

START OF LIFE BEGIN?

For you created my inmost being; you knit me together in my mother's womb.

I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place,

when I was woven together in the depths of the earth. Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be. (Psalm 139:13–16)

n the previous chapter we saw that human beings are valuable because they are made in the image of God and because God himself took on human flesh in the person of Jesus Christ to pay the price for our sins. This is wonderful, but from what point does that value exist? When does a unique, personal, individual human life begin?

People take different views on this key question. Imagine four people discussing the issue: The first says, 'I believe life starts from the moment of conception. When the egg and the sperm have fused, there is a unique, brand new individual, and all other things being equal, nine months later a baby will be born.'

'I'd like to be a little more agnostic than that' says another. 'Lots of fertilised eggs fail to implant in the womb, and are lost in the woman's menstrual blood flow so she never knows anything about it.

Life can't begin before implantation, and it may even be later...'

'Nonsense', says a third. 'Life doesn't begin until the first breath. Until then the baby is dependent on the mother and not a life in its own right.'

'You're all wrong' says the oldest, with a twinkle in his eye. 'Life begins when the children have left home, and the dog has died.'

The question is crucially important because medical decisions affecting so many of us depend on the answer.

Life or death

The most obvious area of application is abortion. Is the baby before birth just an assembly of cells or is it a living human being worthy of respect? Or does it depend on how developed the baby is? These are questions that evoke strong emotions because the various answers have such strong practical and personal implications. They therefore need to be faced sensitively and with compassion, but they also require clear thinking. We need both warm hearts and cool heads.

The question is equally relevant to a whole host of other issues. Abortion is only really possible after six weeks' gestation because pregnancy is not usually recognised until that point, although biochemical tests might well establish it earlier. But many other medical procedures involve or lead to the destruction of early human embryos. For example, there is some evidence to suggest that some forms of contraceptives (eg the Intra-uterine Contraceptive Device, also known as 'the coil', and the morning after pill) may act by preventing an early embryo from implanting in the wall of the womb.

Pre-implantation genetic diagnosis (PGD) involves removing a single cell from an embryo after fertilisation to test for various genetic abnormalities. Any embryos which carry the mutations are then discarded

Graham and Ros already had three teenage children and were both shocked and surprised when Ros became pregnant again in her early forties. However their concerns deepened considerably when a screening test revealed the possibility of their baby having Down's Syndrome. Hospital staff encouraged Ros to have a test to settle the matter but Ros was concerned about the risk of miscarriage. She felt very uncomfortable about the suggestion that she might proceed to an abortion were her baby found to be affected. After much agonising thought and prayer they decided not to have the test. If their baby was born with a disability God would give them the grace to love and care for it as a member of their family. As it transpired their little boy was normal but they were glad in retrospect that they had been forced to confront the issue and were able to help friends with a similar decision later.

Embryonic cloning and some 'mitochondrial replacement' techniques involve destroying one embryo and replacing its nucleus with a nucleus from another individual. Producing some forms of animal—human hybrids also involves the destruction of human embryos.

Many embryos have been used in research to develop treatments for infertility and many in vitro fetrilisation (IVF) programmes still involve producing surplus embryos for research, for donation to other couples or to freeze for future use. Many of these embryos are never implanted into a woman.

These various techniques have become legal and acceptable in Britain as a consequence of the two Human Fertilisation and Embryology Acts of 1990 and 2008. These pieces of legislation effectively gave statutory force to the Warnock Report of 1984 which stated that the human embryo had 'special status' but fell short of saying that it was a human life with rights. But the fact that something is legal does not necessarily make it right in God's eyes. Christians therefore need to

think through these issues from first principles rather than just adopting the prevalent cultural view.

Dramatic changes

Over eight million abortions have been carried out in Britain since the Abortion Act came into effect in 1968. There are currently almost 200,000 abortions a year in Britain with 98% of them on grounds of protecting the mental health of the mother. In practice this can range from serious mental health problems through to the usual stresses of an unplanned pregnancy. So, it's perhaps not at all surprising that most people don't give the destruction of human embryos much thought. If abortion is acceptable at eight weeks, then what objection can there be to the destruction of embryos at a few days old and far less developed?

