

The Seventh-day Adventist Tradition

Religious Beliefs and Healthcare Decisions

Edited by Edwin R. DuBose

Revised by James W. Walters

Most Adventists trace their religious ancestry back to the Millerite movement of the early 1840s, when William Miller (1782–1849), a Baptist farmer-preacher from upstate New York, aroused the nation with his prediction that Christ would return in 1843 or 1844. The movement split into several factions when the event did not occur as expected. One of these factions evolved into the Seventh-day Adventist church, distinguished by the observance of Saturday as the Sabbath and the spiritual leadership of Ellen G. White (1827–1915), who as a 17-year-old reported visions during which she received divine instruction. In part, these instructions, as presented by White, supported the evolution of the church’s distinctive philosophy of health by elevating healthful living into a moral obligation for Seventh-day Adventists.¹ Healthful living as a feature of religious and moral conviction was given institutional form in the establishment of the Battle Creek Sanitarium, whose most famous director was John Harvey Kellogg.²

By 2001 membership swelled to more than twelve million, roughly 92 percent of whom dwell outside of the United States.

Contents.....

The Individual and the Patient-Caregiver Relationship	3
Family, Sexuality, and Procreation	3
Genetics	5
Organ and Tissue Transplantation	6
Mental Health	7
Medical Experimentation and Research	7
Death and Dying	7
Special Concerns	9



Part of the “Religious Traditions and Healthcare Decisions” handbook series published by the Park Ridge Center for the Study of Health, Faith, and Ethics

Edwin R. DuBose, Ph.D., is Senior Ethics Consultant and Director of Clinical Ethics at the Park Ridge Center for the Study of Health, Faith, and Ethics.

James W. Walters, Ph.D., is Professor of Religion with a specialty in bioethics at Loma Linda University. He cofounded Adventist Today, an independent journal.

FUNDAMENTAL BELIEFS CONCERNING HEALTH CARE

The church's views on health reflect a theology that holds that all things must be interpreted finally with reference to the Bible. Practically, one should have a sound body and mind to render the most effective service to God and to others. One central Adventist belief is that men and women are made in God's image with the freedom and power to think and act.³ Though each is created a free being, every person is an indivisible unity of body, mind, and soul, dependent upon God for life and all else. According to Adventist theology, the care of the body—either personally, socially, or institutionally—is fully an expression of Christian commitment. Since Adventists believe that personal health is a God-given trust essential to one's personal preparation for the Second Advent, people have a responsibility to care for their bodies. This responsibility includes attention to diet, as well as abstinence from alcohol and tobacco.⁴ The person who knowingly violates simple health principles, thereby bringing on ill health, disease, or disability, is living in violation of the laws of God.⁵ In many ways, therefore, the Seventh-day Adventist patient is ideally receptive to holistic, preventive, and rehabilitative regimes. As a ministry, the church operates more than 650 health institutions throughout the world.⁶

The church's commitment to matters pertaining to health and health care remains strong. Generally Adventists favor rational, scientific approaches to health care over pseudoscientific ones because "laws of the natural world are of divine origin." Adventists accept the concept that there are natural remedies that may be beneficial for the treatment of disease, particularly in the home situation. Such remedies should be rational and in harmony with the laws of physiology. Adventists would reject many of the current new age forms of disease treatment because of their pseudoscientific nature and mystical

basis outside of Christian teaching.⁷ While supportive of scientific medicine, Seventh-day Adventist theology is particularly compatible with ideas associated with health reform, for its holistic view of the human being dispenses with the traditionally sharp disjunction between body and soul that influenced the development of biomedicine.

Recent studies show that Adventists who follow church teaching on healthful living have increased longevity. White male and white female Adventists in California live 7 1/4 years and 4 1/2 years longer, respectively, than their California contemporaries. Further, Adventists who live a low-risk lifestyle—high physical activity, vegetarian diet, frequent consumption of nuts, medium body mass—show a 10-year advantage in life expectancy, compared to those Adventists who have a high-risk lifestyle.⁸

The church's posture on many clinical issues is generally consistent with that of many other Protestant Christian groups. The positions outlined below are not church dogma but represent a reasonable summary of Adventist belief. They are based in many cases on articles that appeared in Seventh-day Adventist publications and then were assembled by Albert S. Whiting, former director of the Health and Temperance Department of the General Conference of Seventh-day Adventists. Many of the documents cited were prepared by a special committee and approved by church officers or the denomination's executive committee as guidelines or educational material to provide information to church members. It should be emphasized that these statements do not necessarily represent church policy or mandates to members but rather should be considered as guidelines and information.

