The Presbyterian Church (USA) Tradition

Religious Beliefs and Healthcare Decisions

By Abigail Rian Evans

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The Presbyterian churches trace their origin to John Calvin (1509-1564), one of the early Protestant Reformers, whose emphasis on the sovereignty and grace of God, the centrality of scripture, and salvation through Jesus Christ alone, formed the foundation of the faith. This emphasis was later translated into a rather simplistic formula, TULIP, which stood for total depravity, unconditional election, limited atonement, irresistible grace, and perseverance of the saints. Karl Barth (1886-1968) did more than any other Reformed theologian to interpret the centrality of the Word, i.e., Jesus Christ as the savior and transformer of the world and the source of absolute truth as found in scripture, the Word of God. Presbyterian intellectualism stems from an ethos in which each person is accountable for understanding his or her faith in Jesus Christ. Hence, it is not surprising that education is prized among Presbyterians.

Presbyterian polity is based on representative democracy—a unique feature of this tradition. The name "Presbyterian" comes from a New Testament Greek term meaning "elders" ("presbyters"). Elders, deacons, and clergy are all ordained and have different functions, but not in a hierarchical sense. Elected governing bodies for the Presbyterian Church (USA) are the General Assembly (G.A.) on the national level; the Synods on the regional level (16 total); and the Presbyteries (173 total), which are statewide or cover smaller areas.[1]

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"Decently and in order" is the byword of Presbyterian governance, including that of local congregations (11,333 total). Presbyterian polity is reflected in the way Presbyterians address health issues at every level. No stance taken by a governing body is binding on its members—"God alone is Lord of the conscience"—but positions are offered for members' instruction and serious consideration.

The connectionalism of the Presbyterian Church is not parochial and has motivated it to take leadership in ecumenical movements that include the student Christian movement, World Council of Churches (WCC), World Alliance of Reformed Churches, National Council of Churches (NCC), and Churches Uniting in Christ.

Fundamental beliefs concerning health care

> A 1988 statement by the Presbyterian Church (USA) summarizes the importance of health this way: "Good health—physical, mental, and spiritual—is both a God-given gift and a social good of special moral importance, one that derives its importance from our biblical and theological heritage and from its effect on the opportunities available to members of society. Good health is a basic need and an essential purpose of human and societal development" (PC (USA) 1988, 524). The Reformed tradition holds that God alone has the power to heal, and that [God's] instruments encompass the medical sciences, including nursing, pharmacy, surgery, and psychiatry (Vaux 1984, 121). This perspective is firmly rooted in the thought of John Calvin, who championed community hospitals and criticized those who taught that physicians and medicine were instruments of evil: "Anyone with an 'ounce of brains,' even a pagan," he wrote, "knows that these are gifts of God" (Smylie, 212).[2]

Although the major emphasis of Presbyterians related to health is educational, they have rediscovered liturgical resources for healing and added a healing service to the 1993 *Book of Common Worship*.

Since the Presbyterian Church is connectional, positions taken on each level of governance are generally reflective of Presbyterians views, but individuals may offer different positions on various health issues. In addition, there are national organizations such as the Presbyterian Health, Education and Welfare Association (PHEWA), which has ten different health networks. National offices of the denomination that address these topics are the Office of Health Ministries, Social Justice & Witness, Theology & Worship, Ecumenical Mission Agencies, Board of Pensions, Medical Benevolence Fund, and the Washington Office. In addition, local congregations are often in partnership with community agencies and may develop collaborative stances with them on controversial health issues.

The PC(USA) ecumenical partnerships also influence its positions on various issues. The NCC, WCC, and World Alliance of Reformed Churches all develop positions, study papers, and programs on health issues. Given this vast array, it is not possible to claim that G.A. papers alone are representative of this denomination. In fact, there is some doubt about how representative they are, since the majority of the presbyteries may not even be aware of G.A. positions and, when they are, many may disagree with them. In any case, it would be difficult without years of dedicated research to assemble all the relevant materials from the many presbyteries and other denominational groups.[3] Moreover, information on Presbyterian program initiatives through the Office of Health Ministries (see "Presbyterian organizations that address health issues," below) reflects a broader and more accurate picture of Presbyterian commitment, theology, and involvement in health care. The summary of positions on various health issues that follows is based on materials received from all of the aforementioned sources. It is important to note, as well, that the G.A. monitors major health issues, and Presbyterian responses to them, in order to keep the denomination

accountable. The excellent educational materials produced by PC(USA) keep these health issues in the forefront of the denomination's awareness.

The Office of the General Assembly reviewed its minutes of overtures that the G.A. adopted from 1988 through 1997 and noted

> all references to addictions (except gambling), alcohol and alcoholism, drugs and drug use, HIV/AIDS, "Life Abundant," and other relevant papers and reports, health, tobacco, medical costs, ecology and environment, population, hunger, contraception, mental illness, genetics, child and children, disability, organ donation, aging and older adults. The themes which appeared in these documents are:
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> • Health education and the empowerment of individuals and communities who use health-care resources;
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> • Health-care delivery systems and health systems reform;
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> • Church employee health;
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> • Child health;
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> • Health of older adults;
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> • Alcohol, tobacco, and other drug abuse;
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> • HIV/AIDS;
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> • International health;
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> • Advocacy for persons with disabilities (including serious mental illness) and disability prevention;
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> • Environmental health;
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> • Spirituality, worship, and health;
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> • Congregational health ministries;
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> • Coordination of health ministries.[4]

The Presbyterian Church has also focused on health education and empowerment of individuals and communities. *Life Abundant* strongly encourages individual Presbyterians to take personal responsibility for their health through lifestyle choices and to assume responsibility for health care by asking questions of providers and using health resources prudently. It also urges G.A. agencies to develop educational and programmatic resources to help the people, congregations, and middle governing bodies "undertake [these] mission responsibilities."[5]

The 1999 G.A. monitoring report also urged colleges and seminaries to reflect on health issues and health ministries in their curricula and encourage health promotion for their students and their entire communities.

Presbyterian organizations that address health issues

The *Presbyterian Health, Education and Welfare Association (PHEWA)* is a voluntary membership organization created by the G.A. of a PC(USA) predecessor denomination in 1956. PHEWA is dedicated to the enactment of social justice and welfare ministries. Its Board of Directors consists of a representative to each synod, a representative from each of its networks (see below), and ex-officio members from the National Ministries Division of PC(USA). The Executive Director, who has an office in the national offices of the Presbyterian Church (USA), also serves as the Associate for Social Welfare Organizations in the Social Justice Program Area of the PC(USA). PHEWA has ten networks that address particular concerns; some of the networks are organized around advocacy and support of persons with specific health-related concerns. PHEWA's purpose is to provide

resources for Presbyterians involved in social justice ministries, which reach out to and advocate for those who have been marginalized or excluded by society. (The work of individual networks is discussed at various points in this booklet.)

