CMDFA
Ethics Management Team

discussion paper on the ethics of termination of pregnancy

EMT discussion paper on the ethics of termination of pregnancy

Contents

Executive summary

This discussion paper aims to inform careful reflection on the ethics of termination of pregnancy from a Christian point of view. It seeks to recognise the complex and controversial nature of the issues. It does not present an argument for a particular conclusion but seeks to enable members of CMDFA to understand the underlying issues, engage with relevant biblical and other materials, and examine their own patterns of ethical reflection in order to form their own considered view under God. The paper is divided into the following sections:

Section A. presents a brief introduction to the paper, identifying what we do (and do not) aim to do in it, and outlining the context in which medicine is practised in Australia today.

Section B. outlines three frameworks that inform the discussion and play an important role in forming the assumptions and patterns of reasoning that govern the debate.

> **B.I.** focuses on the Bible and notes how different approaches to interpreting the Bible (principle-driven, tradition-oriented, communicative) influence how we understand and apply the Bible as God's authoritative word.
>
> **B.II.** focuses on ethical theories (divine-command, virtue, relationship, natural law, principlist, and utilitarian) in order to clarify how they shape patterns of ethical reasoning.
>
> **B.III**. addresses the law, outlining the legislative environment that operates in the various states and territories of Australia.

Section C. turns to address a range of controversies in theology, medical science, the law and biblical interpretation that relate to the ethics of termination of pregnancy, and how Christians might respond to these issues. We note the complex theological issues relating to the beginning of life, and the differing views on when a human 'person' comes into being (or is 'ensouled'). We discuss the disputes around the implications of our current understanding of human embryology for the ethics of termination of pregnancy. We note the complexities around conscientious objection and how that might play out in practice and under law. The section closes with a discussion of controversies in the interpretation and application of specific texts (Genesis 1, Exodus 20:13, Exodus 21:22–23, Psalm 139:13–16, Luke 1: 41, 44).

Section D. suggests an approach to tackling complex moral issues. We recommend that you identify the frameworks that will govern your consideration of the issue, clearly focus on the 'main game', and establish the grounds on which you will form your decisions.

Section E. encourages you to put this into practice. We present four scenarios that prompt you to consider how you might respond to a range of clinical presentations in the light of your conclusions on the ethics of termination.

The paper closes with a glossary, and suggestions for further reading.

A. Introduction

Discussions on termination of pregnancy[1] are often heated and end up with polarised positions, each thinking they are right, and the other is wrong. There are well-meaning people in all these factions who have strong reasons for their belief. In this polarising world with opposing beliefs, the way forward is to understand the current context of the times in which we live and the reasoning that leads us to our conclusions. One may already have an established view on this issue. However, rather than stating any particular position, this discussion paper aims to outline different viewpoints, introducing the scaffolding behind the arguments, and equipping one to make an informed decision.

This piece, therefore, is aimed at:

- providing a worked example of Christian moral reasoning;
- equipping members to think well about the ethics of termination of pregnancy (ToP) (including recognition of the complex and controversial nature of the issues); and
- enabling members to evaluate, understand, and articulate their own position on the issue.

The context of our times

Medicine has moved from being a therapeutic discipline (healing diseases) to becoming a predictive science (calculating and informing people about current and future risks of getting an illness). This is particularly so in the antenatal period. Technological advances in the 21st century have given us an unparalleled and extraordinary ability to predict foetal outcomes,[2] and this predictive ability has come with dilemmas in decision making. With early scans and other genetic screening tests, we can now diagnose a wide range of congenital abnormalities, potentially leaving parents to make decisions affecting life and death even before life has begun.[3]

In addition, there have been powerful socio-cultural changes that alter the way we reflect on life and living in the last few decades. These include: the increased presence of women in the workforce; a consequent delay in the age at which women marry along with delayed childbearing; a decrease in the average family size; a shift from the extended family to the nuclear family; as well as activism and legal changes relating to termination of pregnancy.

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1 We will generally use the term 'termination of pregnancy' as that is now the standard medical terminology for what was previously referred to as 'abortion'. Legislation in Australia tends to use the term 'abortion.' We have retained the language of 'abortion' in B.IV., and C.III. below to align with legal usage. A *Glossary of Terms* can be found in §G., at the end of this discussion paper.

2 Das, S. K., & Saha, M. M. (2017). Cell Free Fetal DNA: Marker for Predicting Pregnancy Outcomes. *Indian journal of clinical biochemistry : IJCB*, *32*(3), 251–252. https://doi.org/10.1007/s12291-017-0672-3

3 Thomas J, Harraway J, Kirchhoffer D. Non-invasive prenatal testing: clinical utility and ethical concerns about recent advances. *Med J Aust*. 2021 Oct 18;215(8):384-384.e1. doi: 10.5694/mja2.51279. Epub 2021 Sep 27. PMID: 34571577.

Added to all of this is the release of policies and guidelines by various colleges, defining what medical care at every point of life looks like.

Computerisation has led to greater health literacy throughout the population. With access to Dr. Google and Prof. Wikipedia, everyone's an expert at everything! This has paralleled a loss in acceptance of traditional beliefs and a loss of trust in the authority of the church and scripture, further exacerbated by the unnecessary pitting of science against the Scriptures.[4] Modern technology is an ally in improving outcomes for the mother and the child. However, we need to make sure that one's application of science and technology is ethical.

4 Brave New Judaism: When Science and Scripture Collide Miryam Z. Wahran University Press of New England [for] Brandeis University Press, 2004

B. Frameworks

I. Biblical framework

We affirm that, as the divinely appointed authority for faith and life, the Scriptures of the Old and New Testaments should guide our reflections on this, as on all other matters. Both the manner and content of our beliefs, behaviours and attitudes are to be consistent with the teaching of the Scriptures. In relation to termination of pregnancy, however, this can be a complex and contested matter.

First, we need to recognise that the Bible does not clearly and explicitly address the issue of *termination* of pregnancy. Second, we need to recognise that Christians have divergent views on the interpretation of key passages that may inform our views on the matter – including within evangelicalism. Thirdly, Christians differ on how best to interpret the Scriptures and apply them to complex ethical decisions. This does not mean that the Bible cannot or should not guide our thinking in relation to termination of pregnancies. It does, however, mean that it is not a matter of simply appealing to a particular text or texts to 'prove' our point of view.

