

Abortion Policy Brief

By the Christian Institute on Disability

The practice of ending the life of a preborn child who has been diagnosed with a disability is becoming more prevalent. Instead of eliminating persons with disabilities while they are still in the womb, communities should work together to change hearts, minds, and the conditions that make life with a disability more difficult.

Nearly fifty years after the 1973 *Roe v. Wade* and *Doe v. Bolton* Supreme Court rulings that effectively legalized abortion for virtually any reason in the United States throughout all nine months of pregnancy, abortion continues to be one of the most hotly-contested public policy issues of our time. In 2019, for example, the governor of the state of Virginia ignited a [firestorm of controversy](#) when he appeared, in the context of his comments about a proposed state law permitting very late-term abortions, to go one step further, seemingly endorsing (or at least countenancing) the infanticide of newborns with certain severe disabling conditions. Similarly, in a clear attempt to circumvent a potential eventual overturn of *Roe v. Wade*, the state of New York in 2019 enacted a [law permitting abortion up to birth](#).

Disability—its actual diagnosed presence or its predicted likelihood—is often cited as a rationale for abortion, especially when the prognosis associated with a given disability is potentially severe. In such cases, abortion is frequently touted as a means of “preventing” disability. For example, while data on the United States is limited due to privacy laws and lack of a national birth registry, the most recent [study estimates](#) abortion rates following prenatal diagnosis have resulted in reducing the overall population of persons with Down syndrome by 30%. As prenatal screening continues to become more widely utilized, it is predicted that the termination rate for disabilities—such as Down syndrome—will increase. As demonstrated by more [reliable studies](#) in the [European context](#), [research](#) has consistently indicated an approximately 90–92% termination rate for preborn children diagnosed with Down syndrome. In fact, in 2017 it was reported that the nation of [Iceland had nearly “eradicated” Down syndrome](#) within its borders through the use of [prenatal testing and abortion](#).

These trends toward abortion on the basis of disability, fueled by the widespread acceptance and use of prenatal testing, present multiple concerns from the perspective of persons affected by disability. Ironically, significant efforts have been made to improve conditions for already-born persons with disabilities, like the passage of laws such as the [Americans with Disabilities Act](#). Yet, simultaneously, society remains intent on maintaining the right to eliminate persons with disabilities *in utero*, in the name of “preventing” disability itself. Movies such as *Me Before You* and *Million Dollar Baby* communicate that it is better to be dead or not to exist than to be disabled or suffer. Needless to say, many people with disabilities find this to be disturbing and discriminatory.

Going Deeper

The dispute about the ethical permissibility of abortion on the basis of disability takes place against the backdrop of the enduring debate about abortion, which assumes that the preborn are not human persons therefore abortion is without need of moral justification. However, if the preborn are human persons then there can be no moral justification for abortion or for the discriminatory practice of using abortion to eliminate persons with disability. In that context, a number of broad considerations—scientific, philosophical, and theological—are relevant.

Scientific and Philosophical Considerations

Biologically, it is indisputable that human life begins at conception—that is the process of fertilization in which a human sperm and egg are united. From that moment onward, an entirely new, distinct entity has come into existence—one with its own, unique genetic makeup which, given sufficient time, nutrition, and environmental supports, will naturally develop through all stages of life as a member of its kind, namely, the human species. The **known facts** about **embryonic** and **fetal development** are remarkable, demonstrating the genetic, physiological and anatomical proof that human life begins at conception.

There can be no doubt, then, about the humanity of the preborn: they are unquestionably members of the human community. Advocates on all sides of this issue—even many of those who consider themselves “pro-choice”—readily acknowledge this basic fact. The real question of our time is whether or not preborn human beings are also *persons*, that is, possessors of an intrinsic, inviolable moral status—typically expressed in the language of “rights” or “dignity”—such that their lives cannot rightly be taken without justification.

Proponents of abortion rights often suggest that there is a significant “moment” in the process of human development at which a human being becomes a “person” with moral rights. Abortion prior to the respective “decisive moment” would be deemed unproblematic; abortion after the moment in question would require greater justification but may still be morally permissible. The most commonly proposed “decisive moments” are:

- *Birth*—the baby’s body is physically independent of the woman’s body;
- *Viability*—the ability to survive outside the womb;
- *Developmental milestones*—attainment of certain levels of physical development (e.g., detectable brain waves or heart beats) and/or cognitive abilities (self-awareness, reasoning, etc.); and
- *Sentience*—the ability to perceive one’s environment and stimuli such as pain and pleasure.

