

Life: Sanctity or Quality?

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The advance of science and the retreat of a Christian worldview are putting many Bible-believers into a state of moral confusion. Nowhere is this shift more evident than in the realm of medical ethics. Abortion, euthanasia, artificial insemination, suicide, and related issues have both their advocates and opponents. As Christians experience these dilemmas in their personal lives and face the barrage of bewildering messages from the media, it is increasingly difficult to make educated, biblically-consistent decisions. Unfortunately, opinions are often formed without first checking scriptural teaching on the matter.

How, then, can Christians deal with these complex issues, and others yet to come? One way is to understand the fundamental principles which underlie biblical morals. In examining controversies surrounding birth, life and death, we find two different views. One is known as the "sanctity-of-life ethic," and the other is known as the "quality-of-life ethic." Yet, what do these expressions mean?

Thomas Wood, in the Dictionary of Christian Ethics, defines the sanctity-of-life ethic as follows:

"The Christian's belief in the sanctity of life is derived from his doctrine of God as Creator. God has made man in his image with power to reason and the capacity to choose. Each individual is precious to him and made for eternal destiny. Thus the Christian attitude toward human life can only be one of reverence enjoined by the whole of the Decalogue (not only by the Sixth Commandment) and confirmed by the incarnation - which is extended to

every individual from the moment of his conception to extreme old age."¹

Thus, the sanctity of human life is a necessary biblical doctrine. It has as its foundation the creation of humans in the image of God (Gen. 1:26,27) which provides the basis for Genesis 9:6, "Whosoever sheds the blood of man, by man shall his blood be shed; for God made man in his own image."

Unfortunately, it is difficult to find a clear-cut definition of the quality-of-life ethic. This difficulty is to be expected, as the idea of *quality* means different things to different people. In essence, a person's quality of life is usually seen as his ability to participate in society and communicate with other people. For example, some advocates of infanticide would argue that a Down Syndrome child has no right to life because its quality of life would be severely limited. Such a child, according to this view, would have little or no self-awareness, self-consciousness, and ability to envisage a future for himself.² Further, the child's contribution to society would be minimal, and his continued existence may cause mental anguish on the part of the parents. The same line of reasoning is applied to abortion, euthanasia, and suicide.

The implications of these two views are clearly different. Perhaps we should begin by stating that the issue is neither "Does life have any value?" nor "Are humans entitled to a good life?" The Christian's quality of life is based on the sanctity of his life. A *good life is therefore a life spent in doing God's will in anticipation of a perfect existence with Him in heaven* (Gal. 2:20, 1 Cor. 15:53-58). So it is false to say that Christians are opposed to a quality of life.

Conversely, those who promote the quality-of-life *ethic* dismiss the idea of the sanctity of human life altogether. As the Humanist Humanist Manifesto II states on ethics in general:

"Ethics is *autonomous* and *situational*, needing no theological or ideological sanction. Ethics stems from human need and interest. To deny this distorts the whole basis of life. Human life has meaning because we create and develop our futures . . . We strive for the good life, here and now."³

The distinction is, therefore, that whereas secular humanists think human life has value only if it is good, Christians believe a human life is good because it has an intrinsic, definite value.

The real issue revolves around the absolute teaching of God versus the relative opinions of man. In his book, Evangelical Ethics, John Jefferson Davis writes:

"The choice . . . between the 'sanctity of life' ethic based on the idea of the image of God, and the 'quality of life' ethic based on brain function, is a choice between an ethic that protects all human beings in principle and an ethic with a sliding scale of human worth based on estimates of intelligence and mental function."⁴

In other words, the sanctity-of-life principle is based on an objective, absolute standard while the quality-of-life idea is subjective.

The difference between these two views is such that we cannot limit our discussion to Christian ethics versus the ethics of other beliefs. Certainly, the sanctity of life is a biblical doctrine, universal in application. But, because it is absolute and because it is transcendent to mortal man, it is infinitely superior to any worldly standard and is thus the better standard by which all individuals of a society can live. The quality-of-life ethic is inferior because it introduces an element of confusion which

never existed before the legalization of abortion and the increased acceptance of infanticide and euthanasia. Ruth Macklin, professor of bioethics at the Albert Einstein College of Medicine, points out some of these problems in her book Mortal Choices. She rightly states, "A quality of life that for one person is unendurable may be acceptable for another," and "the one most qualified to judge quality of life is the person whose life it is."⁵ However, advocates of the quality-of-life ethic are seeking to make their view the "standard" by which society will operate.

In making literal "life and death" decisions, Christians need to understand the issues involved in specific medical areas. However, it is also important for them to understand fundamental principles and to be wary of the encroachment of humanistic ideology into their lives. The doctrine of the sanctity of human life is a standard of the Christian faith. As such, it should be taught and defended everywhere, at every level -- especially to those who will be involved in the care of our families. Not only should this include those in the medical profession, but also preachers and elders who counsel and comfort during critical moments in our lives.

References

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