The *Presbyterian Washington Office* is the public policy, information, and advocacy office of the General Assembly of the PC(USA). Its task is to advocate, and help the church to advocate, the social witness perspectives and policies of the Presbyterian G.A. in relation to legislation and legislative deliberations. The Washington Office "leads the work of the PC(USA) in advocating for national health systems reform."[6] It holds periodic briefings concerning issues facing Congress.

The *Office of Health Ministries (OHM)* was established in the 1980s to initiate programs and administer grants generated from a large bequest, given decades earlier, which had been used for medical mission work overseas. In the early 1980s, the office began to address both international and domestic healthcare issues. Later, domestic priorities became the responsibility of a new office of health ministries. The emphasis shifted from national to regional and local health programs, and the office functioned more like a foundation, giving seed grants. OHM is also a resource agency that produces videos, study guides, and materials for use by local congregations, presbyteries, and seminaries. In addition, it trains consultants to work with local groups in initiating health ministries programs. OHM started a Health Ministries in Theological Education program in collaboration with eight Presbyterian seminaries.

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Since Reformed theology is a covenantal theology, this emphasis becomes the basis for defining the patient-healthcare professional relationship as well as the relationship between the pastor and the individual. Paternalism is to be avoided; patient choice and autonomy are preeminent. Informed consent and confidentiality mark these relationships in such a way that accountability and responsibility rest with both the client/patient and the healthcare professional. Many Presbyterian bioethicists, including Kenneth Vaux and William F. May, have discussed these issues. Extensive material in my book, *Redeeming Marketplace Medicine*, addresses these concerns, and James Smylie also alludes to them in his book chapter on health care and the Reformed faith.

FAMILY, SEXUALITY, AND PROCREATION

The two major issues that have dominated debate in the PC(USA) since the late 1970s have been abortion and homosexuality. These issues have evoked the greatest disagreement among individual Presbyterians, as well as between the hierarchy of the church and its constituents.

With regard to homosexuality, Presbyterians generally take a moderate position on sexual conduct, seeing sexual relations within the context of monogamous marriage. Yet, ironically, PC(USA) has been very ambiguous in its stance towards homosexuals. It has opposed their ordination to church office, while claiming to accept as church members *all* people who profess Jesus Christ as Lord. In point of fact, celibate homosexuals may be ordained. Recent debates over homosexuality have reaffirmed these views. The 1999 "fidelity and chastity" amendment to PC(USA)'s *Book of Order* (or constitution) requires all ordained ministers and officers of the church to remain faithful within heterosexual marriage and chaste if they are not married. Thereby it excludes practicing homosexuals from holding office in the church. Amendment (A), passed by the 2001 G.A., would have rescinded this position and left the ordination standards regarding sexual practice to each presbytery; but it was defeated by the presbyteries in February 2002. (Changes to the *Book of Church Order* require approval by two-thirds of the presbyteries.)

Clinical issues

Contraception

In 1960, contraception was affirmed as a right of married couples. In 1983 the G.A. stated that family planning constituted good stewardship of global resources and that means of contraception should be available to all.[7]

Abortion and the status of the fetus

Official G.A. papers have referred to abortion as a tragic choice or act of last resort that requires justification; they have not treated it as an inherent right. Between 1970 and 1992, there has been a series of G.A. resolutions concerning abortion. "Presbyterians have struggled with the abortion issue for more than 25 years, beginning in 1970 when a G.A. statement declared that 'the artificial or induced termination of pregnancy is a matter of the careful ethical decision of the patient, . . . and therefore should not be restricted by law.'"[8]

The Presbyterian Church (USA) 1983 report, "Covenant and Creation: Theological Reflections on Contraception and Abortion," adopted by the G.A., reflects a strong "pro-choice" position. It

> affirms that "the decision to terminate a pregnancy may be an affirmation of one's covenant responsibility to accept the limits of human resources." . . . In 1992, the General Assembly moderated its policy toward abortion (Vaux, 1993, 282-3). The report of the Special Committee on Problem Pregnancies and Abortion stated that "abortion ought to be an option of last resort" (PC (USA) 1992, 368) but that "no law or administrative decision should limit access to abortions" (p. 372). . . . In 1994, the General Assembly failed to adopt a resolution opposing the abortion of viable fetuses; instead, the General Assembly affirmed its past abortion-related actions (Kearns, 3).[9]

The 209th G.A. (1997), while refusing to call for a ban on the late-term abortion procedure identified by some as "partial birth" abortion, did offer the following "moral guidance" regarding it: "[Resolved] [t]hat the 209th G.A. (1997) offer a word of counsel to the church and our culture that the procedure known as intact dilation and extraction (commonly called 'partial birth' abortion) of a baby who could live outside

the womb is of grave moral concern and should be considered only if the mother's physical life is endangered by the pregnancy."[10] The Advisory Committee on Litigation and the Advisory Committee on Social Witness Policy will make this recommendation to the 214th G.A. (2003): "The ending of a pregnancy after the point of fetal viability is a matter of grave moral concern to us all, but may be undertaken only after prayer, and when necessary, to save the life of the woman, to preserve the woman's health in circumstances of a serious risk to the health of the woman, to avoid fetal suffering as a result of untreatable life-threatening genetic anomalies, or in cases of incest or rape."[11]

Surprisingly, a scientific sample of Presbyterian pastors, elders, and specialized ministers in 2001 showed the following results: "Few panelists oppose post-viability abortions (abortions after the fetus has developed to where it could, with medical help, live outside the womb) under all circumstances, ranging from 25% of elders to 16% of specialized clergy. Circumstances in which the most panelists would permit post-viability abortions include: to save the mother's life (elders, 96%; pastors, 98%); incest or rape (69%; 61%); to protect the mother's health (63%; 60%); if the child would have a severe defect (56%; 39%); and [if] the physician so advises (45%; 50%)."[12]

Individual presbyteries have issued position papers and resolutions on abortion. For example, the Presbytery of Baltimore adopted a Freedom of Choice Resolution in 1978. It also supported "continuation of freedom of choice in matters of pregnancy for the Medicaid patient in Maryland."[13]

One of the PHEWA networks, Presbyterians Affirming Reproductive Options (PARO), "welcomes those who support the full range of reproductive options that ensure that every child is loved and wanted. [The network is] committed to ensuring that the policy of the PC(USA) is articulated, understood, and preserved for future generations,"[14] and has taken liberal positions supporting women's choice on abortion. At the other end of the Presbyterian spectrum, Presbyterians Pro-Life, as its name implies, has taken conservative positions.

