

**MATTERS OF LIFE AND DEATH**  
**A Paper by the Elders on Bioethical Questions and Concerns for the Church**  
**(Session Approved 11/18/13)**

This document is the fruit of a study the elder community of First Evangelical Church undertook on bioethics in 2012-13. Christian liberty and medical possibility both need grounding in the biblical understanding of “man” (Gen. 5:2) as God’s unique creation, fallen into depravity yet redeemable. In the biblical context of Christian liberty the guiding principle is: “*Whatever does not proceed from faith is sin*” (Rom. 14:23, ESV). The Christian is tasked then with discerning whether God is indifferent to his/her choices. Where God is not indifferent we must not be indignant.

Medical technologies are rapidly advancing, opening new frontiers in reproductive science, the treatment of disease, and what is often understood as “quality of life.” Bioethics is fundamental to the practices of medicine and law, and we value those among us with expertise in these areas. Yet bioethics is ultimately guided by a biblical understanding of man made in the image and likeness of God. God is the giver of life, and especially in bioethics man needs God, because man does not fully know himself (Jer. 17:9-10).

Man is God’s crowning glory of creation and is at his/her best when serving God’s purposes as revealed in Scripture. Man’s accountability to honor God as God (Rom. 1:18-32) includes honoring and respecting the life of each person, according to His good purposes for humanity. When it comes to matters of human life and death, our ethical parameters should be governed by *set supra-principles*. In the next few paragraphs we explain what we mean by “set” and “supra.”

“Set” affirms the *timelessness* and *trust* inherent to a Christian conception of ethics:

*Timelessness*: Christian ethics are not temporal human mores dependent upon generally accepted societal norms or practices that fluidly change with the times. Christian ethics involve timeless principles and propositions derived from God’s unchanging truth, sourced in God Himself, who is immutable. (Num. 23:19, Ps. 55:19, Heb. 6:17; 13:8; James 1:17)

*Trust*: Christians declare our new-life identity in Christ and love for Him as our redeemer. We submit our way and will to His and entrust our capacities and desires to Him. Being transformed and renewed, Christians humbly present ourselves to God as living sacrifices, our ongoing act of worshipping the God whose way and will is good, acceptable, and perfect. (Ps. 19:7-11; 37:3-5; 100; Rom. 12:1-2; 1 Peter 1:13-19)

“Supra” (“above, over”) designates principles and propositions shaped by what God has revealed. God has revealed Himself in natural creation, special revelation (Scripture and the Word becoming flesh), and human conscience (see Psalm 19, John 1, Romans 1-2). In revealing

Himself these ways He has revealed His wisdom for human flourishing. With this in mind we emphasize three supra-principles for guiding bioethical questions and concerns in the church:

*First is the sovereignty of God over all.* The earth and all upon it belong to God and are accountable to Him. Nothing happens outside of God's knowledge and control. God's sovereignty governing bioethics means no human innovation or advancement, however impressive, will render God inept or inconsequential to His creation. God remains the only patent-holder on human life and death. (Gen. 11:1-9; Ps. 47; 95; Acts 14:8-17, Col. 1:15-20)

*Second is the sanctity and dignity of all people.* Human life alone is created in God's image and likeness and thereby set apart as inherently valuable. As such it is also set above exploitation. As referenced above, the Word became *human* flesh (John 1). Humans are intrinsically personal beings not commercial; we are charged by God to love our neighbors for their sake not use them for ourselves. This love and respect applies to persons at their earliest stages of development to the end of their life. (Gen. 1:26-28; Ps. 127:3; 139:13-16; Jer. 1:5; Matt. 22:37-40; Heb. 2:5-18)

*Third is the depravity (fallenness) of all people.* Human nature is radically corrupted such that it is fundamentally idolatrous. We desire to be our own gods, rule ourselves and make our own desires ultimate. Due to our first parents' fall every person is born with a sin nature and thereby in need of gracious redemption by God. But even when rightly related to God we can still pursue for ourselves that which conflicts with God's wisdom and will for human flourishing. (Gen. 3; Ps. 51:5; Eccl. 7:29; Jer. 17:9-10; Rom. 3:23; 5:12-21; 7:7-25)

In our judgment, it is best to understand the human being as a unified duality of spirit and body (immaterial and material). Human persons exist from the moment of conception to one's end of life. Procreation is a good providence of God, allowing human beings the agency of bringing new persons into the world. Our paper will thus address questions of permissibility and limits as life-giving agents.

