" (McKay to Nate). To the best of my knowledge, no leading Mormon ever asserted the third obvious alternative — that the spirit arrived at the time of conception.

Although McKay's position would seem intrinsically more flexible than Young's, this was not necessarily so. Young also believed, as quoted by a successor Wilford Woodruff, that "when some people have little children born at 6 & 7 months from pregnancy & they live a few hours then die . . . I think that such a spirit will have a Chance of occupying [sic] another Tabernacle and develop itself" (Woodruff 5:109). While it is not clear where he would draw the line, he periodically ridiculed a colleague's notion that babies who died were "resurrected" into new, mortal infant bodies (Woodruff 6:361, 363; JD 12:66). Ultimately the First Presidency (1970) wrote — though it did not formally publish — that "there is no direct revelation upon the subject [of when the spirit takes possession of the body] . . . it has always been a moot question. That there is life in the child before birth is undoubted fact, but whether that life is the result of the affinity of the child in embryo with the life of its mother, or because the spirit has entered it remains an unsolved mystery" (First Presidency 1970). So far as I am aware, nothing further has been said on the subject.

In practice, Mormon ritual has always distinguished between miscarriages or stillborn deliveries, and neonatal deaths. The former are not formally recorded in Church records; the latter are. Vicarious ordinance work, deemed essential for all humankind in Mormon theology, is never performed in the case of a miscarriage or stillborn delivery. It always is for a deceased infant. In essence, then, whatever the doctrinal uncertainties, Church practice treats birth as though it were the time when an important spirit-body bond takes place.

(Parenthetically, it also should be noted that the Church has not taken any stand on the question of what constitutes a live birth, despite the obvious ecclesiastical implications. I believe in practice it simply follows the variable legal definitions current in different jurisdictions.)

Returning then to 1969, the Church did issue a short statement on the proposed abortion reform bill, about a week after it was introduced in the Utah legislature. In this, the First Presidency stated that after "careful consideration," they were opposed "to any modification, expansion, or liberalization of laws on these vital subjects" (*Deseret News*, 23 Jan. 1969). And, not surprisingly, the bill was not enacted.

Inapparent flexibility in this official opinion became evident just a few weeks later in a private letter from the Secretary to the First Presidency, on their behalf. After reiterating Mormon opposition to a liberalization in the laws, the letter added: "Nevertheless there may be conditions where abortion is justified, but such conditions must be determined acting under the advice of competent, reliable physicians, preferably members of the Church, and in accordance with the laws pertaining thereto" (Anderson 1969). Two years later in February 1971, this private counsel was given much wider circulation when a new First Presidency published an identically worded statement in the official leadership newsletter, *The Priesthood Bulletin*. The following June 1972, the Presidency's views were more fully elaborated in another issue of the *Bulletin*. Their statement at that time remains the most comprehensive official Mormon response to the question of abortion: Because of its importance to the present discussion, I will quote it in full:

The church opposes abortion and counsels its members not to submit to or perform an abortion except in the rare cases where, in the opinion of competent medical counsel, the life or good health of the mother is seriously endangered or where the pregnancy was caused by rape and produces serious emotional trauma in the mother. Even then it should be done only after counseling with the local presiding authority and after receiving divine confirmation through prayer.

As the matter stands today, no definite statement has been made by the Lord one way or another regarding the crime of abortion. So far as is known, he has not listed it alongside the crime of the unpardonable sin and shedding of innocent human blood. That he has not done so would suggest that it is not in that class of crime and therefore that it will be amendable to the laws of repentance and forgiveness.

These observations must not be interpreted to mean that acts of abortion, except under circumstances explained in the preceding paragraph, are not of a serious nature. To tamper or interfere with any of the processes in the procreation of offspring is to violate one of the most sacred of God's commandments — to multiply and replenish the earth. Abortion must be considered one of the most revolting and sinful practices in this day, when we are witnessing the frightening evidences of permissiveness leading to sexual immorality.

Members of the Church guilty of being parties to the sin of abortion must be subjected to the disciplinary action of the councils of the Church as circumstances warrant. In dealing with this serious matter it would be well to keep in mind the word of the Lord stated in the 59th section of the Doctrine and Covenants, verse 6: "Thou shalt not steal; neither commit adultery, nor kill *nor do anything* like unto it."

This statement clearly stops short of defining abortion as murder, finding it rather "like unto it" — possibly in the sense that some might consider a fetus

not to be identical with human life in the normal usage, but like unto it. As such, abortion was usually to be viewed as a "most revolting and sinful practice." On the other hand, the statement was clearly more liberal than, for example, the existing Utah law at the time and, excepting only the cases of fetal abnormalities and incest-related pregnancy, was compatible with the unsuccessful legislative reform introduced three years earlier.

