A 1993 Newsweek magazine cover article featured a remarkable idea: "Cures from the womb." Research has been underway in several countries to determine whether transplantation of fetal cells might be an effective treatment for some serious or progressive diseases.

Cells from unborn babies differ from adult cells in a number of ways. Fetal cells are better able to tolerate temporary oxygen deprivation, are more resistant to injury, and are less likely to be rejected by the recipient's immune mechanisms. First trimester fetal brain cells (from 8-12 week old unborn babies who have been aborted) are mature enough that they have been used for experimental treatment of Parkinson's Disease. However, it would take second trimester or older fetal cells (from aborted babies, 16 to 24 weeks old) in order to get pancreatic cells with physiological function mature enough to hope for success in treating diabetic patients.

Suppose fetal cell transplantation became successful
No successful treatment regimens using transplantation of fetal cells have been devised to date. But suppose it were possible. Suppose an effective treatment for Parkinson's disease, diabetes, Alzheimer's, Huntington's chorea, or epilepsy could be accomplished by the transplantation of certain human fetal cells. A number of people suffer greatly from those conditions. The possibility of a treatment is a compelling one, isn't it? What if it were the only treatment? And if babies are going to be aborted anyway, isn't it better at least to have something good come out of it?

Or suppose that the only hope medicine can offer a dying baby is an organ transplant, although donor organs small enough to be used in babies are rare. Except for liver transplants where recently doctors have successfully divided larger livers and transplanted small portions into infants, donor organs must be approximately the same size as the diseased organ they are to replace.

Some babies are born with a condition called "anencephaly" in which the brain stem (which controls heartbeat and breathing) is present and functioning, but the rest of the forebrain and scull is absent. Currently, there is no treatment possible for these infants and most anencephalic babies can live only for days or weeks, no matter what is done.

An anencephalic infant's organs are usually normal and could be used as donor organs if the anencephalic infant were kept alive by artificial respiration. Keeping the baby alive is necessary so that the organs can continue well-perfused with nutrients and oxygenated blood to preserve their viability. But after death from cardiorespiratory cessation, the organs of any infant would be degenerated and unsuitable for organ donation. Therefore, the anencephalic infant would need to be sacrificed before death naturally occurred so that the organs to be transplanted could be removed while they were still functioning well. Should the anencephalic baby's death be scheduled by appointment so that his organs can be used to save other babies?
Finding guidance for decisions in modern medical situations
How is a Christian to make decisions that honor God by obedience to His Word in modern situations such as these? Has God revealed to us what we need to know to make faithful twenty-first century decisions in medical ethics? Obviously one cannot look up “fetal tissue transplantation” or “anencephaly” in a Bible concordance or software package. Nonetheless, the Westminster Confession (in our Book of Confessions) describes the sufficiency of Scripture for our guidance in all of life in this way:

The whole counsel of God, concerning all things necessary for his own glory, man's salvation, faith, and life, is either expressly set down in Scripture, or by good and necessary consequence may be deduced from Scripture...
Book of Confessions 6.006

Our confidence, therefore, is that everything we need for our faithful living is either specifically given to us in Scripture or is a clear consequence that we can deduce from Scripture. The specific commands and principles revealed to us in the Bible are sufficient guidance for God's people in all times and circumstances, including decisions in medical ethics in the twenty-first century.

God desires to build into Christians hearts of compassion for all who suffer. But it can be very difficult to face traumas in our own lives, or to walk with a loved one as that person faces progressive disease, extreme suffering, a crisis pregnancy, or some other difficult trial. It is a natural temptation to seek healing and relief of suffering in any way possible.

Bearing each others' burdens is a difficult challenge, even for Christians
We in the church may be too quick to turn our backs and dismiss another's suffering. In the midst of our own hectic, packed schedules, we Christians may find ourselves reluctant to bear one another's burdens as the Scripture admonishes us.

For example, how often do we offer our own time to relieve someone we know who is caring for a family member with a progressive disease and who requires constant care? We may find ourselves reluctant to get involved in someone else's suffering and bear some of their pain even as we seek to alleviate their suffering. How willing are we to open our hearts with empathy and care to the family of an anencephalic baby and share the pain of their loss? What the Church's response ought to be to those who suffer is a challenge that faces each of us.

The Bible sets the standard for moral right and wrong
Helping to bear the burdens of those who are suffering is a difficult challenge for modern church members. But the questions of right and wrong posed by those new medical situations aren't difficult ones. God's commandment to us is clear: We know God does not permit us to have a part in killing an innocent human being. Period. It is wrong to abort a child and then use that child's tissues. It is also wrong to kill a baby so that his organs can be used for transplantation,
either because someone has decided he has insufficient quality of life to warrant its preservation, or because he will not be able to live very long. All human lives are precious to God; it is a demand of faith to trust God's own timing in the deaths of the innocent.

The intentional killing of a human being to obtain tissues for transplantation is entirely different from situations in which there has been a spontaneous miscarriage or premature birth. Writing about transplantation in 1987, physician J. C. Willke noted that it would be appropriate for a wife who had loved and cared for her husband to assign the use of his body parts after he dies, but if the wife had shot and killed her husband, by that act she forfeited her moral right to make such a decision. Similarly, he asserted that because the mother of an aborted baby had a part in the killing she has no moral right to authorize transplantation of that baby's tissues; however, the same decision by the mother of a baby who died in a spontaneous miscarriage or a premature birth, in spite of efforts to save the child's life, has moral integrity.

Willke concluded, "We should never kill one patient to get an organ to help another. Nor should we use the excuse of "seeking some good" (an organ for transplantation) to deflect our attention from the fact that the "good" derives from an immoral and monstrously evil act--the killing of an innocent unborn human being.

In God's economy, the end does not justify the means. Willke's words reflect the Biblical perspective in which even the tiniest and most vulnerable human lives are precious to God and the boundary of killing innocent human beings is one we are forbidden to cross, regardless of our reasons.

On his third day in office President Bill Clinton rescinded the ban on spending federal funds for the transplantation of tissue from aborted babies into other human beings.

The American Medical Association's nine-member Council on Ethical and Judicial Affairs recently found it ethically permissible for doctors to harvest the organs from live anencephalic infants. The Council's chairman was quoted in news reports as saying an anencephalic child "might be construed to have some rights, but they are unimportant as compared with the importance of making their organs available."

Some bioethicists regard transplanting organs from live donors not only a radical departure from ethical standards dealing with handicapped newborns, but also as opening a Pandora's box for other individuals to be declared organ donors: those in a coma or persistent vegetative state, for example, or those who are retarded or senile.

The AMA proposal, not yet adopted as policy, is "clearly illegal" in every state, reported AMA's Anna Girard.
Baby Jane Doe was born with anencephaly and ten years ago her parents were told that she would not live but, if she did, she would be a vegetable. Today, according to the Hastings Center Report, Baby Jane Doe "is not only a self-aware little girl, who experiences and returns the love of her parents, she also attends a school for developmentally disabled children...."