

Anglicanism and women's health

Dr Janet Duke
FRANZCOG

It is with pleasure, albeit tinged with apprehension, that I have the privilege of writing on the topic of how Anglican women's faith and practice may influence their attitudes to women's health issues. I write as an Anglican female obstetrician and gynaecologist, a trained Spiritual Director, a Lay Reader and an Anglican priest's wife. As I hope to show in this short article, I can only write as an individual.

Anglican women reflect the breadth of the Australian and New Zealand community. These women will no longer only be white and of Anglo-Saxon racial background, some will be 'cultural' Anglicans. Their Church connection will be related to significant life events such as holidays (Christmas and Easter), or significant life events such as birth, marriage and death; the times when we as O and Gs may be involved. Others will be very active in the practice of their faith and will consider their faith in their personal determination of the type of medical care they desire. Paradoxically, it is probably easier for doctors to work with women who have developed a mature, considered faith.

Church structure

The Anglican Church has no central authority, although the Archbishop of Canterbury (UK) has moral authority as the 'first among equals'. Each national Church is made up of dioceses which are separate functioning entities. The Bishops gather together at the Lambeth Conference, which meets under the leadership of the Archbishop of Canterbury every ten years.¹ This conference provides guidance to Anglicans throughout the world, but it is not prescriptive. We have no equivalent to the Roman Catholic Pope.

The Anglican Church has a three-fold ordained ministry of Deacon, Priest and Bishop. In New Zealand and in many Australian dioceses, it is now possible for women to hold all three ordained positions. In some of the more conservative dioceses in Australia, this is not yet possible. The role of the laity is also of great importance in decision-making.

History

The Anglican Church is interested and involved in the wellbeing of its own members and the society in which it is placed. From its beginnings, when St Augustine was sent as a missionary to England in 598 and found, to his amazement, a flourishing Celtic Church, the people of this tradition have tried to relate to one another in an accepting and non-judgmental way. The Anglican Church became a separate church at the time of the 16th century Reformation. The irony is that it was King Henry the Eighth's difficulties with the Pope, in regard to his first wife's inability to produce a male heir, which precipitated the final separation. So infertility and fetal loss has been on the minds of the Anglican Church from the word go!

The Anglican decision-making process

The gift of the Anglican decision-making process is exemplified by the principle of the 'three-legged stool' approach of the late 16th century identity, Richard Hooker²: scripture, tradition and reason or individual discernment. This means that Anglican women should not be told by the Church hierarchy what to do. They are expected to be involved in their own decision-making. However, because

of the history of the Anglican Church, there are huge differences – sometimes it feels like insurmountable differences – as to how individual dioceses address an issue where personal morality is involved. This has a major effect on how different parts of the Church view the same topic. Some sectors of the Anglican Church say that the only authority guiding their decision-making lies in the literal interpretation of the *Bible*. The women who belong to this sector of the Anglican Church will not usually be encouraged to make individual decisions for themselves. They are more likely to look for a predetermined correct way of behaving. For women in other dioceses, where individual discernment or reason is their *modus operandi*, there are more commonly greater freedoms in their decision-making processes: they will look to the past (tradition); the teachings of Scripture and the Church; and the current thinking of the day. Each woman will then reach a decision as to how to act in the light of her own conscience.

Specific issues

I would now like to outline how the Anglican Church has used this decision-making process while dealing with two contentious issues involving reproduction and women's health. The first issue was the Church's response to assisted reproductive technology in the early 1980s. The second issue was the recent response to the Victorian Law Reform Commission's inquiry into the law regarding termination of pregnancy.

Assisted reproductive technology (ART)

The success of IVF in the early 1980s caught both the law and the Church off guard.³ The Anglican Church's response was to delegate the Social Responsibilities Commission of the Anglican Church of Australia to open a debate, which began in December 1981. It very quickly became obvious that the essential question was, 'At what stage does human life begin?' Papers were presented at a series of meetings by people with backgrounds in theology (all shades of churchmanship being represented); the law; scriptural principles; pastoral care; ethics; and medicine, including RANZCOG Fellow, Professor William Walters. At the same time, the Waller Committee in Victoria had started to meet and Dr John Henley, a Uniting Church Minister, was a member of both committees. Thus, there was secular input into the Church's deliberations and religious input into the secular enquiry. The result of this process was the publication of a book, *Making Babies*.³ This book set forth the widely differing opinions within the Church. These opinions were therefore available to a wider readership setting. The book clearly outlined the complexities of the matter under discussion and allowed interested individual Anglicans to reach their own moral decision.

Conclusions reached as a result of the discussions are still relevant to the Anglican Church 20 years later: there is a wide but not universal acceptance of the use of ART to treat infertile marriages;

and there is a desire that children created by sperm donation be told of their genetic history. Now, most Anglicans accept IVF as part of day to day life. However, for many Anglicans, there are still issues about the use of ART with gay and lesbian couples.