While a panel of federal judges held in 1971 that Utah's abortion law was constitutional, the statute obviously did not withstand the 1973 Supreme Court ruling which in essence struck down all state laws on the subject. In the wake of this development, the Church reissued its 1972 guideline; and over the past decade, it has periodically republished an essentially identical official statement.

With the advent of the Kimball presidency in late 1973, abortion regained the prominence in sermon and print it had been given a century before. Abortion was again a national issue, and President Kimball regularly cited it in a litany of grave sins besetting society. Although the characteristically hyperbolic *Church News* editorials which accompanied this renewed attack (for example, that of 17 May 1975) occasionally suggested that spirits assigned to aborted fetuses would lose their chance for an earthly experience, I believe this view was generally (and correctly) assumed to be without official basis.<sup>5</sup> It was more the tone than the substance of Church discourse that changed during these years.

One quasi-official departure from the limitations of the 1972 statement was evident in 1976, when the Church distributed to all Mormon congregations a very graphic filmstrip reinforcing its opposition to abortion. In addition to the proscriptions already outlined in the official statement, the following new counsel was included as part of an accompanying discourse by President Kimball entitled "A Visit With The Prophet" which was reprinted in the *Church News*, 27 March 1976, p. 6: "Occasionally the question of pregnancy by rape will be asked. Medical evidence indicates that this is an extremely rare situation. But regardless of how the pregnancy was caused, abortion would greatly compound the wrong. An unborn baby must not be punished for the sins of his father. Letting the baby be born and placing him in an adoptive home would surely be a better solution for an unfortunate situation."

Despite the extensive distribution of the filmstrip and explicit guidance of the accompanying talk, the Church at this time did not officially depart from its former stand—a paradox which illustrates some of the problems in assessing an authoritative or authoritarian religion with few formal doctrines. That there had been no binding departure from previous guidance was clear within just a few weeks when the First Presidency reaffirmed its previous policy on

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<sup>5</sup> There is an inherent tension between the Mormon belief that we will be punished only for our own sins and the idea that we can deprive a person of an opportunity to grow through an earthly experience by killing or otherwise harming him or her. The problem posed by the death of young children was handled early by assuming that all who died before "the age of accountability" (eight years) were assured exaltation. That historically this could amount to perhaps 40 percent of all births makes the attempted analogy to abortion a little more intelligible. But our present medical understanding that as many as 85–90 percent of all conceptions fail to reach eight again undermines the whole proposition.

abortion in an "official statement" which contained identical exceptions to those specified in 1972. Among these, of course, was "pregnancy . . . caused by forcible rape and produc[ing] serious emotional trauma in the victim" (*Church News*, 5 June 1976, p. 3).

This is where things stand at present.<sup>6</sup> Interestingly enough, the First Presidency never has specifically condemned the termination of pregnancies involving seriously defective fetuses. Rather, they chose the indirect condemnation of not exempting such cases from a general indictment of abortion. In his remarks accompanying the 1976 filmstrip, President Kimball did assert that "no one, save the Lord himself, has the right to decide if a baby should or should not be permitted to live." One can presume therefore that he personally would counsel strongly against intervening in such cases. Nonetheless, the First Presidency appears to have intentionally avoided singling out this difficult issue for unequivocal condemnation, despite periodic inquiries from concerned physicians on this specific subject or on the related use of amniocentesis.

My impression is that this quasi-silence on the part of the Church coincides with a continuing evolution in perspective among both Mormon physicians and patients, an evolution of just the sort previously seen under similar circumstances on the question of birth control. While I do not see any wholesale rejection of the implied Church counsel against terminating demonstrably abnormal pregnancies, there nonetheless already has been some change in attitude. At the anecdotal level, for example, I am aware of local Church leaders who have availed themselves of amniocentesis for high-risk pregnancies within their own families and of others who plan to do so. They say that they would have gravely abnormal pregnancies terminated, arguing that this option promotes *larger* families, for without it they would not risk further pregnancies. Similarly, though perhaps a distinct minority, there are also otherwise conservative, highly orthodox Mormon physicians who recommend or perform these studies with the same intent. There is, of course, also a growing medico-legal obligation to at least discuss amniocentesis, as an option in high-risk pregnancies, but the motivation is deeper than this.