Biblical hermeneutics

There are a number of ways that faithful Christians interpret the Bible, and it is worth exploring these, and understanding how they shape our subsequent beliefs. This is a vital, and controversial matter. It has some relation to the ethical frameworks noted below but is, in itself, distinct in many ways.

A principle-driven approach

This would be familiar to many of us, especially those from evangelical backgrounds. It typically asks questions of a text such as: 'Is there a commandment to follow or a promise to believe?'; or 'What is the big idea of this passage?'[5]
The key to this approach is the assumption that the primary function of Scripture is to convey to us (timeless) truth, or enduring commands. Our aim as interpreters is to understand and accept the truth or command and live by it. The context of Scripture, and the different kinds of text found in it (genre) inform how this is communicated and, perhaps, whether an initial understanding of it needs to be modified in light of progressive revelation. However, it is the truth or command that matters in the end.
Those who adopt this approach will, then, seek to identify the relevant texts and see what they have to say about, say, the status of the unborn child, and how we should then treat them. It generally, but not always, is associated with either a divine command or principle-driven approach to ethics (see below).

5 Robert H. Stein, *A Basic Guide to Interpreting the Bible: Playing by the Rules.* Grand Rapids: Baker, 2011.

A tradition-oriented approach

This would also be familiar to many of us, especially those from more liturgically-oriented churches (e.g. Anglican/Lutheran backgrounds). It typically asks questions such as: 'How have the great thinkers of the Church read this text and approached this issue?'; 'Are there official statements to which I need to listen (or, in some instances, submit to)?'; 'How do I best read this text in light of the "rule of faith" (*analogia fidei*)?'[6]

Our aim as interpreters is to understand how the Scriptures have shaped the tradition of which we are a part, and how that tradition helps us to read the Scriptures faithfully. The aim is to be a faithful member of a particular church (and its tradition) and to contribute to its faithful witness to Jesus in the world.

A communicative approach

This may be less familiar to some of us. It approaches the Bible as rooted in its context, written by human authors under divine superintendence, aiming at communicating with God's people then and now.[7] It typically asks questions like: 'What is the author *doing* with this text?'; 'How did God intend to use this text to shape God's people *then*, and how does God intend that to shape us *now*?'; 'How does this passage shape the moral imaginations and faithful practice of God's people?'.

Our aim as interpreters is to understand the communicative intent of the original human authors, *and* how that contributes to God's overarching address to God's people in the whole of Scripture. But it goes beyond *understanding* to suggest that God's Spirit uses the faithful reading of Scripture by Christians and the Christian community to form us, our imaginations, our practices, our actions, for faithful, Christ-shaped service in the world, as agents of God's kingdom.

II. Ethical frameworks

There are important underlying issues that need to be addressed before we come to the specific questions relating to termination of pregnancy. Questions of method, what should guide or control our ethical reasoning, the nature of ethics and the role of reasoning in it, etc., all play a crucial part in shaping the specific judgments we form on controversial ethical issues. It is important, then, to address these underlying framework issues, as well as specific arguments relating to the ethics of termination of pregnancy.

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6 Daniel J. Treier, *Introducing Theological Interpretation of Scripture: Recovering a Christian Practice.* Grand Rapids: Baker, 2008.

7 Jeannine Brown, *Scripture as Communication: Introducing Biblical Hermeneutics.* Grand Rapids: Baker, 2007.

Divine-command theories

This family of views is particularly prevalent in the (evangelical) Protestant world and may well guide how one approaches moral issues. The basic idea behind these approaches is familiar to most of us and is generally tied to the notion that the Scriptures function as a source of the principles or commands that ought to govern one's beliefs and behaviour as Christians.

While there are nuances (and variations in) divine command theories, the basic idea is that whether an action is right or wrong is determined by whether it is done in obedience to a specific commandment of God.[8] Generally, these commandments are identified with, or closely linked to, the Ten Commandments, the dual love command of Jesus, and specific commands in the apostles' letters to the churches.

This approach works by seeking to determine the specific command that applies in a particular case and then seeking to obey it. At times in cases of potential conflict, this requires ranking commandments according to their level of importance, or determining whether an older commandment has been superseded by later teaching. In relation to termination of pregnancy, the commands that are normally seen to be relevant are the prohibition of murder/taking life, and the command to love our neighbour.

Virtue ethics

Virtue ethics has a rich tradition and has played an important role in Christian ethics for centuries, as reflected in natural law theories (especially those influenced by Aristotle and Thomas Aquinas). It was, however, neglected in Protestant ethics until its revival in the late twentieth century under the influence of McIntyre, Hauerwas, and others.[9]

A major difference between virtue and the other theories mentioned, is that whereas the other theories focus on 'doing' (often in the context of moral dilemmas), virtue ethics focuses on 'being' (and the general, habitual, qualities exemplified a person's manner of life).[10]

Two ideas are central to virtue approaches: the idea of the end(s) or goal(s) towards which a human life ought to be oriented (often described as the *flourishing* of individuals in/and their communities); and the notion of 'excellence,' desirable characteristics of a person whose life is rightly oriented to the ends for which we have been created. Virtue speaks of the quality of persons in relationship, and of the fundamental orientation of a life. It helps us discern the

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8 Richard J. Mouw, *The God Who Commands.* Notre Dame: University of Notre Dame Press, 1990; Lewis B. Smedes, *Mere Morality.* Tring: Lion, 1983. Smedes adopts a mix of commands and principles, as is common in Protestant ethics.

9 Alasdair MacIntyre, *After Virtue: A Study in Moral Theory.* 2nd ed. Notre Dame: University of Notre Dame Press, 1984; Stanley Hauerwas, *The Peaceable Kingdom: A Primer in Christian Ethics.* London: SCM, 1983.

10 N. T. Wright, *Virtue Reborn.* London: SPCK, 2010.

importance of a person's *character*, or their 'heart' (*leb* [Heb], *kardia* [Grk]) to use one of the terms the Bible uses – what drives them, directs their actions and is reflected in them. It also helps us see the ways in which our actions shape who we are, and how who we are can be reflected in our actions.

Relationship ethics – Shalom

This approach seeks to learn from a range of ethical theories in light of the Scriptures, the traditional understanding of God; our relationship with God, the nature of humanity and human community, and God's purpose to bring all things together in harmony (*shalom*).

