

United Church of Christ

Religious Beliefs and Healthcare Decisions

by Arlene K. Nehring

The United Church of Christ (UCC) was born out of, and continues to shape and be shaped by, the ecumenical movement—the attempt of Christians to unite around matters of agreement rather than to divide over matters of disagreement. In 1957, two denominations merged, the Congregational Christian Churches and the Evangelical and Reformed Church, resulting in the United Church of Christ.

Although the UCC is usually viewed as an heir to the Reformed Protestant tradition, the denomination also includes historic Lutheran roots among the traditions that inform its faith and practice. The UCC is sometimes described as a “non-creedal” church because no specific confession or set of confessional statements is considered normative for the church’s faith. But UCC beliefs can be gleaned not only from the numerous confessions that the church has actually employed, but also from the traditions reflected in its worship and other practices, such as confirmation. From this perspective, the UCC might better be described as a “multi-creedal, multi-confessional” church. It embraces a rich Protestant heritage in which the primary authority of the Scriptures, justification by grace through faith, and the continuing guidance of the Holy Spirit are all central tenets. Although the UCC also features enormous theological diversity, two other key principles are embraced by virtually all its members. One is the affirmation of the “priesthood of all believers,” and the other is an adherence to a congregational or covenantal polity.

Affirming the priesthood of all believers means that each person has the authority and responsibility

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to discern God’s will for his or her life and to act in accordance with that will. This affirmation extends to circumstances pertaining to health and medicine and allows for a high degree of moral autonomy—except or until one’s behavior begins to have significant negative impact on others.

To say that the UCC observes a congregational or “covenantal” polity means that, with some “presbyterian” exceptions, the authority for nearly all decision making in the denomination is vested with member congregations, rather than with a pope, bishops, presbyteries, or other elected bodies. Congregations relate to each other and to other bodies of the church through their membership in associations. Their associations, in turn, are members of conferences, and conferences are members of the General Synod (the biannual meeting of more than 700 elected voting delegates). The General Synod carries out the denomination’s business, including deliberating over and acting on proposed resolutions, pronouncements, and priorities for the national bodies; commending those decisions to congregations, associations, and conferences for their adoption and implementation; and sharing those actions with the wider church and the world.

During its forty-four year history, the UCC has gained a reputation for taking progressive stands on matters of social policy. But, unlike many other Christian denominations, in the

UCC the General Synod’s actions are not binding on other bodies of the church. The synod speaks in an advisory way rather than a determinative way. Similarly, even though the General Synod is likely to be heard as the voice of the denomination when it speaks to the wider society, in a strict sense the synod speaks only for itself. The actions of the General Synod are not necessarily embraced by all of its constituents, and difference is tolerated—even expected—within the UCC.

Since the actions of the General Synod are the only way that the UCC as a national body speaks to its constituents and to the larger society, the synod and its resolutions, pronouncements, proposals for action, and priorities are the primary resources to which one turns for determining the UCC’s collective view on various matters of doctrine and ethics.

A survey of the General Synod’s actions reveals an uneven pattern of instruction about illness, medicine, healing, and suffering. The variety and amount of such information seems to have corresponded to the degree of concern to which these issues resonated with UCC members.

The following pages summarize the General Synod’s statements on health and medical issues. Each document referred to reflects the recommendations of the UCC General Synod at a given point in history.

THE INDIVIDUAL AND THE PATIENT-CAREGIVER RELATIONSHIP

Given the congregational-style polity of the UCC and the denomination’s affirmation of each individual’s ability (through prayer, study, and reflection) to discern God’s will for his or her life, the pastor’s duty to a patient or a patient’s family is to serve as a companion and reflective listener and, if requested, to serve as a guide in helping the patient and family cope with difficult care and treatment decisions.

It should be noted that within the UCC, laypersons as well as pastors have an important role in supporting one another on their faith journeys. It is not only the pastor but other believers to whom one turns in time of crisis. General Synod statements on personal and public health call for families, local churches, associations, conferences, and national bodies to establish study groups to produce health educa-

tion resources and to educate constituents, to form care teams to comfort and support individuals struggling with various health issues, and to advocate for health and social policies that lead to greater justice and healing for all.