While I do not know of any reliable statistics on the subject, one LDS obstetrician, not in Utah, estimated that in the general area where his practice was located, about half of the LDS women pregnant after age forty requested amniocentesis. This figure seems generally consistent with a recent Centers for Disease Control study which found that about 10 percent of Utah women

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<sup>6</sup> The 1983 *General Handbook* statement for the first time has added pregnancy from incest to the published list of exceptional cases in which abortion might be justified. The other exceptions remain pregnancy resulting from rape, and circumstances where the "life or health of the woman is in jeopardy" (pp. 77-78). As this essay went to press, Elder Russell M. Nelson, formerly a heart surgeon, spoke in April 1985 conference about "Reverence for Life" (*Ensign* May 1985, pp. 11-14). He acknowledged the possibility of abortion in cases of rape, incest, or danger to the mother's life, and told two stories of the choice not to abort when foetal malformation seemed certain. In the first case the child was born deaf but otherwise normal. The second child was Beethoven. He did not give anecdotal evidence of families in which the decision not to abort resulted in the birth of a seriously handicapped child. Elder Nelson challenged the "pro-choice" argument, reviewed authoritative statements opposing abortion, and reaffirmed the possibility of repentance.

pregnant after age thirty-five also sought amniocentesis — a figure about half the national average (Sept. 1982). It is also compatible with the figures given at this symposium by Dr. Robert Fineman, which were that nationally about 80 percent of pregnancies found to have genetic abnormalities were terminated, and in Utah about 66 percent. While proportionately few amniocenteses reveal abnormalities, in some areas it apparently is not as rare as one might suppose for LDS women discovering significant fetal abnormalities to have these pregnancies terminated.

Despite official Church guidelines encouraging ecclesiastical action against those involved in abortions, I have yet to learn of any Church courts held when known fetal abnormalities were involved. On the contrary, I understand that inquiries about cases of such extreme fetal abnormalities as anencephaly have received unofficial, tacit endorsement. Outside of Utah, one suspects such agonizing personal problems are not infrequently dealt with, or more accurately, not dealt with, entirely by local leaders who counsel the family involved, but indicate that the final moral judgment must reside within the family.

#### EUGENICS

A counter-theme which runs through much of the material on birth control relates to the question of "impurities." As early as 1917, Joseph F. Smith sanctioned marital abstinence when the husband or wife was not "free from impurities which would be entailed upon their posterity." This same caveat can be readily traced throughout the twentieth century, right up to the First Presidency statement of 1969, which in fact quotes Smith verbatim on this point.

A related concern can also be identified in early Church history. Apostle Parley P. Pratt, for example, wrote in *Key to the Science of Theology* — a study second only to the standard works in defining Church doctrine for nineteenth-century Mormons — that "a wise legislation, or the law of God . . . would not suffer the idiot, the confirmed, irreclaimable drunkard, the man of hereditary disease, or of vicious habits, to possess or retain a wife" (1855, 167). Although Utah's Mormon-dominated territorial legislature apparently wasn't sufficiently wise to enact such legislation, the still predominantly Mormon state of Utah eventually did so in 1925. A statute passed that year, in the wake of a national enthusiasm over eugenics, provided for the sterilization of institutionalized individuals (including infants) who were "habitually sexually criminal, . . . insane, mentally deficient, epileptic, or . . . afflicted with degenerate sexual tendencies," if "by the laws of heredity [they were] the probable potential parent of socially inadequate offspring likewise afflicted" (*Utah Code Annotated* Sec. 89-0-1, 1925; Sec. 64-10-1 after 1953).

While such "a taint in the blood" — to use Widtsoe's phraseology — if "known to be capable of transmission, should be hemmed in and not allowed further propagation," the historical Mormon solution to this issue always has been at the other end of the spectrum. Healthy people should have more children. And to whom had the Lord promised good health? It was just this

sort of positive "eugenics" which justified Mormon polygamy. Or, as Brigham Young said in 1856 in terms not infrequently heard even today,

I have told you many times that there are multiudes of pure and holy spirits waiting to take tabernacles, now what is our duty? — to prepare tabernacles for them; to take a course that will not tend to drive those spirits into the families of the wicked, where they will be trained in wickedness, debauchery, and every species of crime. It is the duty of every righteous man and woman to prepare tabernacles for all the spirits they can. (JD 4:56)

There is thus a eugenics heritage within Mormonism which may be doubly relevant to the scenarios at hand. First, there is a clear precedent for taking otherwise unacceptable measures to avoid encumbering awaiting spirits with predictable defective "tabernacles." Second, there is a strong tradition which seeks to provide the best possible chance for "good" people to become parents.<sup>7</sup>

#### STERILIZATION

Aside from the narrowly-defined exemptions for eugenic reasons, until recently Mormon Utah rejected all grounds for sterilization. Even the tolerant McKay administration opposed an effort to liberalize a state law which as late as 1969 was interpreted as allowing only eugenic sterilizations. The same First Presidency statement which opposed any change in state laws on abortion also opposed a bill which would have authorized voluntary sterilizations "where medically necessary to preserve the life or prevent a serious impairment of the mental or physical health of the patient or spouse." (*Deseret News*, 23 Jan. 1969). While this legislative initiative failed, judicial review a few years later determined that no prohibition against such sterilizations actually existed in Utah law. Unlike the case of abortion, this did not bring about a formal statement of guidance from the Church.

