Promiscuity, Prophylactics and The Christian Physician
The Ethics of Providing Contraceptives

To the Unmarried Sexually-Active Patient

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> *At present I speak of the decay of morality, which at first almost imperceptibly lost its brilliant hue, but afterwards was wholly obliterated, was swept away as by a torrent, and involved the republic in such disastrous ruin, that though the houses and walls remained standing, the leading writers do not scruple to say that the republic was destroyed.*
>
> St. Augustine
> The City of God

Like the Roman empire of Augustine's day, twentieth-century America exhibits the conspicuous marks of a culture in decline. This decline has been precipitated in large part by a rapid retrogression in ethics and morality. Attending this moral retrogression has been a significant increase in the number and severity of social pathologies with which our culture is afflicted, not the least of which has been a significant increase in the levels of teenage sexual activity, pregnancy, illegitimate births and abortion.

According to a report released by the Alan Guttmacher Institute, some 12 million teenagers between the ages of 13 and 19 have had sexual intercourse with over 1.1 million becoming pregnant each year. Of these, 400,000 obtain abortions and nearly 470,000 give birth.[1]

Moreover, Charles Murray, Senior Research Fellow at the Manhattan Institute for Policy Research, reports that from 1955 to 1980 the percentage of illegitimate births to teenaged mothers jumped from 14.2% of all births to teenaged mothers to 48.3% with the number of illegitimate births to teenaged mothers jumping over 288% (from 70,000 in 1955 to over 272,000 in 1980).[2] In just 30 years, total births out of wedlock, as a percentage of all births, increased more than 450%.[3]

Even within the visible church, the level of teenage sexual activity is distressingly high. Writing in the January 1987 issue of the Religious Broadcasting, Newsletter, Josh McDowell reports that a Teenage Relationship Survey of 1,006 females published in 1985 revealed:

> *that "religion conscious girls are 86 percent more likely to say it's important to be a virgin at marriage than non-religion conscious girls. However, religion conscious girls are only 14 percent more likely to be virgins than non-religion conscious girls."*[4] (emphasis added)

Moreover, a 1984 published study among 10,000 churched adolescents revealed that 22% of 7th grade boys and 9% of 7th grade girls have engaged in sexual intercourse one or more times. **By the 9th** grade, 28% of the boys and 13% of the girls have engaged in intercourse one or more times.[5]

Consistent with the reigning scientism6 of our age, the solutions being proffered focus almost exclusively on

preventing teenage pregnancy through the provision of contraceptive services ("safe and responsible" sex) rather than on decreasing teenage sexual activity through moral suasion and public censure. Sociologist Phillips Cutright, writing in the January 1971 issue of Family Planning Perspectives, asserts:

> *The supposed ill effects of premarital sex. . . have never been documented, so long as premarital sex did not lead to an illicit pregnancy that was carried to term. It is the control* of *their unwanted pregnancy - not the control* of *premarital sex - that is the solution.*[6] (emphasis added)

Echoing a similar sentiment, Faye Wattleton, President of the Planned Parenthood Federation of America, declared in her acceptance speech for the 1986 Humanist of the Year Award:

> *Too many of us are focused upon stopping teenage sexual activity rather than stopping teenage pregnancy . . . Easier access to contraception must be another priority - access without any barriers.*[8]

Having abandoned the "unenlightened" notion that moral considerations should inform public policy, our culture has expectantly turned to the medical community for a scientific/technological "solution" to the problem of teenage pregnancy. Inexorably, physicians have been drawn to the front line of the battle to stem the rising levels of teenage pregnancy, illegitimate births and abortions.

For the Christian physician who wishes to practice good medicine in a manner consistent with his or her faith, the provision of contraceptives to unmarried sexually active adolescents (or for that matter to unmarried adults) raises important ethical questions. Should the Christian physician provide contraceptives to unmarried, sexually active adolescents who, in all likelihood, are going to be sexually active and are therefore at risk of becoming pregnant? Put another way, does the Christian physician have a moral obligation to assist the adolescent in avoiding the negative consequences of their intentional immoral activity? Ethically defined, is this good medicine?