In terms of the pastoral office, it is expected that a congregant or counselee can speak in confidence with a UCC pastor or chaplain. The UCC *Book of Worship* and *Manual on the Ministry* affirm the importance of confidentiality in the pastoral office. During the ordination service, for example, the candidate is asked to take a vow of confidentiality.

FAMILY, SEXUALITY, AND PROCREATION

Since the late 1960s, the General Synod has taken significant stands affirming the rights and value of all persons regardless of their sexuality and has recognized and affirmed a broad spectrum of human relationships and family types. By contrast, most other Christian groups in the United States today claim that the most acceptable (or the only acceptable) sexual identity, orientation, and behavior is heterosexual and that the most acceptable (or the only acceptable) family type is the so-called “traditional” or nuclear family and its extended blood relations.

An important illustration of the UCC’s affirmation of the diversity of family types and human sexualities and relationships was expressed in a 1997 resolution titled “Fidelity and Integrity in All Covenanted Relationships.” This resolution reaffirmed “that the standard for sexual and relational behavior for members of the United Church of Christ is fidelity and integrity in marriage and other covenantal relationships, in singleness, and in all relationships of life.” This resolution does not assume that some family structures (e.g., the two-parent heterosexual family) are morally or sociologically better than others, nor does it assume that faithful persons are sexually active only within the confines of heterosexual marriage.

CLINICAL ISSUES AND PROCEDURES

Contraception

The General Synod has held that FDA-approved forms of contraception are appropriate for use by individuals who are sexually active and who wish to prevent pregnancy. A 1971 General Synod resolution concerning a woman’s right to choose an abortion, for example, called the churches to support programs on family life and sex education in the schools and in the wider society, especially those including information about contraception. Some disagreements persist, however, about whether (or at what age) contraceptives ought to be available to minors without parental consent.

Sterilization

The UCC General Synod has yet to make a statement about sterilization.

New Reproductive Technologies

The 1989 synod resolution “The Church and Reproductive Technologies” addressed the theological and ethical challenges presented by new reproductive technologies including artificial insemination, in vitro fertilization, gamete intrafallopian transfer, cryopreservation, and surrogacy.

The synod called on the church to employ principles of beneficence, autonomy, and justice in discerning what is right and good with regard

to the use of these technologies. It underscored the need for the church to offer compassionate ministry to persons experiencing infertility and exploring reproductive technologies. The resolution affirmed the decision-making rights of individuals and families in choosing and utilizing reproductive technologies.

The resolution also acknowledged that the advances of science and technology were good but that scientists and the public needed to be faithful stewards of scientific knowledge and its advances. Thus the synod cautioned about the financial and emotional costs of using reproductive technologies and about the legal ambiguities created by the use of cryopreservation. The synod also warned about the potential for exploitation—particularly of poor women—in surrogacy and cautioned that a child conceived and/or borne by a surrogate parent might experience ambiguities about her or his parentage.

Consequently, the synod called for honest and compassionate counseling for those considering using new reproductive technologies. The synod also called for a comprehensive study of the medical, scientific, theological, moral, and ethical issues related to these technologies and the advantages and potential risks of their use.

It should be noted that the denomination's views on such matters continue to evolve. For example, the 1997 General Synod cautioned people to reconsider using reproductive technologies on the grounds that they tend to be very expensive and only benefit the wealthy. The synod also suggested that the needs of the whole human family might better be addressed through adoption and the reallocation of research dollars to fight disease, poverty, and famine among people already living.

Disease Treatment of Pregnant Mothers

The UCC General Synod has yet to make a statement about disease treatment of pregnant mothers.

Reproductive Choice

Since 1971, the General Synod has taken con-

sistent stands in favor of a woman's right to choose a safe and legal abortion. In that year, the General Synod adopted a proposal for action titled "Freedom of Choice Concerning Abortion," which called for the repeal of all legal prohibitions of physician-performed abortions.