Sex selection

None of the G.A. resolutions on abortion support abortion for sex selection (PC(USA) 1992, 368). (Of course, a couple may fail to divulge that the sex of the fetus is their reason for seeking an abortion.)

New reproductive technologies

All currently available reproductive technologies and therapies, such as in vitro fertilization (IVF), surrogate motherhood, and artificial insemination by donor (AID), are considered acceptable, though individual Presbyterians may oppose them. Presbyterians are encouraged to engage in further study of the issues posed by these technologies.[15]

Cloning

Heretofore, human cloning has not been considered a reproductive choice. Presbyterian scholars such as Nancy Duff and I have slightly different perspectives on this controversial procedure, though the G.A. has not yet taken an official position. "The Presbyterian Church (USA) has never affirmed human cloning for either reproductive or therapeutic purposes. In fact the church to this point has not taken a position on human cloning, although past policies on related issues would direct extreme caution in such endeavors."[16]

Presbyterian minister Nancy Duff, Associate Professor of Theological Ethics at Princeton Theological Seminary and a Reformed scholar and ethicist, has testified on human cloning before the National Bioethics Advisory Commission. For Duff, the question is whether cloning is a gift from God or an attempt by humans to play God. In any event, no matter how successful we become at putting together the right biological material to replicate life, it is God, not we, who calls life into being.[17] She advises caution, cites the importance of examining the reasons for

human cloning, and concludes that there should be no ban on research into human cloning but rather a moratorium until its benefits are known.[18] As Duff points out in an essay, "Seeking the Significant in the Factual," we need to recognize what is morally significant in the details.[19] To avoid pitting science against religion is paramount. Even if we attempt to play God, we *cannot* usurp God's place; by whatever means any child is born, he or she is a child of God.[20]

I agree totally that we need not fear where truth and scientific research will lead, and that God is the source of all truth. However, in two book chapters I have categorically opposed human cloning while rejecting several misguided reasons for opposing it:

1. "Let nature take its course." We already modify nature, consuming genetically engineered milk and soybeans, and many other such foods.

2. "Knowledge is dangerous—it opens Pandora's box." The pursuit of knowledge is good; its application may not be. Knowledge is neutral and can be used for good or evil; we need not fear it.

3. "Cloned humans would not be unique." Current genetics indicates that the adult clone may be a physical replication, but is psychologically an entirely different person. The genotype is identical but the phenotype is different.[21]

I oppose cloning for these reasons: (1) it is not a necessary solution to any human tragedy; (2) it fosters a reductionistic rather than a holistic view of human nature, while treating people as means rather than ends; (3) it threatens the value placed on our individuality; (4) it creates pressure to use this technology and make it a god; (5) it may undermine the nuclear family by redefining human relationships; (6) it may be done for morally wrong motives; (7) it may further separate us from God the Creator; and (8) it may cause a loss of genetic diversity and a reduction of genetic sturdiness—changes that could adversely affect the human race.[22]

GENETICS

The General Assembly of the Presbyterian Church (USA) supports 'the discovery of new genetic knowledge that can improve the treatment and eradication of disease and increase the quantity and quality of food supplies' and has committed itself to exploring 'the theological and ethical issues involved in such research and development' (PC (USA) 1990, 776). A report received by the General Assembly in 1983 said, 'In the area of medical genetics, priority should be given to the prevention of disease via family planning, genetic counseling and fetal diagnosis . . . The pursuit of "superior" human beings through genetic manipulation should be explored only with great caution, if at all' (PC (USA) 1983a, 26)."[23]

ORGAN AND TISSUE TRANSPLANTATION

Because 'transplantation of donor organs and tissues uniquely makes possible the saving of lives, the improvement of health, the improvement of the quality of life, and the giving of sight; and [because] organ and tissue donation may be perceived as a positive outcome of a seemingly senseless death and is of comfort to the family of the deceased . . . the [General Assembly of the Presbyterian Church (U.S.A.)] endorses the donation of organs and tissues in keeping with Christian faith' (PC (USA) 1989, 625)."[24]

Individual congregations have conducted adult education classes on the importance of organ donation, and have worked to promote donation in cooperation with the Southwest Organ Procurement Foundation and state-based kidney foundations.

MENTAL HEALTH

For decades Presbyterians, especially through the efforts of PHEWA's Presbyterian Serious Mental Illness Network (PSMIN), have advocated for full acceptance and support of those with mental health problems. Individual Presbyterians and denominational judicatories have worked with agencies and groups such as the National Alliance for the Mentally Ill on both local and national levels, and with Pathways to Promise, the Northern Virginia Interfaith Conference Unit on Mental Illness, and numerous other groups. The aim of these efforts has been to eliminate prejudice toward and exclusion of those with mental health problems, which affect Presbyterians in about the same proportion as the general population. As part of its stance on healthcare reform, the Presbyterian Church pushed for parity in insurance coverage of mental illness and physical illness.

The 200th General Assembly (1988) of the PC(USA) approved a report and resolution that addressed the call of the church to ministry and mission with those affected by serious mental illness, and with their families and friends. The report stated, "The church is called to an awareness of the scope of mental illness, to a strategy for opening doors of understanding, and to a uniquely significant ministry of health and healing. It has powerful resources of faith and presence in that calling." The report added, "The religious community is in a unique position to be the bridge between the clinical setting and life in the home community. Congregations exist in every American county and urban neighborhood."

A comprehensive strategy for the church, according to the report, should involve the communal life of the church in healing fellowship, at study, and in worship. It should include service and advocacy in the wider life of society, where the church seeks equity, justice, and the preservation of humane values in health matters generally and in response to mental illness specifically.

> In fulfilling this ministry and mission, the church, at all levels, is called to . . .
>
> • Seek heightened awareness and visibility for the presence and needs of the severely mentally ill, exploring possibilities for collaborative effort in consciousness-raising with other denominations as well as public social service agencies and secular organizations . . .
>
> • Develop and implement innovative approaches and programs for ministry and mission with the severely mentally ill . . .

• Support increased understanding and the development and training of leadership, through ecumenical effort and utilizing societal programs, [and] through education and training in seminaries . . .

• Provide a model as an employer . . .

• Give vigorous and continuing support to public and private health services that include the mentally ill . . .