However this has not always been the case. When we consider that virtually all abortions and embryo destruction in Britain to date have been carried out by doctors, many are surprised to see how dramatically medical views on these issues have changed over the last few decades. Not many people know that abortion is against historic codes of ethics like the Hippocratic Oath, the Declaration of Geneva (1948) and the International Code of Medical Ethics (1949) or that in 1947 the British Medical Association called abortion 'the greatest crime'.

The Hippocratic Oath is an oath historically taken by physicians swearing to practise medicine ethically and honestly. It is widely believed to have been written either by Hippocrates (c.460–c.370 BC), a Greek physician often regarded as the father of Western medicine, or by his students. The oath, which dates from around the fifth century BC, is the most widely known ancient Greek medical text and includes the resolution, 'I will not give to a woman a pessary to produce abortion'.

This was the mainstream view until well into the twentieth century. The Declaration of Geneva (1948) states 'I will maintain the utmost

respect for human life from the time of conception, even under threat' and the International Code of Medical Ethics (1949) affirms that 'a doctor must always bear in mind the importance of preserving human life from the time of conception until death'. These codes were drafted by doctors after the Second World War in response to some of the atrocities carried out by doctors during the Holocaust. In the same spirit, the UN Declaration of Human Life (1948) asserts that 'everyone has the right to life' and the UN Declaration of the Rights of the Child (1959) affirms that the child 'needs special safeguards and care, including appropriate legal protection, before as well as after birth'.

When the legal abortion rate soared worldwide in the second half of the last century, the World Medical Association was left with the choice of either changing its behaviour or rewriting its ethics. It opted for the latter. In 1970, it adopted the Declaration of Oslo. This endorsed 'therapeutic' abortion in circumstances 'where the vital interests of the mother conflict with those of the unborn child' Although affirming the need for 'the utmost respect for human life from the time of conception' as laid out in the Declaration of Geneva, it was recognised that there was a 'diversity of attitudes towards the life of the unborn child'. The Declaration of Oslo went on to say that 'where the law allows therapeutic abortion to be performed...and this is not against the policy of the national medical association' then 'abortion should be performed' under certain provisos. The Oslo declaration thus laid the framework for doctors to perform abortions if their 'individual conviction and conscience' allowed it and the law and the national medical association were not in disagreement.

Today, even many doctors are not aware of these documents or the way they have subsequently evolved. But national codes and guidelines – like those of the British Medical Association and General Medical Council in Britain – have come to reflect them. The Declaration of Geneva and the International Code of Medical Ethics have since both been amended to fit in with this new norm. As a result it is estimated that there are now about 43 million abortions carried out worldwide every year. ¹ When we consider

^{1.} Facts on induced abortion worldwide. WHO, 2012 bit.ly/1w5JvTo

that there are only 57 million human deaths each year from all other causes it becomes apparent what a huge number of abortions this is.

This change in doctors' views has been mirrored in the views of the general population. The public conscience has shifted, not just in Britain, but throughout most of the Western World. Many now take the view that human value, like human life itself, is something that develops gradually, and different people choose to draw the line of humanity at different points. This so-called 'gradualist approach' has similarities with the view of human value Peter Singer espouses (discussed in chapter one). Singer has argued that embryos, fetuses and perhaps even babies with special needs are not persons with rights because they do not have 'higher' brain function.

Starting points

As mentioned briefly at the start of this chapter, different people choose to draw the line marking the beginning of human life – or the point at which life should be fully respected – at different points. Let's look at some of the different positions in more detail:

Fertilisation

Fertilisation is the point when the genetic material from the father's sperm and the mother's egg successfully fuse, and a new, genetically unique individual has come into being. Some argue that fertilisation is itself a process given that the sperm nucleus fuses with the egg nucleus some time after penetrating the egg's surface. However the moment when the 'winning' sperm penetrates the egg, shutting the door against any other sperm entry, is nonetheless the start of the whole process that follows.