Our paper will also address our agency pertaining to suffering and death. Both result from man's fall (Gen. 3; Rom. 5:12). Every embodied person faces sufferings of various kinds and death. Suffering itself is not good but it can be used by God to accomplish His purposes (John 9:1-3; Acts 3:1-10; Rom. 5:3-5; 8:28-30), just as death itself is not good—it is an enemy God overcomes (1 Cor. 15:26)—but is used by God to transport us to glorification (2 Cor. 4:17). While it is natural to want to alleviate and avoid human suffering and death, not every means for doing so, medically or otherwise, is necessarily God's agency for us. We seek to utilize God's freedoms and respect God's limits.

With these supra-principles set as foundational we now take up eight common bioethical questions. The scope of bioethics is much broader than we can sufficiently address. Our aim here

is to provide starting points for the church, what to consider when Christians encounter the following issues:

### **Are embryos persons?**

As stated on Page 2, “Human persons exist from the moment of conception to one’s end of life.” Our belief in the full personhood of embryonic human beings is both biblically-theologically reasoned and supported by empirical science. Refer back to the *First* and *Second* indented paragraph statements on Page 2 for our biblical-theological justification. To that we add here our belief that the soul is procreated with the body (traducionism), that is the immaterial aspect of human nature—“personhood”—is not created subsequent to birth but inherent to conception by God’s design.

In their excellent book *Embryo: A Defense of Human Life*, Robert George and Christopher Tollefsen write at length of embryo science, embryo technology, and embryo ethics from the empirically verified premise of embryo identity:

“Human embryos are not...some other type of animal organism, like a dog or cat. Neither are they part of an organism, like a heart, a kidney, or a skin cell. Nor again are they a disorganized aggregate, a mere clump of cells awaiting some magical transformation. Rather, a human embryo is a whole living member of the species *Homo sapiens* in the earliest stage of his or her natural development. Unless severely damaged, or denied or deprived of a suitable environment, a human being in the embryonic stage will, by directing its own internal organic functioning, develop himself or herself to the next more mature developmental stage, i.e., the fetal stage. The embryonic, fetal, child, and adolescent stages are stages in the development of a determinate and enduring entity—a human being—who comes into existence as a single-celled organism (the zygote) and develops, if all goes well, into adulthood many years later.” (3-4)

We affirm the personhood of the embryo as a true human life precious to God, bearing His image and likeness, subject to His sovereignty, and thus deserving full moral respect. Embryos are not dispensable and proponents of embryonic stem cell research, which destroys embryos, have made promises for disease prevention and cures out of speculations driven by utilitarian philosophies that do not fundamentally respect *who* an embryo *is*.

### **Should Christians utilize reproductive technologies and/or surrogacy in conceiving children?**

Infertility was a stigma in ancient, biblical societies. It is no longer in modern times. Still, the same deep emotional grief often affixes to an infertile couple’s desire for “children of their own making” but who are not able to conceive through their natural union. Those couples, both inside and outside the church, might be drawn to assisted reproduction such as in vitro fertilization (IVF) or surrogacy.

Parents seeking God’s will for themselves in these matters should give careful consideration to questions like: Am I receptive to God saying no to my prayerful desire for children? Could our lack of success conceiving be God’s doing for reasons we may never know? Does turning to assisted reproduction reveal desires to control life or that our desires have become idolatrous? Our desires, even those we assume to be God-given like the desire for children, must always be subordinated to God’s grace and greater will for us. (See again the indented *Third* paragraph statement on Page 2.)

Creation, including life in the womb, remains indisputably God’s realm. The church cannot absolutely permit or prohibit assisted reproduction since the Bible does not explicitly address it. Consistent with what we stated in the opening paragraph of this document (Page 1), the foundational questions for prospective parents are: What can we confidently say “by faith” (Rom. 14:23) is God’s will for us? And do assisted reproduction means comport with that?

We caution a rush to IVF or surrogacy. The exorbitant expense of IVF is prohibitive to many, especially with its low success rate of live births. Because of the expense of IVF couples will often create multiple embryos from their sperm and ova. Their embryos not implanted are cryogenically frozen. If six embryos are created in petri dish, for instance, and two “take” in the womb, resulting in live birth—and afterwards the couple want no more births—their four embryos are left behind in limbo. As stated above (Page 3), our conviction is an embryo *is* a true human person in the earliest stage of his or her development.