The fundamental problem with each of these proposed criteria for personhood, however, is that they fail to identify a morally relevant feature or event that transforms what once was “merely” human into a human person with full moral standing. Locating the “decisive moment” at *birth*, for example, would suggest that there is something “magical” about traveling down the birth canal—but location is irrelevant to the question of *what a thing is*, namely, whether or not it is person. *Viability*, in turn, is merely a function of our current technological capacities: our ability to sustain life outside the womb has expanded dramatically over the past several decades, and the point at which premature babies have been able to survive has gradually moved earlier and earlier in pregnancy. So, “viability” turns out to be a fluid, arbitrary standard. Moreover, if personhood depends on one’s ability to survive without support, then many human beings—infants, young children and even adults with dependencies on items such as insulin or feeding tubes—would likewise have to be deemed “non-persons.” Similarly, according to the *developmental milestone* standard, an individual can be “more” or “less” of a person—or “not a person” at all—depending on her level of development or functioning. But this would, likewise, rule out large segments of the human population (young children, adults with Alzheimer’s and other forms of dementia, etc.) from being considered “persons” with full

moral standing. Finally, if the present state of *sentience* is the relevant “decisive moment,” as opposed to a human’s ultimate capacity to become sentient, then this would mean, for example, that individuals undergoing surgery with general anesthesia, individuals in a coma or individuals as they sleep cease to be “persons” during the period of time in which they are unconscious. Sentience as the sole determiner for personhood has also been used by animal rights proponents as the basis for animals with high cognitive abilities to achieve legal recognition as “nonhuman persons.”

Using “decisive moments” as the ethical defense for abortion also proves the fragility of the criteria as philosophers Alberto Giubilini and Francesca Minerva use the same arguments to justify infanticide—for which they have coined the modern term [afterbirth abortion](#). After arguing for the necessity of the practice in cases where severe disabilities are involved, they continue to the logical conclusion that afterbirth abortion should be practiced on demand for the same philosophical reasons that abortion is practiced on demand—postulating, therefore, if abortion is legal on these arbitrary terms then infanticide should also be permitted. In the Netherlands, the Groningen Protocol is already utilized as method to determine factors for actively “euthanizing” or ending the lives of newborn infants born with disabilities.

In light of this inability to identify a nonarbitrary “decisive moment” at which personhood commences, pro-life advocates—both faith-based and (self-professed) “[humanist](#)”—argue that to be *human* is to be a *person*. In other words, ***there is no such thing as a “human non-person.”*** All human beings, no matter their age, stage of development, or level of functioning, are persons with fundamental moral rights—including [the right “not to be killed intentionally.”](#) And if that is the case, then ***preborn human beings are no less worthy of being protected in law and welcomed in life than any other human beings.***

Theological Considerations

Christian objections to abortion are typically informed by the [scripturally-based convictions](#) that (1) children are a blessing from God ([Psalm 127:3](#)); (2) each of us has been created by God, in his image and with inviolable dignity flowing from that status as his image-bearer ([Genesis 1:27](#); [Genesis 9:6](#); [Job 12:10](#); [Acts 17:28](#)); (3) God alone has authority over life and death, and he condemns those who claim that authority for themselves ([Deuteronomy 32:39](#)); (4) preborn human life is spoken of in scripture as personal and as known intimately by God ([Jeremiah 1:5](#); [Luke 1:41–44](#)); and (5) preborn human beings are viewed in scripture as precious, valuable, and worthy of protection ([Psalm 139](#); [Exodus 21:22–25](#)).

With respect to abortion for reasons of disability in particular, Christians point as well to the importance that scripture places on how people with disabilities are treated by society. The Old Testament law, for example, explicitly calls attention to this concern: “Do not curse the deaf or put a stumbling block in front of the blind, but fear your God. I am the Lord” ([Leviticus 19:14](#)). Indeed, from Moses ([Exodus 3:1–4:17](#)), Mephibosheth ([2 Samuel 9](#)), and Naaman ([2 Kings 5](#)) in the Old Testament, to the man born blind ([John 9](#)) and the paralytic lowered through the roof to Jesus ([Mark 2:1–12](#)) in the New Testament, people with disabilities are front and center in the story of God’s activity in this world. When the master of the house instructs his servant to “go out quickly into the streets and alleys” as well as “the roads and country lanes” in order to “compel them”—the “poor, the crippled, the blind and the lame”—to “come in” to the banquet ([Luke 14:15–24](#)), the Father’s heart for people with disabilities is unmistakable: he intends that his house be filled with them. Whatever else we might say about disability in the Bible—and there is much else to say—it cannot be denied that persons with disabilities are cared for and loved by God.

