The Latter-day Saints Tradition

Religious Beliefs and Healthcare Decisions

Edited by Deborah Abbott

Contents

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The Church of Jesus Christ of Latter-day Saints was founded in 1830 by a young man named Joseph Smith Jr., who received a series of revelations throughout his lifetime. The first came in 1820, when two heavenly beings, later identified as Jesus and God the Father, appeared to Smith; one of them told him that all of the many religious sects were wrong and forbade him to join any of them. In 1827, an angel gave him plates of gold engraved with holy scriptures now known as the Book of Mormon. According to the tradition, Smith was ordained by John the Baptist on May 15, 1829, and some time later by the Apostolic disciples Peter, James, and John; his ordination marked the divinely authorized restoration of the Apostolic Church, which was founded by Jesus Christ and had died with the first generation of apostles.[1]

Joseph Smith's leadership by revelation caused turmoil within the Latter-day Saints church; members claiming revelations of their own caused a number of schisms in the early days of the church. Today, two major churches from this tradition survive. The largest, with 5.2 million members in the United States as of December 2000, is the Church of Jesus Christ of Latter-day Saints, or LDS church, headquartered in Salt Lake City, Utah. The LDS church, commonly known as the Mormon church, is one of the fastest growing religions, showing dramatic growth in a combination of "membership, market share, visibility, and/or importance over the next few decades."[2] The other major church, with about 250,000 members as of October

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2001, is the Community of Christ, formerly the Reorganized Church of Jesus Christ of Latter Day Saints (RLDS) church, headquartered in Independence, Missouri.[3]

The term "Mormon" is often used to refer to members of the Church of Jesus Christ of Latter-day Saints. Although "Mormon" is not an offensive term, most members prefer to be called "Latter-day Saints." In referring to the Community of Christ (referenced here as "Community") or its members, one should not use the term "Mormon." Members of the Community of Christ refer to themselves as "Saints" or simply "members."

Both churches seek to distinguish themselves from the other. The Church of Jesus Christ of Latter-day Saints claims to be unique in that even today its prophetic leadership continues to receive and codify divine revelation.[4] Meanwhile, the Community of Christ under its former name published the following statement:

> While the RLDS church and the LDS (or Mormon) church have some common features, such as a common historical beginning, there is no connection between the groups. In fact, the paths taken by the two have been so divergent since separation in 1844 as to make the similarity in name at the present time inharmonious with religious faith and practice . . . The RLDS and LDS are often incorrectly seen as closely related in their theology and practice by the uninformed observer. Often this assumption leads to the "lumping together" of these groups which is entirely inappropriate. The RLDS church has far more in common theologically with mainline Protestant churches than it does with the LDS church. Every attempt should be made by persons involved with both groups to clearly distinguish between the two. This understanding will lead to much more effective ministry to both groups.[5]

Fundamental Beliefs Concerning Health Care

LDS: Latter-day Saints believe that both scientific and religious truths have their source in God, and they see the two as necessarily complementary. As a result, Latter-day Saints are more open to scientific and medical advances than many others in religious traditions that have a deeply scriptural foundation.[6] Latter-day Saints "are encouraged to take full advantage of modern medicine and technology in the prevention and cure of sickness."[7] Officially, the LDS church holds that "members should not use medical or health practices that are ethically or legally questionable. Local leaders should advise members who have health problems to consult competent professional practitioners who are licensed in the countries where they practice. Bishops may not use fast offerings [charity] funds to pay for unproven medical care without First Presidency [high council] approval in each case."[8] Part of this emphasis is perhaps a response to what seems to be an ongoing LDS proclivity to seek out herbal and naturopathic cures. This tendency is a vestige of official nineteenth-century urgings that "those with insufficient faith to be healed should eschew orthodox treatments in favor of herbal remedies."[9]

Not only does the LDS tradition respect medical science and technology, it also upholds a profound respect for the moral integrity of persons within the healing professions. This is illustrated most clearly by the fact that medical professionals, rather than ecclesiastical officials, are often cited as the primary consultants in cases of medical-moral perplexity.[10]

Latter-day Saints have a reputation for fostering a tightly knit community that manifests itself clearly when its members are sick or otherwise in need. Those who have significant illnesses are often surrounded by a well-organized charitable effort to provide practical, professional, and spiritual support.[11]

With regard to suffering, "Latter-day Saints do not believe that pain is intrinsically good. In their teaching there is little of asceticism, mortification, or negative spirituality. But when suffering is unavoidable in the fulfillment of life's missions, one's challenge is to draw upon all the resources of one's soul and endure faithfully and well. If

benefit comes from pain, it is not because there is anything inherently cleansing in pain itself."[12]

Community: This church's world headquarters issued a short document titled "Helpful Information for Health Care Professionals in Meeting the Spiritual Needs of Patients Who Are Members of the Reorganized Church of Jesus Christ of Latter Day Saints (RLDS Church)," which contains the following statement:

> The basic beliefs of the RLDS church pertaining to health and healing are simply stated:
>
> We believe in God as the source of love and life and truth,
> In Jesus Christ as the personal revelation of God,
> In the Holy Spirit as God's presence with and in us,
> In the human soul as body and spirit,
> In the ultimate health of salvation as perfect wholeness through divine grace,
> And in human freedom and agency with responsibility and accountability as divine gifts.
>
> IMPLICATIONS: The church believes that humankind is endowed with freedom to choose to serve God or to reject God. Because free moral choice is an important church doctrine, the church resists the imposition of any ecclesiastical restriction or proscription which limits a person's exercise of this freedom. Preferably, medical decisions having moral implications will be made by the individual and/or family in consultation with a physician, a qualified minister or priesthood member, professional counselor, etc. These decisions should always be made in light of a full range of moral, legal, religious, and cultural influences within which the persons live. The RLDS member faced with difficult and complex issues and decisions related to health will look to his/her faith as a resource and milieu in which such issues and decisions can be clarified. The individual's faith will provide support in his/her exercise of the freedom to choose, and the church will provide caring ministry in all circumstances. Whether these issues are related to sexuality and procreation, passages of human life, health crisis, care of the dying and deceased, etc., the church does not pretend to give simple answers to complex and perplexing questions. Further, because there are no clear rules of conduct in every case which are dictated to persons faced by these situations, the availability and intervention of a large array of support/clarification services and personnel will likely be welcomed and appreciated.[13]

With regard to individual medical practices, the Community of Christ published the following statement: "The moral evaluation of other specific procedures, including new techniques made possible through scientific advancement, will be mediated as necessary through the Standing High Council of the church, as the chief interpreters of faith and doctrine in matters related to biomedical ethics."[14]

Institutional authority and individual conscience

LDS: The role of authority in the LDS church is somewhat paradoxical. On the one hand, obedience to church authority is strongly emphasized in official church rhetoric[15] and in the communities of Latter-day Saints. On the other hand, the church actually has very few authoritative doctrines and rarely takes official or formal positions on social matters.[16] The guidance offered to members of the LDS church on specific medical ethical issues arises from the "central tenets of the faith: the centrality of marriage and children; the overriding importance of maintaining family harmony and stability, and protecting the health and well-being of mother, children, and 'tabernacles [children]-to-be;' the preservation of free agency and personal accountability; and the total unacceptability of decisions based on 'selfish' rationales."[17]