Implantation

The fertilised egg passes along the Fallopian tube connecting the ovary to the body of the uterus. Rapid cell division takes place as the embryo develops; the early embryo then implants in the wall of the uterus (womb) – usually at around seven to ten days after fertilisation. By this time measurable hormonal interchange is taking

place between embryo and mother and the physiological changes of pregnancy start. The pregnancy test also becomes positive. At this stage, the embryo consists of hundreds of cells and is shaped rather like a tennis ball with a hollow centre. Some embryos fail to implant, but it is very difficult to know how many because the free-floating embryo does not produce measurable chemical substances, and embryos lost in the woman's menstrual blood flow are virtually impossible to detect. Accordingly, estimates of failure vary widely.

Nervous system

The UK Parliament's Warnock committee chose 14 days as the latest time that experimentation could be carried out on a human embryo on the basis that this is the stage by which the neural crest, the part of the embryo which will become the brain and nervous system, has formed. Those who emphasise the capacity for consciousness as being essential for 'life' view this time as the earliest from which life begins.

Becoming a fetus

Others opt for when the heart begins to beat. This is about four weeks after fertilisation. Three weeks later, all the main organs are in place and, looking distinctly human, the embryo is now conventionally known as a fetus.

Quickening

This quaint medieval word (still echoed in some liturgies with 'the quick and the dead') describes the sensation the woman feels of her baby moving within her – usually around 18 weeks in the first pregnancy and perhaps a couple of weeks earlier in subsequent pregnancies. We can understand why a woman feels there is now life within her, but modern ultrasound scans, and especially three dimensional scans which also show movement, have taught us that the preborn baby is vigorously active many weeks before this even though these movements cannot be felt by its mother.

Viability

Still others emphasise the point at which a baby is 'viable', meaning it can survive outside the womb. This age of viability has come down

with the development of neonatal intensive care but is generally accepted to be at about 23 to 24 weeks.

First breath

As mentioned above, and in spite of our growing understanding of life in the womb, some still believe that the first breath is the moment of the beginning of real human life -40 weeks after fertilisation. Some have even suggested that permission to live should only be granted to the newborn once they have passed certain tests of human capacity.

What does the Bible say?

How are we to approach the question of life's beginning biblically? Does the Bible, for example, give any support to the idea that some human lives are worth more than others? The Bible clearly teaches that God himself is completely just and impartial (2 Chronicles 19:7). It is therefore not surprising that Jesus and the apostles warned against discriminating against people on the basis of wealth (James 2:3–4), sex, race, social standing (Galatians 3:28) and age (Matthew 19:14). In fact, turning to the Old Testament we find what some have called a 'bias' towards those groups of people who are particularly vulnerable to exploitation or abuse. There was special respect and protection for easily exploited groups such as the poor (Proverbs 22:22–23), widows and orphans (Exodus 22:22–24), foreigners (Exodus 22:21), those with special needs (Leviticus 19:14), slaves (Exodus 21:2–6) and the elderly (Leviticus 19:32).

The Bible simply does not support the view that some human lives are worth less than others. All are made in the image of God and all are equally precious. Devaluing or discriminating against any group of human beings is therefore inconsistent with God's justice. He does not show partiality. The heart of Christian ethical teaching is that we must love as Christ himself loved (John 13:34), that the strong should make sacrifices for the weak and if necessary lay down their lives for the weak (Philippians 2:5–8, Romans 5:6–8). So to suggest that the weak might be sacrificed in the interests of the strong is

simply not biblical morality. These texts refute the idea that some human lives are of more value than others.

But can the human embryo and fetus be classed as vulnerable human life? To answer this question we need to turn to references in Scripture to human life before the time of birth.

Fearfully and wonderfully made

Perhaps the most famous passage is Psalm 139. The psalmist, looking back to the beginning of his own life declares:

For you created my inmost being; you knit me together in my mother's womb.