While it can be complex, and certainly involves bringing together a number of competing factors, its proponents contend that it better reflects the complexity of real-world situations, as well as the range of concerns found in the Bible.[11]

It can be roughly summed up by thinking about 'three Cs': Character, Command and Consequences:

- **Character** prompts us to think about who we and the others involved in the situation are, how particular decisions do or do not line up with the kind of people God is calling us to be, and how they might shape those involved (and their associated institutions and communities).
- **Command** prompts us to consider how the principles in Scripture reflect God's vision for the flourishing of human communities (and the world) and whether there is a command that might directly apply to this situation.
- **Consequences** remind us that God cares for the well-being of God's creatures, and that what we do ought to contribute to (rather than frustrate) God's ultimate purposes for God's creatures/creation.

Applying this to termination of pregnancy is no simple matter – as advocates of this view recognise (indeed, they see it as a virtue of their approach, inasmuch as it reflects the complexity of the issues we need to address).

It is therefore not clear as to how precisely these commandments or principles might apply in the case of termination of pregnancy. Those who appeal to the sixth commandment or the principle of respect for life in their opposition to termination of pregnancy, for instance, will assume that human personal life begins at conception, and so the command or principle applies to the embryo from conception. They also need to determine what role, respect for the pregnant woman and those significant relationships to her (or love for them as neighbours) ought to play. These are contested matters, as we will see below.

11 Andrew Sloane, *At Home in a Strange Land: Using the Old Testament in Christian Ethics*. Grand Rapids: Baker Academic, 2014.

Natural law theories

Natural Law is the dominant tradition in Roman Catholic ethics, and includes virtue ethics, made famous by Aristotle as seen in his *Nicomachean Ethics,* and the natural law theory espoused by Thomas Aquinas in the 13th century. A common bridge between these theories is the understanding that the human person has a common human nature. 'Person' is a moral category of 'being' who deserves protection by virtue of having intrinsic dignity, rights and moral responsibility. As a rational animal, a human person is said to have intelligence, rationality and will. The endowment of reason is said to enable a human person to deliberate about courses of action and to make free choices.[12]

The natural law is part of what is known as eternal law, which is God's providential plan for the universe. It is distinguished from the divine law, which includes the commandments set out in the Old and New Testaments, and human law. Human law is said to be always subject to natural law. Knowledge of the natural law is said to come about initially through inclination. We are said to have a primary precept or orientation to do good and avoid evil.

A natural inclination which helps specify what is good is said to be a desire to continue in existence. This grounds the moral prohibition on murder. Natural law theorists, such as Thomas Aquinas, believe that an individual's conscience must be sufficiently well developed in order to judge correctly how to make decisions about ethical dilemmas.

When it comes to the morality of human actions, the natural law provides that freely chosen human actions can be judged as either good or evil. A moral action is said to have three constituent parts: the object of the act chosen; the end in view; and the circumstances of the action. All three constituent parts must be considered good or neutral for the action to be morally good. A characteristic of the natural law ethical analysis is that there are some actions which by their nature are always wrong to choose. Accordingly, they can never be good to choose even where the end or circumstances can be said to have positive benefits to the person.

A common saying in the natural law is that 'the end does not justify the means', or put another way, that 'one may never do evil so that good may result from it'.

Principle-driven theories

A principle-driven approach differs from the above since it seeks to identify an underlying or overarching idea that governs the specific commandments. The prohibition of murder, for instance, reflects a deeper principle of respect for (human) life (or respect for persons).[13] This approach works by abstracting a set of general principles from the teaching of Scripture, and determining their respective priorities (and whether later teaching might modify earlier expressions of a principle).

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12 Richard Berquist, *From Human Dignity to Natural Law: An Introduction.* Washington, D. C.: Catholic University of America Press, 2019.

13 Norman L. Geisler, *Christian Ethics: Contemporary Issues and Options.* 2nd ed. Grand Rapids: Baker Academic, 2010.

Ethical decision-making involves identifying which of the principles is relevant to a particular case, including the ranking of principles in cases of potential conflict, and applying them to the case in hand. In relation to termination of pregnancy, the principles that are normally seen to be relevant are respect for life (or persons) and the duty of neighbourly love. Principles of biomedical ethics from a secular framework has also been popularised in the western world.

Principles of Biomedical Ethics

Many will be familiar with the Four Principles of Biomedical Ethics, namely, autonomy, beneficence, non-maleficence and justice: an approach by Beauchamp and Childress.[14]

1. **Autonomy:** In its simplest sense, autonomy is about a person's ability to act on his or her own values and interests. On one end of the spectrum, it's all about maternal choice and autonomy with no room for any other consideration, and at the other end of the spectrum there is no room for maternal autonomy.

2. **Beneficence:** Beneficence connotes acts or personal qualities of mercy, kindness, generosity and charity. It is suggestive of altruism, love, humanity, and promoting the good of others. When the mother decides that she needs to terminate the pregnancy for the good of the family or society or maybe even the future child, it means the death or the impossibility of life for the foetus/child.

3. **Non-maleficence:** The principle of non-maleficence holds that there is an obligation not to inflict harm on others. It is closely associated with the maxim 'primum non nocere' (first do no harm).[15] In pregnancy, the termination of pregnancy can only occur at great harm to the foetus, and we also know there may be harm to the mother both in the short term and in the long term.[16] On the other hand, continuation of pregnancies with congenital anomalies/medically indicated terminations, could also mean worsening of the condition in the mother and/or projected or possible harm to the siblings, extended family and community.

4. **Justice:** The principle of justice obliges us to distribute benefits, risks, costs, and resources in an equitable manner. Justice can be seen differently from various perspectives – the mother, the foetus, the family, the siblings, or the society with its limited, possibly taxpayer-funded resources to care for a child who passes away or needs life support from birth.

Utilitarian theories

Utilitarian approaches to ethics are well known, as they dominate most policy decisions and much public discussion on ethical issues in the 'West'. Most of the dominant voices in

14 Tom L. Beauchamp, and James F. Childress. *Principles of Biomedical Ethics.* 7th ed. Oxford: Oxford University Press, 2008.