Historically, the LDS church has been very slow to make statements concerning medical ethical issues. Traditionally, the development of a position comes in several stages. First, the three-member First Presidency, the highest council of

the church, responds privately to specific cases; much later it may make an official public statement on the issue; and then, if a different general societal consensus emerges, it may modify the official statement so that it conforms with public trends. Courtney Campbell, a prominent analyst of LDS medical ethical thought, believes "the LDS tradition will likely confront the emerging health policy issues of contemporary bioethics with ecclesiastical silence and an affirmation of personal and professional responsibility."[18]

For practical purposes, the LDS church has published periodically throughout this century a *General Handbook of Instructions* that serves as the official manual of church policy and practices. The book includes information on such topics as church administration, performance of ordinances and rituals, and enforcement of church discipline; it also enumerates church positions on a variety of medical and moral issues. It is available only to ecclesiastical leaders and is designed to guide them in leading members for whom they have responsibility.[19] However, the *General Handbook* does not and cannot address every situation, much less provide an "answer." The teachings are typically very brief, address specific practices, and frequently carry no explicit scriptural references or explanatory justification. In addition to consulting official church positions, "individual members of the LDS Church are understood to be capable of receiving divine direction or revelation for their personal 'stewardships'—the practical problems encountered in daily life, in relations with family members, or with other persons."[20] Among the twenty-four health-related topics addressed in the *General Handbook*, nine include a clause indicating that the ultimate decision-making authority rests with the parties involved; this is part of a trend toward, and in some ways a reversion to, the attitude that God, rather than the church, should judge the morality of such decisions.[21] In the absence of a clear ecclesiastical directive, difficult medical questions should be addressed from the standpoint of personal moral agency and the prevailing professional ethics of medicine. Persons involved should seek guidance from God and consult with their doctors, families, and ecclesiastical officials.

Community: This church has been described as "a theocratic democracy—a government of God directed divinely under the law of 'common consent' of the people."[22] Of all the churches with LDS heritage, it has been the one most open to the ideas of mainline Protestantism. In fact, this church often emphasizes its similarity to and connection with the major U.S. Protestant churches. The church gives very broad guidance to its members, rarely making categorical statements. There is, however, a body within the church structure known as the Standing High Council that gives consideration to moral and ethical issues, including certain bioethical questions. The council consists of twelve high priests, appointed by the First Presidency, who meet once a month to study issues and develop statements of policy; the First Presidency sets the agenda based on its understanding of what important issues face the church. The council's policy statements are published internally in a policies and procedures manual and are sometimes distributed to the full-time ministerial staff for guidance in counseling individual church members. The church encourages individual members to rely on their own conscience and has published the following statement about human agency:

> It is . . . a fundamental tenet of the church that humankind is endowed with freedom of choice to serve God or reject God, that persons cannot be saved in the Kingdom of God except by the grace of the Lord Jesus Christ, whose atonement gives persons the possibility of coming once more into God's presence . . . Because free moral choice is an important doctrine, based on the principle of God-given human agency, the church resists the imposition of any restrictions or policies limiting a person's exercise of agency. However, there are implied parameters of social expectations that are developed within the church community that have their origins in Scriptural revelation, tradition, and practice.[23]

Where an official ecclesiastical position has not been taken, the church holds that "medical decisions having moral implications [should] be made by the individual and/or family in consultation with a physician, a qualified minister or priesthood member, professional counselor, etc. These decisions should always be made in light of a full range of moral, legal, religious, and cultural influences within which the persons live."[24]

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Both the LDS church and the Community of Christ emphasize individual moral agency within the context of the religious community and belief system; they do not use the secular term "autonomy" in their discourse because it implies self-determination independent of God. The LDS church, in many of its medical ethics statements, places confidence specifically in the ability of medical care providers to resolve morally troublesome medical situations, and the Community of Christ, while silent on many specific medical procedures, also trusts in the ability of those involved to arrive at an appropriate decision. In resolving difficult situations, both churches place a strong emphasis on collective decision making rather than individual choice. Both would agree that it is the patient who must make the final decisions regarding his or her care but that the process of decision making should include family members, professional caregivers, friends, and in some instances ecclesiastical leaders.

Clinical issues

Self-determination and informed consent

LDS: In the mid-1970s, the LDS church issued the following statement: "The Church recognizes the need for carefully conducted and controlled experimentation to substantiate the efficacy of medicines and procedures. We believe, however, that the free agency of the individual must be protected by informed consent and that a qualified group of peers should review all research to ascertain that it is needed, is appropriately designed and not harmful to the person involved."[25]

Interestingly, the current *General Handbook* does not include references to experimental procedures, despite the prominent role played by the Latter-day Saints in early clinical trials of the artificial heart. This omission may be explained by the fact that oversight by institutional review boards of research using human subjects has been almost universally implemented in the United States.

Community: The church recognizes and supports the common-law right to self-determination that has led to the doctrine of informed consent to medical treatments.[26]

Truth-telling and confidentiality

LDS: "The LDS church always encourages honesty and truthfulness in all settings and situations."[27] The church has no official position on truth-telling and confidentiality in medical settings. (See "Institutional authority and individual conscience," above.)

Community: No position. (See "Institutional authority and individual conscience," above.)

Proxy decision making and advance directives

LDS: The LDS church, in a section of the *General Handbook* entitled "Prolonging Life," supports the ability of family members to make decisions regarding continuation of treatment when "dying becomes inevitable" for a member of the church. Such decisions should be made after consulting with appropriate medical personnel and seeking divine guidance through prayer and fasting. The *General Handbook* does not address legal issues in this context and does not discuss advance directives or living wills.[28] Utah, the

state with the highest percentage of Latter-day Saints, does have a standard living-will statute.[29]

Under circumstances involving end-of-life decisions, ecclesiastical direction stipulates that "no unreasonable means" are required to prolong life. However, no substantive criteria for determining "unreasonable means" are given. This means that patients, their families, and physicians may interpret and apply this standard differently in various situations.[30]

Community: The Standing High Council has stated:

> When family members must become surrogate decision-makers, they will function best if they are qualified to represent the patient's desires and have some evidence regarding the nonautonomous patient's previously held views. Such evidence can take the form of a living will, an advance directive, or a durable power of attorney for health care. This can be most helpful to family members and medical professionals as they make the actual decisions. Lacking such evidence, the surrogate has a responsibility to follow guidance principles which have received strong legal consensus in recent years. One is the "substituted-judgment" standard, in which the patient's surrogate attempts to make the decision that the individual, if competent, would choose. Another is the "best interest" standard—acting to best promote the good of the individual in terms of the relative balance of benefits and burdens . . .
>
> Personal stewardship encompasses the responsibility of individuals to think ahead to the kind of care they may wish to receive at the end of their lives or after they become incapable of deciding for themselves. It greatly reduces the uncertainty and difficulty of treatment decisions if, sufficiently early in life's journey, planning has begun for an advance directive, a living will, or a durable power of attorney for health care. We place great value on the informed and reflective decision-making process in this life. It is wise to use this process to deal with the natural conclusion of life—our own death.[31]

FAMILY, SEXUALITY, AND PROCREATION

LDS: The LDS church and its membership are often noted for their very conservative and traditional views on family (including gender role attitudes and behavior), sexuality, and procreation. A prominent teaching of the church holds that adults are encouraged to marry and provide temporal bodies, called "tabernacles," for the spirit children of God so that these children may enter a loving family, grow, and be tested on earth.[32]

One unique doctrine of the LDS church is that couples whose marriages are "sealed" in a temple and who remain faithful will continue their marriage and continue to procreate in the afterlife. In addition, earthly children of parents whose marriage has been sealed may be sealed to their parents, thus immortalizing the family bonds.