In 1976 the Church Commissioner of Health prepared a short statement on sterilization, obviously patterned after the guidance on birth control — and taken almost verbatim from privately issued First Presidency guidance, which stated, "The Lord's commandment imposed upon all Latter-day Saints is to 'multiply and replenish the earth.' Nevertheless there may be medical conditions related to the health of the mother where sterilization could be justified. But such conditions, rare as they may be, must be determined by competent medical judgment and in accordance with laws pertaining thereto" (Bush 1979, 100, 106). Although one Mormon authority warned two years later

<sup>7</sup> Beyond the physically redeeming merits of adherence to its Word of Wisdom and otherwise living righteously, nineteenth-century Mormons were taught that they were literally part of a "chosen lineage." In a sense, this identification was just another aspect of the effort to recreate or restore the biblical ideal. It also promoted a sense of unity and served as an emotional shield during many trying years. Though now perhaps anachronistic, this notion of being elect still appears in popular Mormon lore. Indeed, at least symbolically it is an essential part of the Mormon tradition of patriarchal blessings. In its most fully developed form, this idea extended beyond this-worldly bonds of kinship to the belief that these bonds somehow existed in the pre-earthly spirit world. Certain spirits were said to be destined to be born into specific Mormon families. While not a formal doctrine of the Church, this idea nonetheless in part shapes the way Mormons view, for example, such things as the number of children "destined" for their families.

that those submitting to vasectomy might be ineligible for participation in temple ordinances, this guidance was never formally implemented. Nor have temple-recommend interviews ever officially included questions relating to sterilization (or birth control). Among other reasons, sterilization, like birth control, can be seen as medically justifiable in most cases. Moreover, the increasing frequency with which procedures such as hysterectomy are performed for non-pregnancy-related indications (e.g., uterine prolapse, fibroids, etc.) has contributed coincidentally toward making the question of birth control moot for many women in their later childbearing years.<sup>8</sup>

#### ARTIFICIAL INSEMINATION

One might suppose that the Church would look favorably on almost any technique which would lead to successful pregnancies in otherwise infertile marriages. And this is probably true, if the semen is that of the husband. Of potential relevance to this subject is the biblical and nineteenth-century Mormon precedent for "raising up seed" to a dead husband whereby a woman sealed for eternity to him would be married for time to another man. Still, when the question of artificial insemination was first addressed by the Church in 1974, it was made clear that "the Church does not approve of artificial insemination with semen other than that of the husband" because donor semen "may produce problems related to family harmony." At the prompting of the Church Commissioner of Health, this condemnation was softened by the addition of an acknowledgment that "the Church recognizes that this is a personal matter which must ultimately be left to the determination of the husband and wife with the responsibility for the decision resting solely upon them" (Bush 1979, 97).

In view of the record on birth control, it is not surprising to learn that there has been some additional development in the Church position on this subject. Two years later "the Church does not approve" was recast into the more positive counsel that "the Church approves of artificial insemination only in cases where the semen of the husband is used." Then, in 1977, the most recent guideline — and the only one formally published by the First Presidency — softened the wording even further in counseling that "the Church *discourages* artificial insemination with other than the semen of the husband." This final statement clearly implied, moreover, that births through artificial insemination were to be viewed in the same ecclesiastical light regardless of the semen's origin (Bush 1979, 101).

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<sup>8</sup> The 1983 *General Handbook* for the first time combines Utah's legal proviso with Church counsel into what is also the first statement on sterilization to be published by the Church: "Sterilization may possibly be justified in a case where (1) medical conditions jeopardize the health of a mother, or (2) a person is born with defects or has suffered severe trauma that renders him mentally incompetent and not responsible for his actions. Such conditions, rare as they may be, must be determined by competent medical judgment and in accordance with the law." (p. 77) This, of course, endorses the exemption that the Church opposed in 1969.

## PATTERNS FROM THE PAST

After this lengthy historical tour, it is clear that attempts to project a specific Mormon perspective on emerging ethical issues must be very tentative. Still, some useful generalizations emerge from the record to date.