These are honest questions deserving of honest answers. For the Christian physician any answers provided must be grounded in biblical precept or principle. The Christian physician must declare with the psalmist:

> *Thou hast ordained Thy precepts, That we should keep them diligently. Oh that my ways may be established To keep Thy statutes: . . . 1 shall run the way of Thy commandments . . . Thy word is a lamp to my feet, And a light to my path. (Psalms 119:4-5,32,105 NASV)*

WHOLISTIC MEDICINE

The avoidance of an unbiblical dichotomy between the spiritual and the physical is the starting point for correctly answering the ethical question before us. Rooted in Greek philosophy, the notion that there exists a fundamental dichotomy between the spirit and the body is antithetical to the plain teaching of Scripture. Although there is a clear difference between the two in that one is temporal, the other eternal: there is no absolute division in the sense that one can be addressed independently of **the other.** Physical reality has no autonomous significance. Its significance is derived solely through its integral relationship with the spiritual and the eternal. What is done in the physical realm has moral implications and therefore eternal consequences. II Corinthians 5:10 reads:

> *"For we must all appear before the judgment seat of Christ, that each one may be recompensed for his deeds in the body, according to what he has done, whether good or bad."*

The Christian physician must recognize that what is done in the body is indicative of and bears upon the spiritual life of man for even the mundane activities of life are to be done to the glory of God (I Cor. 10:31).

The physician cannot, therefore, either for his own sake or that of his patient, ignore the spiritual consequences of his practice. When the Christian physician is faced with a sexually active adolescent or unmarried adult who requests contraceptives, the physician must take into account both the physical and the spiritual implications of his decision. In fact, Paul instructs Timothy that "bodily discipline is only of little profit, but godliness is profitable for all things" (I Tim. 4:8). Although physical health is important, the spiritual health of the patient is far more important.

The Christian physician who sincerely wishes to function as salt and light in his or her profession must strive to integrate the spiritual and physical. When faced with a pre-maritally sexually active patient, the questions become: what will be the spiritual as well as the physical consequences for the patient of providing them contraceptives? What message am I sending? Do my actions correspond with or detract from the advice I am giving the patient regarding their sexual activity? Do my actions correspond to or contradict the Scriptures? By providing contraceptives to the patient will I be enhancing their spiritual growth (if they are a professing Christian)? Will the provision of contraceptives lead the unbeliever to acknowledge the reality of sin thus focusing their attention on their need of repentance and salvation? Will I be condemning sin, or accommodating it?

A related issue is whether or not the provision of contraceptives enhances the character of the patient. Since it is true that "whatever a man sows that shall he also reap," the character of a patient as measured by their life-style can, to varying degrees, affect their physical well-being. Dr. Hilton Terrell has rightly pointed out that "Christian physicians routinely bypass ungodly behavior which has possible adverse health consequences for their patients."[9] A wholistic approach to medicine will not ignore the patient's behavior but will attempt to persuade the patient to exercise self-control and abstain from immoral and destructive behavior.

It would appear self-evident that the provision of contraceptives to unmarried sexually active patients will not enhance their spiritual growth, will not lead them to repentance, represents a contradiction of advice presumably given by a Christian physician, and will do nothing to enhance the patient's character. In short, the provision of contraceptives is not consistent with the wholistic practice of medicine when understood as involving both the spiritual as well as the physical health of the patient.

ASSESSING EFFECTIVENESS

For the Christian physician the ultimate objective should be to change the attitude and behavior of the unmarried sexually active patient; not to make such activity "safe." The provision of contraceptives is antithetical to this goal. According to some studies the provision of contraceptives to sexually active minors both increases the level of sexual activity and the rates of pregnancy at the aggregate level.