Many people wrongly associate polygamy, or plural marriage, with the modern-day LDS church. Polygamy was part of LDS practice only during the middle and late nineteenth century, and it provoked great hostility toward the Latter-day Saints. Church president Wilford Woodruff abolished the practice in 1890. Some small splinter groups still practice plural marriage, but the larger church vigorously dissociates itself from this practice.

The First Presidency issued a letter on "Standards of Morality and Fidelity" to all members of the LDS church on November 14, 1991, that said, in part:

> We call upon members to renew their commitment to live the Lord's standard of moral conduct. Parents should teach their children the sacred nature of procreative powers and instill in them a desire to be chaste in thought and deed. A correct understanding of the divinely appointed roles of

men and women will fortify all against sinful practices. Our only real safety, physically and spiritually, lies in keeping the Lord's commandments.

The Lord's law of moral conduct is abstinence outside of lawful marriage and fidelity within marriage. Sexual relations are proper only between husband and wife appropriately expressed within the bonds of marriage. Any other sexual contact, including fornication, adultery, and homosexual and lesbian behavior, is sinful. Those who persist in such practices or who influence others to do so are subject to Church discipline.[33]

Community: Unlike the LDS church, this church has never accepted the idea that marriage covenants continue after death.[34] The church holds no unique positions on issues of family, sexuality, and procreation. However, one of the few causes for dismissal from the church is adultery.[35]

Clinical issues

Contraception

LDS: Prior to 1989, the official position of the LDS church was to oppose artificial contraception; however, actual practice often deviated from this teaching. The statement on birth control in the 1989 *General Handbook* represents a softening of previous policy against the use of artificial birth control and implicitly accepts that a couple may, after prayerful consideration, space their children as may be best for their family: "Husbands must be considerate of their wives, who have a great responsibility not only for bearing children but also for caring for them through childhood . . . Married couples should seek inspiration from the Lord in meeting their marital challenges and rearing their children according to the teachings of the gospel."[36]

In practice, the proportion of Latter-day Saints who use modern birth control methods at some point in their lives is the same as that of the national population,[37] around 96 percent, according to a 1975 survey. And although 1986 survey data indicated that the LDS birthrate was lower than ever, at around twenty births per thousand, LDS families continue to have an average of one more child than the average American family, as they have throughout this century.[38] The consistently higher-than-average birthrate indicates that LDS couples tend to use artificial birth control more as a means of spacing than of limiting their families. Apparently in LDS culture, family size is determined more by the encouragement to have children than by the discouragement from using artificial birth control.[39]

Community: The church holds that "counseling on contraception as part of the stewardship of life, is appropriate in whatever context it might arise."[40]

Sterilization

LDS: Sterilization as a means of birth control is viewed very differently by the LDS church than are temporary methods of birth control—it is "seriously deplored." The statement on sterilization (including vasectomy) that appears in the 1989 *General Handbook* is consistent with past ecclesiastical teaching:[41]

Surgical sterilization should only be considered (1) where medical conditions seriously jeopardize life or health, or (2) where birth defects or serious trauma have rendered a person mentally incompetent and not responsible for his or her actions. Such conditions must be determined by competent medical judgment and in accordance with law. Even then, the person or persons responsible for this decision should consult with each other and with their bishop . . . and receive divine confirmation through prayer.[42]

Community: "The church supports the performance of medical procedures designed to accomplish sterilization if, in the opinion of the physician, and others qualified to judge, such a procedure is in the best interest of the patient, the family, and/or society."[43]

New reproductive technologies

LDS: Given the LDS emphasis on reproduction in the context of marriage and the church's general acceptance of medical technology, one might reasonably assume that the church would welcome advances that allow otherwise infertile LDS couples to bear children. As a general matter, the church does accept such technologies for married couples, as long as the genetic link to both parents is assured.[44] When gametes from third parties are introduced, however, the church discourages this use of technology.

Community: This church's position is similar. The church supports the use of reproductive technologies in which the resulting child will be genetically linked to both parents. While other arrangements are not considered "immoral," the church advises caution, given the unpredictable social complications.

Artificial insemination

LDS: The 1989 *General Handbook* states that artificial insemination by donor (AID) "is discouraged" because it "may seriously disrupt family harmony . . . However, this is a personal matter that ultimately must be left to the husband and wife, with the responsibility for the decision resting solely upon them . . . [Similarly,] donation of sperm is discouraged."[45] The text does not directly address artificial insemination by husband (AIH), but because it is distinguished from AID and is not explicitly discouraged, one may assume that it is acceptable.

A unique consideration regarding salvation arises because of the Latter-day Saints' practice of sealing for eternity the family bonds between husband and wife and between children and parents. The 1989 *General Handbook* states, "A child conceived by artificial insemination and born after the parents are sealed in the temple is born in the covenant. A child conceived by artificial insemination before the parents are sealed may be sealed to them after they are sealed."[46] This means that, with respect to their eternal salvation as members of their families, children conceived through the use of either AIH or AID are no different from children conceived through intercourse.[47]

Absolutely no artificial insemination should be performed outside the context of a marriage. The 1985 *General Handbook* states, "The church disapproves of artificial insemination of single sisters. Single sisters who deliberately refuse to follow the counsel of their priesthood leaders in this regard will be subject to disciplinary action."[48] Furthermore, a child cannot be sealed to only one parent, so the resulting child would remain unsealed.[49]

Community: The policy of the Standing High Council, formulated in 1966, is this:

> On this subject the scriptures are silent. It is our opinion that when competent medical opinion has indicated that natural procreation is not possible, artificial insemination may be used . . . so long as the donor is the husband. We are inclined to say that A.I. by donor other than the husband, provided it is done with the husband's consent, is not immoral; still, because of the unresolved legal, sociological and psychological implications A.I. or IVF [in vitro fertilization] by other than the husband is not recommended by the church.

Gamete intrauterine fallopian transfer (GIFT)

LDS: No official LDS position on GIFT exists. Given the LDS positions on AIH and AID, however, GIFT would likely be acceptable if a woman's own egg was implanted in her fallopian tube along with the sperm of her husband. Other GIFT arrangements would probably be discouraged but left to the discretion of the couple.

Community: No official church position on GIFT exists. Given this church's positions on AIH and AID, however, GIFT would likely be acceptable if a woman's own egg was implanted in her fallopian tube along with the sperm of her husband. As long as both husband and wife consent, the church would not view other GIFT arrangements as immoral but would not recommend them.

In vitro fertilization (IVF)

LDS: Consistent with the LDS stances on AIH

and AID, the LDS policy on IVF, first articulated in 1989, states: "In vitro fertilization using semen other than that of the husband or an egg other than that of the wife is strongly discouraged. However, this is a personal matter that ultimately must be left to the judgment of the husband and wife. A child conceived through in vitro fertilization after parents are sealed in the temple is born in the covenant. Such a child born before parents are sealed in the temple may be sealed to them after they are sealed."[50] The fact that the term "strongly" appears with reference to IVF but not artificial insemination suggests that IVF may be more morally problematic. The statement does not elaborate the specific objections, but these may include the fact that IVF often involves freezing and eventually destroying unneeded embryos as well as selectively aborting fetuses in cases of multiple pregnancy. The issue of when a fetus receives its soul (and therefore when it becomes a "person") is nonetheless still unsettled in the LDS tradition; because of this, personal discretion may be appropriate on this point.[51] (See section on abortion below.)

Community: See the church's position on artificial insemination above.