Joe Carter, an editor for The Gospel Coalition, wrote an article for the Southern Baptist Ethics and Religious Liberty Commission (ERLC) provocatively titled, “Why do Christians support the killing of orphans?” After referencing a Pew Research poll that found less than 40% of Protestants consider embryonic-destructive research morally wrong, Carter advises:

“Ideally, a couple using IVF should decide ahead of time how many embryos to implant and attempt to create only that number of children. But because of the cost and stresses involved, many couples create more embryos than they intend to implant in the womb. Many couples may not even be aware they are creating children that will be abandoned. Once created in the lab, these ‘spare’ embryonic children are kept alive by freezing them at sub-zero temperatures until they can be implanted by their parents, adopted by another couple, given to researchers to be killed, or allowed to die of natural causes. (No one knows how long he or she can survive in a cryogenic state. The longest time a human embryo has been stored is 30 years.)”

Carter’s piece and rationale can be accessed in full here: <http://erlc.com/article/why-do-christians-support-the-killing-of-orphans>. Also see how ERLC President Russell Moore responds to a father’s query about his “leftover” embryos from IVF here: <http://www.russellmoore.com/2013/04/17/what-should-we-do-with-our-frozen-embryos/>.

Both writers are evangelical ethicists and warn about IVF because it is a means by which, in Gilbert Meilaender's words, "[we allow] ourselves to think of the embryo as made rather than begotten...we deceive ourselves if we imagine that the routinized use of such techniques cannot and will not teach us to think about children in new and different ways" (*Bioethics*, 20). For these reasons we discourage IVF in favor of adoption.

Surrogacy is another assisted reproductive option, usually a contractual agreement whereby a gestational mother will carry and deliver a child for a rearing mother via the father's artificial insemination. If IVF introduces insecurity to the reproductive process—IVF embryos not implanted subject then to destructive research, abandonment, or otherwise death—surrogacy introduces the indignity of commoditizing it. In many cases, especially when the surrogate is paid, she is expected to perform the task of pregnancy with no personal bonding to the child she carries.

This is different from adoption. In adoption scenarios a mother giving up her child for adoption may or may not bond with the child. The difference between adoption and surrogacy is the child isn't being conceived *in order* to be given up.

In her 2012 book *The Outsourced Self: Intimate Life in Market Times*, Arlie Russell Hochschild introduces readers to Tim and Lili, a Louisiana couple seeking to have children. Their IVF treatments failed, as did attempts for a successful pregnancy through a surrogacy service in India. Tens of thousands of dollars later they decided to pursue adoption. During preparatory adoption classes, Lili's thinking changed:

"When we were doing the surrogacy, I wasn't so aware of the mother-child bond. I didn't know a baby could recognize the voice of the mother who carried it. I guess I felt detached. But after we took the adoption class, I realized how important contact between the surrogate and baby might be, and how important it was for me to feel connected to the surrogate. If you're carrying a child for nine months, and then suddenly it's delivered and gone, there would inevitably be a void. God didn't create our bodies to work with IVF and surrogacy. So I now think I would have wanted some relationship with the surrogate—for the sake of the child." (83-84)

We encourage couples addressing infertility to consider adoption not as their last resort, after trying everything else, but as a first priority of "religion that is pure and undefiled before God" (James 1:27). We've known those in our church who pursued adoption first and later were able to conceive a child from their own union. Regardless, while the ends of assisted reproduction may be good if a child is born the means to that end are precarious. We believe God is the God of means as well as ends.

## Is it permissible for Christians to utilize birth control?

The question is contained to marriage and the marrying. Use of contraceptives outside of marriage makes “provision for the flesh” (Rom. 13:14), i.e. sexual immorality. The Bible gives no direct reference to contraception. The first couple, Adam and Eve, were told by God to “be fruitful and multiply” (Gen. 1:28) and the Bible affirms children as a particular blessing (Ps. 127:3).