Moreover, scripture reveals that rather than seeing disabilities as obstacles to or limitations on God’s ability to accomplish his purposes in the lives of his people, disabilities, weaknesses, and limitations are precisely the vehicle through which he works best. He does not work his purposes *in spite of* these things—he works *in and through* them, as he told the apostle Paul in [2 Corinthians 12:9–10](#). From a Christian perspective, then, “weakness” and “suffering” are not things to be avoided at all costs. Instead, our own weaknesses often provide the greatest opportunity for God’s strength and power to be manifested, thereby

bringing glory to him. This is just one of the ways in which God redeems the suffering and difficulties we face in life—including the challenges associated with having a disability.

In the final analysis, all human persons, including those with disabilities, are made in the image of God and bear that image equally and fully. They are, therefore, valuable not because of their abilities, but because they are image bearers of their Creator. No lack of intelligence or beauty, no disease or disability, can diminish each person's status as an image bearer nor the deep respect he or she is owed as a result. Consequently, *when we intentionally end the life of a preborn child, we assume a right that is not ours to assume*. Bearing the image of God confers an *inviolable* dignity upon human beings: we belong to God—our lives are not our own—and human life is not ours to dispose of as we wish.

Abortion and Disability

Abortion on the basis of disability is commonly justified as a means of preventing suffering, especially in cases of severe disability—which, it is assumed, involve significantly increased levels of suffering and decreased quality of life. But, disability advocates are quick to point out, the “suffering” associated with disability is often more the result of unthinking and uncaring social practices—even outright discrimination and oppression—than the result of disability *per se*. As Marsha Saxton, a self-described feminist disability scholar and advocate (who herself has spina bifida) puts the point, “it is discriminatory attitudes and thoughtless behaviors, and the ostracization and lack of accommodation which follow, that make life difficult. The oppression, one way or another, is what’s most disabling about disability.”¹ For this reason, Saxton and many other “pro-choice” disability advocates find themselves uneasy with abortion for disability-related reasons. From their perspective, rather than being an argument for abortion, the suffering (if any) associated with disability is an argument for changing social structures and practices so that they are more welcoming of persons with disabling conditions, rather than killing those same persons in the name of “preventing suffering.”

In a related argument, some point to the “burdens”—emotional, psychological, financial, etc.—on parents or families of caring for a child with a disability as a rationale for abortion in at least some cases. But here again, disability advocates note, the burdens of raising a child with a disability are often overstated and the rewards understated. Indeed, parents of children with disabilities—even those deemed “severe”—often insist that they wouldn’t consider “trading” their disabled child for a nondisabled one if given the opportunity.

The more general point, applying equally to both of these arguments, is that it is all too easy to overestimate the “burden” or “suffering” associated with disability, and to underestimate the quality of life enjoyed by persons with disabilities. In fact, [research](#) shows that persons with disabilities consistently rate their own quality of life higher than do their medical and other professional caregivers. At the very least, this ought to give us pause when making life-and-death decisions based on such partial and incomplete information.

Even in “hard cases” such as those involving severe fetal anomaly (e.g. [Trisomy-13](#) and [Trisomy-18](#))—cases in which the child is not expected to live long—abortion is still morally problematic, for at least [three reasons](#). First, medical prediction can be notoriously uncertain and inaccurate. Second, even when it can be ascertained with relative confidence that a child will be born with a particular disabling condition, the degree of disability can vary widely from individual to individual, ranging from mild to extremely severe—and this, in turn, is often very difficult to predict. Finally, there is an important moral difference between refraining from aggressive medical treatment of an imminently dying newborn child, on the one hand, and intentionally killing him or her either prior to or after birth. To be held, to be loved—even if only for a short while—is always preferable to being killed because one is “imperfect,” might suffer, or is unlikely to enjoy a long life.

In the end, if we accept that all human beings are persons worthy of moral respect and protection, regardless of their age, functional abilities or limitations, then we must further conclude that *preborn persons with disabilities are entitled to the same protection as are all other human beings*.

In Summary

The convergence of these lines of argumentation—theological, scientific, and philosophical—support the conclusion that all human beings, no matter how young or undeveloped they may currently be, are persons made in the image of God, dearly loved by him and worthy of protection. Viewed in this light, abortion must be seen as a grave violation of human dignity and a grievous affront to the Creator to whom we owe our very being ([Acts 17:28](#)). Taken seriously, this has two key implications:

First, *abortion—whether for disability-related reasons or not—must be opposed vigorously*, both as a matter of individual choice and as a matter of public policy.

