

Moral Issues for LDS Physicians

Homer S. Ellsworth, M.D.

Given at the second midyear meeting of Collegium Aesculapium.

What I write is the perception of one LDS physician on some moral and ethical problems which face all practitioners, especially those of us who are interested in obstetrics and gynecology. My convictions have come from the study of the scriptures, *General Handbook of Instructions* of the Church, and from conversations with some of the Brethren. Although I spent several years on the General Melchizedek Priesthood Committee of the Church, this article represents my own personal feelings and assessments and should not be considered as Church policy or Church doctrine.

The Patient's Free Agency

President David O. McKay once said that free agency, next to life itself, is the greatest gift of God. I rejoice in a gospel that not only lets us, but demands that we exercise our freedom of choice. In the scriptures we are taught what to do regarding responsible moral and ethical decision making:

"But behold, I say unto you, that you must study it out in your mind; then you must ask me if it be right, and if it is right I will cause that your bosom shall burn within you; therefore, you shall feel that it is right.

"But if it be not right you shall have no such feelings, but you shall

have a stupor of thought that shall cause you to forget the thing which is wrong" (D&C 9:8-9).

We are to study, ponder the things we study in our hearts, and then ask God, through prayer, to confirm or negate our conclusion. This should be the process for both the doctors and for the LDS patients who seek our guidance.

As physicians we have been taught to be forcibly directive: "Take this medication." "Have this operation." We assume this behavior and patients often expect it, and even demand it, as they seek answers to problems on birth control, family size, sterilization, abortion, etc. They expect us to assume their personal problems and to make their decisions for them. I have frequently said that if a patient will tell me the answer she desires, I will tell her which physician to consult. It behooves all of us to make absolutely certain the patient's God-given right and responsibility of decision making is not abrogated. *Patients need* to study, to ponder, to pray, and to assume the responsibility for their action.

God was so adamant about the freedom of choice that he was willing to lose a third of his children. We *must* be free to make choices. Wise doctors and wise parents should instruct but leave to the individual child of God his or her own decisions, having first made

him or her aware of the consequences of his actions.

For example, a daughter of a member of the Council of the Twelve, having had eight or nine children, then in her early forties, had a miscarriage. When her father visited her in the hospital, she asked him, "Can I quit now? Is it okay if I stop?" His reply was, "Daughter, that is a decision to be made by you and your husband and by your Father in Heaven. I have enough problems of my own to talk over with the Lord without taking on the responsibility for your decision."

That is good advice from an experienced, wonderful father. He stepped aside to teach her reliance on her Father in Heaven. As LDS physicians dealing with LDS patients, I believe this should be our consideration.

Selfishness vs. Selflessness

I also believe there are some general guidelines to help patients with their decisions. First, we are God's children, and each will return to his or her Father to be accountable for what he or she does. Each of us would like to say we did the very best we could with the knowledge and materials at hand. I like to relay to patients my belief that God will judge us not only by what we do but by the intent of our hearts as well.

If our intent is selfish perhaps we should reconsider our course. Selfishness seems to me to be the great measuring stick. Were we to make a list of our sins, most of them would be rooted in selfishness. If we don't pay our tithing, we are selfish; adultery is a selfish act; sterilization can often be traced to selfish motives.

A nurse who worked for me several years ago was married at a young age to a part-time carpenter. Within five or six years, she had three small children. Then, at this juncture in her life, she persuaded herself she had to secure full-time employment so she could provide a bigger house, furniture, china, a second car, and other desirable objects for her family. This she did. At age twenty-seven she went through the menopause. She developed amenorrhea. Her FSH was elevated, and she responded with all of the classic symptoms of the menopause. Over the years she has become a very depressed, sad individual. Her response has been, "Had I not been so foolish, I would have had more children." She feels that God is punishing her because of her selfishness. I question her belief that God has rebuked her in this way. However, I know one of our major assignments on this earth is to develop true selflessness.

Many of you remember the story of Onan in the Bible (Genesis 38: 4-11). When Onan's brother died, Onan took his brother's wife, as was the practice in those days. It was his responsibility to raise up seed unto his brother. But Onan spilt his seed upon the ground, so the Lord of the Old Testament took Onan's life. His sins were those of birth control and self-interest. He was unwilling to care for children which under the law belonged to his brother.