First, contrary to its media image, the Church — and specifically the uniquely authoritative First Presidency — often chooses *not* to express itself on issues with obvious ethical or theological overtones. This is especially true when the issues are extraordinarily complex or when important scientific questions remain unanswered. A corollary to this is that there are relatively few fixed doctrines in the Church. For example, in a 7 September 1968 statement on citizen obligations and contemporary social and political conditions, the First Presidency wrote: “The growing worldwide responsibilities of the Church make it inadvisable for the Church to seek to respond to all the various and complex issues involved in the mounting problems of the many cities and communities in which members live. But this complexity does not absolve members as individuals from filling their responsibility as citizens in their own community” (*Deseret News*, 7, 11 Sept. 1968). The large number of statements issued in recent years affirming that the Church has no position on evolution is a parallel case. David O. McKay on 3 February 1959 wrote cogently, “While scientific people themselves differ in their interpretations and views of the theory, any conflicts which may seem to exist between the theory and revealed religion can well be dealt with by suspending judgment as long as may be necessary to arrive at facts and at a complete understanding of the truth” (McKay to Christensen).

Second, when the First Presidency does comment on complex issues, the initial guidance is usually given privately, in response to questions from those most directly involved. I know of no twentieth-century exceptions to this general rule.

Third, formal public statements by the First Presidency on medical ethical issues — those which effectively establish Church policy — generally do not appear until relatively late in the public discussion. At this point, it is not unusual for individual members and local leaders to have reached independent judgments on the questions involved. While inevitably leading to some confusion, this general process is not necessarily viewed as bad. More disruptive are the rare occasions when the first-issued public guidance contradicts that previously given in private. An example is the issue of sex-change surgery, the most recent medical ethical issue to be dealt with by the Church. Within the past few years, such surgery was privately ruled *not* to disqualify one for participation in temple marriage and other ordinances. Subsequent public guidance not only reversed this, but imposed on offenders (patient *or* physician) the severest ecclesiastical sanctions in the history of the Church. In October 1980, ecclesiastical leaders received a replacement for Chapter 8, “The Church Judicial System” for the *General Handbook of Instructions* (1976) which stated: “In cases of . . . transsexual operations, either received or performed, [excommunication is mandatory and] . . . no readmission to the Church is possible.”

Prospective converts who have had such surgery may be baptized only "on condition that an appropriate notation be made on the membership record so as to preclude [them] from either receiving the priesthood or temple recommends." Though having or performing an abortion is also potential grounds for excommunication, local leaders are allowed discretion in even bringing offenders to trial. Nor are there any prescribed restrictions on readmission.

A fourth generalization to emerge is that the passage of time almost always sees an evolution in Church guidance on specific medical ethical issues. The public phase of this evolution invariably has been in the direction of greater conformity to the general medical/social consensus on the subject. We have seen this on the issues of birth control, sterilization, artificial insemination, abortion, and medicine in general. Note that this generalization applies to the public record only. As the instance of sex change surgery indicates, there may be a decided hardening of the official view during the pre-public phase.<sup>9</sup>

Fifth, to some extent this evolution is accompanied by the emergence of what in retrospect might be termed the core of ethical concern which motivated the guidance from the outset. This core is generally expressed in terms unambiguously tied to central tenets of the faith: the centrality of marriage and children; the overriding importance of maintaining family harmony and stability, and protecting the health and well-being of mother, children, and "tabernacles-to-be;" the preservation of free agency and personal accountability; and the total unacceptability of decisions based on "selfish" rationales.

Sixth, guidance which eventually is discarded in this evolutionary process, in retrospect generally falls into one of two categories. The first is the case when a view has simply been asserted by fiat, with no effort at ecclesiastical justification — in other words, no doctrinal rationale was ever publicly offered. Church guidance on sex change surgery specifies sanctions without offering any rationale whatever. To some extent, this situation also describes the case with sterilization and abortion.

In the second type of case, a particular view may have been justified with socio-cultural (often emotion-laden) rationales readily identifiable with former societal values. This position is most explicit in the guidance on artificial insemination but is implicit in many other statements as well. At one point in

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<sup>9</sup> A subtle shift also has begun in the case of sex change surgery as well. The 1983 *General Handbook* advises that "a change in a member's sex ordinarily justifies excommunication," (p. 53) and exceptions under this proviso are known to have been made. Formerly the officially published guidance stated flatly, "Members who have undergone transsexual operations must be excommunicated," with the added penalties detailed in the October 1980 version of Chapter 8 (p. 2). Public counsel on such surgery will surely continue to evolve. At the least some provision will have to be made for children whose sex is "changed" as the only solution to ambiguous genitalia or some other purely medical miscue. As the Church encounters (or fails to detect prior to conversion, etc.) well-adjusted adults who have undergone elective sex-change surgery, even further moderation will probably come about.