Surrogate motherhood

LDS: The LDS statement on surrogate motherhood is very simple, straightforward, and surprisingly mild. "Surrogate motherhood is discouraged. It might cause spiritual, emotional, and other difficulties."[52] Voluntary and commercial surrogacy are not distinguished.

Surrogate arrangements involving artificial insemination may entail specific difficulties for Latter-day Saints, particularly for married surrogates. If the surrogate mother is single, the artificial insemination itself will not be approved. If the surrogate mother is married and has been sealed to her husband, she, rather than the "adoptive" mother, will be sealed for eternity to the child involved; under current LDS policy, no provision exists for breaking this bond so that the child may be sealed to his or her adoptive parents.[53]

Community: No official position exists on surrogate motherhood. However, given its positions on AIH and AID, the church would not recommend surrogate arrangements because of the potential legal, sociological, and psychological complications. Arrangements in which the child is genetically related to only one member of the couple would be less desirable than those in which the child is the offspring of both parents.

Abortion and the status of the fetus

LDS: The following statement was published in the newspaper *Deseret News* on January 19, 1991, under the heading "LDS Position on Abortion," and the text was incorporated into the October 1991 revision of the *Supplement to the General Handbook of Instructions*:

> In view of the widespread public interest in the issue of abortion, we reaffirm that The Church of Jesus Christ of Latter-day Saints has consistently opposed elective abortion. More than a century ago, the First Presidency of the Church warned against this evil. We have repeatedly counseled people everywhere to turn from the devastating practice of abortion for personal or social convenience.
>
> The Church recognizes that there may be rare cases in which abortion may be justified—cases involving pregnancy by incest or rape; when the life or health of the woman is adjudged by competent medical authority to be in serious jeopardy; or when the fetus is known by competent medical authority to have severe defects that will not allow the baby to survive beyond birth. But these are not automatic reasons for abortion. Even in those cases, the couple should consider an abortion only after consulting with each other, and their bishop, and receiving divine confirmation through prayer.
>
> The practice of elective abortion is fundamentally contrary to the Lord's injunction, "Thou shalt not steal; neither commit adultery, nor kill, nor do

anything like unto it" (Doctrine and Covenants 59:6). We urge all to preserve the sanctity of human life and thereby realize the happiness promised to those who keep the commandments of the Lord.

The Church of Jesus Christ of Latter-day Saints as an institution has not favored or opposed specific legislative proposals or public demonstrations concerning abortion.

Inasmuch as this issue is likely to arise in all states in the United States of America and in many other nations of the world in which the Church is established, it is impractical for the Church to take a position on specific legislative proposals on this important subject.

However, we continue to encourage our members as citizens to let their voices be heard in appropriate and legal ways that will evidence their belief in the sacredness of life.[54]

With regard to circumstances in which abortion may be justified because of a risk to the mother's health (second paragraph), "no differentiation is made in formal policy as to whether 'health' should be given a narrow (physiological) or broad (psychological and physiological) interpretation, though the context of earlier policy statements, as well as the ongoing procedural stipulation that indications of life or health as reasons for abortion must be confirmed by medical professionals, may tilt the balance towards a more objective, physiological understanding of 'health.' Here again, however, the silence of the text on this point leaves open the possibility of practical flexibility."[55]

Even in the "rare cases in which abortion may be justified," it is not necessarily appropriate. Couples considering abortion under these circumstances are expected to consult both each other and the local ecclesiastical authority, and after they have made the decision to abort, they are expected to "receiv[e] divine confirmation through prayer."[56]

The statement quoted above, a reaffirmation of LDS policy, was published in the midst of a heated debate in Utah surrounding a proposed abortion bill that would have prohibited abortion except under the three conditions outlined in LDS policy. This bill did pass the Utah state legislature but was later judged to be unconstitutional.[57] The law would have dramatically reduced the number of abortions performed annually in Utah, currently about 5,000. The Utah abortion rates (number of abortions per the number of women of childbearing years) and ratios (number of abortions divided by the number of live births) are half or less than half the national average, though the same rates and ratios as calculated during the first eight weeks of pregnancy have been higher than the national average.[58]

Interestingly, the LDS church does not equate abortion with murder. Unlike other churches, the LDS church has never formally addressed the issue of when life begins and therefore does not argue against abortion on the grounds that it destroys a human life. When LDS leaders have discussed the "ensoulment" of the fetus, they have often set it at the time of "quickening" (movement detectable by the mother), but others have assumed ensoulment to occur at birth. These discussions represent doctrinal speculation, not official church positions.

The fact that abortion is not equivalent to murder is illustrated by the difference in ecclesiastical sanctions associated with each. "Disciplinary action, including excommunication, may be applied to any Latter-day Saint who encourages, performs, or submits to an abortion; the scope of the sanction thus applies to family members and physicians as well as to pregnant women. At the same time, those disciplined may undergo a period and process of repentance and receive forgiveness from ecclesiastical authorities, a practice that presupposes a distinction between abortion and the taking of innocent human life."[59] According to LDS scripture, murderers "shall not have forgiveness in this world, nor in the world to come."[60]

Community: In contrast the following excerpt is from the "Statement on Abortion" (January 24, 1974, reaffirmed in 1980) by the Standing High Council that "support[s] the legality of abortion

and the right of a woman to make her own decision in the matter. It also emphasize[s] the moral importance of the decision and the need to live in ways which would minimize the need for such decisions."

> 6. We affirm the inadequacy of simplistic answers that regard all abortions as murder or, on the other hand, regard abortion only as a medical procedure without moral significance.
>
> 7. We affirm the right of the woman to make her own decision regarding the continuation or termination of problem pregnancies. Preferably this decision should be made in cooperation with her companion and in consultation with a physician, qualified minister, or professional counselor. This decision should be made in light of the full range of moral, medical, legal, and cultural influences within which the person lives.
>
> 8. We affirm the need for skilled counselors to be accessible to the membership of the church to assist persons in their struggle with issues centering in human sexuality, responsible parenthood, and wholeness of family life. There is a need for church leaders to be cognizant of counseling resources within the community to which our members may be referred.[61]

In this statement the Council also asserts:

> Church leaders recognize that there may be rare occasions which might make it necessary, because of the conditions of the conception or the pregnancy, to terminate a particular pregnancy. Yet for purposes of teaching children and young people what we consider to be moral principles and the law of the church, these teachings must include placing a high value on the preservation of life and proscribe the use of abortion as a means of merely terminating an unwanted pregnancy or as an alternative method of contraception. Just as surely as the church must stand for the sanctity of marriage and forbid adultery and fornication, so must it also stand against any practice which would seem to weaken marriage or promote immorality. We feel the emphasis should be placed on the teaching of values and moral guidelines which accent the positive worth of chastity before marriage, fidelity within marriage, and a reverence for life as Christian principles. If a termination of the pregnancy is chosen, those who share the burden of making the choice must assume responsibility for this act of agency.[62]

Prenatal diagnosis and treatment

LDS: The LDS church has no official position on prenatal diagnosis and treatment as such, but, given the fact that abortion may be justified in cases where severe deformity is detected *in utero*, it is safe to assume that prenatal diagnosis under some circumstances is acceptable. Such cases might include a family history of genetic disease or other negative medical indications. In cases in which no risk is apparent, amniocentesis may not be appropriate.

Community: No position. (See "Institutional authority and individual conscience," above.)