I praise you for I am fearfully and wonderfully made; your works are wonderful...My frame was not hidden from you when I was made in the secret place...your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be. (Psalm 139:13–16)

The late Rev Dr John Stott (1921–2011) argued in his seminal book *Issues Facing Christians Today* (first published 1984) that this passage affirms three important things about the human life before birth.

First, it affirms that the preborn baby is God's *creation*. God knitted the psalmist together. The Hebrew word used by the psalmist for 'knit' (other versions translate it as 'weaved') is *roqem*, a comparatively rare word in the Old Testament, which is used almost exclusively in texts that describe the curtains and veils of Israel's wilderness tabernacle and the garments of the high priest. To say that an unborn child is '*roqem*' is therefore to say something about the cunning skill of the weaver and about the beauty of his fabric. The tabernacle was the place where the presence of God dwelt. The high priest acted as the mediator between God and man and was the only one able to enter the Holy Place. He also pointed forward to Christ, the true mediator and great High Priest to come who would deal with

our sins once and for all (Hebrews 7:26–28). With its allusions to the 'rogem work' of the tabernacle, the psalm implies not only that God has made the infant in the womb, but also that the infant is being woven into a dwelling for God himself.

Next, the psalmist affirms that God is in *communion* with the preborn baby. At this stage the baby in the womb can 'know' nothing and may not even be aware of its own existence. But this is not important. The key point is that God knows it. It is God's love for the psalmist during his time *in utero* that gives him significance. We see echoes of John's first epistle here, 'This is love: not that we loved God, but that he loved us and sent his Son as an atoning sacrifice for our sins' (1 John 4:10). God's relationship with the baby is a relationship of grace to which the baby itself contributes nothing. It is not its own attributes that give it value. It is the fact that God knows and loves it.

Finally, the psalmist affirms the *continuity* between life before and after birth. The baby in the womb is the psalmist himself, the same person, not a different person and not a non-person. This is supported by the New Testament using the same Greek word *brephos* (child) to describe both John the Baptist in the womb and Jesus Christ after birth (see Luke 1:41, 44, 2:12, 16).

These three themes of *creation*, *communion* and *continuity* are seen in many other Old and New Testament passages.

Called before birth

God calls the prophets Isaiah and Jeremiah *before* birth (Isaiah 49:1; Jeremiah 1:5) and before they are capable even of hearing or understanding his call. He forms Job 'in the womb' as well as bringing him out of it (Job 10:8–9, 18–19). The Isaiah reference above is particularly noteworthy because it comes from one of the so-called 'servant songs' and therefore speaks prophetically of Christ himself. Jesus was also called from the womb. ¹

Many other references to life before birth in the Bible reinforce these principles, eg Psalm 51:5, 71:6, 119:73; Ecclesiastes 11:5; Isaiah 44:2, 24, 49:5; Hosea 12:3; Matthew 1:18; Luke 1:15, 41–44.

In Genesis 25:22–23, Esau and Jacob wrestle in the womb, displaying the beginning of the competitive and combative behaviour that would later characterise their family life. David talks about being 'sinful from the time my mother conceived me' and says that God taught him 'wisdom in the inmost place' (Psalm 51:5–6). In Psalm 22:9–10 David again speaks of relationship with God from the beginning of life: 'Yet you brought me out of the womb; you made me trust in you, even at my mother's breast. From birth I was cast on you; from my mother's womb you have been my God'. This psalm also looks forward prophetically to Christ. Jesus' suffering is clearly foretold in the psalm and he actually quotes its words from the cross to emphasise that his death was the fulfilment of its prophecy (Psalm 22:1). The Genesis passage, relating Esau's struggle with Jacob, reminds us that Jesus is the new Israel. Jesus was also the direct descendant of Jacob, Jater renamed Israel.