15 Smith C. M. (2005). *Origin and uses of primum non nocere--above all, do no harm!. Journal of clinical pharmacology*, *45*(4), 371–377. https://doi.org/10.1177/0091270004273680

16 Best, Megan. *Abortion* in *Fearfully and Wonderfully Made: Ethics and the Beginning of Human Life.* Sydney: Matthias Media, 2012 pg 170-176

bioethics in Australia are utilitarian of one kind or another (for instance, Peter Singer and Julian Savulescu, both expatriate Australians, are clearly utilitarian).[17]

The utilitarian theory is often characterised as seeking 'the greatest happiness for the greatest number'; but its current forms are more complex (and interesting) than that. Most contemporary utilitarians advocate a version of 'preference utilitarianism'. In this view it is the *preferences*, or *interests*, of those affected by a decision or policy that determines what that decision or policy should be. This is generally allied with a strong (and particular) view of *autonomy*, such that it is wrong to interfere with an autonomous person's decisions, unless there are overwhelming reasons to do so. (We should note that a number of Christians have adopted it as both consistent with their understanding of Christian ethics – say, the 'love command' – and the best basis for discussions of contentious ethical issues in the public square).[18]

The central issue here, and by far the most contentious one, is who has legitimate interests in a woman's decision regarding her pregnancy? It is at this point that the question of the moral status of the foetus is most pertinent. Most (but not all) secular utilitarians are of the view that unless and until a being has higher order cognitive functions, it is not able to express preferences or have interests, and so those interests are of no ethical significance. The foetus, it is claimed, does not have a sufficiently complex central nervous system, and so has no interests to consider, in sharp contrast to the pregnant woman, who clearly does. Once again, important, complex and contentious issues need to be addressed in order to see how such an approach applies to a termination of pregnancy.

III. Legal frameworks

While no one disputes the rights of the born child, the current legal framework in Australia and many other Western countries, allows terminations on demand up to **24 weeks** gestation and late medical termination of pregnancy thereafter in the context of two doctors agreeing to the request for termination on medical grounds.

The legal status of prenatal human life in Australian law

Australian law retains the 'born alive rule' whereby a person is not considered a legal person until they have been born alive and are outside the womb, regardless of an independent circulation. Accordingly, the unborn child is not a legal person and cannot be the victim of a crime. Historically, this rule arose when stillbirth and miscarriage were common occurrences and technology did not permit doctors to know whether the unborn child was alive within the womb. Despite the reason for this rule no longer existing, the rule remains in force in all jurisdictions. In effect, an unborn child assaulted in the womb who dies before being born alive is recognised as an injury to its mother's body. However, where the unborn child goes on to be born alive, even if they display only minimal signs of life and expire shortly thereafter, a criminal offence against the child is recognised.

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17 Peter Singer, *Practical Ethics.* 3rd ed. Cambridge: Cambridge University Press, 2009.

18 For instance, R.M. Hare, *Essays on Bioethics.* Oxford: Clarendon, 1993; and (with important differences) Joseph Fletcher, *Situation Ethics: The New Morality.* London: SCM, 1966.

Whilst several attempts have been made over the years to abrogate the born alive rule, none has been successful. If abrogated, coherence in the law would demand that if the unborn child is a legal person, then it has a co-equal right to life with the mother. Consequently, taking its life would only be justified in genuine cases of self-defence. Whilst frameworks for 'termination of pregnancy on request' could be justified as a principled exception, the state could not in all honesty say that its laws respect the sanctity of human life. This position is maintained so long as the law continues to withhold legal personhood from the unborn. To be clear, just because the law may say that prenatal human life is not a legal person, it does not follow that it is not a human being or that it has no moral value. These are deep philosophical questions which are subject to much disagreement.

Medically, one would not hesitate to interrupt a pregnancy if the mother's life is in danger e.g., chorioamnionitis/severe pre-eclampsia or eclampsia/abruption etc. This shows a clear priority to saving a mother's life over that of a foetus.

Current state of termination [abortion] laws in Australia (last updated 2022)[19]

Australian Capital Territory

Abortion [termination of pregnancy][20] is legal and must be performed by a medical professional including a nurse at a place approved of by the Minister. There are no time limits set out in the relevant legislation. However, practically speaking, abortion can be accessed in the ACT up to 16 weeks gestation through a GP (medical abortions up to 8 weeks gestation only) or with Marie Stopes Australia (medical abortions up to 8 weeks gestation and surgical abortions). In specific cases, the Canberra Hospital can provide an abortion at a later gestation.

New South Wales

Abortions can be performed up to 22 weeks' gestation for any reason the woman believes is appropriate. After that, two doctors must approve the procedure, with the termination being performed in either a tertiary hospital or one approved by the Minister. Doctors who have a conscientious objection to abortion are not required to perform an abortion unless it is considered to be an emergency, but they are required to refer the woman on to a doctor they know does not have a conscientious objection to abortion. This duty to refer can be discharged by the doctor providing the patient with a pamphlet approved by NSW Health which contains the contact details of Pregnancy Choices Helpline www.pregnancychoices.org.au/ which will refer to the woman to an abortion provider or provide information on pregnancy options.

Northern Territory

Abortion is lawful in the Northern Territory. One doctor can approve and perform an abortion at up to 14 weeks. Between 14 and 23 weeks, a second doctor also needs to approve. After 23 weeks, an abortion can only be performed if the life of the woman is at risk.

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19 As mentioned earlier the legal documents in Australia continue to use 'Abortion' for TOP and we have retained them in this section on 'Legal Frameworks'.

20 As we noted earlier, legislation tends to use the term 'abortion' (whereas medical literature tends to use the term 'termination of pregnancy'). We have retained the language of 'abortion' here to align with legal usage.

Queensland

Abortions can be performed up to 22 weeks' gestation for any reason the woman believes isappropriate. After 22 weeks, two doctors must approve the procedure.

South Australia

Abortion has been decriminalised and is available on demand up to 22 weeks and six days without the need for a documented reason. After this gestation, two doctors must approve the procedure as being necessary due to a non-viable pregnancy, or for the well-being of the mother or of a co-existing foetus, and it must be performed in a designated hospital. Conscientious objectors must make their objection known and discharge their duty to refer. This can be fulfilled by providing the SA Health client information brochure.
https://www.sahealth.sa.gov.au/wps/wcm/connect/c6a618804376090890cfdfc9302c1003/How+do+I+access+an+abortion+in+SA_brochure_v1_0+%281%29.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c6a618804376090890cfdfc9302c1003-o7maETs

Tasmania

Abortions can be performed up to 16 weeks. After 16 weeks, two doctors must approve the procedure.

