Baptists trace their origins to early seventeenth-century English Puritanism with the baptism by immersion of Thomas Helwys and John Smyth in Holland in 1607. Baptists and other dissenters believed the English Reformation had failed to achieve sufficient moral purity and doctrinal integrity. They also resisted the efforts of the Crown to impose uniform religious beliefs and practices through the Act of Conformity. Along with Quakers and Congregationalists, Baptists emerged among those who rejected established religion and creed-oriented religious faith. They held strongly to beliefs in a free church and to the Bible instead of creeds as their central authority.

Baptists in North America began with Roger Williams, who founded the first Baptist congregation in what is now Providence, Rhode Island, in 1639. He remains perhaps the central inspiration for contemporary Baptists with his insistence on religious liberty for all people and his commitment to intellectual integrity beyond doctrinal rigidity or creedal conformity. His influence on Baptist theology and identity reaches far beyond the short period during which he identified himself as a Baptist before declaring himself a “Seeker.” His flight from the Puritans and his staunch defense of the rights of native Americans still influence those who think of him as the paradigm of what it means to be an authentic Baptist in contemporary America.

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Baptists emerged in the South in 1696 when pastor William Screven led his congregation from Kittery, Maine, to Charleston, South Carolina, where they absorbed local Baptists who had met since the 1680s as house churches. Baptists were also shaped by north-south divisions in America. The Triennial Convention was a national Baptist body from which southerners withdrew when its Foreign Mission Board refused to appoint slaveholders. The Southern Baptist Convention (SBC) was subsequently organized in Augusta, Georgia, in 1845. The old convention was predominantly northern and has since become the American Baptist Convention (ABC). The southern convention did not develop its own publishing house, however, until 1885. From such humble origins Southern Baptists have become the largest Protestant denomination in the United States, boasting a membership of over 45,000 contributing churches and in excess of 15 million people. Its constituency is drawn from all fifty states but its greatest concentration and influence remain in the South.

**BAPTIST THEOLOGY, POLITY, AND ETHICS**

Southern Baptists are a complex and diverse people, and thus are impossible to define in simple terms. Considerable variety exists among them regarding theological issues and appropriate responses to particular social problems. The popular notion that a Baptist is a Christian who believes in immersion and personal regeneration is true but inadequate. Diverse theological and sociological traditions are reflected in who Southern Baptists have become. Even so, they find significant commonality in commitments to biblical authority, believer’s baptism by immersion, congregational or democratic church governance, and religious liberty.

Where ethical questions are concerned, doctrines such as the priesthood of the believer, the leadership of the Holy Spirit in individual and corporate decisions, the universality of sin, the possibility of personal regeneration (new birth), the freedom of conscience under the lordship of Christ, and separation of church and state are of critical importance. Baptist theology builds on the New Testament insight that faith is a matter of personal trust and relationship to God, not intellectual assent to confessional or dogmatic statements. Emphases on personal responsibility and the private nature of faith make it both understandable and predictable that strong differences of opinion would exist among Baptists. Their origins in dissent and their insistence on freedom may represent the most important characteristics of the mindset of this diverse and complex people.

Historically, Southern Baptists were held together by a common commitment to missions and the belief that cooperation was more important than unanimity about theological beliefs. Baptists took pride in having “no creed but the Bible.” The history of their ancestors’ suffering because of dissent from orthodox creeds is a constant reminder of the dangers of dogma in the hands of powerful ecclesiastics co-opting political power, or politicians eager to gain the advantage of ecclesiastical support. Confessions of faith have developed in order to express consensus views on doctrinal issues while allowing Baptists to fashion cooperative associations beyond doctrinal differences.

Anti-creedalism had its theological groundings in notions of soul competency, the priesthood of the believer, and local church autonomy. Soul competency is the notion that each person is created in the image of God and thus can discern the will of God for oneself with the guidance of Scripture, the inspiration of the Holy Spirit, and the shared wisdom of the church. The priesthood of the believer holds that each person of faith is directly related to and responsible to God. The believer cannot substitute conformity to creeds, faithful obedience to clergy, or loyalty to government for the direct and profound relationship to God that comprises the life of faith. Ordination conveys the local congregation’s endorsement and blessing of those called to ministry, but confers no special
authority or privileges not otherwise controlled by the local church. Local church autonomy affirms that each church is independent of control by any other agency or ecclesiastical entity. This emphasis is basic to Baptist polity. All authority for making decisions and setting policy affecting its life, missions, and associations with other groups is centered in the local church.

The Convention is supported by churches cooperating in a voluntary effort to foster missions, evangelism, and educational endeavors. The Convention itself is not a Church, but an organizational structure designed to assist local churches in carrying out ministries beyond their immediate environs. No assessments of any kind may be imposed by the Convention on the local church, nor may any doctrinal statements be imposed or required. Baptist beliefs regarding the church emphasize the local congregation as a “gathered community” rather than a corporate body. The “universal church” is composed of all believers but has no institutional expression. Membership in the church is voluntary and premised on one’s conversion and baptism; it is not conferred by tradition, ecclesiastical authority, or family origins.