Jesus was made like us

Although the Bible does not explicitly distinguish between early biological events like fertilisation and implantation, there are over 60 references which mention 'conception', underlining their importance (eg Genesis 16:4, 29:33–35, 30:7, 19, 38:4). In Matthew 1:20 an angel tells Joseph, referring to Mary the mother of Jesus, that 'what is conceived in her is from the Holy Spirit'. Particularly striking are the verses describing Jesus' conception and intra-uterine development in Luke 1. Here we see Elizabeth, the mother of John the Baptist, prophesying over Christ in his first month of gestation, and the baby John 'leaping' in her womb. The timing is given in some detail. It was in the sixth month of Elizabeth's pregnancy that the angel visits Mary (Luke 1:26). She then goes to visit Elizabeth who gives the prophecy accompanied by her baby leaping (Luke 1:41).

As we have already noted, a baby's movement cannot be felt until about 18 weeks but 'in the sixth month' means, at the very least, 22 weeks gestation. The Scriptures record that, 'Mary stayed with Elizabeth for about three months and then returned home' (Luke 1:51), and that Elizabeth gave birth after that (Luke 1:57).

Given that pregnancy lasts nine months it seems reasonable to deduce from this that Mary left to see Elizabeth almost immediately after the angel's visit. Jesus must therefore have been in the very first few weeks, if not days, of development at the time of the prophecy. The biblical text does not explicitly state that Jesus was conceived (and born) exactly six months after John but this would appear the most natural reading. But if Jesus was not already present in Mary's womb then surely John would not have leapt in Elizabeth's womb.

Why is this relevant? It is important because Jesus' humanity tells us something about our own humanity. We know that in order to act as our substitute on the cross, Jesus had to be 'made like his brothers in every way' (Hebrews 2:17, NIV 1984). He had to be like us in his humanity so that he could take our place. So it would seem to follow that if Jesus was present in the womb in the first month of pregnancy then so were we. Clearly the very beginning of Jesus' earthly life was not exactly like ours (as Mary was a virgin he was not the result of egg and sperm uniting), but in his subsequent development he was fully human just like us.

To deny the humanity of the human embryo would therefore seem to diminish the doctrine of the atonement. In order to die in our place for our sins Jesus had to be fully human like us. He had to be crucified as a real man. He had to be just like us, but without sin. So if he was present in the womb, as argued above, then we must have been also. Otherwise we would have to argue that Jesus was not human in the way that we are.

Although it does not state it explicitly, the Bible leads strongly towards the conclusion that a human life should be fully respected from the moment it begins. We know from science that conception, the beginning of life, is a process that begins with fertilisation, the point at which a new, genetically distinct human life comes into being. So the question might be asked, 'should we not be giving the human embryo the benefit of any doubt?' This conclusion, of course, has strong implications for our decision making. However, there are some strongly and sincerely held objections to this view which we must consider.

When Sinead was training in gynaecology, she was asked to carry out an abortion on a well-developed baby. But when she put her fingers into the uterus the baby kicked her and she froze, unable to go on. A colleague was called to finish the job. The experience caused her to reflect deeply on the decision she had made to be involved and she decided from that point on that she would never do another abortion. Thankfully her colleagues respected her decision and did not pressurise her to become involved. Later she took up voluntary work in her spare time to help a local charity offering women with unplanned pregnancies alternatives to abortion.

Considering objections

There are several arguments often put forward to show that embryos are not human beings worthy of respect:

Potential

Some argue that human embryos (and even fetuses) are not actual human beings, but rather 'potential human beings'. People who take this view will argue that the embryo/fetus acquires full human status either gradually throughout pregnancy or suddenly at a given point in development. But this leaves us with having to draw a discrete line somewhere between potential and real. The problem with this is that biologically, human development is a continuous process beginning with fertilisation. It does not happen in easily divisible steps but each stage merges seamlessly into the next. It might be argued that the only real differences between a fertilised egg and a full term baby, or indeed an adult, are nutrition and time. There are no discrete points after fertilisation, just a long continuous process. Biologically it has to be said that the early human embryo is undoubtedly human; from the time of fertilisation it has human chromosomes derived from human sperm and egg. It is also alive, exhibiting the characteristics of movement, respiration, sensitivity, growth, reproduction, excretion and nutrition. No medical or biological textbook disputes any of these facts. It therefore would seem far more accurate to speak

of the human embryo as a human being in an early stage of development or a potential adult; a human being with potential rather than a potential human being. Certainly it has potential, but this is because it is already a human life. 'Potential human being' is a term more accurately applied to egg and sperm.