Victoria

Abortions can be performed up to 24 weeks. After 24 weeks, two doctors must approve the procedure.

Western Australia

Abortions can be performed up to 20 weeks. Termination after 20 weeks is very restricted.

C. Controversial issues

I. Theological controversy - personhood (or 'ensoulment')

A key, and deeply contested, question is: 'when does human *personal* life begin?' There is no question that a new biological entity (or occasionally entities in the case of multiple pregnancies) comes into existence with the zygote. The question is whether that entity is a human being made in God's image *from conception*, or whether conception is the beginning of a process that *results* in a human being made in God's image. Nearly half of all conceptions are naturally lost before or after implantation, and there is a 20% miscarriage rate reported even after an initially documented heartbeat on ultrasound. Adding to this complexity is the differing understanding of what it means to be created 'in the image of God'.

The matter of what the Scriptures have to say on the issue will be addressed below. Here we are seeking to address the conceptual distinctions that inform people's conclusions on which of those two broad approaches makes best sense. We will address these fundamental stances in turn.

A key argument used in support of the first view is that conception establishes a clear and unambiguous beginning point: a new being comes into existence, and any subsequent time is both arbitrary and ambiguous. As a unitary being (some might say of a soul and a body) what comes into being at conception is a new member of the human community, a personal subject in relationship with God. This has often been described as 'ensoulment'. It should be noted that while there are different understandings of the 'soul' and its relationship to the body, proponents of this view see conception as the point in time when an ensouled-and-embodied human comes into being. It is generally argued by proponents that this is the dominant view throughout Christian history (reflecting long-standing Jewish understandings as well), and that there are crucial philosophical and theological problems with alternatives.[21]

A key argument used in support of the second view is that there are, in fact, fundamental empirical, philosophical, theological, and exegetical problems with this 'traditional' view. Conception does not establish a clear and unambiguous *personal* beginning: it is a crucial stage in the development of a new member of the human community, but the fullness of human personal existence emerges over time *in utero*, with the increasing complexity of 'the being' in-formation. We cannot establish a clear 'point of ensoulment', if that is the appropriate notion (and perhaps should not attempt to); rather, we ought to recognise that the growing complexity of the foetus results in an increasing theological and ethical value of the entity in question. As with the first view, it is generally argued by proponents that this is the dominant view throughout most of Christian history (and reflects long-standing Jewish understandings as well), and that there are crucial philosophical and theological problems with alternatives.[22]

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21 David Albert Jones, *The Soul of the Embryo: An Enquiry into the Status of the Human Embryo in the Christian Tradition.* London: Continuum, 2004, is a key recent proponent; see also Megan Best, *Fearfully and Wonderfully Made: Ethics and the Beginning of Human Life.* Sydney: Matthias Media, 2012.

22 Margaret D. Kamitsuka, *Abortion and the Christian Tradition: A Pro-Choice Theological Ethic.* Lousiville: Westminster John Knox, 2019; Kira Schlesinger, *Pro-Choice and Christian: Reconciling Faith, Politics, and Justice.* Louisville: Presbyterian Publishing, 2017.

Most would accept that there is no easy answer to this regardless of whether we believe in an integrated wholeness of the human person or whether we believe we exist as both embodied souls and disembodied spirits. Neurobiology has been proposed as establishing a possible time when the human foetus could be attributed human/personhood status. Since death is defined as cessation of cortical activity some have proposed that the beginning of life should similarly be defined as the beginning of organised cortical activity (which surprisingly is around 22 weeks – similar to peri viability).[23]

The arguments for and against these basic stances are complex, and beyond the scope of this discussion paper. What is important for our purposes is to note that these underlying assumptions are both debated and of fundamental significance in this discussion. It is vital for each of us to be clear about what we believe and why, and to know the potential implications relating to our understanding of the ethics of termination of pregnancy, and how we might approach those with different opinions.

II. Medical controversies around the significance of human embryology

1. **Chromosomal:** Defining 'being human' based on chromosomes is erroneous since there are several conditions where a human being is not made of the typical 46 chromosomes. In conditions like Down Syndrome (47 chromosomes) or Turner Syndrome (45 chromosomes), there are many people who are born well and live a good quality of life. Molar pregnancy is an example of an unviable pregnancy which cannot continue to a living person, and involves 46 chromosomes, all inherited from the father.

2. **Biochemical:** Beta-hCG[24] (beta-human chorionic gonadotropin)is an early indicator of a pregnancy, and many women may count the pregnancy confirmed when they have a positive urine pregnancy test. There are numerous failed pregnancies as well as anembryonic pregnancies where the b-hCG may be seen to continue rising where there is a molar pregnancy, or gestational sac but no foetal pole. Even though a woman and her family may rejoice at the line on a urine dipstick, the biochemical and ultrasound markers of successful pregnancy may not be present. Nearly fifty percent of all pregnancies do not proceed beyond being a group of cells that never implants into the uterine endometrium.[25] The miscarriage rate even after a documented heartbeat by ultrasound is up to twenty percent.[26]

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23 D. Gareth Jones, *Brave New People: Ethical Issues at the Commencement of Life.* 2nd ed. Grand Rapids: Eerdmans, 1985.

24 One of the earliest detectable pregnancy hormone (Human Chorionic Gonadotropin)

25 Macklon, Geraedts, J. P. M., & Fauser, B. C. J. M. (2002). *Conception to ongoing pregnancy: The 'black box' of early pregnancy loss.* Human Reproduction Update, 8(4), 333–343. https://doi.org/10.1093/humupd/8.4.333

26 Edey, K. , Draycott, T. & Akande, V. (2007). *Early Pregnancy Assessment Units*. Clinical Obstetrics and Gynecology, 50 (1), 146-153. doi: 10.1097/GRF.0b013e3180305ef4.

3. **Structure:** There are many conditions which result in the presence of normal chromosomes and biochemistry but without a viable fetus. Anencephaly (no skull vault or brain) or an acardiac fetus (no heart but sustained by a co-twin) are instances where it would be difficult to attribute personhood. On the other hand, complex con-joined twins raise many issues (fused single heart and 2 brains etc.; simple conjoined twins are the ones we hear of in the media – separated by teams of surgeons).