BAPTISTS, EVANGELICALS, AND DIVERSITY

Southern Baptists come from diverse roots. The Convention is made up of Baptists who identify with one or more of several traditions: (1) the liberal/religious liberty stance of Roger Williams, (2) the moral rigorism of New England Puritanism with its politics of theocratic governance (as in Puritan New England and Calvin’s Geneva), and (3) the influence of the church growth movement out of California. Other strands of influence include a high church tradition out of South Carolina and frontier revivalism out of North Carolina and Kentucky. Diversity may be a source of strength and vitality, but it is terribly threatening to those who are convinced that certain beliefs and attitudes are necessary to personal salvation, or who cannot tolerate ambiguity. Baptists on both (all) sides of the diversity debate claim commitments to the integrity of the Christian witness, but they mean very different things when they define what is required, permitted, or prohibited as a basic indicator of Christian faith and what it means to be a Baptist.

Debates over doctrine and the church’s social mission have become a source of profound division among Southern Baptists. During the past three decades, a reform movement led by astute political and religious leaders has impelled a strong shift toward conservative evangelical theology and ethics, that is, toward the Puritan/theocratic tradition. Their goal has been to narrow the parameters of theological belief and moral perspective that might be found among those associated with the Southern convention.

The leadership of the Convention increasingly identifies itself as “evangelical” instead of “Baptist.” Calling Baptists “evangelical” is problematic. In general, “evangelical” refers to those Protestants who believe in biblical authority, a personal experience of salvation, evangelism, and congregational polity. Certainly Baptists fit this description. But evangelicals make doctrine a central concern. Doctrines such as biblical inerrancy, virgin birth, penal substitutionary atonement, the bodily resurrection of Jesus, and the bodily return of Jesus are thought necessary to being a Christian. Evangelicalism is thus a first cousin to Fundamentalism, which is strongly rationalistic and intolerant toward other views, even to the point of refusing to “have fellowship” with those who question doctrines such as those just mentioned.

Historically, Baptists resisted the notion that they were Evangelicals. Since 1979, however, the terminology has become more widespread and readily accepted among Southern Baptists, as have an evangelical attitude toward the centrality of orthodox belief and an intolerance toward those who disagree on doctrinal or ethical matters. SBC leaders have engaged in a concerted effort to lessen the theological diversity among

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Southern Baptists. Largely because of efforts to centralize authority and insistence on conformity to conservative doctrinal views, the once unified Convention has been fractured into a variety of splinter groups. Some have broken away from the Convention and now claim no longer to be Southern Baptists. Various forums and a considerable amount of literature provide alternatives to SBC actions or perspectives on issues.

DIVISIONS, CHURCH POLITY, AND FUTURE PROSPECTS

The divisions within the Convention in recent years complicate the task of identifying the religious beliefs of Southern Baptists with regard to health care. There is no definitive statement to which one can turn and declare with confidence that one knows what Baptists believe. (If such a declaration could be made, it would hardly be Baptist, of course.) A further complication is that SBC leaders now claim that a central organizational authority, whether the Executive Committee or the President, can make definitive pronouncements on ethical or political issues for all Southern Baptists. Those formed by the tradition indebted to Roger Williams, George Truett, and E. Y. Mullins strongly resist such efforts on the basis of appeals to Baptist polity and freedom of conscience.

Baptist polity builds upon the autonomy of the local church. The national convention cannot dictate practice or particular beliefs to individual churches or their members. The Preamble to the 1963 Baptist Faith and Message (BF&M) statement acknowledged individual differences of opinion and affirmed that confessional statements are not required of all Southern Baptists. That acknowledgement was deleted from the BF&M revision of 2000. Further, the doctrinal portions of the 1963 BF&M were not to be used or circulated without the preamble, a provision which was important in securing and maintaining wide support for the 1963 statement.

But SBC leadership is now aggressively seeking to intervene in local church practices. One issue on which the leadership has succeeded, for all practical purposes, is homosexuality. Churches that bless the union of openly gay or lesbian persons, or ordain them as ministers or deacons, may no longer send messengers to the annual convention. Nor may they make contributions to the Cooperative Program, the central funding agency of the Convention. The issue of women pastors has also been contentious, but women have been quite assertive in preventing SBC efforts to control their organizations and prerogatives. The 2000 BF&M declares that “the office of pastor is limited to men.” Nevertheless, a few churches have women pastors, and the ordination of women as ministers or deacons is widespread among Southern Baptists.

The strategy of using convention resolutions as if conformity to them were required of all Southern Baptists has met considerable resistance. Convention resolutions have traditionally reflected the opinion of those messengers present and voting at the annual business meeting, and have not been binding on individuals, local churches, or state conventions. The effort to press all state conventions to endorse the 2000 BF&M has met with mixed results. Some state conventions have affirmed the statement (Missouri), others have refused to do so (Texas), and still others have simply acknowledged it as one option among several (Kentucky).

A variety of relationships among the various state conventions, local churches, and the national convention now exists. A very conservative Southern Baptist church may relate directly to the SBC, but not to its (moderate) state convention. Or state conventions may divide, as in Virginia, where strongly conservative churches split away and formed their own state convention more in line with SBC directions and commitments. Another pattern is for a local church to withdraw from the SBC and still cooperate with a local association and/or its state convention. Finally, the local church may affiliate with groups or conventions in addition to the SBC.
Some churches have maintained dual affiliation (as with the SBC and the ABC) for years. Freedom of conscience is a second source of resistance to any coerced uniformity of opinion among Baptists. At the level of individual decision making, traditional Baptist emphases on soul competency and a personal relationship to the living Lord have nurtured individualism in personal choices. Baptists are to be thinking Christians who bear the burden of responsible choice, because they are directly accountable to God. The priesthood of the believer is thus underscored and emphasized through freedom of conscience under the Lordship of Christ. Baptists think in terms of freedom, choice, and voluntarism in faith decisions. It is one thing for the Convention to condemn abortion or physician-assisted suicide, but it becomes quite another when Baptists confront a problem pregnancy or an ugly, painful death, or simply reflect on the intellectual or biblical merits of the Convention statements themselves. Personal choices may be influenced more by health providers, friends, family, or respected ministers than by denominational resolutions.