The General Synod's pronouncement traced the debate over when "personhood" is established, acknowledging that many people find it difficult to consider an embryo in its early stages more than a potential person. Factors such as the health and welfare of the mother, the needs of the family along with the limits of its resources, and even the needs of society itself may be given equal or greater value in moral decision making when weighed against a potential life.

The pronouncement proclaimed the right of all women, including poor women, to exercise their "freedom with responsibility" in considering and potentially choosing to have a safe and legal abortion. The major qualification to this position concerned the time at which an abortion was elected. The synod, for example, made a significant distinction between the early and later stages of pregnancy and recommended that an abortion in the later stages of pregnancy be performed only in the most serious circumstances such as rape, incest, or danger to the mother's life.

The synod called upon UCC congregations to help repeal legal prohibitions against abortion and to provide ministries to all women struggling with unwanted pregnancies. The proposal recognized the need for counseling and education in the church concerning the meaning and nature of human life, sexuality, contraception, and responsible parenthood.

This 1971 position has been repeatedly reaffirmed by the General Synod. The 1987 resolution, titled "Sexuality and Abortion: A Faithful Response," added to earlier positions by encouraging women with unwanted pregnancies "to consider giving birth and parenting the child or releasing the child for adoption before consider-

ing abortion.” Another 1987 resolution adopted by the synod, titled “Reaffirmation of United Church of Christ Support for Freedom of Choice,” articulated a vision of a society with a full range of reproductive options for all women, deplored the mid-’80s Supreme Court decision that limited major provisions of *Roe v. Wade*, and called the whole church to address the root causes of unwanted pregnancies.

Care of Severely Handicapped Newborns
The UCC General Synod has yet to make any statements about the care of severely handicapped newborns.

GENETICS

The United Church of Christ has been a significant contributor to ecumenical dialogue on matters of social policy and pastoral care related to genetics. The UCC has raised questions about the appropriate use and limits of knowledge in genetic research, the necessity to act responsibly on behalf of individuals and society in developing genetic research and therapies, and the continued commitment to justice for all.

The General Synod has generated formal statements on genetic engineering at four of its biannual gatherings. The first, adopted in 1983, was titled “Concern about the Moral and Ethical Implications of Genetic Engineering,” and the second, titled “The Church and Genetic Engineering,” was issued in 1987. These resolutions raised concerns about the rapid growth of technology, the need for the appropriate UCC national offices to provide church members with relevant information about genetic engineering, and the need for church members to gather as congregations to study this important subject.

The 1987 statement encouraged informed pastors and laypersons to serve on review boards of healthcare institutions using genetic therapies and to examine their institutions’ protocols for such treatments. It also encouraged UCC-related colleges involved in genetic research to develop reasonable criteria to safeguard public health during genetic research and the application of

genetic therapies, and to develop educational forums on genetic engineering. In 1989, the synod called for a greater focus on the ethical conundrums created by genetic engineering technology, the development of policy statements and advocacy that would guide the denomination on these matters, and an emphasis on pastoral responsibility in genetic screening and counseling.

CLINICAL ISSUES AND PROCEDURES

Genetic Testing and Counseling

In “The Church and Genetic Engineering: A Pronouncement and Proposal for Action,” the synod declared support for genetic testing so long as appropriate religious counseling was provided to assist patients in analyzing and acting on the results of such tests. It also rejected the use of genetic screening to determine a person’s civil, economic, or reproductive rights.

Sex Selection

The UCC Genetics Working Group strongly discourages the use of genetic testing for sex selection purposes in human fetuses in particular or for the use of creating “designer babies” in general.

Selective Abortion

The Genetics Working Group strongly discourages the use of genetic testing for selective abortion, except in the most extreme cases where prolonging life would endanger the life of the mother or where profound disease or disabilities are detected.

Gene Therapy

The UCC has declared its support of somatic cell therapy but remained cautious about the use of germline therapy, since it would affect future generations.

Cloning

The 1997 General Synod resolution titled “The Cloning of Mammalian Species” dealt with a specific area of genetic engineering that became of more urgent concern with the birth of Dolly the cloned sheep.

The General Synod called for a legislative ban on cloning for reproductive purposes for the foreseeable future, since cloning (like other

reproductive technologies) consumes valuable resources that might better be used to ameliorate hunger, poverty, and famine, and since adoption of children and other options exist for those who wish to have children.