4. **Function:** A range of conditions exists called foetal akinesia spectrum disorder. The affected foetuses are normal in other respects, but do not move as a result of a neuro-muscular disorder. This is associated with prenatal polyhydramnios and the child will die at birth. In addition, there are conditions where foetuses who do not metabolise or cannot take up oxygen from the alveoli due to disorders in enzymatic pathways will die at birth.

It is difficult to know what the right course of action would be when there are major deviations from biochemical, chromosomal, structural and functional normality. In the world, many of these issues are purely for knowledge, but as medical practitioners we deal with the abnormal all the time. Increasing scientific and technological advances have made prenatal screening and diagnosis a reliable predictor, despite the false positives and overcalls. Parents are often caught between a rock and a hard place not knowing what the right decision is when a major chromosomal, structural or functional abnormality is detected. Most parents would generally accept a child who acquires disability; however, most parents struggle with dilemmas when confronted with a prenatal diagnosis of lifelong disability. There was a time when every child was welcomed as a "gift from God", but now with recessive carrier screening, assisted reproductive technologies, pre-implantation genetic diagnosis, non-invasive prenatal tests and anatomy ultrasound scans from 11 weeks gestation, "autonomy in reproductive choices" and control over the pregnancy outcome predominates societal thinking and the medical options offered.

Defining human life purely in terms of biology, biochemistry, chromosomes, structure or function is reductionist and has limitations. We are an amazing and wonderful integration of biochemical, chromosomal, structural and functional normality with many recognised "normal" variations. Science does not grant the foetus any status other than the biological, ignorant of the concept of *imago-dei* and personhood and what that implies. Societies on the other hand bestow a legal/humanitarian status to the fetus from viability or birth.

III. Legal controversy

Controversy regarding conscientious objection and moral distress

Hippocrates highlighted the doctor's personal integrity as a key aspect of quality in medical care. Arguably, this belief is the cornerstone argument in favour of recognising conscientious objections by doctors. Conscience conflicts about morally controversial services often take place within polarising political debates which focus on the legality and social acceptance of the service and rarely delve into the metaphysical positions which justify the service at issue as being 'good'. It is unsurprising, then, that conscience is often unexamined and placed into the same basket as 'religious reasoning'.

Unjustly assumed to lack logic and be incomprehensible to non-members, respect for patient autonomy is commonly assumed to be the default position to resolve disputes between doctors and patients about controversial services. However, in a truly free society, the state has no power or authority to control the beliefs of its people, especially beliefs that are deeply held and form part of our identity. To genuinely acknowledge the autonomy of both doctors and patients to have views on abortion,[27] the state must recognise that some doctors may hold a different perspective than the patient and the state about whether abortion, or any other morally controversial service, constitutes good healthcare, and must accept that compelling any person to act against a deeply held belief causes that person some degree of harm that does not benefit society. Compelling a doctor to perform an action they sincerely believe is wrong can fracture a person's integrity, self-respect and cause psychological sequelae. Complicity in the action can also trigger an instinctive and profound sense of abhorrence and moral distress.

In Australian law, different approaches have been taken to conscientious objection by doctors to relation to abortion[27] [termination of pregnancy]. Both Western Australia and the ACT have broad conscience clauses which act as shields to protect health professionals who do not want to carry out or assist in abortion. The exception to this is where the woman's life is at risk if abortion is not performed. In that instance, the doctor's conscientious objection cannot apply, and the doctor is required to care for the woman.

In Victoria, Northern Territory and Queensland, doctors with a conscientious objection to abortion must perform abortion where the woman's life is at risk, disclose their status as a conscientious objector to any patient seeking advice about abortion, and refer the woman to a doctor they know does not have a conscientious objection to abortion. Known as 'mandatory referral', some doctors who oppose abortion also oppose having to refer to abortion providers. On the other hand, not providing a timely referral has been argued to cause harmful sequelae to mothers.

Finally, in Tasmania, New South Wales and South Australia, doctors with a conscientious objection to abortion must also perform abortion where the woman's life is at risk, disclose their status as a conscientious objector to any patient seeking advice about abortion, and refer the woman to a doctor they know does not have a conscientious objection to abortion. However, their duty to refer to a non-objecting doctor can be discharged by providing the woman with contact information that includes a third-party organisation which does not perform abortion, but will provide the woman with information on all options, including referral to an abortion provider if desired.

Controversies about specific biblical texts

We must first acknowledge that the Bible nowhere clearly and unambiguously addresses the deliberate termination of a pregnancy. This is not because of ignorance, as Ancient Near Eastern literature is known to explicitly addresses both miscarriage and abortion. Even so, the matter of termination of pregnancy clearly relates to the nature of medicine and its goals, including what rightly counts as medical treatment.

27 NB: we have retained the language of 'abortion' in this section to align with legal usage.

Therefore, a broad range of biblical texts and themes are relevant to it. Moreover, there are a number of specific passages that have played a crucial role in debates about termination of pregnancy (often called 'abortion' in those debates), and a number of questions that arise in relation to properly interpreting them.

As we come to specific passages, it is important to consider how your approach to interpretation, along with your approach to ethics and ethical theory, may influence your conclusions on these texts and their implications. These are the main passages.

Genesis 1 - Humans as made in the image of God

- What does it mean to be 'made in the image of God'?
- Is that related to 'ensoulment'?
- How does our understanding of the nature and constitution of the human person affect that?
- How does all of that relate to the foetus?

Traditional discussions focus on a human faculty or capacity that makes us different to other animals (the 'substantive', 'functional', or 'relational' views). There are, however, significant conceptual and practical problems associated with all of those views. We are required to recognise that the concept of being made in the image of God, however it is interpreted, must be rightly ascribed to *all* human persons, regardless of capacity.[28]

The issue, then, becomes the selection of the point at which we recognise a human *person*? Do we define this point at conception? At 'ensoulment' (a complex and fraught matter, with little real clarity in the theological tradition)? At some other point along the spectrum of foetal development? On this matter, the Genesis text is silent, so we need to turn to other passages (and theological and philosophical discussion) to determine the point at which being made in the image of God can rightly be ascribed to the foetus, along with all the attendant theological and moral implications.

Exodus 20:13 (and Deuteronomy 5:17) – The prohibition of murder

- Is termination of pregnancy murder or wrongful death?
- On what grounds do we make those claims?