Care of severely handicapped newborns

LDS: LDS ecclesiastical policy has not directly addressed the issue of selective treatment of impaired newborns. Because of the LDS emphasis on the transformational (rather than the terminal) nature of death and the belief in ultimate justice for the handicapped, one might expect LDS policy to lean toward a presumption in favor of nontreatment, assuming prayerful consideration and appropriate medical understanding on the part of those involved in decision making. In practice, however, most LDS families choose to prolong life in such cases.[63]

Community: No position. (See "Institutional authority and individual conscience," above.)

GENETICS

Both the LDS church and the Community of Christ accept the pursuit of knowledge regarding human genetics, provided that such knowledge is not used in what they consider immoral ways. Neither church has made explicit where it would draw the line between moral and immoral, however, and the Community of Christ church is likely to be more liberal in its allowances than the LDS church.

Clinical issues

Genetic screening and counseling
Neither church has taken a position on this issue. (See "Institutional authority and individual conscience," above.)

Sex selection
LDS: The LDS church opposes all genetic testing for sex selection.

Community: The church opposes sex selection if abortion is involved but may permit it if the selection is done prior to implantation in cases of assisted reproduction.

Selective abortion
LDS: "Interestingly enough, the First Presidency never has specifically condemned the termination of pregnancies involving seriously defective fetuses."[64] One 1983 estimate indicated that, in practice, two-thirds of Utah pregnancies with genetic abnormalities were terminated (versus about 80 percent nationally).[65] A couple facing a decision to terminate any pregnancy, however, should seek consultation with a local church leader and prayerful consideration. (See section on abortion.)

Community: The church affirms "the right of the woman to make her own decision regarding the continuation or termination of problem pregnancies." (See section on abortion.)

Gene therapy
LDS: Bioethicist Courtney Campbell knows of no policies that have ever been developed concerning issues in genetic engineering.[66] Lester Bush, a Latter-day Saint who has written extensively on medical ethics issues in the LDS church, has said, "to the extent that [the use of genetic engineering] is limited to the treatment of disease, I really cannot conceive of a predictable rationale for Mormon objections to this amazing new tool."[67]

Community: No position. (See "Institutional authority and individual conscience," above.)

ORGAN AND TISSUE TRANSPLANTATION

LDS: The LDS church is distinctive in its emphasis on the importance of the body for salvation; the body is seen "as an essential part of the soul."[68] Latter-day Saints believe that salvation and eternal life with Jesus Christ require that one experience bodily life on earth. The body is considered a "temple" or "tabernacle" of God and is to be treated as such; Latter-day Saints are explicit in their prohibitions against the use of tobacco, alcohol, coffee, tea, illegal drugs, and other potentially harmful substances. (See "Special Concerns" below.)

Community: The church holds that at the resurrection, people will be given spiritual bodies, the characteristics of which are not now known. Saints recognize that earthly bodies perish but that part of each person lives on after death. "The persisting 'being' of a person, described as 'the spirit,' does not reside in the grave. This

belief is emphasized in a scripture, unique to Saints, that states, 'the spirits of all men, as soon as they are departed from this mortal body . . . are taken home to that God who gave them life' (Alma 19:44, Book of Mormon)."[69]

Clinical issues

Recipient issues

LDS: The 1989 *General Handbook* states, "The decision to receive a donated organ should be made with competent medical counsel and confirmation through prayer."[70]

Community: The church holds no specific position but would view the decision to receive donated organs or tissues as, ultimately, an individual decision.

Donor issues

(a) Procurement from cadaveric and living donors

LDS: The 1989 *General Handbook* states: "Whether an individual chooses to will his own bodily organs or authorizes the transplant of organs from a deceased family member is a decision for the individual or the deceased member's family."[71] Latter-day Saints are entirely free to donate organs under appropriate medical protocols and to serve as living donors for family members.[72]

Community: The church holds no specific position but would probably view the decision to donate organs as an individual decision or, in cases in which the individual's desires are not known, a family decision.

(b) Procurement from anencephalic newborns and human fetuses

LDS: The LDS church has taken no official position on the procurement of organs and tissues from anencephalic newborns and human fetuses. Because earthly embodiment is necessary for salvation in LDS theology, procurement from living human fetuses (which do not yet have earthly bodies) would not be acceptable because it would interfere with their eternal progression. Children with severe deformities that make them unaccountable for their actions or cause neonatal death, such as anencephaly, are thought to be specially chosen by God and need only have a body in order to be saved. Because of this, procurement from such children may be acceptable, provided the action does not hasten death. In all cases, medical, ecclesiastical, and familial consultation and prayer should inform the decision to procure tissues or organs.

Community: No position. (See "Institutional authority and individual conscience," above.)

MENTAL HEALTH

LDS: During the nineteenth century, Latter-day Saints often attributed extreme forms of mental illness to possession by demons and evil spirits.[73] With the turn of the century came an increasing emphasis on scientific medicine within the church and a corresponding evolution in LDS attitudes toward mental health. Today, while a trace of their former attitudes remains, Latter-day Saints hold typical beliefs about the causes and treatments of mental illness.[74]

Community: No unique position on mental health.

Clinical issues

Involuntary commitment

Neither church has taken a position on this issue. (See "Institutional authority and individual conscience," above.)

Psychotherapy and behavior modification
LDS: The 1985 *General Handbook* section on counseling states:

> Church members who have problems or questions that trouble them should make a diligent effort, including earnest prayer, to find solutions and answers themselves. If they need help, they are to consult freely with their bishops and receive from them the counsel they need. If members call, visit, or write to Church headquarters about intimate personal matters, they deprive themselves of a great blessing.
>
> The Church makes a bishop, who is a spiritual adviser and temporal counselor, accessible to every member. He should know his members well and should understand the circumstances that cause their problems. These local leaders are, by their ordination or setting apart, entitled to a heavenly endowment of the discernment and inspiration necessary to advise those who seek help.[75]

In addition to this formal statement on the role of priesthood members in pastoral care, a number of themes have been expressed both officially and unofficially with regard to the roles and duties of psychotherapists. These have been summarized thus:

> First, psychotherapists are advised that to be successful in their field, they themselves must live by and be actively involved in the Mormon gospel (and put LDS gospel values and inspiration through the Holy Ghost above professional dicta). Second, they should bring their clients to repentance (thus implying, in many cases, an ultimate goal of sending those who have sinned to their bishop where guilt and repentance can be worked through). And, third, they should help their clients acquire traditional values. Implicit in the foregoing counsel, of course, is an emphasis on sin, guilt, repentance, and righteous living as key factors in mental health, and thereby, the treatment of mental illness.[76]

Community: No position. (See "Institutional authority and individual conscience," above.)

Psychopharmacology
LDS: "Psychoactive medications seem never to have been particularly controversial within the church . . . Given . . . the assumption that an individual is in the hands of a professional qualified to prescribe medications, there have been no expressed leadership objections to the judicious use of tranquilizers, antidepressants, antipsychotics, or related drugs."[77]

Community: No position. (See "Institutional authority and individual conscience," above.)

Electroshock and stimulation
Neither church has taken a position concerning electroshock and stimulation. (See "Institutional authority and individual conscience," above.)

DEATH AND DYING

LDS: According to LDS theology, at the time of death, the spirit of a person separates from his or her body and returns to God, the giver of life. The spirits of the righteous rest in paradise while the spirits of the wicked face the wrath of God. Personal identity is eternal, and the virtuous reunite with friends and family. At the time of the resurrection, the spirits of all persons, regardless of their righteousness, will be eternally reunited with perfect and incorruptible bodies. Because of these beliefs about the afterlife, the end of life on earth may be seen more as a transition, often to better things, than as a final loss. Still, death is not taken lightly, and grief is quite natural among Latter-day Saints in the face of such a loss.[78]

Community: Saints believe that when a person dies, his or her spirit goes "home" to God and

that, at the resurrection, all persons will receive a spiritual body. (See the introduction to "Organ and Tissue Transplantation" above.)