According to a study cited by the Alan Guttmacher Institute:

> ***One year after starting to take the pill, a group of teenage clinic patients in Detroit were found to be "only moderately" more sexually active . . . The young women were having intercourse an average of 4.3 times a month before admission to the clinic, and 6.8 times a month one year later."***[10] (emphasis added)

Moreover, a study of pre-maritally sexually active females aged 15-19 found that as sexual activity increases, the probability of pregnancy also increases -- even when contraceptives are used consistently." Researchers at the Department of Population Dynamics, School of Hygiene and Public Health at John Hopkins University have also found that:

> *Among all women with premarital sexual experience, there was an increase between* 1976 *and* 1979 *in the percentage who said that they had always practiced contraception and in the percentage who reported using a*

> *method at first intercourse though not always, and there was a decline in the proportion who said that they had never used a method. Despite this evidence of increased and more consistent contraceptive use, there was a rise between 1976 and 1979 in the proportion of premarital pregnancies..* (emphasis added.)

A more recent study by Dr. Stan Weed, Director of the Institute for Research and Evaluation, confirms the finding that provision of contraceptives to adolescents increases the pregnancy rate:

> *This analysis thus confirms the basic finding of a number of previous researchers showing a reduction in the teenage birthrate associated with greater family planning enrollment of teenagers . . . However, using this same analytic strategy with pregnancy rates instead of birth-rates as the dependent variable, we find a net increase of about 120 pregnancies among all 15-19 year-old women for every 1000 teenage family-planning clients rather than the expected reduction in the pnegnancyrate.*[12] (emphasis added)

Professor Kingsley Davis, a member of the board of Sponsors for Zero Population Growth, summarizes the failure of contraceptives to reduce teen pregnancy best when he states:

> *The current belief that illegitimacy will be reduced if teenage girls are given an effective contraceptive is an extension of the same reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraceptive use was becoming more, rather than less, widespread and respectable.*[14]

At the very minimum it is obvious that providing contraceptives to sexually active adolescents is not a disincentive and therefore will not decrease the level of such activity which must be the goal of the Christian physician.

Moreover, providing contraceptives to the patients may actually be placing them at greater risk by giving license and a false sense of security. As Dr. Lewis Hicks, who practices obstetrics and gynecology in Lexington, Kentucky, and who no longer provides contraceptives to his unmarried patients, has observed:

> *Even considering only the patient's body, we can do harm to patients by prescribing birth control pills for illicit sexual activity . . . What 1 mean is, when 1 write their prescription 1 know I am sending them out to wallow in the cesspool of sexually transmitted diseases.* I *can bank on their returning with a disease.*[15]

Venereal disease, decreased fertility, increased cancer risks, inability to establish stable marriages and the dehumanization of the psyche and loss of self respect are but a few of the direct and indirect consequences of premarital sexual activity. The provision of contraceptives may thus actually increase the health risk to the patient.

THE MORAL IMPERATIVE

For many physicians, the above conclusion may seem simplistic. It may well be argued that it ignores the physician's responsibility to protect their patients from suffering and disease -a responsibility made all the more urgent with the threat of AIDS. The provision of contraceptives is seen as preventative medicine (i.e. preventing pregnancy which is considered analogous to giving a vaccination against disease) and as such medically necessary and ethically justifiable.

And what of the patient who refuses the physician's advice? Does the physician withhold "treatment" simply because the patient is obstinate in their sin?

Clearly the physician has both a professional and ethical responsibility to practice preventative medicine and to do all within his or her power to alleviate suffering. But a careful distinction must be made between premeditated sin (which is inherently evil) and unhealthy behavior (which is perhaps merely unwise). For example, a physician surely would not provide contraceptives to a father involved in an incestuous relationship with his 14-year-old daughter (even if incest were legal). Because incest is an intrinsically evil and perverted act, the Christian physician would rightly refuse to accommodate the sin of his patient. It should be borne in mind that the difference between premarital sexual activity and incest is only one of degree. Because both acts are inherently evil, the physician does not have the moral prerogative, let alone a moral obligation, to provide the pre-maritally sexually active patient with contraceptives anymore than he does the incestuous father.