Second, *rather than attempting to eliminate persons with disabilities while they are still in the womb, we should work together to mitigate the conditions that make their lives more difficult*, including discriminatory and biased social attitudes and practices. In this regard, our focus should be on exploring how we can come alongside people affected by disabilities to support, nurture, and embrace them. The Christian church, in particular, must be in the forefront of these efforts—offering the gifts of unconditional acceptance, ongoing practical assistance, and reassurance that individuals and families affected by disabilities are not “in it alone” when it comes to facing the challenges often associated with disability.

Ultimately, a radical culture shift must take place at all levels of society. Rather than seeking to eliminate “imperfection,” real or perceived, we must choose instead to embrace weakness—our own and that of others—as one avenue through which God works his purposes. Only when we intentionally affirm and promote the equal dignity, worth, and value of all human life, no matter how seemingly imperfect, will we become the truly welcoming community to which our highest ideals call us.

Effecting such a culture change will require efforts at a number of levels.

- At the level of society as a whole, we should be asking ourselves: how do our public policies—e.g., in the areas of health care, public assistance programs, and so forth—help or hurt people with disabilities? For example, do eligibility requirements for government assistance programs encourage persons with disabilities to seek and retain employment, or do they discourage this? Do persons with disabilities have adequate access to health care resources? If not, why not? Are persons with disabilities discriminated against in housing, employment, or other areas crucial to full inclusion in society?
- At the *community* level, we must ask ourselves: what are we doing to ensure that people with disabilities are able to participate fully in the life of the local community? Are parks, stores, libraries, and restaurants accessible to those with limited mobility? Are community events—city council and school board meetings, holiday celebrations, group trips to local attractions, and so forth—planned with persons with disabilities in mind?
- Finally, *individuals* can make a major difference in the lives of persons with disabilities. Following are some specific ways in which individuals can take action.

Take Action

- *Get to know a person with a disability.* Genuine [friendship](#) with persons affected by disability is a powerful antidote to the pervasive cultural lie that one is “better off dead” than living life with a disability.

- *Organize people in your church to help meet the needs of individuals and families affected by disability.* Joni and Friends has a whole host of [resources](#) available to help you get started.
- *Educate yourself and others on the issues.* Contact local, state, and national policy makers, including especially [your elected representatives](#), to encourage them to adopt disability-friendly policies.
- *Advocate for a culture of life. Share your story* and that of others. When public discussions of abortion on the basis of disability proceed with mistaken assumptions about the “quality” of life with a disability, counter these erroneous ideas with the truth about what life with a disability is really like. Are you a person with a disability—or a friend, sibling, parent, or grandparent of someone affected by disability? In either case, your unique perspective is invaluable. Life with a disability is complicated and often challenging, but still a gift from God. Your story can be a crucial witness to that reality.
- *Support your local Crisis Pregnancy Center financially or by volunteering your time.* [Crisis pregnancy centers](#) provide counseling, emotional support, and practical assistance to women who are facing the difficult choice whether or not to have an abortion. This includes women who have been given the news that their child will be born with a disability. Compassionate care offered at just the right time can literally mean the difference between life and death.
- *Consider fostering or adopting a special needs child.* Fostering and [adoption](#) of special needs children provides a powerful counterexample to the abortion mentality: instead of being rejected for their apparent “imperfections,” fostering and adopting children with disabilities signals our willingness to accept and love them unconditionally. Numerous organizations specialize in placing special needs children with foster families and adoptive parents; support is available for those who embark on this challenging but rewarding journey.

In Brief

This brief explores key scientific, philosophical, and theological considerations involved in the abortion debate, focusing particularly on disability-related abortion. It advances five claims: (1) Genetic human life begins at conception; therefore, the preborn are unquestionably members of the human community. (2) There is no such thing as a “human non-person.” All human beings, no matter their age, stage of development, or level of functioning, are persons with fundamental moral rights—including the right not to have their lives taken from them intentionally. (3) Preborn human beings are no less worthy of being protected in law and welcomed in life than any other human beings. (4) When we intentionally end the life of a preborn child, we assume a right that is not ours to assume. (5) Preborn persons with disabilities are entitled to the same protection as all other human beings. These claims support two conclusions. First, ***abortion—whether for disability-related reasons or not—must be opposed vigorously***, both as a matter of individual choice and as a matter of public policy. Second, ***rather than attempting to eliminate persons with disabilities while they are still in the womb, we should work together to mitigate the conditions that make their lives more difficult***, including discriminatory and biased social attitudes and practices. This entails responsibility at all levels of society. The brief offers several recommendations and specific “action points” that can be taken in this regard, focusing on friendship, ministry, education, advocacy, and adoption as transformative responses to this vital moral issue.

Notes

1. Martha Saxton, “Disability Rights and Selective Abortion,” in *The Disability Studies Reader*, 3rd ed. Lennard J. Davis (New York, NY: Routledge, 2010), 122.