

Average Life Expectancy, "What Is Truth?"

An Illustration of the Importance and Inevitability of Presuppositions

Hilton P. Terrell, M.D., PhD.

What has happened to average human life expectancy in the U.S. during the 20th century, and what part has medicine played in any changes? Common teaching has it that life expectancy has steadily increased and that the medical profession has played a leading role. This article offers evidence that average life expectancy did increase during the first part of the century, but that it has drastically fallen in the last 20 years. Further, whatever the medical profession's role in the earlier increases, we are almost single-handedly accountable for the subsequent decline. Comprehension of the evidence provides an illustration of how our presuppositions predetermine what the facts are.

Figure 1 shows three estimated population survival curves.¹ From birth onward the shape of these curves is similar to those published elsewhere.⁴ What is not usually shown in such curves, however, is the effect of abortion. Both spontaneous and induced abortion as well as abortion caused by intrauterine devices (IUD) have a marked effect upon population survival. Curves which do not show any feature of prenatal life imply one of two presuppositions:

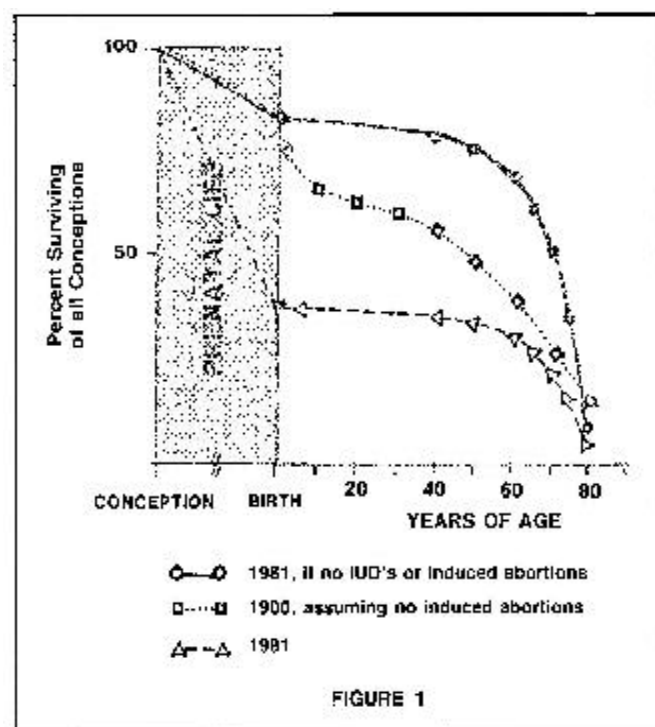
- (1) prenatal death rates are fairly fixed and cannot be influenced, thus legitimately omissible from mention, or
- (2) the unborn are not people and can be left out of calculations for that reason.

The first presupposition is accurate in a society which prohibits abortion and which has few effective pre-natal preventive or treatment measures.

This was the case in the U.S. through much of this century, but not now. The second presupposition is biblically wrong but is the functioning one today.

Average human life expectancy is calculated by dividing

the number of people in a given generation into all the years lived by that generation. Textbooks and journal articles today take as axiomatic that the unborn do not count when determining the divisor. They count all people born alive instead of all people conceived. When the fate of the unborn was unalterable, it was a reasonable and convenient shortcut to omit the unborn.¹ Today it is a profound *deceit*. The tacit presupposition that the unborn are not persons has a marked effect upon what is "truth". Figure 1 illustrates this effect. The commonly held belief that life expectancy is increasing in the U.S. is rendered utterly false when the personhood of the unborn is considered. The top curve estimates what survival would be in the U.S. if no abortions were done, the middle curve what the situation was like in 1900, assuming that very few or no abortions were done, and the bottom curve what the actual situation resembled by 1981.



The estimates used to derive these curves are rough. Only the general shape and, particularly, the relative positions of the three curves is important. What is nearly always presented today is a curve like the topmost (1981) curve. Prenatal life is left out of the picture and the curve intercepts the vertical axis at 100%, that is, it counts as people only those who make it to live birth. By age 80, the vast majority of a generation has died, irrespective of whether it is a generation born in 1900 or today, or whether the generation was born under a regime which permits abortion. The fact that all the curves approach the baseline at the same point is merely another way of stating that maximum life span has not changed very much. This fact is not an issue here.

Average life expectancy, however, is routinely claimed to have increased very much in this century. A typical graphic presentation of this statement would closely resemble Figure 1 with the prenatal life section omitted, the 100% mark on the vertical scale coinciding with all live births, and the lower curve left off. The increase in average life expectancy is thus portrayed as a large difference between the two curves in the areas beneath them. The 1900 curve has far less area under it than the top curve, and this difference is often related to some public health or medical intervention that has been instituted since the turn of the century.

The curve for the year 1900 does show a dramatic drop in the early months of postnatal life which the other two curves do not. Those lives lost early have a great effect upon the area beneath the curve and, hence, average life expectancy. The medical profession probably can claim credit for much of the reduction in early childhood deaths evident in the 1900 curve. **With the** rising sentiment for abortion in the 1960's, culminating in abortion on demand in the 1970's, that achievement was demolished by our profession's involvement in abortion. Though the rates of illegal abortion are debatable, it is highly unlikely that they were anything like the 1.5 million annual legal abortions today, plus the IUD-induced abortions.

Human life expectancy in the U.S. probably peaked in the 1960's or whenever the rate of legal plus illegal abortions began to rise. We are now worse off by far

than we were in 1900, and the medical profession is directly responsible for the change. By demonstrating the different "starting points" on the vertical axis induced by our abortion policies, the enormous backward step in life expectancy is evident.