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Because the church believes that individuals are created in God's image as free beings, in most matters relating to health care the individual church member makes his or her own choices. No hierarchy stands over the individual to dictate to him or her in such decisions.

CLINICAL ISSUES

Self-determination and informed consent

For Adventists, God has given humans freedom of choice with the proviso that they use their freedom responsibly. This freedom extends to decisions about medical care. As a requirement for responsible decision making, persons should be adequately informed about their condition, the treatment choices, and the possible outcomes.⁹ With consideration for the interests of others and with the help of divine guidance, a person should be given the respect deserved by self-determining individuals.

Truth-telling and confidentiality

Patients, families, and caregivers should be truthful in their relations with each other; "the truth should not be withheld but shared with Christian love and with sensitivity to the patient's personal and cultural circumstances."¹⁰ In medical matters such as assisted reproduction, "health care professionals should disclose fully the nature of the procedure, emotional and physical risks, costs, and documented successes and limited probabilities."¹¹

Adventists believe that trust must be maintained in human relationships. Since the protection of confidentiality is essential to such trust, Adventists believe that information about a person's medical condition or other personal information should be kept confidential unless the person elects to share the knowledge. In cases where others may suffer serious and avoidable harm without information about another person, there is a moral obligation to share the needed information.¹²

Proxy decision making and advance directives

Adventists believe that decisions about human life are best made within the context of healthy family relationships after considering medical advice. When someone is unable to give consent or express preferences regarding medical intervention, an individual chosen by the person should make such decisions. If no one has been chosen, someone close to the person should make the determination. Except in extraordinary circumstances, medical or legal professionals should refer decisions about medical interventions for a person to those closest to that individual. Wishes or decisions of the incapacitated individual are best made known in writing and should be in accord with existing legal requirements.¹³

In general, Adventists agree with current practices in health care concerning informed consent, self-determination, truth-telling, confidentiality, and advance directives.

FAMILY, SEXUALITY, AND PROCREATION

Based on what Adventists see as God's original plan for the lives of Adam and Eve, Seventh-day Adventists advocate sexual union only through lifelong, monogamous, heterosexual marriage. In their drive to be joined, in other words, each couple reenacts the first love story. The act of sexual intimacy is the nearest thing to

a physical union possible for them. It represents the closeness the couple can know emotionally and spiritually as well.¹⁴

For most Adventists, the hope of having children is powerful. Because of their conviction that God is concerned with all dimensions of human life, they are committed to the principle

that procreation is God's gift and should be used to glorify God and bless humanity.¹⁵ According to the Adventist tradition, it is God's ideal for children to have the benefits of a stable family with active participation of both mother and father. At the same time, childlessness should bear no social or moral stigma, and no one should be pressured to have children with or without medical assistance. Decisions about family and family life are personal matters that should be made mutually between husband and wife. There are many acceptable reasons, including health, that may lead people to refrain from or limit procreation.¹⁶

CLINICAL ISSUES

Contraception

Family planning is part of an Adventist's responsibility in today's world, and this kind of planning often involves the need for appropriate forms of birth control. Generally speaking, Seventh-day Adventists regard as acceptable those forms of contraception that prevent the formation of life, rather than those that involve the loss of life.¹⁷

Sterilization

The church has taken no position on sterilization.

New reproductive technologies

All forms of surrogate procreation—e.g., artificial insemination by husband or donor, in vitro fertilization, gamete intrauterine fallopian transfer, surrogate motherhood—raise potential problems. Those problems may include disruption of normal parental-fetal and parent-child bonding, the denial of responsibility for the offspring of procreation, and the disassociation of procreation and loving in marriage. Although the Bible does not offer specific direction in such matters, Adventists believe that too much of human life has been depersonalized and that to depersonalize it further by limiting or perverting personal roles in reproduction is a questionable way of fulfilling maternal or paternal longing.¹⁸

Medical technologies that aid infertile couples, however, may be accepted in good conscience when they are used in harmony with biblical principles.¹⁹ Procedures such as in vitro fertilization require prior decisions about the number of ova to be fertilized and the moral issues regarding the disposition of any remaining pre-embryos.²⁰

At the same time, the church notes that adoption is one of the alternatives that infertile couples may consider.²¹