The sixth commandment is normally seen as spelling out one key moral implication of being made in the image of God (and rightly so, considering Genesis 9:6). The Hebrew word used (*ratsach*) roughly equates to the English word 'murder' and, in the *Torah*, is clearly distinguished from accidental and other causes of death (e.g., Exodus 21:12–32). One clear distinguishing feature is that it is premeditated, *malicious* killing.

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28 George C. Hammond, *It Has Not Yet Appeared What We Shall Be: A Reconsideration of the Imago Dei in Light of those with Severe Cognitive Disabilities*. Phillipsburg: P&R Publishing, 2017.

Two important issues then arise. First, the *Torah* nowhere clearly identifies the death of a foetus as murder (and, as we noted, the Old Testament nowhere explicitly discusses deliberate termination of pregnancy). Second, the kinds of terminations of pregnancy we are discussing are not best described as *malicious* acts. Perhaps then, other biblical categories of 'wrongful death' may apply; but murder does not. This brings us to our next text.

Exodus 21:22-23 – Does the reference to 'harm' include the foetus, or only the woman?

It is important to note that this is a disputed text, and some aspects of it are unclear. Once again, we can note that it does not address a deliberate termination of pregnancy. Rather, it deals with accidental and unintentional injury to a pregnant woman leading to premature labour and subsequent reparation. The premature labour is clearly an injury requiring reparation, and so too is any additional injury. The point at issue is whether the law envisages additional injuries to the woman only, or the woman and the premature infant.

On this matter, the Hebrew is unclear, and commentators are divided. On balance, it is most likely that the 'harm' referenced is harm to the mother. This is on the grounds that, prior to the late twentieth century, premature labour almost inevitably led to the death of the child unless the baby was already close to term. Hence the reference to the child coming out (most likely stillborn) but there being no harm probably refers to no injury to the mother.[29]

In summary, this text does not materially contribute to the discussion of deliberate termination of pregnancy.

Psalm 139:13-16 – wwDoes the reference to God creating life in the womb entail full personhood from conception or divine (fore) knowledge?

While there are some tricky elements in the Psalm, including these key verses, we can leave them to one side and focus on this specific issue.

Those who see this passage as supporting a 'pro-life' view argue that, since God *knows* and *sees* and *forms* us *in utero*, we are present to God, and therefore considered a person from conception. Elective termination of pregnancy fails to acknowledge the inherent moral and theological value of human beings.

Those who take the contrary view argue, firstly, that this is poetry and is written to be evocative and metaphorical; secondly, that the Psalmist's focus is on God's knowledge of *them* as a person, not the moral status of the embryo; and thirdly, that v.4 and v.16 both demonstrate that God is able to know things before they exist. This means we cannot draw clear conclusions about the status of the embryo.

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29 For further arguments along these lines, see Joe M. Sprinkle, *Biblical Law and its Relevance: A Christian Understanding and Ethical Application for Today of the Mosaic Regulations*. Lanham, MD: University Press of America, 2006, Ch.5.

Luke 1:41, 44 - Does the reference to John leaping in the womb entail that he is a person, or is this a way of speaking of what Elizabeth experienced?

Similar arguments are drawn from this passage. Some argue that, *in utero*, John is aware of the presence of the person of Jesus and, in his first prophetic act, acknowledges him as Lord and Messiah. If so, then both Jesus and John are fully present as persons in the womb, and so, by implication, from the earliest period *in utero*, the embryo has the theological and moral status of a human person.

The counter argument notes a number of things. First, Elizabeth gives a *phenomenological* description and interpretation of the baby's movement (that is, she describes what she has experienced and interprets its significance). Second, the response focuses on *Mary* and her faith, and only secondarily on the child who will be born: Elizabeth is favoured with the visit of *the mother of* my Lord. John, we know, is a baby in the third trimester (Lk 1:36), and so even if this is a prophetic action, it is of a baby at over 24 weeks gestation. We cannot be definitive about the status of the embryo at the earliest stage of Mary's pregnancy.

[**Note:** This has no implications for the doctrine of the Incarnation for it affirms that Jesus was fully human and, by entailment, took on the totality of human existence. If the foetus is a full-orbed human person in the theological sense from conception, then the divine Son was incarnate from conception; if a full-orbed human person in the theological sense emerges subsequently, or gradually, or whatever the chosen definition, then Jesus was incarnate from that moment and/or in that process.]

D. A suggested approach to complex ethical decisions

1. Identify your framework

See especially
B.II. Ethical frameworks and
B.III. Legal frameworks

2. Be clear about central ideas and don't be side-tracked by peripheral issues

See especially
C.I. Theological controversy – Personhood (or 'ensoulment')
C.II. Medical controversies around the significance of human embryology
C.III. Legal controversies
C.IV. Controversies about specific biblical texts

3. Establish the grounds on which you will make your decision

This should include your understanding of the teaching of Scripture, and the hermeneutics that governs that understanding.

See especially
B.II. Ethical frameworks
C.IV. Controversies about specific biblical texts

4. Make a decision

You will need to consider the relevant legal issues entailed in your decision (see B.III. Legal frameworks), as well as how this might affect others in your practice context. You will also need to be clear about the status of the decision (that is, how central *this* matter is to your identity as a Christian and your understanding of God's calling).

E. Scenarios

1. Anencephaly[30]

A Christian couple from your church come to see you after a scan they had at 13 weeks in their first pregnancy. They were told that their baby was an anencephalic fetus and were advised termination of pregnancy. Understandably, they are distraught and come to you as their trusted Christian doctor friend.

They have several issues to discuss as this was a much-wanted pregnancy.

- Was God punishing them for not accepting their infertility?
- What caused the anencephaly when they believe that each baby is "knit together in the mother's womb" by God?
- They are hoping that fasting and prayer by them and their friends would heal their baby and want your help in organising this.

Q1: What frameworks would you use in counselling this couple?

The couple continue the pregnancy accepting the outcome as inevitable and form a prayer group to support them.

At 22 weeks gestation, significant polyhydramnios develops (a known complication in anencephalic foetuses). The couple are advised that there are significant complications if the pregnancy is continued and recommend termination of pregnancy now, or transfer to a tertiary Maternal Fetal Medicine centre for ongoing management, with a plan of palliative care for the baby on delivery.

Q2: What frameworks would you use *now* in counselling this couple?