Abortion

The current topic occupying the minds of many Anglicans, particularly in Victoria, is abortion. We have recently had a Law Reform Commission inquiry instigated by the Victorian State Government into abortion law reform. This time, the Anglican Archbishop requested that a small group of senior Anglican women meet and produce a submission under his auspices. I was privileged to be part of the group. Again, all shades of opinion in the Church were represented in the group. Despite our differences, we came up with a consensus report. This was submitted to the Archbishop, accepted and presented both verbally and in writing to the Victorian Law Reform Commission. A summary is presented as part of this paper.

Termination of pregnancy remains a topic where individual women and their families will need to look at each set of circumstances prayerfully and carefully. A small minority will never tolerate abortion under any circumstances, just as in other religious faiths.

Contraception

Anglican women, particularly educated and middle-class women, have been keen advocates for contraception for many years. The earliest record I could find was a comment by Ruth Teale in *Matron, Maid and Missionary: The Work of Anglican Women in Australia*⁴ that reads: 'Social changes in the 1880s provided middle-class women at least with some further respite from husband and home. With the availability of better contraception and of the means to procure abortion, women who in other respects led exemplary lives and were pillars of the Church, saw no wrong in limiting the size of their families, despite the loud cries of "Murder!" from clergy of all denominations.' The reference supplied is evidence, given by three named people to a New South Wales Royal Commission in 1904, about the declining birth rate and infant mortality.

In Victoria, the first comprehensive family planning clinic of the 1960s was run by the Anglican welfare agency, The Brotherhood of St Laurence. RANZCOG Fellows, John Leeton and Gytha Betheras, were very involved with Peter Hollingworth in creating a multi-disciplinary clinic. Any questionable cases were discussed between the social workers and the doctors. Contraception was even available to young unmarried women. The involvement of the Anglican Church through the Brotherhood of St Laurence gave a degree of respectability and acceptance to contraception and slowly public hospitals responded by creating their own clinics.

Contraception is now widely used by women of the Anglican Church. Children are welcomed into families and are loved and cherished. The Anglican God is a loving, accepting and forgiving God. We, as Anglicans, desire to mirror that love in our work and in our family lives.

Final thoughts

In 1856, Frances Perry, the wife of the first Anglican Bishop of Victoria, together with Dr Richard Tracey and Dr John Maund, saw the urgent need for a 'lying-in' (maternity) hospital for destitute women in gold rush Victoria. Frances Perry and her Protestant Ladies Committee ran a hospital open to women of all faiths. She discerned a need and acted. Eventually, after a checkered career, this hospital became the Royal Women's Hospital. The Anglican

Church has, over the years, also been involved in the development of the first district nursing services in the early 1900s by: funding projects within sexual assault centres; providing chaplains in hospitals for many years before state support was available; and providing education for girls at secondary school level prior to widespread state secondary education. Anglican spirituality emphasises that not only are we interested in our own faith, we also believe that the gifts of the Spirit are reflected in the work we undertake. To discern, Anglican women need time to pray, to discuss and to ponder. Decision-making is a sacred task.

The Anglican Diocese of Melbourne's submission on abortion: A summary

The Victorian Law Reform Commission's final report following its inquiry into the abortion laws is now before the State Government, in preparation for legislation to come before Parliament this year. The Anglican Diocese of Melbourne has made a submission to the inquiry, prepared by a working group appointed by Archbishop Philip Freier.

The Diocese's submission argued that abortion should be decriminalised to protect vulnerable women and to remove the current ambiguity surrounding the role of medical practitioners and nursing staff. However, the submission also argued strongly for careful regulation of abortion, particularly when it is sought in the second half of pregnancy.

In doing so, it adopted the 'gradualist' approach, a position very widely held in the Christian Church and of ancient origin. The 'gradualist' approach is that, while the destruction of an early embryo is of moral significance, the moral significance increases gradually over time, in parallel with its physical development. As a pregnancy advances, more powerful moral reasons are required to allow the destruction of the embryo or fetus. It is more serious to consider destroying a fetus at 28 weeks or even 20 weeks than at ten weeks. The submission argued that this distinction should be upheld in any legislative provisions.

This is far from advocating abortion on demand, or saying it is simply a matter of a woman's right to choose. Nor does it affirm an absolutist anti-abortion stance. Where there is serious threat to maternal health or profound fetal abnormality, or in pregnancies resulting from rape and incest, an absolutist position would go against the consciences and expectations of most Anglicans. The 'gradualist' approach dates from the 4th century and was promoted by St Augustine of Hippo and St Thomas Aquinas, among other theologians. It is the position adopted by the Church of England in its most recent submission to a House of Commons Select Committee in 2004. Its submission was based on the formulation of the gradualist position by John Habgood, a retired Archbishop of York, who has written extensively on ethical issues.

There can be no expectation that the new Victorian legislation will reduce the access of women to early-term abortions, first enabled in this State by the Supreme Court Menhennitt ruling of 1969. The main focus of both the Victorian Law Reform Commission inquiry and the Diocesan submission is the question of late-term abortions (from approximately 18 to 20 weeks gestation) and the current ambiguous legal situation of doctors who perform them.

Late-term abortions have been undertaken in Victoria, usually only for very serious cases of fetal abnormality or maternal health and have needed the approval of a hospital ethics committee. The Anglican submission argues strongly for this situation to be maintained and properly regulated.

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