On the other hand, a physician may encourage a patient, who is unwilling or unable to quit smoking (an act which is not necessarily inherently evil), to use filtered cigarettes (assuming they are actually less harmful) in an effort to ameliorate the negative effects of the unwise and unhealthy behavior.

In short, the ethical responsibility of the physician does not extend to the point of assisting the patient in avoiding the consequences of premeditated immoral activity. There is no moral imperative for the physician to accommodate the sin of the patient. In fact, such an accommodation in and of itself would constitute sin for it places the Christian physician in the position of acquiescing to and cooperating with the sin of another. For the Christian physician to provide contraceptives to the pre-maritally active patient is analogous to a pastor, after having counseled a Christian not to be unequally yoked to an unbeliever, to agree to marry the couple upon their refusal to heed his counsel and their willful disobedience to God's law. For a pastor to marry a couple under such circumstances is for him to give his imprimatur to their behavior -- his counsel to the contrary notwithstanding. Likewise, for the physician to provide contraceptives to a patient for use in their immorality is to cooperate in their sin. In Ephesians 5:11 Paul exhorts us:

> ***And do not participate in the unfruitful deeds of darkness, but instead even expose [reprove] them.*** *(NASV)*

Commenting on this passage Calvin writes:

> *It is not enough that we do not, of our own accord, undertake anything wicked. We must beware of joining or assisting those who do wrong. In short, we must abstain from all fellowship or consent, or advice or approbation, or help of any sort; for in all these ways we have fellowship.*[16] (emphasis added)

The fact that many patients are obstinate in their behavior and refuse to heed sound counsel (even to their own destruction) does not encumber the physician with either a professional or an ethical responsibility to assist them in their sinful conduct. The physician is no more obligated to provide contraceptives to the promiscuous patient than he is to provide clean needles to the habitual drug user.

The Christian physician should also recognize that suffering brought about as the result of sin is a means of divine instruction. It is not always in the best interest of the patient for the physician to protect them from the consequences of their willful disobedience to God's law. In his discussion of "Peace and Discord," St. Augustine observes:

> *For as it is not benevolent to give a man help at the expense of some greater benefit he might receive, so it is not innocent to spare a man at the risk of his falling into graver sin. To be innocent, we must not only do no harm to no man, but also restrain him from sin or punish his sin, so that either the*

> *man himself who is punished may profit by his experience, or others be warned by his example.*[17]

Moreover, in addressing the seriousness of sin, Christ declares: "for it is better for you that one of the parts of your body perish than for your whole body to be thrown into hell." (Matt. 5:29 NASV) The context is Christ's discussion of adultery (and by implication fornication). The essential message is that it is better, albeit difficult, for the Christian physician to refuse to accommodate the willful sin of an obstinate patient than to dilute their sense of sin and of judgment. It may be that the Lord will be pleased to use the natural consequences of sin to lead the patient to repentance and salvation. Whether or not the Lord is so pleased, the responsibility of the Christian physician is to practice his calling in a manner consistent with the Scriptures and leave the result in the hands of a sovereign God.

This will not be easy for it is antithetical to the entire ethos of our society and the natural tendency of a physician to concentrate almost exclusively on the physical dimension of the patient. In a society which elevates pragmatism over principle and which prizes the absence of pain, discomfort and difficulty above all things it will be difficult for the Christian physician to defy the prevailing consensus. Yet, this is the biblical standard to which the Christian physician is called.