When is the Fetus a Living Soul?

Secondly, we can educate patients in the basic biological facts and then let

Homer S. Ellsworth is an obstetrician and gynecologist in private practice in Salt Lake City. He was formerly executive secretary to the Melchizedek Priesthood Committee of the Church.

them make their own decisions—after suggesting to them that they study, ponder, and pray. As an example, some of the most-asked questions about abortion, stillbirth, and infertility revolve around when a fetus is a living soul.

Let me now go through an exercise with you which I go through with patients when questions of this nature arise. I tell them that they have at least four choices:

Their first choice is that the fetus becomes a living soul at conception. This is the position of the Catholic faith. President J. Reuben Clark gave an extremely interesting and thought-provoking talk on this subject. I would suggest that everybody read his "Man, God's Greatest Miracle," even just the first page. He suggests that perhaps the spirit of the baby and the spirit of the mother together influence the growth changes of the fetus. This is an intriguing idea.

If you ask a woman who has been a mother, she will tell you that the fetus is alive from the minute she feels it kick at sixteen to eighteen weeks. All of you know that with the use of monitoring equipment, ultrasound, and encephalograms, the fetus can be determined to be moving, having brain waves, and a beating heart long before that. Women will tell you that the fetus is alive a week before it is born, maybe a month before it is born, maybe six months before it is born, and so on right back to conception.

The second choice was suggested by Brigham Young (*Journal of Discourses* 18:258). He suggested that the fetus becomes a living soul at the time of quickening. Brigham was obviously an excellent observer. About the time of quickening a baby is fully developed in external appearances. There are few changes that occur after this, except for growth and maturity.

Scripturally, the reference often used to support this theory is the one where Mary the mother of Jesus went to meet Elizabeth. We are told that John the Baptist, inside his mother's womb, jumped for joy upon Mary's arrival, Mary carrying the Savior within

her womb (Luke 1:41).

The third choice concerning the fetus is that the infant becomes a living soul at the time it is born and breathes. There is some interesting biological logic to support this theory. Reproductive physiologists have ascertained that at the time of fertilization at least 50 percent of the ova are lost or miscarried without ever attaching themselves to the uterus so they can grow. During the first three months of pregnancy the estimated loss is as high as 35 percent. To assume that these are souls—that is, body plus spirit—and that God is willing to negate the opportunity for existence in this life to such a large number does not seem reasonable.

In addition, all sperm and eggs are unique. In its development, each sperm or egg has the possibility of inheriting from its parent 819 million different chromosome combinations. These chromosomes really represent an onboard temporary computer. Fertilization between an egg and a sperm establishes a unique biological entity. But the Lord has permitted a tremendous wastage in this area. Also, each male is capable of making 500 million sperm a day for approximately 50 years, or 90 quadrillion different unique sperm, from which only two to ten will be used to establish a live birth. The female at the age of puberty has about 500,000 eggs, and only two to ten of these will result in a live birth. With this enormous loss it would not seem likely that a spiritual uniqueness also exists in the sperm or the egg or the combination of the egg and sperm.

The body signs with which we determine death are not always valid. That is, movement or respiration or loss of heartbeat or reflexes or brain waves. We physicians have a difficult time determining death or, in other words, the loss of the spirit. This would seem to indicate that the body itself does not reflect a spiritual uniqueness.

Further, in identical twins the fertilized egg is split. The result is two identical bodies and two nonidentical and unique spirits. This would suggest that the fertilized egg does not have a

spiritual uniqueness in and of itself.

The LDS scriptures explain that the body plus the spirit equals the soul and is activated by the breath of life. "And the Gods formed man from the dust of the ground, and took his spirit (that is, the man's spirit), and put it into him; and breathed into his nostrils the breath of life, and man became a living soul" (Abraham 5:7). A similar account is found in Moses 3:7-19.