The truth about life expectancy has been ignored by many in the pro-life camp because we too glibly accept the "facts" produced by "science." We are disinterested in epistemology.⁶ We have been trained by those with a disregard for a rigorous method for knowing truth, one which recognizes that axioms are essential. Erroneously, we think that the scientific world is populated by myriads of naked little facts which are disconnected from any presuppositions, and running around loose, as it were. It cannot be so. What we suppose to be true as we determine our *method of* searching for information will powerfully limit the "truths" we uncover.

Figure 1 is better viewed as an *illustration* of faulty presuppositions than it is as an *example* of one. A better *example* of a presupposition would be a much more basic assumption than that "the unborn don't count as people." However, the illustration is as close to epistemology as we physicians generally care to venture. It is more than a case of statistics made to lie.

Within their presuppositional context, those who do not regard unborn humans as people can legitimately use survival curves (and similar statistics) as a representation of truth. Arguing against the statistics and curves is not entirely adequate. If we allow the false presupposition(s) to go unstated we will often have given over the argument. The false presupposition that an unborn human is not a person must ultimately be fought on the fundamental ground of revelatory truth. For example, one could prove that the unborn human can feel pain, move, suck his thumb, learn, etc., and yet have proven nothing more than that he is alive and animal-like, missing the point that he is a person in God's image.⁷

The moral rightness or wrongness of defining a fetus as a non-person must be fought on the presuppositional ground that God has revealed Himself in the Bible. This revelation includes the fact that a person exists from the time of his conception. Though it is true that the

unbeliever will not be saved merely by an intellectual argument, the Holy Spirit can use such arguments to convict the pro-abortionist of the logical bankruptcy of their position (2 Cor. 10:4-6). Presuppositions are inescapable - the abortionist has them, too. The next time a pro-abortionist denies that the truth about the personhood of the unborn can be determined from the Bible, delve into his basis for knowing what is or is not true. In a very few steps, I have been able to reveal to many pagans that *their* basis is as trite as:

- (1) what most people would agree to (truth by Gallup poll?),
- (2) what the Constitution is (alleged) to say (truth by 18th century human document?),
- (3) what "researchers" or "most doctors" say (truth by appeal to human authority?).

More importantly than the minimal effect upon abortionists whose minds are already made up, reflection upon Figure 1 has implications for Christians who know abortion is wrong. How many other anti-scriptural medical "truths" are we parroting? The following are some suggested areas for thought regarding Biblical presuppositions:

Is alcoholism *really* a disease? Why, then, is drunkenness Biblically represented as a sin? (1 Cor. 6:9-11)

Is child abuse really so widespread that all parents must be under threat of anonymous tips leading to seizure of their children? Must all physicians be pressed into government service as informers on parents? If so, then why does scripture give such latitude to parents, far beyond what some civil governments now tolerate? (Deut. 6:7, 11:19, 21:18-21, Prov. 13:24, 20:30, Heb. 12:4-11)

Is brain biochemistry *really* the most fruitful approach to managing most anxiety and depression?

Is medical care *really* a right to be secured by civil government?

Most iconoclastically, Figure 1 suggests one means of fighting abortion which has been little used by pro-life fighters. Since the medical profession has become the greatest single cause of death, and since it has failed to rid itself of its death-dealing practices, then any move to weaken the *whole profession's* power could improve the life expectancy of the population. Some have made initial moves in this direction by referring to or using only pro-life physicians and hospitals.

Less discriminantly, supporting moves to lessen the medical profession's monopoly over medical care could improve life expectancy. Less protection through medical licensure and less access to government or insurance money will injure the profession's hegemony while possibly strengthening what good remains in the profession.

There are perhaps just over a half million physicians currently practicing in the U.S. As a mental exercise, redraw Figure 1 supposing all the physicians were to die suddenly at one time. A half million adult deaths would diminish the curves perceptibly. I suppose, but what of the millions of subsequently conceived people who would begin to survive to birth? We can no longer presuppose that the medical profession overall serves life.

References

1. Pontius Pilate, John 18:38. For Pilate, truth was based upon political facts. For abortion and much else that occurs in medicine today, the answer even of Christian physicians is sometimes similarly based upon "facts" which are founded upon biblical presuppositions.
2. "U.S. Life Expectancy Now Put at 74.6 Years", [American Medical News](#), March 8, 1985, p. 30.
3. It is recognized that induced abortion and intrauterine devices kill some babies who would have been at increased risk to spontaneous abortion or early infant death. The estimate roughly accounts for those who would have spontaneously aborted but not those who would be born with a rapidly lethal defect. Since these are a tiny majority of all induced abortions, correction for these could not greatly affect the curve. No attempt is made to apportion prenatal deaths through the months of gestation. Most would occur in the first trimester. Different time scales before and after birth allow the differences to be clearly seen but limit comparisons of areas beneath the curves to the portions after birth. Also, variance in

the data source for the 1900 curve has made its curve different at the extreme of old age. Estimates for spontaneous abortion vary widely. A rate of 17% is assumed here.

4. Fries, James F., Aging, Natural Death, and the Compression of Morbidity, New England Journal of Medicine, Vol. 303, No. 3, July 17, 1980, p. 131.

5. It is interesting that a reference work from the mid-1950's noted in a table of life expectancies that fetuses were not counted. Explicit exclusion of the unborn is not mentioned in similar tables today.

6. If you have a post-high school degree and have to refresh your memory of the meaning of the word, as I have, then your education may be as lacking in some fundamentals which limit and distort your comprehension of biblical truth.

7. "Pro-choice" people are sometimes inconsistent in their beliefs. They sometimes accord more rights to a dog than to an unborn human. Attempts to convince anyone of the contradictions produced by erroneous presuppositions are fair methods to stop abortion.