Another parallel is also apparent in recent counsel on oral sex in marriage. This crystallized from ambivalent or non-existent counsel to a First Presidency directive in January 1982 that married couples involved in such practices be denied access to temple ordinances, which in turn was rescinded in a follow-up directive in October 1982 that instructed local leaders to avoid inquiring into "personal intimate matters involving marital relations between a man and his wife."

late 1976, the guidance on artificial insemination had noted that "the legitimacy of offspring of artificial insemination from semen other than that of the husband is open to question."

Seventh, core beliefs themselves can be modified in accommodating new knowledge which is simply unreconcilable with the previous view. This development does not pose as much a challenge to Church authority as might be supposed. It is in fact a tenet of the Mormon faith that this sort of refinement periodically will take place.

#### DEVELOPING ETHICAL ISSUES: FOUR NEW SCENARIOS

With these generalities as a backdrop and in the context of the history just covered, let us now turn to some developing ethical issues yet to be dealt with by the Church.

The first scenario raises the issue of aborting fetuses with known genetic defects which will not be manifest until later in life. I think it can safely be said that, if pressed, the Church would oppose any intervention of this sort — even, for that matter, when the defect would be manifest immediately at birth. Indeed, the First Presidency is implicitly on record to this effect — that is, no exemption from their general condemnation of abortion has been granted for such cases.

Were it not for the historical record, discussion of this point could well end here. The problem is that there is substantial historical precedent for further modification in the Mormon stance, and one can readily see several theological or theoretical reasons why this might eventually take place.

Mormon values that would favor interdicting demonstrably abnormal pregnancies are self-apparent and require little discussion. Any measure intended — as Widtsoe put it — to "[hem] in and not allow further propagation" of "taints in the blood" would normally be allowed by the Church, for it thereby would insure more healthy "tabernacles" for those pure spirits beginning their earthly experience. This is, after all, just the other side to counsel already given that expectant parents take no action which might cause infants to be born with defects. An example is the counsel of nineteenth-century church leaders that coitus be continued during pregnancy lest through abstinence "they might . . . entail on their offspring unholy desires and appetites" (Larson and Larson, 2:621). Expectant mothers were also warned against wishing for such harmful things as tobacco, tea, coffee, and liquor (JD 13:3). Moreover, if couples afraid to risk pregnancy because of a history of genetic disorders in the family or advanced age were thereby enabled safely to have as many healthy children as they desired, yet another Mormon ideal would be achieved.

Objections to abortion that outweigh such benefits must of necessity be substantial. At present they are. Abortion has been officially labelled as a grave sin which intrudes in the most violent way possible into the sacred processes of reproduction. In so doing, it brings about the death of a human embryo or fetus, an act once labelled murder and now interpreted as "like unto it." Even

the most cautious step toward liberalizing the grounds for abortion is viewed — probably correctly — as potentially leading to the abandonment of all ethical restrictions on its use. It is feared that the legacy of such a development could be an increasing and grossly self-serving irreverence for the sanctity of human life. In the Mormon mind, this would strike at the heart of the entire purpose of humankind's mortal existence.

As insurmountable as these obstacles seem, it is arresting to recall that virtually identical arguments could have been made — indeed, were made many times — on the subject of birth control. It seems that neither the vigor with which such statements have been expressed nor the length of time over which they are espoused have proven infallible guides to their ultimate fate. To some extent, this situation is due to the difficulty of separating culturally mediated perspectives from those based on underlying theological absolutes, especially when purely emotional (or aesthetic) motives for holding a given belief are strong. While the distinction between culture and eternal principle is rarely easy to make, technological advances have a curious way of clarifying things. My impression is that when new, esthetically less traumatic techniques alone seem to change everything, emotional considerations (or purely scientific ones) are probably involved. For example, as unlikely as the idea may currently seem, the development of a monthly pill or intra-uterine implant which insured the viability of only defect-free conceptions (normal menstruation otherwise occurring) might well be acceptable to individuals who had “ethical” reservations to a D&C at ten weeks.

But doesn't Mormonism have some truly fundamental, theological objection to abortion? Unquestionably the Church will always view a decision to terminate fetal life as a step with profound moral overtones. A selfish or callous decision of this sort will, I expect, always be considered a very serious sin. But when it comes to a broader condemnation or even to a fixed definition of what should be considered an “abortion,” the doctrinal record suggests some oftentimes unrecognized flexibility. In addition to a tradition which has accommodated a surprising degree of ethical readjustment, the Church has never really taken a stand categorically barring all abortion. Right from the outset, it has recognized legitimate indications for terminating pregnancy. The question since then never has been *if* there were such grounds, but always *which* grounds were legitimate? And the answers have varied with differing times and differing circumstances.