Rationality

Next are those who argue that human embryos are not human beings worthy of respect because they lack rationality or capacity for relationship. As already noted, this was the thinking behind the Warnock Committee's recommendation of no embryo research beyond 14 days, as the neural crests first form ten days after fertilisation. Others have suggested that breathing movements (12 weeks), or 'quickening' (20 weeks), or even the first breath of air should be the end point. It has even been argued that newborn babies are not persons since they lack 'self-awareness'. But the development of the nervous system, like that of the whole embryo, is a continuous process beginning at fertilisation. Therefore choosing an arbitrary point on this continuum would seem to discriminate between human beings on the basis of the level of neural function. We are back to Peter Singer's view that human beings should be valued on the basis of their neurological capacities rather than being valued simply for being human. What does this say about people with dementia or special needs?

Is discrimination on grounds of the level of higher brain function different in principle from discrimination on the basis of any other biological quality or capacity? Is it really that different from discrimination based on age, sex or intelligence? Our value as human beings does not consist in our capacities or attributes but in the fact that we are human, and thereby made in the image of God. It would follow then that arguing that the value of any human life depends on its place of residence (uterus, Fallopian tube or Petri dish) or degree of independence is discriminating on the basis of characteristics that are not actually morally significant. What I can or can't do, where I reside and how dependent I am are not factors that should determine my value before God.

Survival prospects

Another view is that human embryos are not human beings worthy of respect because they have a good chance of dying before birth from natural causes. People who take this position will point to the fact that many early embryos and fetuses die naturally before implantation or before birth.

This is true, but should the value of a human life depend on its survival prospects? We don't say that refugees in Sudan, flood victims in Bangladesh or AIDS sufferers in South Africa are less important than other human beings simply because they have a high mortality rate. Nor would we argue in any other circumstance that lives of those with a low chance of surviving are somehow more disposable or that we can legitimately intervene to end them actively (we will consider this more in chapter six). The aim of medicine is rather to save and preserve life and to seek ways to improve survival prospects of any vulnerable group. As already argued, no one really knows how many early embryos die as there is no easily measurable biochemical 'marker' for fertilisation, as opposed to implantation. It is only after implantation has taken place that we can prove biochemically (through laboratory tests on measurable hormone levels) that an embryo has formed and is actually present.

Genetic abnormality

Some submit that human embryos are not human beings worthy of respect because many embryos that do implant but do not lead to viable pregnancies have a high incidence of genetic (particularly chromosomal) abnormality. It is certainly true that many miscarriages occur as a result of chromosomal abnormalities. But all of these abnormal embryos have formed from the union of an egg and sperm. Isn't it then more accurate to think of them as human lives with severe handicap, human lives with special needs? We would not argue that people *already born* with special needs are of less value than those without, so why should this same argument hold before birth?

Perceived value

Others argue that in practice we simply do not treat embryos and fetuses in the same way that we treat babies. We don't bond emotionally with them or mourn their loss in the same way. The death of a child is much more devastating to parents than a miscarriage or the loss of an embryo before implantation. Also, can we imagine someone risking their life to save embryos from a burning laboratory? But is the worth of an individual dependent on how much we value them or rather on how much they are valued by God? Every day, children and adults die who no one values or mourns. But we would not argue that they are therefore lives without value. My worth and yours does not depend on how much others value us.