Abortion and the status of the fetus

Abortion, as understood in Adventist guidelines, is defined as any action aimed at the termination of a pregnancy already established. Abortion is distinguished from contraception, which is intended to prevent a pregnancy.²²

The Bible says nothing explicit on the status of the fetus. For Adventists, however, human life should be treated with respect at all stages of development.²³ Prenatal human life is a gift of God. According to Gerald Winslow, professor of Christian Ethics at Loma Linda University, "Biblical imagery leads us . . . to think of the fetus as one whom God has called by name . . . The principle of respect for human life establishes a strong moral presumption in favor of preserving life, including prenatal life. Exceptions such as abortion must always bear a heavy burden of proof."²⁴

At the same time, the principle of respect for personal autonomy establishes a moral presumption in favor of the pregnant woman's right to determine whether to continue the pregnancy. "The principle calls into question all paternalistic attempts to make continuation of the pregnancy mandatory."²⁵

In sum, abortion should be performed only for the most serious reasons, never for convenience, gender selection, or birth control.²⁶ The exceptional circumstances in which abortion may be considered are when there is significant threat to the pregnant woman's life or health, when severe congenital defects have been diagnosed in the fetus, and when the pregnancy results from rape or

incest. The final decision whether to terminate the pregnancy should be made by the pregnant woman after appropriate consultation—aided in this decision by “accurate information, biblical principles, and the guidance of the Holy Spirit . . . within the context of healthy family relationships.” Any attempt to “coerce women either to remain pregnant or to terminate pregnancy should be rejected as infringements of personal freedom.”²⁷

The church, in its efforts to be a supportive community, should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that may lead to abortion and to care for those suffering the consequences of individual decisions on this issue.²⁸

“Persons having ethical objection to abortion should not be required to participate in the performance of abortions.”²⁹

GENETICS

Among recent developments in genetics are genetic mapping, new means for genetic engineering, and a variety of eugenics strategies. These developments generate potential for immense good or harm and an accompanying call for responsibility in their use. The Seventh-day Adventist church raises three categories of ethical concerns in three areas:

1. Sanctity of human life. “If genetic determinism reduces the meaning of humanhood to the mechanistic outworkings of molecular biology, there is serious potential for devaluing human life . . . For example, new capacities for prenatal genetic testing, including the examination of human pre-embryos prior to implantation, generate questions about the value of human life when it is genetically defective . . . Some conditions, such as trisomy 18, are generally deemed incompatible with life. But the relative seriousness of most genetic defects is a matter of judgment.”³⁰
2. Protection of human dignity. “The protection of personal privacy and confidentiality is one of the major concerns associated with the new possibilities for genetic testing. Knowledge about a person’s genetic profile could be of significant value to potential employers, [to] insurance companies, and to those related to the person. Whether genetic testing should be voluntary or mandatory, when and by whom the testing should be done, how much and with whom the resulting information

should be shared are matters of significant ethical concern . . . At stake is the protection of persons from stigma and unfair discrimination on the basis of their genetic makeup.”³¹

Also, “changes in human reproductive cells could become a permanent part of the human gene pool. Interventions may extend beyond the treatment of disease and include attempts to enhance what have formerly been considered normal human characteristics. What are the implications for the meaning of being human, for example, if interventions aimed at enhancing human intelligence or physique become available?”³²

3. Stewardship of God’s creation. Changes in genetics “have the potential for being both permanent and, to some degree, unpredictable. What limits to genetic change, if any, should be accepted? Are there boundaries that should not be crossed in transferring genes from one life form to another?”³³

CLINICAL ISSUES

In order to safeguard personal privacy and protect against unfair discrimination, information about a person’s genetic constitution should be kept confidential unless the person elects to share the knowledge with others. In cases where others may suffer serious and avoidable harm without genetic information about another per-

son, there is a moral obligation to share the needed information. The obligation to be truthful requires that the results of genetic testing be honestly reported to the person tested or to responsible family members if the person is incapable of understanding the information.³⁴

The Christian acknowledgment of God's wisdom and power in creation should lead to caution in attempts to alter permanently the human gene pool. Intervention in humans should be limited to treatment of individuals with genetic disorders (somatic cell therapies) and should not include attempts to change human reproductive cells (germ line alterations), which could affect the image of God in future generations. The primary purpose of human genetic intervention should be treatment or prevention of disease and alleviation of pain and suffering. Efforts to modify physical or mental characteristics of healthy persons by using genetic interventions should be approached with great caution.³⁵

People capable of making their own decisions should be free to decide whether to be tested genetically. They should also be free to decide how to act on information that results from testing, except when others may suffer serious and

avoidable harm. It may be morally responsible to avoid known risks of serious congenital defects by forgoing procreation. While such decisions about procreation and genetic testing are deeply personal, they should be made by the individual with due consideration for the common good.