Some submit the story of a man named Onan as a warning to heed. Onan was put to death by God because he “wasted [his] semen on the ground” (Gen. 38:9). The context of his story presents Onan as defiantly resistant to honor his duty before God (later inculcated into Old Testament law, Deuteronomy 25) to father progeny for his deceased brother via his widow. Onan was *obligated* to impregnate his brother’s widow but was simply using her for his own pleasure. Onan’s punishment was severe because his defiance was premeditated and deliberate.

In our judgment one should not reason from Onan’s story that marital sex must always aim for pregnancy (i.e. no contraception allowed) or it is wrong before God. God made male-female sexual union to be procreative but also pleasurable, a primary way husbands and wives express their intimacy and oneness (Gen. 2:24; 1 Cor. 7:3-5). As stated on Page 1 of this paper, Christians are tasked with discerning whether God is indifferent to our choices when there is no set biblical warrant. We believe God allows His people reasonable freedom in family planning, whether or when to have children and how many, guided by our ways of life and His wisdom accessed in Scripture, prayer, and the counsel and community of His people.

In First Corinthians 10, addressing a context of disputable matters in the church, Paul affirms a couple of supra-principles (see Pages 1-2) that we believe also apply to considerations of contraception: “‘All things are lawful,’ but not all things are helpful. ‘All things are lawful,’ but not all things build up” (v. 23).

Applied to available, marketed, or prescribed means of contraception, some of what is “lawful” (permitted by American law) is not just unhelpful but harmful to mother and child alike. Means of birth control that are abortifacient will trouble a Christian conscience for tearing down that which God would build up: a life in the womb. All means to pregnancy prevention are not equal, however, and the Christian couple seeking their place to stand on the matter should research what available contraceptive means actually do, study ovulation cycle, consult competent medical practitioners and spiritual counselors for guidance, weigh their own conscience in prayer along with the conscience of their church community, and align their practices and ideas of life to the many Scriptures cited in the introduction to this paper.

For further consideration, see here:

[http://www.cmda.org/wcm/CMDA/Issues2/Beginning\\_of\\_Life1/Abortion1/Ethics\\_Statements2/Hormonal\\_Birth\\_Contr.aspx](http://www.cmda.org/wcm/CMDA/Issues2/Beginning_of_Life1/Abortion1/Ethics_Statements2/Hormonal_Birth_Contr.aspx) and here: <http://www.theatlantic.com/sexes/archive/2012/12/the-pill-contraceptive-or-abortifacient/266725/>.

## **Is there any scenario in which abortion is acceptable?**

Consistent with what we've stated above, we do not see a scenario in which abortion is acceptable or necessary since it destroys actual human life. In a post-*Roe v. Wade* society that statement strikes roughly half the American population as wrongheaded, running the gamut between that-is-inflexible to that-is-misogynic or cruel to the poor. But as stated on Page 1, our accountability to honor God includes respecting the life of each person even in his/her earliest stages of development, consistent with His good purposes for humanity. This leads us to a firm conviction: *How* conceptions result is not as primary a consideration as *whom* conceptions produce.

It is popularly believed, even by some who otherwise consider themselves opposed to abortion, that no reasonable, considerate person could deny a woman choosing to abort her pregnancy resulting from rape or incest. Scott Klusendorf gives a steady and gracious response to that mindset, accessed here: <http://www.prolifetraining.com/FiveMinute8.asp>.

As Klusendorf shows in his response to a rape or incest scenario, abortion is not the watertight answer many assume it to be because, again, how conceptions result is not as primary a consideration as whom conceptions produce. Even when abortion is pursued in such scenarios the resulting guilt and shame many women experience only compounds their emotional suffering. On the suffering abortion generates see this article: <http://www.theatlantic.com/sexes/archive/2013/07/my-mother-regretted-her-abortion/277722/>.

What if a pregnancy threatens a mother's life? Christians have faced this trauma and some have chosen abortion on the counsel of doctors, friends, and family members who understandably did not want to lose their patient, wife, mother, daughter, sister. It is hard to think of a more arduous ethical-emotional consideration. But as Gilbert Meilaender puts it in the principle text for our considerations (*Bioethics*), "We seek daily to learn how to see the whole of life in the light of God's creative and redemptive activity." (35) At the heart of our gospel is an act of loving self-sacrifice, the "no greater love" that Jesus commended to His disciples (John 15:13). Meilaender expounds his point:

"Our continuing task...is to struggle to bring our judgments and feelings into accord with God's action—to let our estimate of the child be shaped and formed by God's. Seriously to attempt this is to learn our limits. We do not, ultimately, fashion the conditions of our life; rather, we live under God's mysterious but providential governance. The unexpected—and even unwanted—events of life are occasions and opportunities for hearing the call of God and responding faithfully. Sometimes, perhaps often, this will mean we take up tasks and burdens we had not anticipated or desired, and they in turn may bring a certain measure of suffering. Within the community of the church, of course, we ought to seek to bear each other's burdens, and too often we fail to do so. But even

when we think we suffer alone, we do not, since God has taken that suffering into his own life.” (36)

That suffering God took into His own life is because He is compassionate and merciful. We extend that compassion and mercy to those who have chosen abortion. Our God is forgiving and leads us to repentance in kindness (Rom. 2:4), and there is no more condemnation for those in Christ (Rom. 8:1). We state unequivocally here that we will do everything in our power as elders to assist individuals or families facing an unwanted pregnancy.

### **Do I have a right to euthanasia for myself or a loved one?**

As long as we live we are to “glorify God in [our] body” (1 Cor. 6:20). In that same verse Paul tells us our lives are not our own. We belong to Christ—bought by Him in an act of victorious self-sacrifice—and He determines the beginning and end of our days (Ps. 139:16; Acts 17:26).

Euthanasia is not an act motivated by self-sacrifice but self-defeat. The desire for euthanasia converges around desires for personal control and intersects with desires to avoid suffering, especially of prolonged varieties. No one wants to watch their loved one’s life ebb away arduously or experience helpless dependence on others due to the onset of debilitating illness. For these reasons and others many express empathy for those who choose euthanasia or assist with it, whether the practice is legal in their state or not (and on whether what’s legal is always right, see again the point made on Page 6 above from First Corinthians 10).

The Snellings, a Pennsylvania couple, are a case in point. After 55 years of marriage Adrienne was diagnosed with Alzheimer’s. Her husband Charles wrote a beautiful essay about caring for her in response to *The New York Times* columnist David Brooks’ call for “Life Stories” from people over 70. Charles described his six-year caregiving of Adrienne as rich and humanizing. He wrote that his wife’s illness had become his calling—and a redemptive one at that—a chance for him to exercise virtue and example dependency as the normal state of affairs, to demonstrate how people are joined more closely through shared suffering. Four months after his essay was published Charles Snelling shot Adrienne then turned the gun on himself to escape prosecution.

Brooks wrote a column about it (access it here:

[http://www.nytimes.com/2012/04/03/opinion/brooks-respect-the-future.html?\\_r=2&partner=rssnyt&emc=rss&](http://www.nytimes.com/2012/04/03/opinion/brooks-respect-the-future.html?_r=2&partner=rssnyt&emc=rss&), and see more here:

<http://achaplainsjourney.wordpress.com/tag/david-brooks/>). Brooks took exception to Charles Snelling’s final acts, but many people responding to the story expressed sympathy for a man who could no longer endure his beloved’s deterioration. They justified euthanasia as a final act of love, a Romeo and Juliet-style end.

God’s way of loving is *through* suffering, not avoidance of it. Believers know to be absent from the body is to be present with the Lord (2 Cor. 5:8). But we also affirm that “whether we are at home or away, we make it our aim to please him” (2 Cor. 5:9). We do not judge euthanasia a



God-pleasing act but an act that usurps His authority and calling in order to be relieved temporal anguishes, fears, and weariness. Though Christians speak of death as our moment of release from the trials and pains of a fallen world, euthanasia is suicide—self-murder—and as such is the wrong last step in a life-walk with God.

Our hope in Christ begins at our justification and consummates in our glorification. It is God's doing to bring us to faith and God's doing to take us to sight (2 Cor. 5:7). We are not the lords of our lives or the lives of our loved ones. We are stewards of our lives and "it is required of stewards that they be found trustworthy" (1 Cor. 4:2).