2. 20 week gestation pregnancy with severe pre-eclampsia/ toxaemia (PET)

You are an obstetric registrar in a tertiary hospital and are managing a 40-year-old first-time mother. She is known to have chronic hypertension and has finally fallen pregnant after several attempts at *in vitro* fertilisation (IVF). She is now 20 weeks pregnant and has fulminant superimposed pre-eclampsia with deranged blood work up and a live but growth-restricted foetus. The physicians have advised that pregnancy needs to be terminated soon since the mother's life is at risk.

30 A major congenital anomaly with absence of the fetal cranial vault and consequent destruction of the cortex.

The mother wants to have the baby at any cost since this is likely her only chance and wants to continue the pregnancy
The husband wants the mother's life to be safe and if at all possible, to save the baby as well.

Q1: What ethical/moral framework would you use to counsel the parents?

Q2: In the event of moral distress, how best do you think you could get help for yourself?

3. A case of 'date-rape'

You are rostered on in the Emergency Department of your local hospital late one Friday evening. A young woman is brought into the department by the local rape response team saying that she had her drink spiked earlier that evening and believes she was raped under the influence of Rohypnol or the like. She is, understandably, deeply traumatised and cannot bear the thought that she might fall pregnant. In the course of your treatment of her, she requests that you prescribe her the 'morning after pill.'

Q1: How would you respond to the request for the morning after pill?

Now consider how you would respond if she were to present to your GP clinic 6 weeks after the incident, saying that she has missed her period and has returned a positive pregnancy test. She cannot bear the prospect of bearing her rapist's child and has requested a termination of pregnancy.

Q2: **How would you respond to the request as a GP for termination of pregnancy?**

4. A case of 'social termination'

You are a GP working in a university clinic. A young woman on a student visa is currently 10 weeks pregnant and comes to your clinic seeking termination of pregnancy. She had been living with a fellow overseas student for the last year and he had given her an ultimatum to "get rid of the baby" before he left to go back to his country. He has now stated that the relationship is over and has abandoned her. The young woman cannot see how she could cope financially or emotionally with the pregnancy and caring for the baby as a student: her overseas student health cover does not cover pregnancy. She sees that the only way out for her future is to terminate the pregnancy, and her overseas parents and family have told her to get this done as soon as possible.

Understandably she is distraught and at her wits' end as the consequences for her and her family are significant. Her parents have told her that this pregnancy without a man in her life would bring endless shame and dishonour.

Q1: How would you respond?

Addendum

In this paper, Andrew, Joseph and Anna have sought to clarify the questions and uncertainties of greater yet imperfect knowledge in the area of termination of pregnancies. This is not a position paper, but an unravelling of the tangle of issues that face us as Christian doctors and those working in the field.

We recognise that in critical areas of life there may be differences in Christian thinking and practice. The views expressed in this paper have been discussed and approved within the Ethics Management Team of the CMDFA and endorsed by the CMDFA board. However this may not necessarily reflect the personal opinions of members of the EMT team or the CMDFA board.

F. Glossary of terms

Termination of pregnancy

Abortions can be spontaneous or induced. Medical terminology has now moved to calling all early pregnancy losses as a "Miscarriage" and all induced abortions as "Terminations of Pregnancy". Terminations of pregnancy are commonly done for social reasons, though some are medically indicated.

https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.15136

Frameworks

A framework is a particular set of rules, ideas, or beliefs which you use in order to deal with problems or to decide what to do. In this article the notion of a framework is the scaffolding that supports the structure of our beliefs.

Collins dictionary

Biblical hermeneutics and exegesis

Hermeneutics is the branch of knowledge (theological studies) that deals with interpretation. The word most often refers to how to interpret the Bible or other sacred texts from other religions. This is not to be confused with exegesis. Exegesis refers to the interpretation of a specific Biblical text, hermeneutics involves deciding which principles we will use in order to interpret the text.

https://seminary.grace.edu/what-is-biblical-hermeneutics/

***Imago dei* (Image of God)**

Imago dei comes from the Latin version of the Bible, translated to English as 'image of God.' 'Image of God' is defined as the metaphysical expression, associated uniquely to humans, which signifies the symbolical connection between God and humanity. The phrase has its origins in Genesis 1:27, wherein "God created man in his own image..." This biblical passage does not imply that God is in human form, but that humans are in the image of God in their moral, spiritual, and intellectual essence. Thus, humans reflect God's divine nature in their ability to achieve the unique characteristics with which they have been endowed. These unique qualities make humans different than all other creatures: rational understanding, creative liberty, the capacity for self-actualisation, and the potential for self-transcendence

https://www.christianity.com/wiki/bible/image-of-god-meaning-imago-dei-in-the-bible.html

G. Further reading and useful resources

Best, Megan. *Fearfully and Wonderfully Made: Ethics and the Beginning of Human Life.* Sydney: Matthias Media, 2012.

Brown, Jeannine. *Scripture as Communication: Introducing Biblical Hermeneutics.* Grand Rapids: Baker, 2007.

Hammond, George C. *It Has Not Yet Appeared What We Shall Be: A Reconsideration of the Imago Dei in Light of those with Severe Cognitive Disabilities.* Reformed academic dissertations. Phillipsburg: P&R Publishing, 2017.

Jones, David Albert. *The Soul of the Embryo: An Enquiry into the Status of the Human Embryo in the Christian Tradition.* London: Continuum, 2004.

Pope John Paul II, 'Evangelium Vitae' (Rome: Vatican, 1995); http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

Schlesinger, Kira. *Pro-Choice and Christian: Reconciling Faith, Politics, and Justice.* Louisville: Presbyterian Publishing, 2017.

Sloane, Andrew. *At Home in a Strange Land: Using the Old Testament in Christian Ethics.* Grand Rapids: Baker Academic, 2014.

Sprinkle, Joe M. *Biblical Law and its Relevance: A Christian Understanding and Ethical Application for Today of the Mosaic Regulations.* Lanham, MD: University Press of America, 2006.

Stein, Robert H. *A Basic Guide to Interpreting the Bible: Playing by the Rules.* Grand Rapids: Baker, 2011.

Treier, Daniel J. *Introducing Theological Interpretation of Scripture: Recovering a Christian Practice.* Grand Rapids: Baker, 2008.

Wright, N. T. *Virtue Reborn*. London: SPCK, 2010.

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