• Get involved in public policy processes, actively advocating in behalf of the mentally ill at all levels of government for adequate support for services and for legislation on housing, nutrition, job training and placement, as well as for increased funding for research.[25]

In addition, the 211th PC(USA) General Assembly (1999) "directed the Advisory Committee on Social Witness Policy, in consultation with appropriate entities, to develop a comprehensive serious mental illness policy, including justice issues and full participation in the life of the church, and report to the 217th General Assembly (2005)."[26]

To implement its agenda of advocacy and support, PSMIN has a newsletter, holds periodic meetings, and offers educational opportunities across the country to raise awareness of mental health. PSMIN makes available informational, educational, and liturgical resources.

MEDICAL EXPERIMENTATION AND RESEARCH

The General Assembly of the Presbyterian Church (USA) has urged that scientific research and development be guided by the values of survival, life enhancement, justice, and equal access, and that the basic 'life possibilities and needs of everyone' take precedence over prolonging or beautifying 'the lives of a few' (PC (USA) 1983a, 27). The Assembly advocates that 'human subjects be given the strongest human protections, including full information about the research, and that their consent be obtained without coercion' (PC (USA) 1983a, 27)."

Embryonic stem cell research

"The General Assembly 'discourages development of human embryos and their use for experimentation except in those cases of clearly demonstrable benefit where no . . . substitute could accomplish the same end' (G.A. Minutes 1983a, 26). Thus, 'fetal and embryonic research [should] be undertaken with caution and sensitivity' (PC (USA) 1983a, 27)."[27]

The debate about stem cell research in the Presbyterian Church has not yet reached the magnitude of the abortion issue. However, those who oppose abortion usually oppose embryonic stem cell research as well. Believing abortion of fetuses to be immoral, they fear that embryonic stem cell research would be used to justify it. Some who hold this perspective believe the embryo is a potential person warranting full protection.

> The ethical acceptability of deriving stem cells from the tissue of aborted fetuses is closely connected to the morality of abortion. Some of those who oppose using stem cells derived from aborted fetuses argue that abortion for any reason is wrong. Those who so believe also fear that the possibility of donating the fetus for stem cell research will encourage women to have more abortions or justify abortions that otherwise could not be justified. They believe that researchers would be complicit in an immoral act. In addition, they may believe that a woman seeking an abortion should not have the right to give consent to the use of the tissue because she has forfeited her maternal trusteeship by aborting the fetus.[28]

Those who support embryonic stem cell research believe that the benefits to those with Parkinson's disease, Alzheimer's disease, spinal cord injuries, stroke, burns, heart disease, and diabetes outweigh the objections and costs.

The 213th G.A. (2001) of the Presbyterian Church (USA) approved a policy that affirmed the use of fetal tissue and embryonic tissue for vital research; however, the G.A. noted that respect for life includes respect for the embryo and fetus, and decisions about embryos and fetuses need to be made with responsibility and extensive education.

With careful regulation, the G.A. affirmed, the use of human stem cell tissue for research may result in the restoring of health to those suffering from serious illness.

> Together with its affirmation of the possibilities of stem cell research, the policy [of PC(USA)] raises moral concerns about stem cell research. It therefore states three limitations on stem cell research using embryonic sources: [1] "The interests or goals to be accomplished by using human embryos [must] be compelling and unreachable by other means" . . . [2] Embryos should not be created for the express purpose of research. "Embryos resulting from infertility treatment [that are] to be used for such research must be limited to those embryos that do not have a chance of growing into personhood because the woman has decided to discontinue further treatments and they are not available for donation to another woman for personal or medical reasons, or because a donor is not available" . . . and [3] "The sale or commercialization of embryonic tissue should be legally prohibited."[29]

Within this framework the G.A. affirmed its support of stem cell research, recognizing that this research moves into a new and challenging frontier such that informed public dialogue and equitable sharing of information on the results of stem cell research are imperative. It is only with such public dialogue and information sharing that our diverse society can build a foundation for responsible movement toward this frontier that offers enormous hope and challenge.[30]

DEATH AND DYING

The Reformed faith proclaims God as the beginning, center, and end of our existence. We die, not to oblivion, but to God's presence. Death is the announcement that our work is done, that we have completed our earthly ministry. Though fighting disease and premature death is noble, our faith asks us to receive death as if entering a new life established by God who is faithful' (Vaux 1991:203)."[31] These words capture the essence of God's sovereignty over life and death. The PC(USA) acknowledges the reality of pain, suffering, illness, and death, and invites Presbyterians to look for meaning in these experiences and live in an attitude of hope in and connection with God's ultimate power.[32]

In 1995 the Christian Faith and Life Association, Congregational Ministries Division of PC(USA), produced an eleven-session study guide, *In Life and Death We Belong to God: Euthanasia, Assisted Suicide, and End of Life Issues*.[33] After its publication, responses to this document were collected, and the 2001 G.A. asked for a six-year study on end-of-life issues and, when the budget permits, a public policy statement.

SUICIDE, ASSISTED SUICIDE, AND ACTIVE EUTHANASIA

In *Active Euthanasia and Health Care Reform: Testing the Medical Covenant*, Presbyterian minister and ethicist William F. May picks up some of the central issues around death and dying

that have troubled the Presbyterian Church. Although carving out a Reformed theological position is not May's express intent, that does seem to be what in fact he is doing. A central question is whether the medical covenant requires active euthanasia. May's answer is no.[34] His principal theological argument is that neither life nor the quality of life are the central issues, for God is the ultimate good. Hence, both positions are wanting; circumstances should dictate whether sustaining physical life at all costs or allowing to die is more fitting. The right to die under certain circumstances echoes the motif of compassionate care, as well as a fear of abuses resulting from active euthanasia, found in earlier PC(USA) "Covenant of Life" documents.

As May points out, "active euthanasia goes beyond the middle course of the right to die and insists upon the right to be killed; therefore, the duty or privilege to kill."[35] Although the recent Oregon law allowing physician-assisted suicide (PAS) has numerous protective side constraints, nevertheless an exploitation of the practice may result in undue pressures on patients to end their lives.

While May has argued broadly against active euthanasia, I argue that suicide is self-killing and oppose voluntary active euthanasia on that ground.[36] I summarize the arguments for and against PAS, but would agree with May that PAS should be opposed. What is rather remarkable about the PC(USA)'s stance on active euthanasia is its disapproval of this practice from a moderate position, whereas its stance on abortion would be considered a liberal one. This church, unlike the Roman Catholic Church, does not adhere to Cardinal Bernardin's view of life as a "seamless garment" from conception to death.