But the best analogy, particularly for the physician, is in Moses 6:59, where the Lord compares our being born into the world by water, blood, and the spirit with being born into the kingdom of heaven by the baptismal water and the gift of the Holy Spirit and being cleansed by the blood of the Savior. When a child is born, there is first the amniotic fluid, then comes the separation of the placenta (or the blood), and finally the breath of life, which equals the spirit. This analogy would seem to indicate that the spirit is present with the breath of life.

The most quoted scripture, of course, is 3 Nephi 1:12-13 in which Christ manifested himself to Nephi the night prior to his birth. Because the Lord appeared to Nephi and said, "On the morrow come I into the world," we assume his spirit was not in Mary's womb at the time, a few hours prior to delivery in Bethlehem.

Lastly, many physicians have had experiences with babies who have had heart beats, but without breathing they seemed to remain stillborn, not animated, not really alive. LDS logic and tradition have assumed that since stillbirths have no baptisms, no endowments or sealings or names given them, their exaltation is not a possibility.

The fourth alternative is that the spirit is capable of entering or leaving the fetal body until the time of birth.

I suggest to patients with a Mormon background that they use their free agency and choose. With the knowledge they have, they are capable of answering for themselves many of the questions they pose to the physician about birth control, stillbirths, abortion, infertility, etc.

Family Size and Birth Control

We have an obligation as Latter-day Saints to multiply and replenish the earth, and yet today we find that most families are limited to one, two, or three children. It might be interesting to note that Joseph Smith said, according to Sister Lilly Freeze (as published in the *Women's Exponent* and reprinted in the *Young Women's Journal*, Volume 2, p. 81, 1891), that the time would come when none but the women of the Latter-day Saints would be willing to bear children. I see that almost literally happening.

Now what does it really mean when a patient asks about her responsibility to multiply and replenish the earth? Does that mean a baby every year? Some people believe they are going to arrive at the pearly gates and there be asked by Saint Peter how many children they have; if their response is adequate, they will be ushered in.

I do not believe this is to be so. The official word says that we are commanded to multiply and replenish the earth that we may have joy and rejoicing in our posterity in the day of the Lord Jesus Christ. But it also says that men must be considerate of their wives, who have the greater responsibility of bearing the children and caring for them. His consideration of his wife is his first duty. We are further instructed that married couples should seek inspiration and wisdom from the Lord that they may exercise discretion in solving their marital problems.

I believe in telling patients that God will judge us, as the prophet Alma admonished, by our desire for righteousness and by the intent of our hearts. So if we limit our families because of selfishness, we may be in trouble. I also believe that once the situation exists that the patient has decided unselfishly to wait or to space her children, the method of contraception makes little difference. It should be the patient's choice, depending on her determination about the developing fetus from the time of conception.

I counsel patients that there is one form of birth control—abstinence—which, if used, would at least be carefully considered with full knowledge of its consequences. I ask them to read I Corinthians 7:3,5, where Paul states that a man should give his wife all that is her right as a married woman and that the wife should do the same for the husband. He tells us that a woman who marries no longer has full right to her body, for the husband then has his rights to it, too. In the same way, the husband no longer has full right to his own body for it belongs to his wife. And then Paul advises that they should not refuse these rights to each other with but one exception: when both husband and wife agree to refrain from the rights of marriage for a limited time so they can give themselves more completely to prayer. Afterward, he says, they should come together again so that Satan will not be able to tempt them.

As physicians who deal with marital problems, you probably concur with Paul's advice and pass it on to your patients. Intimate marital relations lessen the tensions that often plague marriages, and it is certainly important that husbands and wives have this togetherness to cement a healthy and happy marriage.

Abortion

The majority of the people in the Church adamantly believe that abortion is murder. I, in my naiveté, felt the same way until a few years ago when President Kimball asked for my opinion on abortion, and I responded that it was murder. He kindly but firmly quoted from Doctrine and Covenants 59:6, where it says, "Thou shalt not . . . kill nor do anything like unto it."

President Kimball then explained that abortion is a heinous sin; it is *not* murder but is like unto it. In the *General Handbook of Instructions*, page 105, is a statement on abortion, and the 59th section of the Doctrine and Covenants is also quoted. But the final sentence gives the key. It says, "As far as has been revealed, the sin of abortion is one

for which a person may repent and gain forgiveness.”