### **What are the moral or spiritual implications for choosing or refusing/withdrawing life-extending treatments in terminal illness?**

"The progression of illness that will lead to our death is well-studied. Two-fifths of us will die with a prolonged, dwindling illness on a slow downward slope typical of dementia or frailty. One-fifth will die with a sharp decline typical of metastatic cancer. Another one-fifth will die with intermittent dips, like a roller coaster, from heart or lung failure, while a small proportion of the remaining one-fifth will die suddenly and unexpectedly." (Manoj Jain and Bill Frist, <http://www.commercialappeal.com/news/2013/sep/01/article-1-we-must-improve-end-of-life-care/>)

When it comes to choosing or refusing treatments in terminal illness, one must distinguish between an act's *aim* and its *result*. As conveyed above, euthanasia *aims* at death. Christians do not aim at death for themselves or others close to them in order to avoid death's pangs. Relieving suffering is humane and usually desired in terminal illness, the aim of palliative care.

Our first stated supra-principle of the sovereignty of God over all (Page 2) means Christians are not free to *aim* at death (seek it) even while dying. We may decide to refuse or withdraw life-extending treatments, for ourselves and those we're responsible for—such as chemotherapies or ventilators or feeding tubes, or establish "do not resuscitate" orders—with the known *result* being death comes more quickly. But it is because of our hope of glory (1 Cor. 15:42-49) that we don't have to do everything medically possible to oppose our expiration when imminent. We are free to decline further treatments when it is determined, in consult with physicians, that those treatments are ineffective at healing or stopping a disease's advance, or it is judged further rounds of treatment present undue burdens to ourselves and those who love and care for us.

Gilbert Meilaender writes of it this way in *Bioethics*:

"Good physicians know the limits of their art, and they can help us avoid the notion that there is any ultimate 'technological fix' for the fundamental human problems of suffering and death. This means...that for physicians as well as the rest of us there are limits to what we should do in our attempts to relieve suffering. A willingness to discern such limits as best we can—and, having discerned them, to act in accord with them—is deeply

embedded in the Christian understanding of the moral life. Understanding compassion and care in this way, we seek to learn to stand with and beside those who suffer—with them as an equal, not as a lord over life and death, but determined not to abandon them as they live out their personal histories up against that limit of death which we all share. For us, therefore, the governing imperative should be not ‘minimize suffering,’ but ‘maximize care.’” (64)

The main question to consider with ongoing treatment is will it benefit the patient’s life *as it is now*. The question is never is the patient’s life beneficial. Every human life is beneficial. But every human life also comes to an end sometime. Theologian Ben Witherington III conveys some other questions to consider, with commentary, in his book *The Rest of Life*:

“It is the practice of doctors and hospitals to keep patients alive at all times and at almost all costs. The reason for this is a mantra—‘This life is all there is; we must prop it up and keep it going at all costs.’ The hospitals have become the secular equivalent of sanctuaries, and doctors high priests, and the credo—making the most of and extending as long as possible life in this mortal frame. But frankly, the Christian does not believe this. He or she does not believe that this life is the be-all and end-all of human existence. And if you don’t believe that, then you have to ask questions especially about end-of-life care, like ‘Is this treatment prolonging the living or prolonging the dying?’ Christians who believe in everlasting life can sit more lightly with such questions because they do not believe the answers to such questions are a matter of eternal life and eternal death. Surgery questions, ventilator questions, morphine questions are never ultimate questions for Christians, as this life is just stage one of human existence.... Why endlessly try to prop up this decaying flesh, when a resurrection body is in the offing? That’s the sort of question one needs to ask as a Christian.” (34)

These are difficult considerations, we acknowledge. But we deem it unnecessary to prolong life as a denial of death. We know of situations where the life of a terminally ill patient was prolonged because a family member could not bear parting with the loved one. Clutching too tightly to life here eclipses our hope of Heaven and ultimate healing there. While we can and should fight diseases with treatments, if treatments aren’t demonstrably benefitting a terminally ill patient’s life as it currently is the patient and/or his family can refuse, decline, or withdraw further treatments.

### **Is organ donation permissible for Christians? What about donating one’s body to science postmortem?**

We deem these questions matters of Christian conscience primarily as Scripture gives no direct counsel to organ donation or cadaver donation. This should be discussed beforehand among families (a good time to do so is when getting or renewing a drivers’ license or writing a will).

In our judgment the best practices of donation originate as acts of neighborly love (Matt. 22:39; John 15:13). Thus donating one's organs or body postmortem for transplanting or medical study can be acts consistent with the highest aims of discipleship to Jesus. In most cases the willingness to give of ourselves these ways should be viewed as attempts at blessing our neighbors for their good by relieving their suffering and advancing inquiry into best treatments of disease and other physical maladies.