SPECIAL CONCERNS

Healthcare promotion and reform

The Presbyterian Church is concerned about healthcare reform on both national and local levels. As the challenges of healthcare delivery have grown, the PC(USA) is responding to the changing sociopolitical healthcare environment from within the framework of the Reformed faith. The goal is "shalom" for all people, even in the face of changes, barriers, and frustrations that exist in the healthcare system. Such documents as *Life Abundant*, "Resolution on Christian Responsibility," and "Call to Healing and Wholeness" encourage churchwide health ministry and healthcare advocacy, and call on the church to reclaim its heritage of healing and wholeness.[37]

Although the Health Care Access Campaign[38] represented a broad set of aims, denominations such as PC(USA) were concerned that healthcare reform be grounded in a broad definition of health as a value. From their perspective, good health includes physical, mental, and spiritual well-being. It is both a gift of God and a social good of special moral importance. Its value derives from the Hebrew and Christian scriptures. Good health is viewed as a basic need and an essential purpose of human and societal development; it allows us to fulfill our role in society. We have personal moral responsibility for our health and concern for the health of others. We are stewards of God's creation and need to adopt healthier lifestyles. In addition, society as a whole and its constituent public, private, and voluntary organizations have a moral obligation to promote a healthy environment and to ensure the availability of health-giving resources for everyone. The free-market system is insufficient to provide an adequate supply and equitable distribution of these resources. We are responsible to work toward the best achievable standards for, and the most

effective performance of, the healthcare system.

The G.A. has long been a strong advocate of comprehensive healthcare reform. In 1999 it reaffirmed the need for a healthcare system that provides physical and mental health care that is adequate, affordable, and accountable: "The church needs to continue to raise the issue of comprehensive, systemic health-care reform in support of the key values of access, quality, and affordability set forth in the Resolution on Christian Responsibility and a National Medical Plan (G.A. Minutes 1991)."[39] PC(USA), along with others, embraced the principles of a National Medical Plan that would encompass eligibility, benefits, financing, reimbursement, resource development and delivery system structure, policy and administration, assessment and assurance of quality, management of utilization, cost containment, choice, and linkages, and that would include a plan for the transition from the old system to the new.[40]

The 1999 pronouncement is full of specifics. It directs the Office of Health Ministries and the Board of Pensions to develop resources that will help individuals make informed choices about the use of "complementary" medical practices. The Washington Office is instructed to continue public policy advocacy for a national healthcare delivery system, as proposed in *Life Abundant* (1988), and for the development of guidelines that will lead to the provision of culturally relevant health care for people of color.[41]

The pronouncement further instructs the church to "develop a comprehensive serious mental illness policy, including justice issues and full participation in the life of the church . . ."[42] Citing 1991 G.A. Minutes, it also advocates "[p]rotection of uninsured persons by expanding Medicare and Medicaid benefits and engaging in tort reform."[43]

Individual presbyteries have also advocated healthcare reform. Addressing New Mexico's U.S./Mexico Border Health Advocacy Initiative, Sierra Blanca Presbytery highlighted problems and needs that include disease, immunization, potable water and sewage disposal, the economy, and effective action.[44] Baltimore Presbytery has worked with the Maryland healthcare initiative to advocate universal health care for all.[45]

Treatment of women and domestic violence

The Presbyterian Church has taken a strong leadership role in confronting domestic violence against, and the objectification of, women (though domestic violence may be violence against men as well as women). One of its first position papers was the report of various special task forces and the Council on Women, "Violations against the Image of God," submitted to the 1986 G.A.

> As the people of God, committed to love, justice, and service in the world, members of the Presbyterian Church (USA) are challenged to demonstrate a new concern for women in the U.S. and in other countries who are being sexually exploited through prostitution, tourism, military presence and through some of the activities of transnational corporations. Tourism in the Third World often reinforces racist, sexist and imperialistic stereotypes which destroy the family of God, encouraging some people to feel and act superior to people in countries visited.[46]

On the basis of this report, the G.A. approved a series of recommendations: to put an end to all the practices listed above; to promote responsible tourism; to advocate change in the exploitive policies of transnational corporations; and to "affirm and continue the church's commitment to study and provide funds for economic justice and self development projects for women inasmuch as the roots of exploitation are often found in economic injustice."[47]

In 1991, the Church focused on another aspect of violence against women in "Confronting Violence Against Women: The Church's

Calling." In response to the 1991 "Study Paper on Family Violence," "[t]he 203rd G.A. (1991) urged the churches to study the paper on domestic violence and establish programs to respond to domestic abuse in their communities."[48] There were two reasons for addressing the issue of violence against women.

> The first reason is pastoral. People are hurting. People need to know that they can come to their church for support and information, and when they come, they need to find church leaders prepared to assist them. The second reason is moral. In many previous statements and programs, the PC(USA) has addressed issues of war and peace and opposed violence in many forms, including [violence in] the family. However, we have too often been silent and have lacked the courage to do all we can do to prevent violence against women. We must strengthen our commitment to address violence against women. The Reformed Biblical tradition gives the church a clear mandate to address violence against women.[49]

In 2001, the 213th G.A. approved a policy statement on healing domestic violence, *Turn Mourning Into Dancing!* The statement defines "the many types of relationships in which domestic violence occurs: child/child, parent/child, spouse/spouse, partner/partner, adult child/aging parent. The term 'domestic violence' . . . is used as an inclusive term to broadly encompass the abuse found in each of these familial relationships as well as violence that occurs in sibling and dating relationships."[50]

"Domestic violence has several manifestations. Domestic violence is always a violation of the power God intended for good. It is a pattern of assaultive and coercive behavior, including physical, sexual, and psychological attacks as well as economic coercion, that adults or adolescents use against their intimate partners or vulnerable family members. In abusive relationships, perpetrators use their power in ways that inflict harm on others for the perpetrator's own need for power and control."[51]

This comprehensive report, which covers every area of domestic violence, recommends that the church confront the tragedy of domestic violence through education and training, research, and advocacy. It recommends training for local church members and judicatories on every level as part of the effort to eradicate domestic violence.[52]

Addiction

Gambling

In 1936, the G.A. of a denominational predecessor of the PC(USA) spoke out against the evil of gambling in one of its early statements on health issues, and the Presbyterian denominations have continued to issue statements and policy papers on this problem ever since. Including gambling among healthcare issues reflects PC(USA)'s wholistic definition of health. Gambling is considered an addiction, and addictions are considered diseases with spiritual, psychological, sociological, and physiological dimensions. Of the two general types of addiction—process or behavioral addiction and substance addiction—gambling is the former.