As most of you know, for one convicted for first-degree murder there is no repentance in this world, and reinstatement in the Church after excommunication is not possible for the murderer. For a woman who has had an abortion, who has truly repented, re-admission into the Church and forgiveness is possible.

I talked one night at a Relief Society banquet. We discussed this very problem, among other things, and I was the last to leave. I had parked my car in the corner of the parking lot. As I opened my car door, a woman came from behind a bush and really frightened me. She was weeping and said, “I do not belong to this ward. I was not supposed to be here tonight, but I came anyway. Now I have to go home and change my thinking. When my daughter was fifteen years old, she had an abortion. Afterward she told me she had committed the unpardonable sin, that she could not be forgiven, her life was totally destroyed, and so it did not really make any difference what she did from then on. And I agreed with her.” Then the lady said, “Now I know that we were both wrong and that forgiveness is possible and repentance is possible.”

The majority of people in the Church feel that abortion and murder are synonymous, but it is not true. However, this in no way suggests that abortion is a consideration or even a possibility for a good Latter-day Saint. It is as President Kimball stated, a heinous sin next to murder.

Artificial Insemination

In the *General Handbook of Instructions*, page 105, under the heading “artificial insemination,” it says: “The Church discourages artificial insemination with other than the semen of the husband . . . [but] 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 their decision

resting upon them.”

So, it is a free-agency decision of husband, wife, Father in Heaven—their decision. Then there is this informative paragraph: “A child born by means of artificial insemination after parents are sealed in the temple is born in the covenant. A child born by artificial insemination before the parents are sealed may be sealed subsequent to the sealing of the parents.”

The Lord and the Church are big on free agency, on decisions resting solely on the patient!

This would seem to suggest that the origin of the body does not seem to be crucially important in the sight of God. Not only are babies born to an endowed family following artificial insemination born in the covenant, but, also, children born to a woman who has been raped who was sealed in marriage in the temple before the raping. These children are born under the covenant and do not need to be sealed.

Cremation

On page 109 of the *General Handbook of Instructions* the possibility of cremation is discussed. Most members believe cremation is not allowed in the Church. This is not true. The Handbook states, “If the body of an endowed, deceased person is to be cremated, the body should be fully dressed in temple clothing at the time cremation takes place. Regular funeral services may be held. An appropriate dedicatory prayer may be offered if the ashes are buried or deposited in a mausoleum.” This is a fact LDS physicians should know in counseling with patients.

In vitro Fertilization

It is my understanding that in vitro fertilization is a perfectly proper procedure and, again, is a free agency decision.

Sterilization

This, too, is a free-agency decision, but I think, we as Latter-day Saint phy-

sicians have a tremendous obligation to make sure the total implications of sterilization are known and understood, including the risk of tubal reanastomosis, the statistics for success of reanastomosis, and the possibility of ectopic pregnancy following tubal reconstruction.

During my 35 years of practice I have seen several instances of women who were sterilized at a young age, having two or three children, who have lost their children through accidents or diseases, and who have attempted reanastomosis which failed. Some have led bitter, resentful, sad lives with great guilt.

Male sterilization suggests an even greater responsibility for counseling. President Joseph F. Smith in *Gospel Doctrine* states that any adult male who is sterilized and thus limits his possibility for reproduction will be forever damned. I know of no more recent counsel by the Brethren in this area.

Teaching Correct Principles

I am grateful for a Church which stresses the positive. I am grateful for a Father in Heaven who, as Doctrine and Covenants 58: 26 says, does not command us in all things. I am grateful for the Prophet Joseph Smith who said that we teach correct principles and let the people govern themselves. As physicians I think it is our basic responsibility to teach correct principles, scripturally and biomedically, and let the patients govern themselves.

Joseph Smith once told William McLellin that he had more learning than sense. Let us hope that does not apply to us as physicians. Knowledge and learning are important. We need to know to the best of our abilities the physiology, anatomy, biochemistry, etc. of the difficult problems for the LDS patients. But we also need to have the common sense and spiritual insight to allow patients to resolve problems in a manner pleasing to themselves and to their Father in Heaven. ❧