POWER, LEADERSHIP, AND CONSENSUS

In spite of resistance to centralized authority, Southern Baptist leadership is moving aggressively to assure basic conformity to its core mandates, including, but not limited to, the 2000 BF&M. The wider aim is to define orthodox belief and practice for all cooperating churches and/or their members. If the strategy of allowing only one point of view to be taught succeeds, nearly all Southern Baptists should think alike within a single generation. The first group to feel the pressure to embrace the new direction are those directly associated with or employed by the Convention, who are now required to endorse the new Confession of Faith. Moreover, declaring oneself an “evangelical” (not a Baptist) is the first requirement for service on boards of trustees or other positions within the Convention. This strategy of selective appointment dominates and gives strong direction to the life and work of the Southern Baptist Convention.

Furthermore, the presidents of the six seminaries and leaders of other agencies insist on “accountability” measured by adherence to doctrinal statements or convention resolutions. Those who refuse to conform are forced out. Certain faculty at Southwestern Seminary, the largest of the SBC schools, have chosen to resign or retire rather than sign the 2000 BF&M. More recently, foreign missionaries have faced the “sign it or leave” dictum. A strong reaction to this International Mission Board (IMB) action has resulted in the establishment of a fund in excess of $1,000,000 to provide financial support for those missionaries who choose to leave the SBC-controlled Board.

Still another controversy surrounded the effort by the North American Mission Board (NAMB) to control actions of the D.C. Baptist Convention (DCBC). The NAMB cut off funding for churches in the District when the executive board of the DCBC voted not to comply with SBC directives. At issue was whether the D.C. group was free to belong not only to the SBC but also to the ABC and the Progressive National Baptist Convention (NBC), both of which have more open attitudes on abortion, homosexuality, and the ordination of women. The NAMB has also decided to discontinue commissioning women chaplains for the military.

The second new direction for SBC leadership concerns public policy. Evangelical/theocratic Southern Baptists are vigorously pursuing their moral objectives through political and legislative action. They now form the core of what is called the “Religious Right” with its vision of a “Christian” America. Efforts to influence congressional leaders seek to promote a conservative social agenda, from overturning Roe v. Wade to seeing that only conservative judges are appointed. The claims of SBC leaders would have greater political credibility if they could say “Baptists believe” and produce a statement that
15 million Southern Baptists have endorsed.

The discrepancy between historic Baptist understandings and faith commitments and these efforts to reshape the Baptist witness makes controversy and resistance entirely predictable. But insofar as the “official” or public pronouncements of SBC leaders are concerned, diversity of opinion or extensive debate is simply nonexistent. The powers of intimidation and institutional authority, if not of persuasion, have succeeded in muting if not eliminating voices of dissent within the national convention itself. There is an amazing unanimity of opinion among convention leaders, at least according to their writings and speeches.

The net result is that, while Convention leaders interpret resolutions passed by messengers at the annual meeting as both representative of and required for Southern Baptists, large numbers of Southern Baptists think and behave as if more traditional Baptist emphases on the priesthood of believers, local church autonomy, private conscience, and religious liberty were still normative. This ironic state of affairs will undoubtedly persist for some time; there seems little prospect for a change in the direction of the SBC within the foreseeable future.

This booklet therefore attempts to gather the declared or identifiable perspectives of current leadership throughout the structures and ranks of the SBC, and thus to indicate sources of tension and diverse perspectives that exist in the larger body of Southern Baptists. It will draw on the views of political activists, convention leaders, and current and former employees of convention agencies and seminaries to illustrate both historical and contemporary variations in perspective on particular topics.

DECISION MAKING AND THE PATIENT-CAREGIVER RELATIONSHIP

In relating Southern Baptists’ beliefs about theology and ethics to issues in health care, the key question is how beliefs about biblical authority, soul competency, the priesthood of the believer, freedom of conscience, local church autonomy, the universality of sin, and the leadership of the Holy Spirit affect decisions about these issues.

Some studies have identified four primary elements in ethical decision making: (1) character, or one’s defining values; (2) ethical principles, or moral action guides; (3) theological beliefs; and (4) perceptions of the nature of the problem and strategies toward its solution. The question is how these elements come together to shape the believer’s decisions and actions in the healthcare or clinical setting. Glenn Stassen developed a synergistic model showing the interaction of four major variables: perceptions of the data, ground-of-meaning beliefs, rules and principles, and interests and loyalties.

Needless to say, Baptist approaches to such factors or variables are strongly influenced by Scripture. Reference to the kind of person one is points to the virtues enjoined by the Bible; principles or rules can be drawn directly from Scripture texts ranging from the Ten Commandments to the Sermon on the Mount; theological or ground-of-meaning beliefs are shaped by biblical teachings, stories, and parables; and one’s loyalties are directed to God as understood in the biblical portrayal of Jesus Christ.