Twenty-eight states now allow gambling.[53] Often the growth of casinos leads to prostitution. The life of those who work the casinos is very difficult. Perfection is expected; every moment is monitored on closed circuit TV. Gambling does not create new jobs, but rather forces people into debt.[54]

One of the main difficulties with gambling is that some people lose, while others win without having earned their winnings. The study paper on gambling points out that the basic principle at the heart of gambling is dishonesty: you get something for nothing. It goes on to say that we should not become rich at someone else's expense.

Opposition to gambling is based on a theology of stewardship in which the fruits of labor yield a response of gratitude to God, not a hope for gain. Gambling dulls conscience and powers of reason and leads to more gambling.

Risk-taking is part of the spirit of adventure, which can bring us to new heights of discovery. Yet, as with many other virtues, its dark side can be a vice. In gambling, risk is for the sake of unearned rewards. It becomes a way of life for those who gamble consistently—it promises a thrill, the bonus of great rewards, but yields the devastation to self (and family) of huge losses.[55]

Alcoholism

The Presbyterian Church has given major attention to substance addictions, especially addiction to alcohol. In fact, as of 1986 the G.A. had addressed alcohol problems twenty-five times, and it has revisited the problem at least twice since then.[56] Its major 1986 report was born of the recognition that "alcohol-related problems continue to be viewed as a social and health issue of major concern to the Presbyterian Church (USA)."[57]

Historically, the Presbyterian Church often reflected society's views towards alcohol. It was a strong supporter of the temperance movement; later, with the founding of Alcoholics Anonymous in 1935, it accepted the view of alcoholism as a disease rather than a moral weakness.[58] The Presbyterian Church considers alcoholism a disease with spiritual, psychological, and sociological dimensions, and has recognized alcoholism as a major health problem that causes 100,000 deaths annually.

The G.A. adopted

> the following general principles which should guide . . . personal and corporate choices about the use of alcohol:
>
> > Abstention in all situations should be supported and encouraged.
> >
> > Moderate drinking in low-risk situations should not be opposed.
> >
> > Heavy drinking in any situation should be vigorously discouraged.
> >
> > Any drinking in high-risk situations (e.g., during pregnancy or before driving an automobile) should be vigorously discouraged, as should all illegal drinking (G.A. Minutes 1986).[59]

The recognition of alcohol as a drug is reflected in the name of a PHEWA network: the Presbyterian Network on Alcohol and Other Drug Abuse (PNAODA). The network distributes a newsletter linking individuals and families, provides individual support to persons affected by addictive illnesses, sponsors education and awareness events for clergy and for the public, and advocates for treatment resources.

PNAODA used the study guide, *Alcohol Use and Abuse*, to ground its programs in a sound theology.[60] The programs, in turn, gave impetus to further overtures and study papers, as well as curricula on the prevention of substance abuse. One such project was a values-based prevention curriculum for youth, *The Circle of Wholeness*.[61] In addition, the National Capital Presbytery developed a policy for local churches on the use of alcohol.

In summary, the PC(USA) approach to alcohol advocates proper use rather than abstinence. For those in recovery, and those seeking recovery, the 12-step program, Alcoholics Anonymous, is considered most effective. The Presbyterian Church has also examined the systemic nature of the problem, not simply its impact on individual lives. The church has focused on the public policy issues of pricing, availability, and promotion of alcohol. It is concerned about the sale of alcohol to minors, the need for higher liquor taxes, the sale of alcohol in certain high-risk outlets (e.g., gas stations), saturation of the media by alcohol advertising, and marketing of alcohol in the two-thirds world.

HIV/AIDS

PC(USA) regards AIDS as an infectious disease, not a curse or punishment from God. From the outset of the AIDS epidemic, PC(USA) has advocated for the rights and dignity of persons with AIDS and those infected with HIV, especially in employment practices. One of the PHEWA networks, Presbyterian AIDS Network (PAN), is a national network of clergy and lay people. Its mission is to educate members of PC(USA) about HIV/AIDS and to provide support, pastoral care, and advocacy, and it produces educational materials and a newsletter.

The 1986 G.A. stated that "AIDS and ARC (AIDS-related complex) are illnesses, not punishments for behavior deemed immoral."[62] "*To Meet AIDS with Grace and Truth* was . . . adopted in 1988. It mandates health education for the prevention of AIDS and for the development of HIV/AIDS-related ministries. It calls for programs that support independence and self-determination for persons with AIDS. It urges the implementation and enforcement of policies and legislation to protect the civil rights of persons affected by HIV/AIDS (G.A. Minutes 1988)."[63]

G.A. policies have been echoed by presbyteries. A statement by Maumee Valley Presbytery (covering parts of Michigan and Ohio) included as central concerns the right to continue work; confidentiality; needs for compassion and understanding, both for healthy employees and for critically ill colleagues; non-use of HIV testing as a job prerequisite; and needs for education.[64] Baltimore Presbytery, as well, has taken a leadership role in seeking to eliminate any discrimination against persons with AIDS and has worked with local interfaith AIDS networks.[65]

Other PHEWA networks

Several PHEWA networks have been discussed in connection with specific areas of health-related concern that they address. The remaining networks deserve mention as well.

Presbyterian Health Network (PHN) encourages the Presbyterian Church (USA) at all its levels to develop and sustain a wide variety of health programs and ministries. PHN promotes education through curricula that propose model structures and congregational policy for use in the local church, and for use in health seminars and retreats for clergy and church professionals. PHN advocates for better public health policy at local, state, and federal levels; works to interpret the needs of the marginalized; and raises ethical issues involving health and medicine.

Presbyterian Disabilities Concerns (PDC) "welcomes those who affirm, support and advocate for the gifts, rights and responsibilities of persons with disabilities in the total life of the church."[66]

Community Ministries and Neighborhood Organizations (COMANO) "welcomes those involved in community ministries, community organizing, neighborhood houses, and social action ministries."[67]

Presbyterian Association of Specialized Pastoral Ministries (PASPM) "welcomes those involved in institutional chaplaincies and pastoral counseling. They represent the PC(USA) [in] the various national professional organizations and work to ensure that the church recognizes their ministries."[68]

Presbyterian Child Advocacy Network (PCAN) advocates for access to affordable health care, and develops and distributes educational materials. This network emphasizes the prevention of child sexual abuse. It encourages the observance of Children's Sabbath and promotes affordable child care, including after-school programs.