COMPASSION

> *The Lord Jesus Christ demands of His disciples that they be as gentle as doves and as prudent as serpents. The balance between these two indispensable virtues is difficult to maintain, and our discernment has at times been harsh to the point of stifling the perception of our very message.. But this sentimental age is particularly characterized by gentleness without discernment: the heresy of love divorced from truth.*
>
> *Jean-Marc Berthoud*

The refusal to provide the patient with contraceptives does not mean that the Christian physician is not to demonstrate compassion. This is perhaps the most difficult hurdle for the Christian physician. Wishing to emulate the love, mercy and compassion exhibited by our Lord, it is very difficult for the physician not to provide the patient with the means of "protecting" themselves. It must be understood however that accommodation is not equivalent to compassion and mercy. As Dr. Lewis Hicks has observed:

> *We have an erroneous idea of what love is. Love is not sentimentality and niceness, doing whatever pleases our patients. That kind of love is really what 1 call loving someone to death. Christians are charged with the task of loving people unto life.*[18]

Biblical compassion is not a warm, fuzzy, unqualified sentimentalism exercised indiscriminately. Rather, biblical love and compassion requires a discerning acknowledgment of the sinful condition of all men and seeks to minister always remembering "that were it not for the grace of God, there go I" The Christian physician should compassionately treat the AIDS patient and should seek to treat and assist the unmarried adolescent during her pregnancy.

But this represents mercy in action after the fact which is not the same thing as accommodating and assisting premeditated sin. In fact, the physician who refuses to provide contraceptives but is willing to mercifully help the pregnant adolescent through her pregnancy accomplishes two things; first, the physician has, without compromise, upheld the standard of God's law and second, has demonstrated the love of Christ to the sinner who is suffering the consequences of sin.

Both positions by the physician are mutually complementary and reveal to the patient the full orbed nature of God; His hatred of sin as well as His mercy and compassion. It is this "tough love" approach (the refusal to compromise God's moral law married to Christian love and mercy) which provides the physician with a powerful opportunity for evangelism, the

restoration of the wayward Christian and perhaps, the modification of even the unbeliever's behavior.

PATIENT EVANGELISM

The Christian physician who refuses to provide their patient with contraceptives faces the real prospect of losing the patient to a less "judgmental" physician more willing to accommodate their wishes. Under such circumstances the Christian physician may not have another opportunity for future witness to the patient and may face the ridicule and criticism of peers.

Although the patient may well choose to go to a more "sympathetic" physician, the Christian is not under "bondage in such cases." In Ezekiel 33:2-5 we are told that:

> *if... the people of the land take one man from among them and make him their watchman; and he sees the sword coming upon the land, and he blows on the trumpet and warns the people, then he who hears the sound of the trumpet and does not take warning, and a sword comes and takes him away, his blood will be on his own head. He heard the sound of the trumpet, but did not take warning; his blood will be on himself. . (NASV)*

The responsibility of the Christian physician is to candidly and sympathetically warn the patients of the spiritual and the physical danger of their immoral behavior. He or she does not have the ethical freedom to accommodate the patients' sin nor is he or she responsible for their response to the counsel given.

Moreover, never are we instructed in the Scriptures to violate one scriptural principle in the effort to fulfill another, e.g. the Great Commission. The mandate to evangelize and make disciples does not give us the liberty to accommodate the sin of either the disobedient Christian (II Thess. 3:10,14) or the unbeliever (Eph. 5:11).

In any event, it is doubtful that effective evangelism is possible by the physician willing to accommodate the sin of the patient. As noted earlier, to assist patients in sin is to dilute their perception of the seriousness of both sin and judgment. And where there is an inadequate apprehension of sin and judgment there will be no true repentance and conversion.

PERSECUTION AND THE PHYSICIAN

Professional credentials do not except the Christian physician from persecution. Christ clearly taught that his followers will be persecuted.