In particular, Mormons have, as noted previously, important doctrinal latitude on the central question of the nature of the embryonic or fetal life potentially jeopardized. Since this issue may alone distinguish selective abortion theologically from birth control, it is worth considering a little further.

The nineteenth-century equation of infant murder with abortion must have derived some intuitive support from the fact that infant deaths were about as common as grossly evident spontaneous abortions. Both seemed to kill perhaps 20 to 25 percent of fetuses or infants at risk. The more recent research showing that 70 to 75 percent of conceptions actually fail to survive to term, and the dramatic decline in infant mortality to near 1 percent has changed this sub-

jective equation markedly (Mishell 1982). In terms of relative risk nine months before or nine months after birth, there is no longer much epidemiological similarity between prenatal and infant life. In a sense, the prenatal period is no longer viewed as only the process whereby human life comes into being. It now also appears to be a process designed to insure — albeit imperfectly — that only the most viable conceptions are carried to term. Thus, the pre- and postnatal survival rates are inherently of an entirely different order of magnitude.

New developments in medical sciences also have undermined other aspects of our traditional understanding. An animating role for a maternal spirit cannot readily be argued when an ova is fertilized in a petri dish, even less when the ova, semen, or early embryo remains frozen but viable well after the death of the original donors. It is similarly awkward to invoke an essential role for a maternal spirit in a brain-dead “mother” sustained on life-support systems until the fetus can be delivered with some chance of surviving. Assumptions about an obligatory role for an “embryonal spirit” encounter equal difficulties when it is realized that twins may develop from what was for a number of days a single individual; or, conversely that more than one embryonal animal may fuse into a single individual (chimera) of normal appearance. A mandatory role for any discrete spirit presence at all can be argued only with great difficulty in the case of living cell cultures, perhaps fetal in origin, alive and well in a petri dish years after the death of the individual from whom they were taken. Most problematic of all is to impute a mandatory spirit presence in the cloning process whereby entirely normal animals are “created” through the bio-physical manipulation of individual cells (cells which, in theory, — to underscore the point — could have been obtained from cell cultures, and need not have originated in the reproductive system).

Conceptually at least, medical science is increasingly committed to the notion that early prenatal life may be entirely understood in the bio-physical terms applicable to a cell culture. The record to date suggests that the Church eventually will take advantage of its open theology in this area and once again follow the medical consensus into a tacit acceptance of the same perspective: it may no longer assume that either a maternal or a fetal spirit is essential to prenatal viability. This would not be the concession to secularism that some would label it, but rather a recognition that demonstrated facts simply could not easily be reconciled otherwise. Should this more naturalistic view become commonplace — a development which surely will be facilitated by the widespread use of *in vitro* fertilization techniques — the Mormon perspective on selected therapeutic abortions for known, serious defects would be in a position to change as well.

If in fact the official Mormon view eventually follows such a path, it most likely will not be initially manifest through detailed new guidance on abortion. More likely, there will be acquiescence to the judgment of “competent physicians,” whose judgment in turn will reflect this emerging perspective. While I cannot foresee a theological distinction ultimately being made between serious embryonal defects which will manifest at birth and grave defects which

will not become evident until somewhat later, it is possible that during a transitional period such a distinction would be made. Similarly, I would expect that only the most grotesquely abnormal defects — such as anencephaly or serious glycogen storage diseases — would initially be considered grounds for intercession. Even these may well be justified ostensibly by the imputed risk to the mother of continuing the pregnancy. While I expect no public change in the immediate future, a continuation of the general societal approval of such selected abortions<sup>10</sup> and the inevitable development of earlier and less emotionally traumatic means for accomplishing this may well change things eventually.

The next scenario to be considered, involving *genetic engineering*, is the sort of thing which in the past has been labelled by the Church a purely medical question. To the extent that its use is limited to the treatment of disease, I really cannot conceive of a predictable rationale for Mormon objections to this amazing new tool. Certainly the Church does not presently view deoxyribonucleic acid (DNA) as theologically any more sacrosanct than any other component of the human body. If a disease can be traced to some defect repairable through such engineering, this would certainly be hailed by Church leaders as yet another scientific miracle. That it might be subject to abuse at some future time would probably not distinguish it in their minds from drugs or other treatments also subject to abuse. To judge from the past, they would still defer to responsible medical expertise as to whether the potential benefits justified the perceived risks.