Lack of a soul

Historically some within the church have argued that human embryos are not human beings worthy of respect because embryos don't have souls. But the idea that human beings can be divided into body and soul, with the soul entering and leaving the body at some point, is based on the ancient Greek idea of body and soul being separable entities. This is a notion, as we have seen in the previous chapter, which is without biblical support. While it is true that all human beings survive death and face judgment (Hebrews 9:27), our destiny as redeemed human beings is to be clothed in a 'resurrection body' (Philippians 3:21), not to exist as disembodied souls. The biblical word 'soul' (nephesh) includes the body (Genesis 2:7). We are 'embodied souls' or 'ensouled bodies'. The soul and the body belong together.

Counting the cost

We began this chapter by posing the key question, 'when does life begin?' The biblical and scientific evidence seem to point strongly in one direction. The Bible teaches that we should not discriminate against any other human being and that the strong should make sacrifices for the weak. Given the strong biblical testimony about life before birth, this leads us to the conclusion that early human life,

from the time of fertilisation, should be treated like all other human life. The developing human being in the womb is also our neighbour: made in the image of God and worthy of the utmost respect, wonder, empathy, and protection. This is the view that the Christian church has taken throughout most of its history. In the face of all this evidence it makes sense, even if we are still in doubt about the status of the human embryo, to err on the side of caution and grant it the benefit of this doubt. This chapter has raised many practical questions that cannot be adequately answered in such a short amount of space, which readers will no doubt wish to explore. Our intention here has been first to establish the biblical principles to provide a basis for action, which can then be worked out in individual issues and circumstances. The suggested reading below grapples with these issues in much greater depth than is possible here.

When George and Susan were unable to have a baby after two years of trying, they sought help through their GP and were referred to an infertility clinic. After tests it transpired that Susan's Fallopian tubes had been damaged by an infection she had as a teenager and were unable to transport the eggs she was producing to her womb. They were offered IVF but were anxious about treatments that involved the production of excess embryos for freezing or research. After sharing their concerns with the hospital staff they were allowed to undergo treatment that involved producing only a very limited number of embryos all of which were transferred to Sue's womb. After two attempts they became the parents of twin girls.

Showing the degree of love and respect to human beings before birth advocated here may, in some circumstances, be very costly for us personally: the woman abandoned by the man who made her pregnant; the mother who learns she is carrying a baby with special needs; the couple who find they are infertile and are wondering

which path to take. Christian health professionals may also face situations where their reputations or jobs may be at risk because of their unwillingness to take a step that their colleagues have no moral qualms about.

When Amy was at medical school one of her student colleagues was asked to assist with an abortion. Amy was accused of being judgmental and seeking to impose her morality on others when she expressed her reservations. Other classmates joined in. This led Amy to re-examine her own views in the light of her Christian faith. She worked through the passages in the Old and New Testaments dealing with life before birth and found her personal convictions about the value of life before birth being strengthened. Talking with older Christian colleagues who had had to make a similar stand helped her to cope better with the peer pressure.

It may be that we find ourselves looking back at decisions we have made in the past and having deep regrets or feelings of guilt. It is a comfort that we do not face these situations alone. This is where the Christian community can offer prayer, support and understanding. Each of us, however we have lived our lives, is a sinner needing God's forgiveness daily and needing to be reconciled with him. We can take comfort knowing that Jesus himself, who entered life as a vulnerable embryo, now walks with us in all our decisions, granting us courage, grace and the opportunity for forgiveness and assuring us that he understands and has already walked the human journey before us.

We find ourselves again at the foot of the cross where he fully paid the price for our sins. By laying down his life, he gave us new life and hope. Jesus also called us to be willing to walk in his own footsteps, and called us to love one another as he loved us (John 13:34–35). It is only by grace that any of us stand.