The synod also cited concerns about the lack of precision associated with nuclear transfer techniques and deemed them unsafe for humans. Further, the resolution cautioned that a child produced by cloning might suffer from an overwhelming burden of expectations. The synod also observed that children may benefit from having the genetic resources of two adults recombined to form a genotype that is unique and yet tied genetically to both adults.

Organ and Tissue Transplantation

The UCC General Synod has not yet made any formal statement on organ and tissue transplantation, although at least one denominational publication has commended organ donation as “stewardship of the gift of life.”

MENTAL HEALTH

UCC General Synod statements pertaining to mental health issues have been grounded in an understanding of Christ’s ministry to the whole person and his compassion to persons who were “demon possessed” or otherwise marginalized because of their predicaments. Synod statements have called for greater compassion and support for those who suffer with mental illness.

Mental Illness

Two synod resolutions have addressed the needs of persons with mental illness. In 1985 the General Synod’s resolution “For Helping Those Who Suffer from Chronic Mental Illness” recognized the frequent discrimination, homelessness, and social invisibility that persons with chronic

mental illness often experience. It asserted that deinstitutionalization, ignorance, and the perpetuation of misinformation have led to the further marginalization of mentally ill people. While recognizing that no known cure exists for chronic mental illness, the synod affirmed that proper medical treatment and the emotional support of family and friends could significantly improve quality of life for those who suffer with mental illness and for their family members.

The General Synod called on the church to develop educational programs that would dispel ignorance and fear directed toward mentally ill people and that would help church members welcome mentally ill people and their families into the church.

In a 1987 resolution, the General Synod

decried radical cuts in government funding for programs serving mentally ill people and the deinstitutionalization of the acutely ill. It urged governmental officials to shift funding priorities away from defense spending and toward health and human services. Because the church is itself an employer, the General Synod also urged UCC congregations, organizations, and offices to provide mental health benefits for their employees.

Substance Abuse

The General Synod has adopted several resolutions which cite staggering figures about the high incidence of addiction in both church and society, loss of life, physical impairment, psychological stress, and spiritual drain that result from chemical addictions.

The first of these synod resolutions, 1983's "Substance Abuse," called on leaders at every level of the denomination to affirm and support the efforts of social, civic, and governmental agencies involved in dealing with substance abuse problems. The synod also called the national offices to develop a resource list of agencies that provide education and services related to substance abuse and recovery. Local churches were encouraged to undertake ministries to prevent substance abuse and to care for those who suffer the consequences.

In 1983, the synod also adopted the resolution "Motor Vehicle Accidents Involving Alcohol," which described the high incidence of death and disability resulting from motor vehicle accidents in which alcohol abuse by drivers is involved. It underscored the need for church members and organizations as well as secular bodies to make every effort to prevent such abuse and to ameliorate its effects. The president of the church was asked to convey to state and federal officials the UCC's concern about alcohol abuse and the number of deaths and disabling injuries resulting from accidents involving intoxicated drivers.

Through its "Chemical Dependency" resolution, the 1987 General Synod acknowledged that a number of the people affected by addiction

problems included clergy. Consequently, the synod called for a referral list and resource service for those in need of addiction treatment, a church school curriculum that addressed the root causes of addiction, and a seminary curriculum to assist church leaders in addressing addiction problems in church and society.

During its 1989 gathering, the General Synod adopted a resolution calling on the church to lobby Congress in support of federal sanctions against countries that exported illicit drugs to the United States. The synod supported federal funding for addiction prevention programs and opposed federal subsidies for tobacco growers. In that same year, the UCC Insurance Commission was urged to provide coverage for treating chemically dependent people and for individuals affected by others' chemical dependence. The resolution encouraged local churches to educate themselves about the resources available in their communities for the treatment of addiction and codependency. Congregations also were encouraged to be sensitive to the needs of persons in recovery and to offer meeting space to addiction prevention and recovery self-help groups.