The Urban Network of Congregational Leaders (UNCL) "welcomes those lay and clergy persons who work side by side to carry out the task of ministry in our urban areas."[69]

NOTES

1. These figures and other citations reflect the governance of the PC(USA), a denomination formed in 1983 by the reunion of the United Presbyterian Church USA and the Presbyterian Church US, which had divided during the Civil War. There are 215 member churches in 107 countries of the World Alliance of Reformed Churches and approximately 45 Reformed denominations in the U.S. (Jean-Jacques Bauswein and Lukas Vischer, eds., *The Reformed Family Worldwide: A Survey of Reformed Churches, Theological Schools, and International Organizations* [Grand Rapids: William B. Eerdmans Publishing Co., 1998]). This booklet focuses on PC(USA)—the largest Presbyterian denomination in the U.S. and the one with which I am most familiar. The positions cited in the text are from PC(USA) or her predecessor churches.

   In most instances this booklet presents the major issues addressed by PC(USA) with reference to the denomination's core commitments to health and health care. Wherever possible, official papers and documents passed by the highest governing body, i.e., General Assembly, are referenced. Where official positions (for example, positions on end-of-life issues) are in the process of formulation, study documents or books by Reformed theologians and ethicists are used.

2. Ronald P. Hamel, ed., *The Presbyterian Tradition: Religious Beliefs and Health Care Decisions* (Chicago: Park Ridge Center for the Study of Health, Faith, and Ethics, 1996), 2. Full reference information for the intratextual citations from that publication is included in the bibliography below.

3. The author sent a request to 168 presbyteries and several national offices asking for documents about health issues. Only ten or so responded.

4. Presbyterian Church (USA), "Review of Health-Care Policies and Five-Year Program Activities," in "Health-Care Delivery Systems and Systems Reform, Review of Policy," 211th General Assembly (1999), 2 [http://horeb.pcusa.org/ga211/health/revhealth.htm, 10/9/01]. "Life Abundant" refers to a 1988 document (Presbyterian Church [USA]), *Life Abundant: Values, Choices, and Health Care* [Louisville: Office of the General Assembly, 1988]).

5. Presbyterian Church (USA), "Health Education and the Empowerment of Individuals and Communities Who Use Health-Care Resources, Review of Policy," 211th General Assembly (1999), 1 [http://horeb.pcusa.org/ga211/health/healthed.htm, 10/9/01].

6. Presbyterian Church (USA), "Health-Care Delivery Systems and Health Systems Reform," 211th General Assembly (1999). http://horeb.pcusa.org/ga211/health/caredelivery.htm.

7. Hamel, *The Presbyterian Tradition: Religious Beliefs and Health Care Decisions*, 3.

8. Presbyterian Church (USA), "Abortion," PC(USA) Information, 1 [http://www.pcusa.org/pcusa/info/abortion.htm, 1/28/02].

9. Hamel, *The Presbyterian Tradition: Religious Beliefs and Health Care Decisions*, 4.

10. Presbyterian Church (USA), "Abortion," 2.

11. Evan Silverstein, "Possible Battle over Abortion Policy Averted, Litigation and Social Witness Committees Delete Troublesome Provision," Presbyterian News Service, Office of Communication, 8 February 2002 [www.pcusa.org/pcnews/02061.htm, 2/14/02].

12. Presbyterian Church (USA), "Abortion" (Louisville: The Presbyterian Panel, Research Services, 2001).

13. Public Policy Statements of the Presbytery of Baltimore since September 1996.

14. Presbyterian Health, Education and Welfare Association, *To Seek a Just World* (Louisville: Presbyterian Church [USA], n.d).

15. See Abigail Rian Evans, "Surrogate Mothers: The New Bondswomen," in *Public Policy and Values*, ed. Jerry Rigeur (Washington, D.C.: Family Research Council, 1988), for a paper in opposition.

16. Statement of November 28, 2001, by Associate for Theology Charles Wiley, cited in "Cloning of Human Embryos Prompts Questioning by Churches," Presbyterian News Service, 30 November 2001 [www.pcusa.org/pcnews/oldnews/2001/01441.htm, 6/14/02].

17. Nancy J. Duff, "Clone with Caution: Don't Take Playing God Lightly," *The Washington Post* (2 March 1997), C5.

18. Nancy J. Duff, "Reflections on Human Cloning," *Princeton Seminary Bulletin* 18 (1997): 185.

19. Nancy J. Duff, "Seeking the Significant in the Factual," in *Beyond Cloning: Religion and the Remaking of Humanity*, ed. Ronald Cole-Turner (Harrisburg, Pa.: Trinity Press International, 2001).

20. Ibid., 95.

21. Abigail Rian Evans, "Should Human Cloning Be Permitted?" in *The Befuddled Stork*, ed. Donald Messer and Sally Geiss (Nashville: Abingdon Press, 2000). For further discussion of these issues, see John P. Burgess, ed., *In Whose Image? Faith, Science, and the New Genetics* (Louisville: Geneva Press, 1998).

22. Abigail Rian Evans, "Saying No to Human Cloning," in *Human Cloning: Religious Responses*, ed. Ronald Cole-Turner (Louisville: Westminster John Knox Press, 1997), 25-34, and "Should Human Cloning Be Permitted?"

23. Presbyterian Church (USA), "The Covenant of Life and the Caring Community" and "Covenant and Creation: Theological Reflections on Contraception and Abortion" (Louisville: Office of the General Assembly, 1983), 26, in Hamel, 5.

24. Presbyterian Church (USA), Minutes, 201st General Assembly, Part I: Journal (Louisville: Office of the General Assembly, 1989), 625, in Hamel, 5.

25. Presbyterian Church (USA), "The Church and Serious Mental Illness," 200th General Assembly (1988), 2-5. Information submitted by Nancy Lee Head, Program Director, National Alliance for the Mentally Ill, Washington, D.C.

26. Presbyterian Church (USA), Minutes, 211th General Assembly (1999), 309, 25.039r. Information submitted by Nancy Lee Head, Program Director, National Alliance for the Mentally Ill, Washington, D.C.

27. Hamel, *The Presbyterian Tradition: Religious Beliefs and Health Care Decisions*, 6.

28. Presbyterian Church (USA), 213th General Assembly (2001), Overture 01-50, 15 June 2001.

29. Statement by Charles Wiley, in "Cloning of Human Embryos Prompts Questioning by Churches."

30. "On Adopting a Resolution Enunciating Ethical Guidelines for Fetal Tissue and Stem Cell Research," Overture 01-50, Recommendation, Presbytery of Baltimore, 3. (Adopted by General Assembly [2001]).