> *Blessed are you when men revile you, and persecute you, and say all kinds of evil against you falsely, on account of Me.* (Matt. 5:11 *NASV)*

The physician who consistently refuses to conform his or her practice to the prevailing professional sentiment or public opinion will no doubt face varying degrees of alienation and opposition from peers. This is the price that must be paid if Christian physicians are to function as salt and light in the profession to which the Lord has called them. Unfortunately too few Christians are willing to pay this price. It has been the conspicuous absence of courageous and principled opposition by Christian physicians which has contributed to the widespread practice of providing contraceptives to unmarried adolescents - including the recent effort to place School-Based Health Clinics (which are essentially family planning clinics)19 in the nation's schools. Christ warns us that we:

> *are the salt of the earth; but if the salt has become tasteless, how will it be made salty again? It is good for nothing any more, except to be thrown out and trampled under foot by men.*
> *(Matt. 5:11,13 NASV)*

When the Christian physician provides contraceptives to the unmarried patient or fails to prudently but firmly oppose the practice much of the saltiness has been lost and the penetrating light of truth dimmed.

Such a practice also places the Christian physician in

the position of facilitating the philosophy and agenda of Humanistic organizations such as the Center for Population Options and Planned Parenthood who have been at the forefront of the drive to provide contraceptives indiscriminately to minor adolescents. The Christian physician should be setting the biblical standard for the practice of medicine, not acquiescing to the prevailing ethos.

ALTERNATIVES

It is not enough merely to state what Christian physicians should not do. If our witness is to be credible we must offer alternatives.

The failure to offer viable alternatives puts the Christian in the position of always criticizing, attacking and tearing down. Unfortunately, criticism in the absence of alternatives creates an atmosphere in which the Christian community, instead of being viewed as a constructive force in the community, is viewed as a bunch of obstructionists who do not care about the health of teenagers. We protest such accusations as unfair but such attitudes are in part justifiable if all we have to offer is criticism.

Although far from comprehensive, the following are biblically consistent, viable and effective approaches to reducing teenage pregnancy rates that the Christian physician can support. Although few physicians will have the time or resources to involve themselves in everything listed below, virtually all physicians can and should involve themselves in at least one.

Compassionately but firmly warn your patients of the spiritual and the physical dangers of premarital/extramarital sexual activity. Compassionately but firmly refuse to refer them for and/or provide them with contraceptives.

Become aware of and support the placement of abstinence based/pro-family sex education curriculum in both public and Christian schools.

Support legislation designed to strengthen paternity laws. Work with appropriate individuals and agencies to ensure that current laws are enforced.

Personally and financially support the local Crisis Pregnancy Center or similar organization.

Oppose legislation which permits minors to obtain abortion services and/or contraceptives without parental notification or consent. In states with similar legislation, the rates of pregnancy, abortion and illegitimate births all declined.[20] Be prepared to lend your professional prestige and credibility to such efforts by providing expert testimony on such legislation.

Work toward changing public opinion to once again encourage chaperoned and group dating - especially by Christian parents.

Work toward improving academic expectations in the public schools. Increased expectations and academic achievement has been shown to decrease a number of undesirable behavior, including sexual promiscuity, among adolescents.

Work toward welfare reform at the state level. The development of self-sufficiency has been shown to reduce pregnancy, abortion and illegitimate birth rates. According to a report issued by the Heritage Foundation; "AFDC should be made an explicitly temporary program . . . it would create a different incentive structure for pregnant and potentially pregnant teens, who are most likely to become long-term recipients.[21]

Work with church and civic groups to develop community service projects designed to channel youthful energy into constructive activities.

Help develop a "Just Say No" media campaign similar to those used to fight drug abuse.

Work with church leadership to develop a biblically based sex education class for the adolescents within your church.

Minister to a pregnant girl who has been rejected by her family by keeping her in your home during her pregnancy.