A resolution titled "Substance Abuse as a Paramount Concern" was adopted by the 1989 General Synod. This resolution called upon the president of the church to appoint an ombudsman to work with appropriate UCC national offices to develop internal policies and procedures for addressing the problem of substance abuse in the church and society.

Through the 1993 synod resolution "Substance Abuse Public Policy," the church named the use of tobacco, the abuse of alcohol and illicit substances, and the misuse of over-the-counter drugs as matters of continued concern. The synod committed to confront and challenge drug abuse; to advocate, in cooperation with health organizations, for drug treatment and rehabilitation programs; and to pursue these issues over an indefinite period of time. The 1993 resolution also called on leaders at every level of the denomination to form substance abuse policies.

DEATH AND DYING

While individual UCC congregants vary widely in their beliefs about death, dying, and the afterlife, both the UCC's traditions and its liturgical writings indicate that a belief in and hope for a heavenly life after death remains the informal norm within the church. The General Synod has articulated its views on death and dying through resolutions pertaining to end-of-life decision making. No clear statements have yet been made about the medical determination of death, autopsy, or post-mortem care. Practices related to last rites, burial, and mourning are described in the *UCC Book of Worship*.

END-OF-LIFE DECISION MAKING

The General Synod's early statements on end-of-life issues reflect a high concern for patient autonomy and individual rights. More recent positions and conversations have shifted somewhat to reflect concerns about patients' relationships with their families, religious communities, and healthcare teams, and the role of these relationships in determining care and making decisions at the end of life.

In 1973, the synod acknowledged that advances in modern medical technology sometimes prolong death rather than preserve life. In its resolution titled "The Rights and Responsibilities of Christians Regarding Human Death," the synod affirmed the right of individuals to die rather than to suffer unnecessarily through the heroic measures frequently used to keep the terminally ill alive. The synod gave its approval to the execution of living wills and called for more effective consultation among patients, medical and spiritual caregivers, family members, and loved ones in the face of end-of-life decisions.

In 1979, the synod took an additional step toward affirming individual rights in making end-of-life decisions by supporting the legal recognition of advance directives with appropri-

ate safeguards (such as "Do Not Resuscitate" orders). It also called upon the church to work for state legislation affirming these rights.

There are many dimensions to the continuing conversation within the United Church of Christ about end-of-life decision making. These include, but are not restricted to, the following concerns:

1. The need to be responsible stewards of health services given that finite and expensive medical resources are sometimes used only to prolong death when death is inevitable
2. The fact that patient and family views regarding advance directives, physician-assisted suicide, and euthanasia sometimes change in light of particular circumstances
3. The need to protect persons who are not competent to make end-of-life decisions for themselves
4. The fear that active euthanasia and assisted suicide will lead down a "slippery slope" to killings done for the sake of expediency and at the expense of valuing each person's life as a gift from God
5. The sense that euthanasia (the active ending of a life) challenges fundamental biblical teachings such as "Thou shalt not kill"

LAST RITES, BURIAL, AND MOURNING TRADITIONS

The United Church of Christ is a curious constellation of Christians, some of whom were raised in the UCC or one of its predecessor denominations, and many of whom were raised in some other Protestant or Roman Catholic tradition. This diversity accounts in large part for the diversity in needs and expectations of UCC members at the approach of death. Persons who have had affiliations with Roman Catholic, Episcopal, or Orthodox liturgical traditions, for example, may take comfort in receiving last rites

or knowing that last rites were provided for their loved one. Others who have rejected these “high church” liturgical traditions may resist this rite of passage. From a UCC theological perspective, last rites are not considered necessary to ensure that the soul of a dying person will be received into heaven. Provisions for last

rites, memorial services, and burial are outlined in the UCC *Book of Worship* and are quite similar to the services of other Protestant Christian denominations.

SPECIAL CONCERNS

Two health issues have been of special concern to the UCC because of the pastoral care needs and the public policy and funding issues prompted by their emergence and prevalence in U.S. society. These are breast cancer and AIDS. The UCC’s statements on each are explored below.