Genetic interventions with plants and animals should show respect for the rich variety of life forms. Exploitation and manipulation that destroys natural balance is a violation of stewardship of God's creation.³⁶

The benefits of genetic research should be accessible to people in need without unfair discrimination, and human dignity should not be reduced to genetic mechanisms. People should be treated with dignity and with respect for their individual qualities, not stereotyped on the basis of genetic heritage.

Finally, Adventists hold that Christians should avoid that which is likely to prove genetically destructive to themselves or to their children, such as drug abuse and excessive radiation.³⁷

ORGAN AND TISSUE TRANSPLANTATION

Helping those in need is at the center of Jewish and Christian morality. Based on the belief that one should help and serve others, Seventh-day Adventists who can give another person life or improved health through organ and/or tissue donation are strongly encouraged to do so.³⁸

CLINICAL ISSUES

The church has no official position on many issues, including specific questions related to organ and tissue procurement and transplantation. Thus individual Adventist physicians and

medical institutions are free to apply Christian principles to issues such as use of human fetal tissue, procurement from anencephalic newborns, and the preferability of obtaining organs from cadaveric donors as opposed to living donors.

Adventist-owned and -operated Loma Linda University in California has pioneered infant heart transplant surgery. In the late 1980s the institution had an experimental protocol for transplanting hearts from anencephalic newborns, and it also transplanted a baboon heart in the publicized case of Baby Fae.

MENTAL HEALTH

Chemical dependency is a biopsychosocial-spiritual disorder that encompasses every aspect of an individual in its etiology, expression, prevention, and treatment. The debilitating effects of this disease process are not confined solely to the afflicted person but are also experienced by the family and others associated with the chemically dependent individual. This view of chemical dependency emphasizes that the prevention, expression, and treatment of the disease involve the same principles. Thus the entire process of chemical dependency is seen as more fundamental than a particular drug's chemistry or an individual's physical response to a particular drug.³⁹ Since alcohol and tobacco are drugs, the church advocates abstinence from both.⁴⁰

Although denominational universities now offer advanced degrees in psychology, the church

long viewed psychotherapy with suspicion. Older members may be reluctant to seek psychotherapy, especially from non-Adventist therapists.

CLINICAL ISSUES

No official church guidelines exist on involuntary commitment, psychotherapy and behavior modification, psychopharmacology, or electroshock and stimulation.

The church has taken a stance on hypnotism. It has stated that the use of hypnosis is inappropriate because the individual submitting to hypnosis is allowing his or her mind to be under the control of another individual. Thus hypnosis violates the free agency of persons and creates the possibility of an uncontrolled influence on one's mind.⁴¹

MEDICAL EXPERIMENTATION AND RESEARCH

The church has not issued guidelines on therapeutic and nontherapeutic medical experimentation or research on fetuses, children, and adults.

DEATH AND DYING

It is not life itself but a certain quality of life that is of primary importance for Adventists—namely the personal. When a person possesses the capacity for responsible behavior, his or her life makes the highest order of claim upon others. When, however, this capacity will never return or has no potential for ever existing, a human may be biologically alive but his or her personhood is dead. At this point, the well being of the people who make up the social environment of such an individual begins to take priority.⁴²

The Adventist tradition is balanced in its view of persons. The Bible says nothing explicit on the status of the permanently comatose or the terminally ill. But biblical principles, with few exceptions, do express opposition to the taking of human life. Because God has promised eternal life, however, Christians need not cling anxiously to the last vestiges of life on this earth; it is not necessary to accept or offer all possible medical treatments when they can only prolong the process of dying.⁴³

Adventists recognize that physical, mental,

and emotional pain and suffering are universal. However, human suffering has no expiatory or meritorious value—biblically, no amount or intensity of human suffering can atone for sin. Because medical knowledge and technology can only forestall death, difficult moral and ethical questions remain: “What constraints does Christian faith place upon the use of such power? When should the goal of postponing the moment of death give way to the goal of alleviating pain at the end of life? Who may appropriately make these decisions? What limits, if any, should Christian love place on actions designed to end human suffering?”⁴⁴