Indeed, all writings by Baptists will emphasize Scripture and be strongly oriented toward the biblical revelation. Some will appeal primarily to a type of proof-texting and others will be more complex in their style of interpretation and application. The great advantage of a model such as that developed by Stassen is that it helps one avoid an overly simplistic, proof-texting approach. It appeals to those who rely primarily on a rational or thinking-through approach, both to the Bible and to specific decisions.

James McClendon, on the other hand, is suspi-
cious of what he calls “decisionism,” which he thinks relies too heavily on reason and rational processes. He suggests a “narrative” approach to Scripture in which the believer identifies with the stories of the people of God. He says that the stories of the Bible become the stories of the believer, and thus shape one’s behavior into faithful obedience.

These and other Baptist theologians and ethicists engage the issues in a systematic and comprehensive fashion by bringing historical perspectives, biblical materials, and theological understandings together with clinical data and other information drawn from the world of science and medicine. Their approaches may appear too complex for ready use by the Baptist in the pew or the parishioner facing a healthcare crisis. Even so, almost any believer’s decisions will reflect the elements identified by these writers. Believers bring such factors together through imagination and intuition as they make decisions in faith.

In the healthcare setting, Baptists will draw on their reading of Scripture, the wisdom and strength experienced through prayer, the shared stories and specialized knowledge of physicians and nurses, and the guidance of pastor and family. These areas come together as patients and caregivers reflect on the interventions to be chosen among the identified alternatives, or patients and families wonder whether to accept any medical intervention at all. In the context of shared suffering, a community of faith that reflects or temporarily fills the role of the church in the believer’s life may be formed.

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Baptists’ decisions are by no means entirely individualistic, yet must finally be made by the one most affected: the one whose health, faith, and possibly life are uniquely at stake.

Southern Baptists will be concerned that their decisions are “biblical.” Particular passages of Scripture that are meaningful, or that seem directly to address the person in the situation at hand, may be quoted or recalled. Citing II Corinthians 13:14, McLendon once wrote that one’s “answer will refer ultimately to the love of God, to the grace of the Lord Jesus Christ, [and] to the fellowship of the Holy Spirit.” Reading a story in light of one’s healthcare needs would lead to a “this is that” moment in which the biblical passage becomes word of God for the believer. Discerning what ought to be done is a matter of the leadership of the Holy Spirit and the wisdom of experience in community. When both patient and physician share similar religious interests and commitments, their conversation will have common points of reference and will genuinely reflect the role of community in decision making.

Physicians nurtured among Southern Baptists will be personally concerned for patients and embrace generally accepted standards for professional medical ethics. They will go beyond professional standards, however, since they are motivated by a Christian call to service and love of neighbor. The story of the Good Samaritan has inspired men and women to be sacrificial healthcare providers and has led Baptists to establish nonprofit hospitals, clinics, homes for the elderly, and other facilities both at home and abroad. For Baptists, beneficence in medicine will be understood in religious terms and translated into competent, compassionate care.

Those providers influenced primarily by the tradition of moral rigorism (Puritanism/Fundamentalism) may be strongly paternalistic. Some will intervene or impose their personal point of view in the name of preventing a patient from making a “wrong” decision or violating what is thought to be a biblical norm. Such physicians may strongly recommend treatments thought to be in the patient’s best interest, or even oppose and refuse to cooperate in certain options or alternatives, such as abortion, sterilization, or artificial insemination. Those committed more strongly to the liberal/religious liberty tradition are likely to respect the patient as a responsible decision maker before God and may offer insight and counsel without seeking to impose their personal beliefs.

The dynamics involved in patient-caregiver relationships are never purely formal, nor are
the decisions purely rational judgments. For Baptists, decisions, like relationships, are primarily personal. They reflect one’s beliefs and values, which shape perceptions of God’s will regarding issues such as illness and health, life and death, and one’s responsibility to answer directly to God. Because the individual is created in the image of God and because Baptists see the body as the temple of the Holy Spirit, they place a strong emphasis on health and wellness.

Baptist notions of autonomy and religious liberty require respect for the other and emphasize the responsibility to decide for oneself in light of one’s faith commitments. Respect for persons can also enable physicians and other providers to relate positively to those of other religious traditions in the belief that all people, whether Jewish, Muslim, Buddhist, Hindu, or atheist, are entitled to the protections and respect befitting persons created in the image of God. From this perspective, health choices reflect a life of faith before and with the God of one’s religious tradition, though the traditions may differ on particular issues.

FAMILY, SEXUALITY, AND PROCREATION

The 2000 BF&M declares that “God has ordained the family as the foundational institution of human society.” Marriage is defined by monogamy (“one man and one woman”) and permanency (“a covenant commitment for a lifetime”). Further, marriage is the “framework for intimate companionship, the channel of sexual expression according to biblical standards, and the means for the procreation of the human race.”

The dominant voice among Southern Baptists is also strongly opposed to gay and lesbian rights. The emphasis on the family presupposes a heterosexual union. Sexual activity by gays or lesbians is regarded as both unbiblical and reprehensible. Homosexuality is seen as a chosen lifestyle and thus condemned either as mental derangement or moral depravity. Churches that accept homosexuals as deacons or affirm their unions are not allowed to participate in the convention.