Clinical issues

Determining death

Neither the LDS church[79] nor the Community has addressed the issues of defining death and determining when death has occurred.

Pain control and palliative care

Neither church has taken a position on pain control or palliative care. (See "Institutional authority and individual conscience," above.)

Forgoing life-sustaining treatment

LDS: The 1989 *General Handbook* states:

> When severe illness strikes, Church members should exercise faith in the Lord and seek competent medical assistance. However, when dying becomes inevitable, it should be looked upon as a blessing and a purposeful part of an eternal existence. Members should not feel obligated to extend mortal life by means that are unreasonable. These judgments are best made by family members after receiving wise and competent medical advice and seeking divine guidance through fasting and prayer.[80]

This statement represents an opening to the possibility of withdrawing life-sustaining medical care; previous statements required that church members ask medical care providers "to assist in reversing conditions that threaten life."[81]

Courtney Campbell has enumerated three themes in LDS theology that shape thinking on the issue of whether or when to withhold or withdraw medical treatment:

> 1. The Sovereignty of God. A theological presumption in favor of life is established by the dominion of the Deity over life and death. Life is a fundamental, though not absolute, good; death is neither to be sought nor seen as an ultimate enemy . . .
>
> 2. The Stewardship of Human Beings. Since human beings are created in God's image, their relationships always presuppose a radical sense of both dependence and equality. There is no fundamental moral discontinuity between the dying person in the bed and the caregiver at the bedside; what they hold in common is more significant than the fact of illness that separates them . . .
>
> 3. Moral Agency . . . The principle of free agency in the LDS tradition requires respect for the self-determined decisions and choices of others . . . At the same time, a responsible choice will be the outcome of a collaborative procedure, in which patients, family members, and medical caregivers, but not necessarily ecclesiastical authorities, are important participants.
>
> These theological principles form the context for positions in the LDS tradition on the termination of treatment that (a) establish a general presumption in favor of utilizing available medical technology to sustain life, (b) permit forgoing medical interventions in some instances to allow a patient to die, and (c) prohibit assisted suicide and active euthanasia in all situations.[82]

Community: The church supports the right of all persons to refuse life-sustaining treatment based on the principle of self-determination.[83] It also:

> supports the patient's right to execute a living will indicating that no resuscitation be attempted in the case of specified circumstances. It further supports the concept that the family, in the absence of such indication by the patient and in case the patient is unable to indicate his or her wish for whatever reason, has the right to request no resuscitation if in their judgment the condition is hopeless, provided such indicated order is legal in the state in which the hospital is licensed.[84]

In cases in which family members must act as surrogate decision makers, the church recognizes that:

there will be disagreements among conscientious persons. Mindful of this, we counsel those involved to remember that the decision to allow a person to die is not the moral equivalent of causing the person to die, and may be an expression of trust in the care of a loving God. All parties to these difficult decisions can find in them opportunities for understanding, acceptance and forgiveness rather than blame or guilt. Confronting the mystery of death can lead to a fuller appreciation of our faith in eternal life.[85]

Suicide, assisted suicide, and active euthanasia

LDS: For much of its history, the LDS church viewed suicide as murder of the self and, on the grounds that it constituted "shedding of innocent blood," strongly condemned it. Like murder, suicide was viewed as a sin that would prevent the person from receiving eternal blessings and rewards after death. Now, a more merciful stance is adopted toward those who commit suicide: determination of responsibility and guilt is thought to rest in God's hands. The 1989 *General Handbook* represents the change in policy[86] and states, "A person who takes his own life may not be responsible for his acts. Only God can judge such a matter. A person who has considered suicide seriously or has attempted suicide should be counseled by his bishop and may be encouraged to seek professional help."[87]

If a member in good standing of the LDS church commits suicide, normal procedures are followed for the funeral and for the disposal of the body.[88]

In contrast to its positions on suicide and most other bioethical matters (which have become gradually more liberal), LDS opposition to euthanasia has become increasingly rigid. The 1989 *General Handbook* states, "A person who participates in euthanasia—deliberately putting to death a person suffering from incurable conditions or diseases—violates the commandments of God."[89]

The statement makes no moral distinction between those who have merciful intentions and those who do not, nor does it distinguish voluntary active euthanasia from unrequested active euthanasia. Thus it focuses not on motivation but rather on the deed itself. No ecclesiastical sanctions are discussed, however, indicating that euthanasia may not be the moral equivalent of "shedding of innocent blood," an unpardonable sin[90] that denies one the blessings of exaltation.[91]

Most recently, the LDS church has opposed a ballot measure in Oregon allowing physician-assisted suicide on the basis that it "is contrary to the Lord's direction in this dispensation when He declared: 'Thou shalt love [thy] neighbor as thyself. Thou shalt not . . . kill, nor do anything like unto it' (*Doctrine and Covenants* 59:6)."[92]

Community: The church clearly distinguishes between passive and active euthanasia, allowing the former under certain circumstances and condemning the latter:

> The act of putting to death painlessly a person suffering from an incurable disease has traditionally been called euthanasia. It entails causing death to occur. The Standing High Council, along with the preponderance of religious, medical and legal opinion, opposes acts of what is now commonly referred to as "active euthanasia." This opposition extends to situations in which the patient requests death at the hands of family members, medical personnel, or others.
>
> Allowing death to occur, on the other hand, may involve the withholding or withdrawing of life-sustaining medical treatment in circumstances where death is the natural outcome. We recognize that there are circumstances where it is more appropriate to allow individuals to die than to artificially keep their bodies alive. Allowing death to occur is permissible when death is the inevitable and natural outcome and the measures required to postpone it would rob the patient of the ability to relate meaningfully to others or to experience satisfaction with the quality of his or her existence. Such measures include artificially assisted nutrition and hydration.[93]

Autopsy and postmortem care

LDS: "The Church of Jesus Christ of Latter-day Saints holds that an autopsy may be performed if the family of the deceased gives consent and if the autopsy complies with the law of the community."[94]

Community: No position. (See "Institutional authority and individual conscience," above.)

Last rites, burial, and mourning customs

LDS: Modern LDS funerals are, for the most part, fairly simple and "expressive of hope, life and resurrection."[95]

> The Church of Jesus Christ of Latter-day Saints counsels its members to bury their dead in the earth to return dust to dust, unless the law of the country requires cremation. However, the decision whether to bury or cremate the body is left to the family of the deceased, taking into account any laws governing the matter. Burial of the body usually follows a funeral or graveside service. The body of a deceased member of the Church who has received the temple endowment should be dressed in temple clothing. Relief society sisters dress deceased women, and priesthood brethren [dress] the men. When it is not possible to clothe the body, temple clothing may be laid over it.
>
> A member of the bishopric typically presides at the burial, where a simple, earnest prayer is offered to dedicate the grave, with blessings promised as the Spirit dictates. This prayer may include a dedication of the grave as a sacred resting place until the resurrection if the person giving the prayer holds the Melchizedek priesthood and has been asked to give such a dedication. The grave site often becomes a sacred spot for the family of the deceased to visit and care for.[96]

Community: According to the *Priesthood Manual*, the church does "not believe that the form of the service has any bearing on the eternal well-being of the deceased."[97] Neither do members believe that a person's body is essentially himself; a person's spirit continues with God while the mortal body decays. However, the church recognizes the needs of the living friends and family of the deceased:

> Our deepest feelings prompt us to provide some kind of visible symbol to express the love we have experienced and the bonds of unity we have forged when death separates us. In most instances, as those who remain, we will value some significant location where the lasting value of our relationships can be symbolized. This may take the form of burial of the body, with some form of monument. Alternatively, survivors may arrange for the cremation of the body and the provision of some kind of living plant, plaque or other symbolic expression.[98]

Stillbirths

LDS: The LDS church has acknowledged the potential ambiguities associated with stillbirths:

> Although temple ordinances are not performed for stillborn children, no loss of eternal blessings or family unity is implied. The family may record the name of a stillborn child on the family group record followed by the word *stillborn* in parentheses. Memorial or graveside services may or may not be held as determined by the parents.[99]

Community: The church does not have a formal, written position on stillbirths.