Because of their vulnerable condition, “special care should be taken to ensure that dying persons are treated with respect for their dignity and without unfair discrimination. Their care should be based on their spiritual and medical needs and their expressed choices rather than on perceptions of their social worthiness.”⁴⁵

Compared to most Christians, Adventists hold a distinctive view of the soul and death. One’s soul is mortal and is the equivalent of one’s embodied self, not an immortal spiritual essence. At death persons “sleep” in the grave until the resurrection at Christ’s second coming, at which time the redeemed receive eternal life.

CLINICAL ISSUES

Determining death

Church medical institutions in the United States are comfortable with and follow state laws in determining death—either irreversible cessation of cardiopulmonary function or permanent cessation of whole brain function.

Pain control and palliative care

In caring for the dying, Adventists believe that it is a Christian responsibility to relieve pain and suffering to the fullest extent possible but to avoid active euthanasia. When it is clear that medical intervention will not cure a patient, the primary goal of care should shift to relief of suffering. Human suffering possesses no innate value.⁴⁶

Suicide, assisted suicide, allowing to die, and euthanasia

Adventists support the use of modern medicine to preserve and extend human life, but they believe that this power should be used in compassionate ways that reveal God’s grace by minimizing suffering. “Seventh-day Adventists believe that allowing a patient to die by foregoing medical interventions that only prolong suffering and postpone the moment of death is morally different from actions that have as their primary intention the direct taking of a life”⁴⁷ There is a decided difference between actively terminating life and withholding treatment when there is no hope of recovery. For Adventists in appropriate circumstances—when the person’s condition is irreversible—allowing someone to die by forgoing life-sustaining treatment is accepted.⁴⁸ Life-extending medical treatments may be omitted or stopped if they only add to the patient’s suffering or needlessly prolong the process of dying. When medical care merely preserves bodily functions, without hope of returning a patient to mental awareness, it is futile and may, in good conscience, be withheld or withdrawn.⁴⁹

Although Adventists support the withholding or withdrawing of medical interventions that only increase suffering or prolong dying, they are against “mercy killing” or assisted suicide (Genesis 9:5–6; Exodus 20:13; 23:7). They oppose active euthanasia, the intentional taking of the life of a suffering or dying person.⁵⁰

Autopsy and postmortem care

Although there is no specific church policy, Adventists in general offer no objection to autopsies. The choice of postmortem care belongs to the individual family.⁵¹

Last rites, burial, and mourning customs

Because Seventh-day Adventists believe that eternal life comes solely through faith in Christ’s righteousness, they do not practice last rites as a preparation for a hereafter.

SPECIAL CONCERNS

AIDS

Adventists recognize that many people with AIDS are rejected by family, friends, and coworkers and that, as a result, they suffer and die alone. Although Adventists have long advocated premarital abstinence and the limitation of sexual intercourse to the heterosexual marriage relationship, they see the needs of AIDS sufferers as medical, not moral.⁵²

ATTITUDES TOWARD DIET AND THE USE OF DRUGS

The Seventh-day Adventist church advocates complete abstinence from unclean foods as outlined in Leviticus 11 and Deuteronomy 14, as well as alcohol, coffee, tea, and other stimulating foods. It has encouraged vegetarianism, arguing that meat consumption can cause an increase in atherosclerosis, cancer, kidney disorders, osteoporosis, and trichinosis. However, the church does not require strict vegetarianism nor does it prohibit the use of eggs, cheese, and other dairy products.⁵³

FEMALE CIRCUMCISION

Citing its concern for the “entire person,” the church expresses its opposition to the “widespread practice of female genital mutilation.” Although the church strongly believes in religious liberty, it strongly objects to this cultural—even religious—practice whose prevalence

exceeds 90 percent in some countries. Church members are called upon to help eliminate this practice in all its forms because it is disfiguring and causes physical dysfunction and emotional trauma.⁵⁴

USE OF MIFEPRISTONE (RU-486)

The drug Mifepristone, commonly known as RU-486, may provide effective therapy in the treatment of such medical conditions as cancer. The church states that the drug should be used in keeping with relevant laws and established medical practice. RU-486 can also be used for contraception. If the intent is to prevent fertilization, its use is ethically permissible. Like other oral contraceptives, however, RU-486 may sometimes prevent implantation of a fertilized ovum. “This is ethically problematic to those who consider this effect to be abortion When RU-486 is used in legally permissible and medically appropriate ways for the purpose of causing abortion,” Adventist guidelines on abortion should be followed.⁵⁵

BLOOD TRANSFUSIONS

Seventh-day Adventists embrace all medical procedures that lead to greater holistic health and the sustaining of life. They therefore approve of the transfusion of blood whenever it is medically prescribed as a lifesaving measure.