Southern Baptists are also deeply divided over women’s rights and whether women are truly equals with men before God. Since 1986, resolutions approved at the annual Convention have declared that husband and wife are “of equal worth” before God, since each is created in God’s image. Beyond that, however, the BF&M adopts a hierarchical structure that elevates male authority within family and church. The man is “to love his wife as Christ loved the Church,” but the wife is “to submit herself graciously” to her husband. The inequality between men and women extends to the office of pastor, which is limited to men. No Southern Baptist seminary employs faculty who openly affirm that women may be called as pastors, nor is any woman a member of the department of theology at any SBC seminary.

CLINICAL ISSUES

Abortion and the status of the fetus
Polls indicate that most Southern Baptists take a moderate stance toward abortion. That is, they identify neither with those who believe abortion should be banned nor with those who believe there should be no legal controls at all. Nearly all agree that there is a moral issue involved in elective abortion; they disagree over what public policy is appropriate or necessary. Most believe abortion is best left to the woman or couple involved, in a social context that allows a responsible decision to be made without undue legal hindrances. That position is based on the principle of the priesthood of the believer, the notion that life begins with birth and breath,
and the absence of any prohibition of abortion in Scripture. For many, religious liberty commitments are also crucial for public policy protections of the woman's right to decide. In their view, reproductive freedom is an expression both of responsible sexuality before God and of the separation of church and state. Further, some would add, the fact that "metaphysical speculation" is necessary to arguments that a fetus is a person underscores how deeply the First Amendment is involved on both Establishment and Free Exercise grounds.41

During the 1970s, the annual convention supported legislation that would have allowed therapeutic abortions while it rejected efforts to support a constitutional ban.42 Those Southern Baptists who support abortion rights emphasize salvation by grace, the freedom of conscience, and the responsibilities of faithful obedience as basic guides when dealing with matters so deeply personal as abortion. W. A. Criswell, a biblical conservative, supported Roe v. Wade both because it seemed consistent with Biblical views of personhood that began with birth and breath (Gen. 2:17), and because it protected the health and interests of the woman.43 Numerous Southern Baptist professors, pastors, and other leaders, including almost all professors of Christian ethics at SBC seminaries, also endorsed "A Call to Commitment," circulated by the Religious Coalition for Reproductive Choice in 1977. The "Call," among other things, asserted that human misery would increase if abortion were made illegal, and that religious liberty and freedom of conscience were at stake.

Since 1986, however, SBC leaders have made a concerted effort to consolidate opinion against any support for abortion rights in America. The one exception allowed is abortion performed to save the life of the woman.44 An absolutist position is now required in any public statement by any denominational employee or convention leader, and an annual "Sanctity of Life" Sunday is promoted in SBC literature, with its strong anti-Roe agenda. The aforementioned support for "A Call to Commitment" became a major factor in criticism leveled by the SBC's right-wing leadership against those professors who endorsed the statement. Some of the professors recanted or withdrew their signature under pressure from administrators and trustees. No employee of the Southern Baptist Convention may now publicly adopt a pro-choice position on pain of removal or other severe sanction.45

A 1993 SBC resolution affirmed the sacredness of human life, deplored "the killing of 1.6 million unborn babies each year," criticized legislative efforts to curtail anti-abortion protests, and expressed strong opposition to the Freedom of Choice Act (which was referred to as the "radical abortion on demand bill") and any effort to include abortion funding in healthcare reform.46 More recent Southern Baptist Convention resolutions condemn elective abortion as "an act of violence against unborn human beings," and declare the Convention's "enduring, consistent and vigorous opposition to elective abortion."47 News reports from the Convention-controlled Baptist Press (not the Associated Baptist Press), which are carried by the newspapers of all State Conventions, support only anti-abortion positions in their coverage.

On this issue (and others of importance to the Religious Right), Baptists and other evangelicals have joined forces with Roman Catholics.48 At a 1995 Christian Life Commission (CLC) conference on "Culture Wars,"49 CLC executive director Richard Land described Southern Baptists as "the most pro-life denomination in the country."50 Timothy George, dean of Beeson Divinity School in Birmingham, argued that "the erosion of doctrinal substance" in the SBC was the reason Baptists had supported abortion rights during the 1960s and 1970s.51

Anti-abortion sentiment carries over into other facets of the reproductive choice debate. The drug mifepristone (RU-486) is considered a type of abortifacient, and its use is strongly condemned. The convention went on record as opposing "the testing, approval, distribution, marketing and usage ... of any abortion pill and urging U.S. corporations which are considering
such business ventures to refuse to do so."

Not all Southern Baptists agree with the Convention’s views on the moral gravity of abortion or how it should be treated in public policy. In a pamphlet entitled Abortion and the Christian Life, the Christian Life Commission of the Baptist General Convention of Texas (hereafter referred to as the Texas CLC) takes a moderate approach to the debate. It adopts the idea of "reverence for life" (instead of sanctity of human life) and applies it to the most vulnerable (the poor and minorities) in society, and to "every life involved in a crisis pregnancy." The Texas CLC would permit "therapeutic abortions," and thus would allow the physical and emotional health of the woman, pregnancies resulting from rape and incest, and fetal deformity to be considered in decisions about abortion. The pamphlet describes such terminations as "regrettable alternatives" for the woman. 53