In humility value others above yourselves, not looking to your own interests but each of you to the interests of the others. In your relationships with one another, have the same mindset as Christ Jesus: Who, being in very nature God, did not consider equality with God something to be used to his own advantage; rather, he made himself nothing by taking the very nature of a servant, being made in human likeness. And being found in appearance as a man he humbled himself by becoming obedient to death, even death on a cross! (Philippians 2:3–8)

■ FURTHER READING

- □ Engel J. When is an embryo? *Nucleus* 2006; Summer pp.27–34 *bit.ly/1oyByQf*
- □ Fergusson A, Saunders P. Consequences of abortion. *CMF Files* 35, 2007 *bit.ly/1oyByzV*
- □ Jones D. The embryo and Christian tradition. *Triple Helix* 2005; Summer pp. 10–11 *bit.ly/1oyBwrB*
- □ Jones D. Exodus 21 and abortion. *Triple Helix* 2009; Summer pp. 16–17 *bit.ly/1oyByQh*
- □ McFarlane G, Moore P. What is a person? *CMF Files* 10, 2000 *bit.ly/1oyBqAk*
- Roach J and Taylor P. Facing infertility: Guidance for Christian couples considering IVF. CMF, 2014
- □ Saunders P. The status of the embryo. *Triple Helix* 2000; Autumn pp. 12–13 *bit.ly/1oyBwrF*
- □ Saunders P. Deadly questions on the status of the embryo. *Nucleus* 1998; Autumn pp. 28–34 *bit.ly/ZqVQFH*
- □ Saunders P. The moral status of the embryo. *Nucleus* 2006; Summer pp. 17–26 *bit.ly/1oyByzU*
- □ Ward R. Abortion. CMF Files 23, 2003 bit.ly/1 oyByzY



START OF LIFE

WHEN DOES LIFE BEGIN?

SESSION AIM

To explore secular and biblical perspectives on when human life begins and examine our responsibility as Christians to value life from its very beginning.

ICEBREAKER

Discuss what you have observed about human life and its value from close friends or family (or personally) going through a pregnancy.

WATCH THE DVD



START OF LIFE: WHEN DOES LIFE BEGIN?

Opening verses: Psalm 139:13-16

O DVD KEY POINTS

From what point does the value of human life exist?

The answer we come to will affect how we deal with many important medical decisions:

- Abortion
- Medical Research
- Contraception
- Embryonic cloning and some three-parent embryo techniques
- Fertility treatments

Starting points

Different people choose to draw the line of humanity at different points:

- Fertilisation
- Implantation
- Organ development
- Nervous system
- Quickening
- Viability
- First breath

Clues from the Bible

There are many references in Scripture to human life before the time of birth.

'For you created my inmost being; you knit me together in my mother's womb' (Psalm 139:13-14).

Psalm 139 expresses three important truths:

- Creation
- Communion
- Continuity

Summary

The biblical testimony about life before birth leads us to the conclusion that from the time of conception a valuable human life exists. The developing human being in the womb is also our neighbour: made in the image of God and worthy of the utmost respect, wonder, empathy, and protection.

■ EXPLORE

Key passages: Psalm 139:13–16; Luke 1:39–45.

Use these, and any other relevant passages you can think of, to help you discuss the following questions.

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A.	Abortion
В.	Screening embryos for Down's syndrome and other
	genetic conditions
C.	Research that uses embryos
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THE HUMAN JOURNEY

GO FURTHER

Think of something you could do to raise awareness of the value and sanctity of human life before birth. You could write a letter to your MP or elected representative or post something on social media, or just talk to people you know.

PRAY

Pray together about what you've learned in this session. You may like to use these points as a guide:

- Pray for a greater sense of awe and reverence towards the God who created us all.
- Thank God for the gift of human life and pray that he will help us protect and preserve it to the best of our abilities.
- Pray for courage and strength to stand up and speak out when challenged about the status of human life before birth.

• GLOSSARY

- Embryo: The developing baby from the moment an egg and sperm fuse until eight weeks gestation in the womb.
- Fertilisation: The event that occurs when a sperm meets and fuses with a mature egg (also called conception).
- Fetus: The developing baby in the womb from eight weeks to birth.
- Implantation: After fertilisation, the egg travels down the Fallopian tube and attaches to the inner lining of the uterus.
- Quickening: When the baby can be felt kicking and moving by the mother.

To continue thinking about the topics raised in this session read chapter two of *The Human Journey* book: Start of Life – When does life begin?

More resources on Start of Life are available at www.humanjourney.org.uk