NOTES

1. Numbers and Larson, "The Adventist Tradition," 447–51.
2. Bull and Lockhart, *Seeking a Sanctuary*, 130.
3. White, *Education*, 17.
4. General Conference, *Seventh-day Adventists Believe*, 278.
5. Neuffer, "Health Principles," 574.
6. See <<http://www.Adventist.org>> for updated statistics and position papers.
7. Whiting, personal communication, 1992, 1995; White, *Ministry of Healing*, 127, 265.
8. Fraser and Shavlik, "Ten Years of Life"; Fraser, "Associations"; Phillips, "Cancer among Seventh-day Adventists."
9. See, for example, a publication written by the church's Christian View of Human Life Committee, *The Seventh-day Adventist Church Focuses on Ethical Issues* (hereafter referred to as *Ethical Issues*), 8.
10. *Ethical Issues*, 21.
11. *Ibid.*, 8–9.
12. *Ibid.*, 30.
13. *Ibid.*, 21–22.
14. *Seventh-day Adventists Believe*, 29.
15. *Ethical Issues*, 7.
16. *Ibid.*, 8.
17. Whiting, 1992.
18. *Ibid.*; see also the discussion of assisted human reproduction in *Ethical Issues*, 7–9.
19. *Ethical Issues*, 8.
20. *Ibid.*, 8.
21. *Ibid.*, 9.
22. *Ibid.*, 13.
23. Jeremiah 1:5; Psalms 139:13–16; *Ethical Issues*, 8, 11.
24. Park Ridge Center, *Abortion, Religion, and the State Legislator*, 19.
25. *Ibid.*
26. *Ethical Issues*, 11.
27. *Ibid.*, 12–13.
28. *Ibid.*, 12.
29. *Ibid.*, 13.
30. *Ibid.*, 28.
31. *Ibid.*
32. *Ibid.*, 29.
33. *Ibid.*
34. *Ibid.*, 30.
35. *Ibid.*, 30–31.
36. *Ibid.*, 31.
37. *Ibid.*, 32.
38. Whiting, 1992.
39. General Conference Commission on Chemical Dependency and the Church, *Report*, 7, cited by Whiting, 1992.
40. Sterndale, "Alcohol and the Pregnant Woman."
41. Whiting, 1995.
42. Whiting, 1992; Walters, *What Is a Person?*
43. *Ethical Issues*, 21.
44. *Ibid.*, 20.
45. *Ibid.*, 23.
46. *Ibid.*, 22–23.
47. *Ibid.*, 20.
48. Whiting, 1992.
49. See *Ethical Issues*, 21–22.
50. *Ibid.*, 22.
51. Whiting, 1995.
52. Whiting, 1992.
53. *Seventh-day Adventists Believe*, 285; Sanchez and Hubbard, "Superiority of Vegetable Protein," 17.
54. General Conference Christian View of Human Life Committee, 2000. The General Conference Administrative Committee voted receipt, not approval, of the Female Circumcision statement in 2000. This action signaled some ambivalence among world church leaders, although North American church leaders would be unanimous in supporting the statement.
55. *Ethical Issues*, 17.

BIBLIOGRAPHY

Some of the material in this handbook is excerpted from the sources cited.

