Since the very beginning of human history, people have tried to control their fertility and to heal disease. The desire to have some control of our lives, I believe, is God-given. Even though that desire can be misused and abused, it is a normal human desire and a part of our humanity that leads to the dilemmas of ethical decision-making.

This desire to control is in stark contrast with the knowledge of our finiteness. We are limited, flawed, finite creatures. We learn, often painfully, that there are many things beyond our control. We must live our lives in that space between exercising responsible control over our lives, and accepting the limits of what we can and should control. This is the essence of the Calvinist tradition of the Protestant reformation. It is a theological understanding that embraces both the freedom to make moral decisions and the necessity to accept our human limitations and sin.

Although this sounds very abstract, it has always been made real to me in my work with women who have had an unexpected and unwanted pregnancy. I still remember vividly many of the women I worked with over 25 years ago who came to me in my role as a problem pregnancy counselor in Philadelphia. These women agonized over their decisions. Their situations were all very different, but for each of them the decision to terminate a pregnancy was done painfully, prayerfully, and out of a conviction that this decision was the lesser of evils.

This work and my many years as a parish pastor has led me to believe that women and their families should have the freedom to decide, with their physicians, what is the best course of action for them with a particular pregnancy. There is no decision more personal nor one that has such a lasting impact than the commitment to bear a child. I do not want to make that decision for another. Granted, that as the boundaries of viability of a fetus get pushed further and further back, the decision to abort becomes increasingly difficult to justify. Yet even here there are situations so horrific that I would prefer to keep that option available to those women who feel this is the best of several terrible options. If a particular woman, in a particular situation, feels that this must be done to avoid terrible future suffering, then I think she and her physician should be free to exercise this option.

As a pastor I do believe that life is sacred and precious. Yet life at any cost is not the highest good. The highest good is to consider the impact of future life, against the needs of the present as well as the future. In this crucible, decisions are made that are always ambiguous. It is my deepest conviction, though, that in our most painful decisions God is working for the good, and as the church, we must support the ability of women to make moral decisions either to abort, or not to abort, knowing that they are surrounded by the love of God.

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