That an act *can be* consistent with high aims means it conversely *cannot be*. That something holds true in *most* cases means in *some* cases it does not. This applies to organ donation as well. What if a 42-year-old father learned his 15-year-old son needed a heart transplant and found a surgeon willing to transplant his heart into his son (the son not told the donor is his father, who will die)? Is the father motivated purely by love, or has he made his son's life an idol? A Christian counting his life as nothing to himself (Acts 20:24; Phil. 3:8) is prioritizing Jesus' life not seeking his own death.

All organ donations between living persons involve calculated risks but not all donations are equal *in kind*. Donating a vital organ, like a heart or liver, from one living person to another is not the same as donating a kidney or bone marrow. We expect Christians not to seek or accept organs harvested by dubious means, such as documented cases where someone is killed or otherwise victimized for their organs to be sold, or organs coming from euthanasia (see this article: <http://erlc.com/article/people-being-killed-for-their-organs>).

### **Can a Christian choose cremation?**

The Bible does not give express directives on the disposal of human remains. Cremating remains is another matter on the spectrum of Christian conscience. Appeals to conscience never mean we simply do as we please; "whatever you do, do all to the glory of God" (1 Cor. 10:31). Matters of conscience are not personal choices solely but affect and impact others, both close to us and not.

Although created remains are often buried, Protestant and Catholic tradition favors traditional burial (embalmed remains in casket). Among reasons cited:

1. Our bodies are made by God (who incarnated in Jesus), in the image and likeness of God, and thereby the human body possesses inherent dignity and should be honored through death too.
2. Fire is more often associated with God's condemnation than purification.
3. The disposal practice in the Old Testament was body burial (Gen. 15:15; 23:19; 25:9-10; Deut. 21:23; 34:5-6), a norm mirrored in the New Testament too (Matt. 14:10-12; 27:58-60, Luke 9:60; John 19:40; Acts 5:6-10; 8:2). Likewise Paul's references to the body in First Corinthians 15 seem to fit better with a traditional burial mode, and Second

Corinthians 5:1, while anticipating our glorification, seems to militate against choosing to destroy human remains.

4. Sepulchers and ossuaries in cathedrals and catacombs were indications of great care taken to preserve bodies well past decomposition.

5. Christians have historically disassociated themselves from the practice of cremation due to meanings other religions have affixed to it, such as Hindus believing the burning of a body frees the person for another reincarnation, or some non-religious people using it to make anti-Christian statements rejecting bodily resurrection and final judgment. Christians surrounded by such beliefs and sentiments often feel compelled to model traditional burial, signifying a true expectation of the resurrection of our bodies via Christ's victory over death.

Still, with these reasons cited, there is no biblical command requiring embalmed burying of remains, nor one condemning cremation of remains. For cremation history, process, and regulations see this article: <http://ncsu.edu/ffci/publications/2003/v8-n1-2003-january/fa-1-cremation.php>.

Some find in First Samuel 31 a practice of cremation after Saul and his sons' bodies were recovered post-battle. The men of Jabesh Gilead, called valiant for retrieving the bodies at great risk to themselves, burned the bodies and buried the bones. To argue for cremation from this however is an argument from silence. The commendation of the men in the passage is for their courage in retrieving Saul's and his sons' bodies, not for burning them.

The material human body houses the immaterial spirit of man and also becomes in redemption the temple of the Holy Spirit (1 Cor. 6:19-20). Each person in Christ is reunited with his earthly body—our DNA—which will be supernaturally reconstituted into an imperishable, immortal, glorious body like our Lord's (Phil. 3:21; 1 Cor. 15:3-55; 1 John 3:2). So we are taught in Scripture that our resurrection is putting on a "spiritual body" (1 Cor. 15:44), which is still *a body*—our reconstituted DNA glorified—and thereby corporeal. But we become "like angels" (Matt. 22:30) in Heaven, not missing anything of ourselves left here. It is no problem for our Creator to reconfigure us whether our bodies have been destroyed by fire, lost at sea, decomposed in the earth, or due to any other means of physical deterioration (2 Cor. 5:1).

While means of caring for and disposing bodily remains have symbolic import, we affirm our most central consideration to be following Christ daily, walking by His Spirit, and giving thanks for knowing that physical death, while real, it is not our final reality. Believers never experience separation from God again in life or death.