- Bull, Malcolm, and Keith Lockhart. *Seeking a Sanctuary: Seventh-day Adventism and the American Dream*. New York: Harper and Row, 1986.
- The Christian View of Human Life Committee. *The Seventh-day Adventist Church Focuses on Ethical Issues*. Silver Spring, Md.: General Conference of Seventh-day Adventists, 1995.
- Fraser, Gary E. "Associations Between Diet and Cancer, Ischemic Heart Disease, and All-Cause Mortality in Non-Hispanic White California Seventh-day Adventists." *American Journal of Clinical Nutrition* 70 (1999): 532s-538s.
- Fraser, Gary E., and David J. Shavlik. "Ten Years of Life: Is It a Matter of Choice?" *Archives of Internal Medicine* 161 (2001): 1645-1652.
- General Conference Commission on Chemical Dependency and the Church. *Report*. Part 1, 1987.
- General Conference of Seventh-day Adventists. *Seventh-day Adventists Believe . . .* Washington, D.C.: Ministerial Association, 1988.
- Neuffer, Don. "Health Principles." *Seventh-day Adventist Encyclopedia*. Washington, D.C.: Review and Herald Publishing Association, 1976.
- Numbers, Ronald L. *Prophetess of Health: Ellen G. White and the Origins of Seventh-day Advent Health Reform*. Second edition, Nashville: University of Tennessee, 1992.
- Numbers, Ronald L., and David R. Larson. "The Adventist Tradition." In *Caring and Curing: Health and Medicine in the Western Religious Traditions*, ed. Ronald L. Numbers and Darrel W. Amundsen, 447-67. New York: Macmillan, 1986.
- Park Ridge Center for the Study of Health, Faith, and Ethics. *Abortion, Religion, and the State Legislator after Webster: A Guide for the 1990s*. Chicago: Park Ridge Center, 1990.
- Pearson, Michael. *Millennial Dreams and Moral Dilemmas: Seventh-day Adventism and Contemporary Ethics*. Cambridge: Cambridge University Press, 1990.
- Phillips, R. L. "Cancer among Seventh-day Adventists." *Journal of Environmental Pathology and Toxicology* 3 (1980): 157-69.
- Sanchez, Albert, and Richard Hubbard. "The Superiority of Vegetable Protein." *Adventist Review* 166 (December 28, 1989): 16-17.
- Sterndale, Elizabeth. "Alcohol and the Pregnant Woman." *Ministry* (March 1987): 25-26.
- Walters, James W. *What Is A Person? An Ethical Exploration*. Urbana: University of Illinois Press, 1997.
- White, Ellen G. *Education*. Mountain View, California: Pacific Press Publishing Association, [1903] 1952.
- White, Ellen G. *Ministry of Healing*. Mountain View, California: Pacific Press Publishing Association, [1905] 1942.
- Whiting, Albert. Personal communication, January 29, 1992.
- _____. Personal communication, September 26, 1995.
- Web sites:
- www.Adventist.org (official)
- www.Atoday.com (independent)
- www.Spectrummagazine.org (independent)

Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, health care workers face the challenge of providing appropriate care and services to people of different religious backgrounds. Unfortunately, many healthcare workers are unfamiliar with the religious beliefs and moral positions of traditions other than their own. This booklet is one of a series that aims to provide accessible and practical information about the values and beliefs of different religious traditions. It should assist nurses, physicians, chaplains, social workers, and administrators in their decision making and care giving. It can also serve as a reference for believers who desire to learn more about their own traditions.

Each booklet gives an introduction to the history of the tradition, including its perspectives on health and illness. Each also covers the tradition's positions on a variety of clinical issues, with attention to the points at which moral dilemmas often arise in the clinical setting. Finally, each booklet offers information on special concerns relevant to the particular tradition.

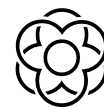
The editors have tried to be succinct, objective, and informative. Wherever possible, we have included the tradition's positions as reflected in official statements by a governing or other formal body, or by reference to positions formulated by authorities within the tradition. Bear in mind that within any religious tradition, there may be more than one denomination or sect that holds views in opposition to mainstream positions, or groups that maintain different emphases.

The editors also recognize that the beliefs and values of individuals within a tradition may vary from the so-called official positions of their tradition. In fact, some traditions leave moral decisions about clinical issues to individual conscience. We would therefore caution the reader against generalizing too readily.

The guidelines in these booklets should not substitute for discussion of patients' own reli-

gious views on clinical issues. Rather, they should be used to supplement information coming directly from patients and families, and used as a primary source only when such firsthand information is not available.

We hope that these booklets will help practitioners see that religious backgrounds and beliefs play a part in the way patients deal with pain, illness, and the decisions that arise in the course of treatment. Greater understanding of religious traditions on the part of care providers, we believe, will increase the quality of care received by the patient.



THE PARK RIDGE CENTER
FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

205 West Touhy Avenue • Suite 203 • Park Ridge, Illinois 60068-4202

The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

© 2002 The Park Ridge Center. All rights reserved.