> [Church members] practice a believers baptism. This leads . . . members to understand that the death of a young child, although tragic and painful, does not raise concerns about . . . salvation. Funeral or memorial services are often conducted for children who are stillborn, and these typically take their form from the needs and desires of the family.[100]

SPECIAL CONCERNS

Diet and drugs

LDS: All members of the LDS church in good standing are to adhere to an 1833 revelation to Joseph Smith called the Word of Wisdom. This "commandment" proscribes the use of wine, strong drinks, tobacco, and hot drinks, and commends the use of "wholesome herbs," flesh (to be used sparingly), grain, and fruit for the health and well-being of the Saints.[101] Similarly, members "should not use any substance that contains illegal drugs or other harmful or habit-forming ingredients."[102]

Latter-day Saints recognize that spiritual health as well as physical health is at stake whenever substance abuse is occurring. Abuse and addiction often limit personal agency, and, because the proper use of personal agency is so vital to salvation in LDS theology, Latter-day Saints should strive to avoid substance abuse of all kinds.[103]

Community: While the Word of Wisdom (see above) is part of the scripture of the church, it is not interpreted in a strictly prescriptive way. Rather, the Word of Wisdom "counsels persons to see that their personal behavior does not detract from their physical well-being. It suggests that we should eat wisely and rest adequately. It suggests that the abusive use of substances such as alcohol and tobacco may impair our health to the point where we are less able to serve God . . . We are advised to avoid experimentation with or addiction to harmful substances and to adhere to strict moral principles."[104]

Undergarments

LDS: Latter-day Saints who have been "endowed" in a temple ceremony (have committed themselves to God and the LDS church) are expected to wear a temple undergarment as a reminder of their covenants and as a protector of modesty. Hospitalized Latter-day Saints may choose not to wear their garment if a gown is more appropriate.[105]

Community: The church has no requirements for undergarments or other special clothing.

Pastoral care in medical settings

LDS: The LDS church sponsors home and visiting teachers for the welfare of every family and member of the church. Thus each member has a home teacher with responsibilities for pastoral care in medical settings. The home teachers make regular hospital visits and, when requested by a patient or his or her family, may offer special prayers for the welfare of the patient, perform the priesthood blessing of anointing the sick, or administer the sacrament of the Lord's Supper. Female LDS patients may receive additional pastoral care from visiting teachers. Hospital rules and pastoral staff should make provision for the ministrations of home or visiting teachers for LDS patients.

Community: The church has offered the following guidance to pastoral staff who may serve members:

> Insofar as the religious care of patients is concerned, patients are free to request the services of their own pastor or receive the denominational ministry provided through the hospital chaplain staff. These services include short-term pastoral counseling, administering the sacraments, and prayers of petition and intercession. The church has no specific times at which administering the sacraments of baptism, holy communion, or anointing and laying on hands for the sick is required. Provision for these ministerial services should be made, however, and no hospital rules or policies should interfere with their being performed with grace and dignity.[106]

RELIGIOUS OBSERVANCES

Baptism

LDS: "Baptism by immersion for the remission of sins" is a central article of faith in LDS teaching.

However, LDS children are not baptized until they reach the "year of accountability," defined as eight years old. Before that age, they are presumed not to have the knowledge and accountability necessary to sin against God. Those who die before the age of accountability will receive all the rewards of those who lived long enough to be baptized. Therefore, neonatal baptisms are unnecessary and, in fact, inappropriate.[107] The mentally retarded (those with mental ages less than eight years) are also considered incapable of sin because of their lack of knowledge and therefore need not be baptized.[108]

Community: As in the LDS church, baptismal candidates must be at least eight years old, and parents must give consent if the candidate is a child. Baptism by complete immersion is the only recognized mode, and it is valid only when the candidate and officiating minister are both in the water.[109] Baptism is never observed in the hospital setting.[110]

Blessing of the sick

LDS: There is no rite in the LDS church comparable to "last rites." However, nonsacramental blessings of the sick are regularly performed[111] and are based on the biblical injunction "If any one of you is ill, he should send for the elders of the church, and they must anoint him with oil in the name of the Lord and pray over him. The prayer of faith will save the sick man and the Lord will raise him up again. . ." (James 5:14–15). While the purpose of blessing the sick is to summon divine assistance in the healing of an afflicted person, the manifestations of "divine assistance" are many. Healing may occur as a result of direct action by God or may be mediated by the actions of physicians or other medical caregivers.

> Blessings of the sick are generally given by two Melchizedek Priesthood bearers. There are not prescribed prayers for this kind of blessing, but one of the priesthood bearers anoints the head of the sick person with a little consecrated olive oil and says in substance: "In the name of Jesus Christ and by authority of the Holy Melchizedek Priesthood, I lay my hands upon your head and anoint you with this consecrated oil, which has been dedicated for the blessing of the sick." Additional words may be said in harmony with, and under the guidance of, the Spirit.
>
> Following this anointing, two or more priesthood bearers lay their hands upon the head of the sick person, and one being spokesman calls the person by name and says in substance, "In the name of Jesus Christ and by the authority of the holy Melchizedek Priesthood, we seal and confirm upon you this anointing with which you have been anointed to the end that . . ." He then voices a prayer of supplication and of blessing as the Spirit directs. The ordinance concludes in the name of Jesus Christ. If two priesthood bearers are not available for the ceremony, one may perform both parts of the blessing.[112]

"The resulting relief, healing, and fulfillment are not to be boasted about or heralded, but rather [are] to 'be spoken with care, and by constraint of the Spirit' ([*Doctrine and Covenants*] 63:64; 84:73; 105:24)"[113] and are often seen as "joint victories" for faith *and* medicine.[114]

Community: "Sacraments relating to the care of the sick include Administration (anointing with oil, laying on of hands, and prayer of faith for divine blessing); and the Lord's Supper (using specified prayers and bread and grape juice)."[115] Administration is usually implemented by two or more elders, but in emergencies it may be performed by only one.[116]

While hospitalized members of this church may "seek to participate in the sacraments of the church, [the sacraments] are not required for salvation and thus they are not seen to have emergent efficacy. Of course, provisions should be made for church sacraments as they may be requested. They are seen as an important means of bringing comfort, strength, and healing to persons through faith and divine grace."[117]

Fasting

LDS: "Church members fast together generally on the first Sunday of each month, in preparation for fast and testimony meeting. They usually abstain from food and drink for two consecutive meals, attend Church services, and donate a fast offering [equivalent to the cost of the two forgone meals] for the care of the needy. Additionally, an individual, family, or congregation may fast for a specific cause such as one who is sick or otherwise afflicted."[118]

Community: There is no requirement for any specific sacrament. Fasting the breakfast meal once a month on Communion Sunday is suggested with an equivalent donation of money to the church's oblation (world hunger) fund.