BREAST CANCER

In 1995, the General Synod adopted the resolution “Concerning the Role of the Church with Women Who Have Experienced Breast Cancer.” The synod called for local church leaders to talk with women in their congregations about the ways in which they have and have not been supported by the church as they have dealt with this disease. The synod also encouraged local churches to promote breast self-examinations, to educate congregants in how to choose adequate mammography facilities, and to develop resources informing women and men about related services in their areas.

The resolution advocated better funding of breast cancer research and encouraged the development of resources and programs for spiritual and physical health that reflected the needs and gifts of persons affected by breast cancer. As a follow-up to this resolution, several national leaders developed a publication titled “Letters to My Sisters,” written by breast cancer survivors and family members. Special church gatherings

have been held to provide a way for church leaders to learn from the experiences and insights of breast cancer survivors and to provide educational and pastoral care opportunities for persons affected by breast cancer.

HIV/AIDS

A 1983 UCC resolution on AIDS decried the nation’s inadequate response to the spread of the disease and the increasing number of new cases emerging around the globe. It called the whole church to a ministry of love, justice, and wholeness with people affected by this disease. This resolution also called for stronger leadership from the government and medical communities, so that more resources would be made available for research, education, treatment, and care of those with the disease. The resolution urged the church to learn about the transmission of HIV and its prevention, about the needs of persons with AIDS and their loved ones and caregivers, and about the available education and prevention resources. It also called for the church to explore ways that members could take part in the healing ministry of Christ with all who are affected by this disease.

A subsequent resolution in 1987, “Health and Wholeness in the Midst of a Pandemic,” noted that people of color, gay men, the poor, and IV drug users had been disproportionately affected by AIDS. Those groups faced multiple preju-

dices that compounded their struggles, discouraging them from pursuing diagnostic tests and medical treatment. In light of these prejudicial conditions, the 1987 resolution called on the church to educate itself about HIV/AIDS and its economic, social, and psychological impact; to stand in solidarity with those affected; and to oppose mandatory HIV testing, which would lead to greater discrimination against those with the disease.

The General Synod took up workplace issues in the 1989 resolution titled “Responding to AIDS: Ten Principles for the Workplace.” This resolution promoted equity and justice for people with AIDS in the workplace through nondiscrimination policies in hiring and employment (including the prohibition against HIV screening), AIDS education and prevention practices, and strict confidentiality rules regarding medical information that an employer may have about an employee with HIV.

The UCC’s Executive Council responded to these resolutions with “A Pastoral Letter to the Churches on Acquired Immune Deficiency Syndrome (AIDS).” The Executive Council out-

lined the church’s biblical and theological roles in caring ministries and offered examples of faithful witness and personal testimony from UCC members and congregations who had been engaged in healing ministry with people with AIDS.

The Executive Council lamented the connection that the church had at times made between illness and sinfulness, a connection which contributed to the fear associated with AIDS, and it reminded the church that redemption and wholeness for all are only available through the life, death, and resurrection of Jesus Christ. In light of the devastating impact of the disease, the council encouraged those affected to share their stories and struggles with church support groups, to be engaged in service programs that address the basic needs of people with the disease, and to work for affordable housing, new drug therapies, increased support of AIDS research, and more effective education and prevention programs.

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RESOURCES

The Minister for Health and Welfare Programs or the Consultant, National Committee on Persons with Disabilities, American Missionary Association, United Church Board for Homeland Ministries, 700 Prospect Avenue, Cleveland, Ohio, 44115; 216-736-3279.

"Affirming Persons—Saving Lives" is an award-winning, comprehensive curriculum for AIDS awareness and prevention education designed for Christian education settings. Order from PP/UCP: 800-537-3394.

The United Church AIDS/HIV Network (UCAN) is a national, covenantal network of UCC members who are living with HIV or AIDS, their loved ones, caregivers, and others committed to HIV/AIDS ministries. Call the UCAN Ministry HelpLine at 216-736-2284.

"When a Loved One Has HIV Disease" is a helpful guide for family and friends who want to be supportive of someone who is living with AIDS or HIV. It also includes suggestions for developing a congregational AIDS ministry. Free from UCBHM/DAMA at 216-736-3217.

Introduction to the Series

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

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

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

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

The guidelines in these booklets should not

substitute for discussion of patients' own 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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