In a pamphlet commissioned by the Cooperative Baptist Fellowship (CBF), David Hughes argues that the terminology of "sanctity of human life" is unbiblical, and that it is preferable to speak of a "profound respect for human life." 54 Ray Higgins argues in the same pamphlet that ethical decision making should focus on abstract ideas such as "life" or "human life." The CLC approach, he contends, treats these abstractions as absolute values and applies them primarily if not exclusively to fertilized ova and those who are dying. Higgins wants ethics to embrace the moral value of the woman, not just that of the fetus, and to encompass the problems of violence associated with capital punishment and killing in war. 55

For their part, SBC leaders have strongly criticized those Baptists who take issue with them on abortion. Convention CLC staff authors referred to the Texas document as "undefined and permissive," 56 and to the CBF pamphlet as "painfully politically correct." 57 They further claimed that the idea of sanctity of human life is grounded in the Reformation insight regarding sanctification. 58

There is no way to know how many Southern Baptist women have abortions, since records do not indicate specific denominational affiliations. Clearly, abortion has been a chosen option for some Baptist women. Some Baptists have also been active in groups committed to and active for choice. 59 They might cite the priesthood of the believer and freedom of conscience under the lordship of Christ among their reasons for doing so.

On the issue of abortion, therefore, as with nearly every topic in health care, Baptists display considerable difference of opinion. No one, and no single group, speaks for everyone. For many Baptists, diversity is the practical meaning of the respect due to one another and is the legitimate outworking of commitments to religious liberty and freedom of conscience. In this perspective, each person must work out the demands of faith in “fear and trembling” (Phil. 2:12).

Infertility and new reproductive technologies
Varieties of perspective and approach also exist among Southern Baptists on the subject of human infertility and the medical interventions now available to counteract it. No definitive convention consensus has emerged, nor has any resolution on the subject been approved at a meeting of the national Convention. But there are pamphlets and other writings on the subject.

Some statements label infertility interventions as "artificial" and "unnatural," and thus question their ethical acceptability; other statements express sensitivity to couples who struggle with the frustration of this "medical problem." One conference dealt with "myths" about how to achieve pregnancy and offered couples insightful guidance that outlined the various interventions available. Suggestions were also offered to churches developing ministries for couples who cope with this profound frustration. Speakers called for an expansion of traditional definitions of family, and expressed sensitivity to the fact that a stress on mothers and fathers can be painful for the childless. 60
At a conference titled “Infertility and Spirituality: Coping, Comforting, and Connecting,” speakers were basically supportive of a variety of medical interventions. Apparently, however, they did not address more controversial techniques such as artificial insemination by donor (AID), in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and surrogacy. That is, the speakers gave encouragement to couples trying to achieve pregnancy through sexual intercourse, but no encouragement to turn to interventions involving biotechnical procedures.

Their approach illustrates the fact that, while Southern Baptists support the desire for children, many will not venture into the thickets of moral reasoning where biotechnical interventions are an issue. Such procedures involve the manipulation of gametes and pre-embryos in such a way that some of the latter are inevitably destroyed or wasted. The process would therefore seem to violate the principle of killing after “the moment of fertilization.” The same concern that prompts assistance to infertile couples prompts alarms about the moral status of the pre-embryo for those strongly committed to the notion of the zygote as person. SBC materials argue that compassion and guidance for living with the tragedy of infertility should be available, but couples are never to consider options that might prove immoral, such as abortion or discarding a pre-embryo.

Even so, Baptist couples do resort to reproductive services in order to achieve pregnancy. Couples have used AID, IVF, hormonal treatments for both male and female infertility, and other approaches. At least ten different interventions are now available to help a couple bypass the frustration of infertility. For those who believe that God has called them to be parents and who take seriously the responsibilities of love and nurture that Christians believe should be part of family planning, there is no obvious ethical or theological reason not to use all the avenues that science makes available. Those choices can be based on Baptist doctrinal beliefs such as soul competency, the priesthood of each believer, and the guidance of the Holy Spirit.

The Texas CLC has a pamphlet, *Infertility and Medical Options*, that openly explores several of the technical procedures science now makes available to infertile couples. The document raises certain questions, such as whether gamete donors should be compensated, issues pertaining to the family and its genetic ties to the offspring, the disposition of any unselected (cryopreserved) pre-embryos, the possible threat to the ego of a partner who is unable to share in the genetic contribution, whether adoption might be a better option, and whether separating love-making from conception is acceptable. Basically, the pamphlet takes a positive but guarded approach that approves of such procedures, however tentatively. The pamphlet ends with an appeal to the concept of stewardship—stewardship of procreative powers, of marriage, and of parenthood—as the basic biblical-ethical issue at stake. Further, the concepts of soul competency and liberty of conscience are implicitly embraced. The moral issue is how various options affect those most intimately involved in the decision, namely, the prospective parents.
The Human Genome Project has raised a number of issues that require thoughtful reflection by Christians. Southern Baptists have certainly given attention to questions posed by the scientific possibilities associated with the new genetics. They have shown particular interest in certain uses of this new knowledge, and a variety of responses can be found among them.