Holy days

LDS: Sunday is the Sabbath Day in the LDS church. Members are expected to rest from their daily labors as well as serve and worship the Lord on that day.[119]

Community: Sunday is the Sabbath Day in this church.

Polity, scripture, and doctrine

Polity

LDS: The First Presidency, comprised of the president of the church and two counselors, presides over the LDS church. The Council of the Twelve Apostles acts under the direction of the First Presidency. Unanimous decisions by the First Presidency and the Quorum of Twelve Apostles constitute the official policy of the church.

The church has two orders of priesthood, both of which are nonprofessional. The lesser of the two is the Aaronic priesthood, which is comprised of worthy young men aged twelve to eighteen who receive priesthood offices within this order. The greater order is the Melchizedek priesthood. Generally, men aged nineteen and older receive this priesthood, which permits them to serve in various capacities in the church.

Community: The spiritual head of this church is the prophet-president who, together with two counselors, constitutes the First Presidency, the chief administrative quorum of the church. A council of Twelve Apostles makes up the chief missionary quorum of the church; the individual apostles also function as administrators in their fields. There are three chief financial officers of the church, the presiding bishop and two counselors. These eighteen general officers make up the Joint Council, an administrative and policy-making council.

A World Conference made up of delegates from the thirty-eight countries where the church is active meets biennially. This conference approves annual budgets, sustains the general officers, and approves, by common consent, legislation affecting the belief and practices of the church as a whole.

"Ministry needs are met in each congregation by a staff of lay ministers called priesthood members. The priesthood includes both men and women."[120] The *Priesthood Manual* reminds its readers that "most denominations have but one ordained minister in a congregation. Our priesthood members should be very sensitive to this fact when visiting in a hospital and not assume ministerial privileges or prerogatives when circumstances do not justify it. Furthermore we should be sensitive to the sheer numbers of our priesthood members who may visit a sick person." Healthcare providers should be aware that priesthood members generally "follow the principle of going two by two when visiting the sick."[121]

Scripture and doctrine

LDS: LDS scriptures include the Bible (King James Version), *Book of Mormon*, *Pearl of Great Price*, and *Doctrine and Covenants*. The Articles of Faith, written shortly before Joseph Smith's death and currently used by most Latter-day Saints, affirm a belief in three separate divine entities, the Father, Son, and Holy Spirit. The

articles deny original sin, affirm the value of Christ's atonement, and allow for individuals to experience salvation through faith and obedience. Saints recognize the primacy of two introductory principles, faith and repentance, and two ordinances, baptism by immersion and the laying on of hands for the gift of the Holy Ghost.

Community: Church scriptures include the Bible, *Book of Mormon*, and *Doctrine and Covenants*. There is no formal creed, but a Statement of Beliefs is published in *Exploring the Faith*.[122]

This statement affirms among other things a generally trinitarian Godhead; it acknowledges that human sin is a rebellion against God which results from free agency; and it affirms the efficacy of Christ's atonement for our salvation and his role as the instrument of reconciliation between God and humanity. This church recognizes eight sacraments and ordinances: baptism, confirmation, communion of the Lord's Supper, ordination, administering to the sick, marriage, blessing of babies, and blessing of youth and adults by an evangelist-patriarch.

NOTES

1. Melton 1993: 131–34.
2. Preston Hunter, "Adherents.com FAQ," Adherents.com web site. Last updated September 13, 2001. Accessed November 12, 2001. <http://www.adherents.com/adh_faq.html>.
3. *World Conference Bulletin* 1994: 148.
4. Cowan 1984: 1.
5. "Helpful Information," 5–6.
6. *Encyclopedia of Mormonism*, 1270; hereafter cited as *EM*.
7. *Ibid*., 1081.
8. *General Handbook* 1985, 11-5, as quoted in Bush 1993: 99.
9. Bush 1993: 69.
10. Campbell 1991: 38–39.
11. Bush 1993: 182.
12. *EM*, 1422.
13. "Helpful Information," 4–5.
14. "Statement of Policies."
15. Crapo 1987: 466.
16. Bush 1985: 50.
17. Ibid., 59.
18. Campbell 1991: 40.
19. "The church does not permit this copyrighted document [*General Handbook of Instructions*] to be quoted in any other source except by special permission from the First Presidency" (Personal communication from William O. Nelson, Director, Evaluation Division, Correlation Department, The Church of Jesus Christ of Latter-day Saints). The Park Ridge Center sought unsuccessfully to obtain a copy of the *General Handbook* to aid in the preparation of this document. All quotations from the *General Handbook* that are reprinted here were taken from published secondary sources.
20. Campbell, 1991: 24.
21. Bush 1993: 203.
22. Melton 1993: 635.
23. "Helpful Information," 1.
24. Ibid., 4.
25. Bush 1979: 100.
26. "Preparation for Life-Prolonging Decisions."
27. Personal communication from William O. Nelson, LDS church.
28. Campbell 1991: 32–33.
29. Bush 1993: 38.
30. Campbell 1991: 33.
31. "Preparation for Life-Prolonging Decisions."
32. *EM*, 116.
33. First Presidency, 1991.
34. *Priesthood Manual*, 253.
35. Ibid., 254.
36. *General Handbook* 1989, 11-4, as quoted in *EM*, 116.
37. Heaton 1987: 105.
38. Bush 1993: 156,159.
39. Heaton 1986: 248.
40. "Statement of Policies."
41. Campbell 1991: 28.
42. *General Handbook* 1989, 11-5, as quoted in *EM*, 1417.

43. "Statement of Policies."
44. Bush 1985: 57.
45. *General Handbook* 1989, 11-4, as quoted in Campbell 1991: 25–26.
46. *General Handbook* 1989, 11-4, as quoted in *EM*, 70.
47. Campbell 1991: 26.
48. *General Handbook* 1985, 11-4, as quoted in Bush 1993: 171.
49. Bush 1993: 171.
50. *General Handbook* 1989, 11-4, as quoted in Bush 1993: 172.
51. Bush 1993: 172.
52. *General Handbook* 1989, 11-5, as quoted in Campbell 1991: 27.
53. Bush 1993: 172–73.
54. *Deseret News*, January 19, 1991. The statement on abortion was issued January 11, 1991, by Bruce L. Olsen, Managing Director of Public Communication/Special Affairs, CLDS, Salt Lake City, Utah.
55. Campbell 1991: 29.
56. Ibid., 30.
57. Campbell 1993: 52.
58. Bush 1993: 165.
59. Campbell 1991: 28–29.
60. *Doctrine and Covenants* 42: 18, as quoted in *EM*, 970.
61. Melton 1989: 187.
62. Ibid., 188.
63. Campbell 1993: 54, 57.
64. Bush 1985: 54.
65. Bush 1993: 166.
66. Campbell 1991: 39.
67. Bush 1985: 63.
68. *EM*, 344.
69. Cited in "Beliefs Related to the Human Body."
70. *General Handbook* 1989, 11-6, as quoted in *EM*, 1097.
71. Ibid., 1051.
72. Campbell 1991: 38.
73. Bush 1993: 109.
74. Ibid., 121.
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Introduction to the series

Religious beliefs provide meaning for people confronting illness and seeking health, particularly during times of crisis. Increasingly, healthcare 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 caregiving. 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 authors 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 authors 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 religious 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.

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