31. Hamel, *The Presbyterian Tradition: Religious Beliefs and Health Care Decisions*, 6-7.

32. Presbyterian Church (USA), Minutes, 200th General Assembly, Part I: Journal (Louisville: Office of the General Assembly, 1988), 537, in Hamel, 7.

33. Presbyterian Church (USA), *In Life and Death We Belong to God: Euthanasia, Assisted Suicide, and End of Life Issues, A Study Guide*, Church Faith & Life Area, Congregational Ministries Division (Louisville: Presbyterian Publishing Corp., 1995).

34. William F. May, *Active Euthanasia and Health Care Reform: Testing the Medical Covenant* (Grand Rapids: William B. Eerdmans Publishing Co., 1996), 13.

35. Ibid., 15.

36. Abigail Rian Evans, "Negotiated Death: The Morality of Physician Assisted Suicide," unpublished paper, January 2002.

37. Presbyterian Church (USA), "Sociopolitical Context, Changing Face of Health Care," 211th General Assembly (1999), 2, 3 [http://horeb.pcusa.org/ga211/health/changingface.htm, 10/9/01].

38. The Interreligious Health Care Access Campaign was launched in the early 1990s to advocate for systemic reform of the healthcare system in the U.S. and to develop basic working principles for the debate on healthcare reform.

39. Presbyterian Church (USA), "Monitoring Report on the Presbyterian Church (U.S.A.)'s Health-Care Policies and Activities and Current Sociopolitical Context for Health Care with Recommendations," 211th General Assembly (1999), 3, 4 [http://horeb.pcusa.org/ga211/health/recommend.htm, 10/9/01].

40. The church has called upon the country to "enact an equitable, efficient and universally accessible health plan, including a National Medical Plan . . . and protect uninsured persons in the meantime . . . by expanding Medicare and Medicaid benefits . . . and engaging in tort reform" (G.A. Minutes, 1991, 811), in Presbyterian Church (USA), "Health-Care Delivery Systems and Health Systems Reform, Review of Policy."

41. Presbyterian Church (USA), "Monitoring Report on the Presbyterian Church (U.S.A.)'s Health-Care Policies and Activities and Current Sociopolitical Context for Health Care with Recommendations," 3, 4.

42. Ibid.

43. Presbyterian Church (USA), "Health-Care Delivery Systems and Health Systems Reform, Review of Policy," 1.

44. Sierra Blanca Presbytery, Sierra Blanca Border Health Advocacy Committee, "U.S./Mexico Border Health," Artesia, N.Mex., Bulletin, n.d.

45. Public Policy Statements of the Presbytery of Baltimore since September 1996.

46. Presbyterian Church (USA), "Violations against the Image of God: Exploitation of Women," in "Recommendations Concerning Sexual Exploitation of Women," adopted by the 198th General Assembly (Louisville: Office of the General Assembly, 1986).

47. Ibid., 20-21.

48. Presbyterian Church (USA), "Study Paper on Family Violence," recommendations from the 203rd General Assembly (Louisville: Office of the General Assembly, 1991).

49. Presbyterian Church (USA), "Confronting Violence Against Women: The Church's Calling" (Louisville: Office of the General Assembly, 1991).

50. Presbyterian Church (USA), The Advisory Committee on Social Witness Policy of the General Assembly Council, *Turn Mourning Into Dancing! A Policy Statement on Healing Domestic Violence and Study Guide* (Louisville: Office of the General Assembly, 2001), 7.

51. Ibid., 9.

52. Ibid., 10-14.

53. National Coalition Against Legalized Gambling, "Facts About Gambling Expansion," 16 February 2002, 1 [http://www.ncalg.org/facts_about.htm, 2/27/02].

54. Presbyterian Church (USA), "Gambling," *Social Witness Policy Compilation 2000*, 1992 Statement (Louisville: Office of the General Assembly), 922.

55. Ibid., 13.

56. Presbyterian Church (USA), "Alcohol," PC(USA) Information, 1 [http://www.pcusa.org/pcusa/info/alcohol.htm, 1/28/02]. "Alcohol Use and Abuse: The Social and Health Effects" contains two reports: "Report and Recommendations on the Social and Health Effects of Alcohol Use and Abuse" (produced by the Advisory Council on Church and Society) and "Implementation of an Expanded Churchwide Address to Alcohol-Related Problems" (a joint report of the General Assembly Mission Board and the Program Agency), both adopted by the 198th G.A. (1986). Together they provide in-depth social analysis, theological study, and biblical background as well as a comprehensive policy statement with recommended actions and implementation plans for individuals, congregations, governing bodies, and church-related institutions.

57. Ibid., 7.

58. Ibid., 21, 24.

59. Ibid.

60. Presbyterian Church (USA), "Alcohol Use and Abuse: The Social and Health Effects" (Louisville: Office of the General Assembly, 1988).

61. Abigail Rian Evans et al., eds., *The Circle of Wholeness: An Addiction Prevention Curriculum* (Louisville: Presbyterian Church [USA], 1991).

62. Presbyterian Church (USA), Minutes, 198th General Assembly (Louisville: Office of the General Assembly, 1986), 496.

63. Presbyterian Church (USA), "Health Education and the Empowerment of Individuals and Communities Who Use Health-Care Resources," 2.

64. Maumee Valley Presbytery, "Personnel Policy Addressing Life-Threatening Infectious Diseases," Policy #12, 19 June 1990, 1.

65. Charles Forbes, "Position Paper on Acquired Immune-Deficiency Syndrome (AIDS)," Peace & Justice Committee, Presbytery of Baltimore, adopted 26 January 1989, reprinted for the 203rd G.A. (1991), 19 June 1991.

66. Presbyterian Health, Education and Welfare Association, *To Seek a Just World*, brochure (Louisville: Presbyterian Church [USA]). The Presbyterian Church has had a commitment to those with disabilities. It has requested the development of a comprehensive disabilities policy addressing learning disabilities, disabilities prevention, and all disabilities identified by the Resolution on "Disability Concerns," and has requested a report to the 217th General Assembly (2005) (G.A. Minutes, 1999, 308-309). Research and evaluation done for the *Resolution on Disabilities* (2000) revealed needs for "further policy and recommendations regarding disabilities concerns" (Presbyterian Church [USA], "Harvesting Seeds of Justice: Ministering in Church and Society with Persons Who Have Disabilities," in "Prospectus for a Task Force of the Advisory Committee on Social Witness Policy" [Louisville: Office of the General Assembly, 2000], 3).

67. Presbyterian Health, Education and Welfare Association, *To Seek a Just World*.

68. Ibid.

69. Ibid.

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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 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 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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