**CLINICAL ISSUES**

*Genetic testing and screening*

Testing for particular genetic mutations is now available for a number of diseases that are related to the human genetic makeup. Genetic mutations can cause problems ranging from disfigurement to lethal disease. Science can now test for many markers for lethal genetic problems, but no corrective genetic therapy is yet available. Some problems can be managed by relatively simple medical interventions, however. For instance, PKU is an enzyme deficiency that will cause radical mental retardation if it is not treated. But it can be controlled by diet, and can be detected at birth using a simple blood sample drawn from the heel of the infant. Screening (testing) for PKU is now routine in hospitals despite the low incidence of its occurrence among newborns. Knowing the devastating consequences to those who are affected makes the value of testing seem well worth the price. Diabetes can also be detected and treated with insulin, and those affected can lead rather normal lives. No Baptist statement has been critical of testing for PKU or diabetes.

There are types of testing that clearly pose ethical issues, however. Markers can be detected for some diseases for which there are no treatments or cures. Some of these diseases will not become symptomatic until the person is an adult. SBC statements argue that all screening for genetic diseases for which there are no treatments should be prohibited. This prohibition would include diseases such as Tay-Sachs, from which a child will typically die by the age of two and which especially affects Ashkenazi Jews, and adult-onset diseases such as Huntington's disease or ALS (Lou Gehrig's disease). In these cases, terminating a pregnancy is now the only way to avoid the suffering and death that the disease would eventually inflict. SBC opposition to abortion thus has special meaning for Jews, who have used abortion as a way to reduce the incidence of Tay-Sachs in their offspring. Such implications highlight the importance of religious liberty questions for public policy, and the wider significance of the ongoing debate on these questions among Southern Baptists.

A Texas CLC pamphlet takes a more nuanced approach than the SBC statements. Presymptomatic testing should certainly be offered if early detection would aid in treatments or improve one’s chances of survival. The pamphlet adds that the possibility of discrimination in insurance coverage or employment should also be addressed. An insurer’s knowledge that one has a marker for adult-onset disease may result in a denial of health insurance coverage. Employers can use genetic information to deny a job or refuse a promotion. At the societal level, Christians are admonished to guard against tendencies to create a genetic underclass in America and against attitudes that would judge genetic differences/deficits ethically significant. Legislation that prevents exorbitant costs for healthcare coverage should also be supported.

*Sex selection*

Genetic testing for sex-selection purposes is also condemned in SBC statements. Discarding a pre-embryo or terminating a pregnancy because the conceptus is not of the gender desired by a couple is regarded as “an affront to the sanctity of all human life and ... a grotesque form of gender discrimination.” On this issue, Baptists are in strong but hardly unanimous agreement. A possible exception to the rule, for some, might
be cases in which a couple already have children of one gender and would like to have a child of the opposite gender in order to complete their family.

**Gene therapy**
The Texas CLC pamphlet acknowledges difficulties in making an emphatic distinction between somatic and germ line therapy. Somatic therapy is supposedly limited to treating the patient, whereas manipulations of germ cells (sperm and eggs) will transmit the changes to future generations. If it is ethical to correct a problem for one person, the pamphlet asks, why not pass on the benefits of that genetic correction to future generations? The argument that consent cannot be obtained from future persons is a moot point. What can be done is to will and seek the health and well-being of future offspring, and perhaps even assure them of a genetic makeup free of a burdensome mutation.70

**Cloning**
Strong opposition to nuclear transfer cloning for reproductive purposes was expressed in a resolution at the 2000 annual SBC convention. Two reasons were given: (1) cloning carries a significant risk of producing children with severe disabilities and lethal deformities, and (2) it substitutes biological manufacture of humans for human procreation. The biblical norm is held to be “procreation in which children are begotten, not made.” The statement presumably intends a distinction between coital conception and fertilization produced in vitro. Asexual (noncoital) reproduction is thought to violate the biblical norm in which children are born to “a husband and wife.” The resolution calls for Congress and world leaders to enact a “permanent, comprehensive ban” on human cloning and to impose severe penalties for violations.71

Experiments that can lead to cloning human beings are thus regarded as inherently wrong. The large number of embryos that would apparently be destroyed in efforts to create a clone is a major concern. Such procedures are compared to the experiments conducted by Nazis on human subjects and are deemed a violation of the moral line-in-the-sand against rogue science. As an SBC spokesperson put it, such efforts would lead to “a complete breakdown of the total system of medical ethics and of human personhood.”72

While cloning poses special questions for ethics, not all Baptists agree that it should be banned or is inherently evil. A previously mentioned Texas CLC pamphlet does not address cloning directly, but could encompass cloning in its guidelines for genetic research.73 Cloning human beings is an issue that will not go away, and many Baptists realize that the ethical issues it raises deserve careful and continuing consideration.74

**Stem cell research**
Research with embryonic stem cells has been addressed by Southern Baptists in a variety of forums. At issue are “pluripotent” or early universal cells with the potential to form almost any cell in the human body. That possibility makes scientists eager to see whether cures can be developed for people now suffering because of damaged organs ranging from diseased livers to severed spines. The focus is not on germ line cells that could produce an entire human being but on cells that might grow into replacement body parts without the need for anti-rejection drugs. Stem cell research is thought by scientists to be the most promising avenue for developing cures for diabetes, Parkinson's disease, cardiomyopathy, and hundreds of other maladies.

The use of embryonic stem cells is made possible by the existence of many pre-embryos that have been cryopreserved and will apparently be discarded. These pre-embryos have been produced as a result of in vitro fertilization procedures for women facing infertility. Typically, more pre-embryos are produced than will be implanted in the woman’s uterus. If pregnancy is achieved, the couple may not wish to conceive further children. When there are “extra” pre-embryos, the couple may donate them to the
fertility clinic for possible adoption by other couples, donate them for experimentation, discard them, or pay to keep them in storage indefinitely. One experimental use, of course, involves the use of embryonic stem cells and poses questions about the intrinsic value or personal status of such genetic material.