Work with groups in your area to oppose the funding and policies of organizations like Planned Parenthood.[22]

CONCLUSION

> *Monday [through] Saturday wherever you are, you are living under the Lordship of Christ and all that you are, all that you do under this Lordship is your calling. So if that includes the cobbler making his shoes Christianly, let him cobble unto the* glory *of God. If it is the Magistrate dispensing justice, let him do it to the* glory *of God. If it is Rembrandt painting, let him do that to the* glory *of God.*
>
> *Os Guinness*

The Christian physician is called to practice his trade to the glory of God. This means that he must learn to integrate both the spiritual and the physical in his practice. It also means that he cannot, any more than can the pastor of a church, accommodate sin. The provision of contraceptives to those intent on engaging in premeditated sexual sin represents an accommodation of sin and is therefore, as ethically defined, not good medicine.

The Christian physician who consecrates his practice to his Lord and refuses to render obeisance to the prevailing *zeit geist* of our age will encounter opposition from both colleagues and patients. This is the inevitable price paid by those who take seriously their calling to function as salt and light in a culture increasingly hostile to the Christian faith.

Notwithstanding the protestations of patients and colleagues -- the Christian physician will provide the best and most compassionate care to the unmarried sexually active patient by refusing to accommodate their sin and by seeking to persuade them to abstain from spiritually and physically destructive behavior. As St. Augustine so lucidly declares; "For better is it to contend with vices than without conflict to be subdued by them."

References

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2. Charles Murray, Losing Ground: American Social Policy 1950-1980 (New York: Basic Books, Inc.. Publishers, 1984), p. 127. It is important to note that the difference between the number of births to teenage mothers as reported by the National Research Council (470,000) and that reported by Charles Murray (Z72,000) results from the National Research Councils inclusion of births to married teenagers whereas the figures reported by Charles Murray reflect births to unmarried teenagers. Over half of births to teenage mothers are to married teenagers. For additional information see Minority Report of the House Select Committee on Children, Youth, and Families, "Teen Pregnancy: What is being Done? A State-by-State Look," December, 1985 pp. 376, 389.

3. Gary Bauer, "The Family: Preserving America's Future," A Report of the Working Group on the Family, November, 1986, p. 41.

4. Leslie Jane Nonkin, I Wish My Parents Understood (New York: Penguin Books, 1985), in Josh McDowell, "The Teen Sex Crisis: What You Should Know And What You Can Do About It," Religious Broadcasting Newsletter, January 1987, p. 17.

5. Ibid., p. 17.

6. The reader should bear in mind that there is a vast difference between science and scientism. As R.C. Sproul as pointed out, scientism is a philosophy, an ideology. It is to science what naturalism is to nature and rationalism is to reason.

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16. John Calvin, Calvin's New Testament Commentaries, Galatians, Ephesians, Philippians and Colossians, T.H.L. Parker (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1980). p. 200.

17. Saint Augustine, The City of God, trans. Marcus Dods, D.D. (New York: Random House, 1950), p. 695.

18. Ibid. p. 33.

19. For more information see my book titled: School Based Clinics and Other Critical Issues in Public Education (Westchester Ill.: Crossway Books, 1987).

20. Following enactment of the 1981 Minnesota law requiring parental notification for abortions: abortions to teens aged 15-17 decreased 40%, births decreased 23.4% and pregnancies decreased 32%. In Massachusetts, during the 20 months after enactment of its parental consent law, an average of 233 women under age 18 obtained abortions -- a 43% decline from the monthly average of 412 that prevailed in the 45 month before the laws' enactment. See Douglas Kirby, Ph.D., School Based Health Clinics: An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy, April 1985, p. 15.

21. For more information see "Mobilizing Policies to Bolster the Family in the Fight Against Poverty," Backgrounder, No. 517, June 1968, p. 8, published by the Heritage Foundation, Washington, D.C.

22. In Charlotte, North Carolina local pro-life activist were successful in reversing a 13-year tradition of county funding of Planned Parenthood. For more information on the strategy employed write to: The Christian Action Council, P.O. Box 727, Matthews, NC 28106.