

Abortion, Sick Babies, and Tough Choices

By Paige Taylor

As she looked at her pregnancy test results, Rebecca looked up at her husband with expectant eyes. She and her husband, Jay, already had one adorable and healthy little boy, but the time had come to give little Ben a new brother or sister. They had not been trying for very long, so they were thrilled to find that Rebecca was about to have another child. The prospect of a house filled with the sound of children playing overjoyed Rebecca and Jay.

They spent the next few months planning for their new addition, and spreading the news of a growing family to friends and family. However, when Rebecca went to the doctor at her twelve week check-up, she was confronted with devastating news: an ultrasound revealed that the baby was severely physically deformed and would be mentally handicapped. The doctor gently informed her of options while Rebecca sat reeling in her chair. Of course, he explained, there are safe procedures available to terminate the pregnancy, and she could try again. He also informed her that she would probably have a miscarriage in the near future, but if she were to carry the baby to term, it would be severely deformed and would most likely never take its first breath. Rebecca walked out of the doctor's office in a blur of confusion, as thoughts of despair overwhelmed her.

The abortion discussion has taken on a life of its own in the past fifty years. People from all walks of life seem to have an opinion. Pro-choice advocates clamor for a woman's right to choose, while pro-lifers defend the sanctity of life and the rights of the unborn. There is no neutral ground, and with the increasing availability of abortion, most people have encountered someone dealing with the aftermath of the procedure.

Within the Christian church, many would assume that the decision to abort is due to sheer selfishness. However, the lines become blurred, when one considers a situation like Rebecca's and others like her who struggle in the midst of tragic circumstances.

How does one decide what to do when faced with the possibility of carrying around a dying baby for nine months? A common condition responsible for this phenomenon is anencephaly, which affects about 1 in

1,000 fetuses. This is a neural tube defect that causes a fetus to develop without a brain, though the brainstem remains. The diagnosis, which can be made early and accurately, is always fatal for the fetus. The child is usually stillborn, or survives only a few hours after birth. (Sullivan, 2003) Even from a strong pro-life position, it does not seem unreasonable for a mother to consider an abortion in these circumstances.

One mother who suffered through the ordeal of carrying an anencephalic baby said this, “Your world just sort of stops. I stopped living my life, even going to the grocery store. I was terrified that someone might ask ‘When’s your baby due?’ and I would be forced to answer ‘The day before its funeral’” (Barber, 2005). Pro-choice advocates contend that opposing abortion in this or variety of other fatal cases is not pro-life at all, for bringing a living fetus into the world is not a viable option (Cline, 2005). In addition, the tremendous emotional and psychological burdens that such pregnancies bring upon the mothers seem almost too much to bear. To ask a pro-choice woman whether she would carry such a baby to term is silly at best, as the obvious implications of such a pregnancy outweigh any “rights of the child.” However, the pro-life response is often much more strident. Many in the pro-life camp contend that abortion is wrong no matter what.

Given my own staunch pro-life stance, I feel obliged to agree with pro-choice supporters in this arena. There seems to be a very good case for considering abortion when it comes to difficult cases such as Rebecca’s, and other situations involving a variety of defects. A woman in this situation can no longer easily stand by the convictions she once held, as the effects of an terrible tragedy become reality. In these circumstances, it is a heroic act to carry such a child to term. If, by her own volition, a woman in such a case chooses to terminate her pregnancy, she should receive compassion and understanding from pro-life advocates and the Christian community.

Sadly, the Christian community often adopts a stance of unwavering boundaries. This is crucial for most issues, as there are so many things in the world where one can clearly decipher good from evil and right from wrong, I do not believe that these difficult pregnancies fall into this category. It would be a shame, if nothing

else, to cast condemnation and judgment on someone who has already gone through so much. In Rebecca's case, she decided to carry her baby as long as the Lord allows. As I write this paper, she is still waiting to find out what will happen to her and the baby she is carrying. She is still faithfully taking her prenatal vitamins and taking care of her body, and her attitude is one of humility and love. She says "God will give me the grace to deal with whatever happens when it comes." I cannot help but admire her faithfulness, and wonder if I would be able to do the same thing if faced with the same situation.

References

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