The SBC has gone on record condemning any federal funding for embryonic stem cell research. Such funding would reflect "a crass utilitarian ethic that would sacrifice the lives of the few for the many." The SBC's concern is that human embryos would be harmed, a development which would violate "universally held principles governing experiments on human subjects." Research involving stem cells from adults, "which does not destroy human embryos," is supported, however. The basic test is whether the research experiment will result in the death of any embryo or whether it appears likely to support abortion in any way.75

Some Baptists disagree both with the Convention's use of absolutist language and with the call for a ban on funding for any stem cell research. The Texas CLC cautions against a total ban, saying that each innovation should be evaluated on its own merit, and that any decision should be informed, not reactionary.76

Other Baptists disagree with the SBC position on additional grounds. They argue that the basic question is whether a stem cell is "human life" that deserves protection as a "human subject." The protection of human subjects in research and experimentation is the concern of internationally recognized codes that govern the conduct of scientific projects. No code of ethics, it is noted, treats a pre-embryo as a person, that is, as a living, autonomous creature able to give or withhold consent to experimental procedures.

Moreover, to treat a pre-embryo as a person who should be given constitutional protections is questioned on biblical grounds. Some Baptists would argue that the Bible does not treat fetuses, much less pre-embryos or stem cells, as persons. Furthermore, the Bible insists that only God is worthy of reverence. The pre-embryo should be treated with due regard without lapsing into a posture of reverence toward it. In this view, "reverence for life" should mean respect for persons. To revere "life" or "human life" is to elevate the penultimate to the level of an absolute. Science's moral mandate to pursue knowledge through research would include research involving pre-embryos and stem cells, according to this approach.77

ORGAN AND TISSUE TRANSPLANTATION

Southern Baptists give full support to transplants, whether from cadaver donors or living donors. Their strong belief in the resurrection and the afterlife distinguishes the body of earthly existence from the spiritual body suited for eternity. There is no need for a physical body in heaven, so believers can feel free to donate body parts for transplantation.78 Attention is usually given to cadaver organ and tissue donation, but Baptists would permit transplants from living donors as well as donation of the entire corpse for medical research.

Advances in anti-rejection interventions make transplants increasingly effective and less susceptible to rejection. Baptists recognize that a donated organ can thus be the gift of life to persons who are in need of a heart, lung, intestines, liver, corneas, skin, or various other body parts. Donating external parts of the body (hands, arms, legs, etc.) may pose certain aesthetic issues for family members when viewing the corpse. Many people are reluctant to donate such parts, though the ethical issues are little different from those that arise when vital organs are involved.79

The Texas CLC provides guidance for people
contemplating organ donations. A brochure outlines legal guidelines, procedures for declaring one's intention, and suggestions for discussions with family (since family members make the final determination about cadaver donation, whatever the deceased person's declared wishes). A biblically grounded ethical framework centers on the principles of "reverence for life" and "stewardship." Organ donation is seen as an act of reverence for life. Stewardship gives direction and meaning to the transplant technology, which both prolongs life and serves God's purposes. Donating organs can be a redemptive action in the face of tragic death. The brochure concludes by suggesting support for people facing transplant decisions through ministries that include prayer, counseling, and assistance with costs.80

CLINICAL ISSUES

Living donors
Donations for transplants by living donors present an ethical problem that has not received sufficient attention. The deaths of donors of liver (only a portion of the liver is used) or a kidney have raised the issue with new seriousness. It can be argued that Baptist notions of soul freedom and individual responsibility are necessary but insufficient guides for making decisions about such donations. For one thing, a prospective donor can be free to accept the risks associated with donating an organ only if he or she has been adequately informed. Further, Baptists have not held that anyone is morally required to sacrifice personal health, much less one's life, for the sake of another, though the ethic of sacrifice has been a strong motivation to parents or relatives. In recent years living donors have died who either were not told of the significant risks of infection and possible death from the procedures or chose to donate in spite of the risks. Is what is noble and sacrificial at one level almost reckless at another? Baptist pastoral counselors, physicians, and theological ethicists will need to give careful attention to the moral and emotional factors involved in these donor decisions.

Sale of fetal tissue
It is unlawful to buy or sell transplantable organs and tissue in the United States. But the law allows payments for shipping and handling. (A single corpse can fetch up to $400,000, depending on how much of the body is used and the various transportation costs in particular parts of the country.) The irony is that the only money exchange that is forbidden is payment to the donor or to the (deceased) donor's family. The intent of the law, of course, is to inhibit if not eliminate a traffic in body parts.

The one market issue associated with organ and tissue recovery that Southern Baptists have addressed is the sale of fetal tissue. The Convention's opposition to abortion generates strong objections to selling parts harvested from fetuses for use in research. The distinctive fear about this practice is that it might encourage women to choose an abortion in the belief that some good can come of it if donor tissue is recovered from the abortus. A 2000 resolution named various companies involved in distributing fetal organs and body parts. It was also argued that federal funding supports research using fetal tissue in several states. These transactions were called "grisly practices" that convert human body parts into a marketplace "commodity." The sale of fetal tissue was decried as an assault "on the biblical truth that all human beings are created in the image of God."81