I would guess that much the same would prevail for *in utero* surgery. Aside from the hope it might offer as an alternative to abortion, it does not strike me as having major ethical overtones — at least in the Mormon context. One obviously must consider again Talmage's standard that such heroic intervention be moderated by the "intelligent application of common sense"; but if such procedures proved to be successful and relatively safe, Church leaders would probably view them as just another extraordinary technological development. I doubt that any guidance would be issued, even privately, on the question of prioritizing who should be treated. So far as I am aware, Mormon leaders have never considered this type of question within their official domain. If they were pressed, I would expect them to defer to the prayerful consideration of those more directly involved.

The final scenario, in the case of *in vitro* fertilization is a more interesting one to assess from a Mormon perspective. It both poses a dilemma and illustrates some of the points made previously. It is at once a technique which enhances the chances of a couple's having children of their own, yet simultaneously raises — in some minds — the specter of abortion.

So far as the official record is concerned, the Church — as I noted at the outset — has not offered and presently will not offer an opinion on the ques-

<sup>10</sup> LeRoy Walters (June 1982) reports that according to national surveys taken 1972–80 by the National Opinion Research Center at the University of Chicago, "a substantial majority of the adult population (range, 79 percent to 92 percent) finds abortion ethically acceptable in cases involving the so-called hard reasons for abortion (serious danger to the woman's health, rape, serious fetal defect)."

tion of *in vitro* fertilization. If the Church's public communications arm — an alter ego of sorts — is asked, they sometimes will reply that the Church views the subject as a matter to be decided by the individuals concerned. Though both Mormon physicians and patients are apparently now involved, neither counsel nor sanctions have been publicly forthcoming. While the recent record on sex-change surgery shows this to be no sure indicator of even near-term events, the overall record on reproductive questions suggests that the Church will continue its present neutrality.

The over-reaching Mormon concern that members "multiply and replenish the earth" could hardly be more applicable than to a technique specifically designed to make this possible. A rationale for the Church's support of *in vitro* fertilization therefore requires no imagination. Are the potential objections sufficient to nullify this benefit?

Among the ethical arguments put forth against *in vitro* fertilization, one of the most common is that it involves aborting early embryos. One also hears that it is "unnatural," in any of several senses, and that it poses unusual risks to the children so conceived. Of the various reservations I have seen expressed, only those relating to abortion seem to relate directly to contemporary Mormon concerns. Certainly the question of acceptable risk would be considered by the Church as purely in the realm of medical and personal judgment. Nor does the Church normally distinguish between "natural" and "unnatural" medical intervention. On these two counts, the Mormon tradition is by and large fully aligned with the medical mainstream.

What of the abortion question? By now it should be evident that this is not a simple question. While the Church could have assumed that discarding an embryo or even a fertilized egg was tantamount to wantonly committing abortion, it has thus far implicitly rejected such an assumption. Although the theological reasons for this position have yet to carry the day in the case of embryonal defects, other factors may have tipped the balance in the latter instance. In particular, discarding a four-cell blastocyst (that is, a very early "embryo") created by *in vitro* techniques is much closer emotionally to preventing the implantation of a fertilized egg through the use of an IUD than it is to surgically terminating the development of a multi-week embryo or fetus. The Church never has treated use of an IUD as ecclesiastically comparable to abortion, and it seems likely to me that *in vitro* fertilization will be viewed in a comparable, if uneasy, limbo. With the passage of time, and increasing use of these techniques, a *de facto* if not *ex cathedra* judgment will have been affirmed that this is not an ecclesiastically proscribed form of abortion. The commonplace that grossly defective blastocysts or embryos will be among those *not* implanted could well be a stepping stone to interdicting somewhat older embryos that are taking nutrients from the uterine wall rather than from a petri dish. It is just this type of progression which has marked the evolution of Mormon medical ethical thinking in the past.

In conclusion, I will say that my impression, based on admittedly limited reading, is that on science-related issues, scientists shape theology as much as theologians do. This is not so much through confrontation or default on the

part of the theologians, but rather through new discoveries which directly or indirectly force modifications in the old ways of thinking. New facts have to be accommodated. Dated but inapparent sociocultural assumptions are exposed and eroded.

This phenomenon is surely in evidence in the Mormon record. That this is so is seen, paradoxically, as a strength of the Mormon point of view rather than a weakness — because Mormons view scientific and religious truth ultimately as one and the same. The acquisition of knowledge, whether through secular or religious means, is held to be a divinely mediated accomplishment. There are, of course, some practical problems with this position; but in the final analysis, the Mormon point of view is both designed to and disposed to incorporate new truths from wherever they come. For this reason, I would suggest that in theory — and sometimes even in practice — “Mormonism” typically sees frontiers in medicine such as those we have discussed as opportunities for expanding its perspective rather than as occasions for making official judgments.

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