ORATION*

Preserving Sanctity of Life from Womb to Tomb

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https://orcid.org/0009-0007-5909-8654

https://doi.org/10.4038/sljms1.v2i2.76

Received 3 April 2026
Accepted 25 May 2026

Declaration of Conflicts of Interest:
The author declares no competing nterests.

Funding: No external funding was received
.

Abstract

The sanctity of life is a moral principle which holds that human life is inherently sacred, valuable, and deserving of respect, dignity, and protection. Medical controversies often raise important moral obligations for healthcare professionals, patients, and society. These situations require careful ethical reflection, respect for human dignity, and consideration of both medical and social implications. Some of the key areas where such moral questions frequently arise include abortion or termination of pregnancy (TOP), where decisions involve complex considerations about maternal health, fetal life, and personal autonomy. Prenatal diagnosis also raises ethical concerns, particularly when test results may influence decisions about continuing or ending a pregnancy. Ethical debates are also present in areas such as fetal research, fetal tissue harvesting, and euthanasia. The ongoing debate for the last decade on legalising abortion for lethal congenital defects, rape, or incest has made me look into the inner conscience and search for the hidden truths that remain buried.

Keywords: life, sanctity, morality, termination of pregnancy, birth defects, prenatal diagnosis

Introduction

The sanctity of life is a moral principle which holds that human life is inherently sacred, valuable, and deserving of respect, dignity, and protection. In Christianity and particularly within Catholicism, human life is regarded as sacred from the moment of conception until natural death. This belief is grounded in the understanding that life is a divine gift from God, and therefore must be protected and respected at all stages.

Cite this article as: Fernando R. Preserving Sanctity of Life from Womb to Tomb. SLJMS 2025; 2(2): 57-60

**The Oration titled 'Preserving sanctity of life from womb to tomb' was held in memory of Dr. M. Phillip Michael Cooray on 18th October 2025.*

In Buddhism, life is viewed as precious and deeply interconnected. This perspective arises from the first moral precept of non-harming, known as Ahimsa, which encourages compassion and respect for all sentient beings. It also extends concern to plants and the natural environment, reflecting a broad sense of reverence for life. Similarly, in Hinduism, a profound respect for all living beings is expressed through the principle of Ahimsa, or non-violence. This principle guides Hindus to avoid causing harm to any creature and to promote peaceful coexistence with all forms of life. In Islam, the protection of human life is a fundamental objective within Sharia. The preservation of life is considered one of the core purposes of Islamic law, alongside the protection of religion, intellect, property, and family. This principle emphasizes that all human lives deserve protection, regardless of background or status.

The secular perspective on the sanctity of life emphasizes human dignity, fundamental rights, and ethical responsibility rather than divine authority. From this viewpoint, the value of human life is grounded in shared human principles and moral reasoning rather than religious belief. While secular ethics recognizes life as intrinsically valuable, it also allows for discussion when preserving life may conflict with other important considerations, such as personal autonomy, quality of life, or reducing suffering. As a result, ethical debates often arise in areas such as abortion, euthanasia, and capital punishment, where different values and principles may come into tension. Many secular ethicists maintain that moral responsibility arises from mutual respect, human empathy, and concern for the well-being of others. In this framework, ethical behavior is guided not by religious obligation but by a shared commitment to human welfare and compassion.

Medical controversies often raise important moral obligations for healthcare professionals, patients, and society. These situations require careful ethical reflection, respect for human dignity, and consideration of both medical and social implications. Some of the key areas where such moral questions frequently arise include abortion or termination of pregnancy (TOP), where decisions involve complex considerations about maternal health, fetal life, and personal autonomy. Prenatal diagnosis also raises ethical concerns, particularly when test results may influence decisions about continuing or ending a pregnancy. Ethical debates are also present in areas such as fetal research and fetal tissue harvesting, where the potential benefits of scientific advancement must be balanced with respect for human life and ethical boundaries in medical research. Further moral challenges arise in relation to euthanasia and assisted suicide, where questions about relieving suffering, patient autonomy, and the role of healthcare professionals in end-of-life care are often discussed. Together, these issues highlight the need for thoughtful ethical judgment when addressing complex medical controversies.

Indications for termination of pregnancy (TOP) vary across countries depending on legal, ethical, and medical frameworks. In clinical practice, several medical and social circumstances may lead to consideration of TOP. One important indication is the presence of serious maternal medical conditions, when continuing the pregnancy poses a significant risk to the mother's life. In Sri Lanka, termination of pregnancy is legally permitted only when it is necessary to save the life of the mother. In some countries in the Western and Eastern regions, termination may also be considered when severe fetal anomalies are diagnosed. This includes serious structural abnormalities or genetic disorders that may significantly affect survival or quality of life. Examples include chromosomal conditions such as Down syndrome (Trisomy 21) and Edwards syndrome (Trisomy 18).

Other indications discussed in different legal and ethical settings include maternal psychological reasons, where continuing the pregnancy may cause severe mental distress. In some countries, maternal choice is also recognized as a valid reason for termination within specified gestational limits. In certain regions, particularly in some Southeast Asian countries, termination may occur due to sex selection, such as when the fetus is genetically 46 XX (female), although this practice is ethically controversial and legally restricted in many places. Finally, social circumstances such as pregnancies resulting from rape or incest may also be considered grounds for termination in some legal systems. The availability and legality of these indications vary widely across countries and are influenced by cultural, ethical, and legal considerations.

Several passages in the Bible are often cited to support the belief in the sanctity of life in the womb, emphasizing that human life is known, valued, and purposefully created by God even before birth. A well-known example is found in the book of Psalms, which highlights God's intimate involvement in human creation. In Psalm 139:13-16, the psalmist reflects on how God forms each person in the womb: "*For you created my inmost being; you knit me together in my mother's womb. Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be*." This passage expresses the idea that human life is carefully and intentionally formed by God, giving it profound dignity and value even before birth. Another reference appears in the book of the prophet Isaiah, chapter 49, verse: the prophet declares, "*The Lord called me from the womb*," suggesting that God's relationship with a person begins before birth and that individuals may have a divine calling even while still in the womb. Similarly, in the book of the prophet Jeremiah, the prophet recounts God's words in Jeremiah chapter 1, verse 5: "*Before I formed you in the womb I knew you, before you were born, I set you apart*." This verse conveys the belief that God knows and appoints individuals for a purpose even prior to their birth. Together,

these passages are commonly interpreted by many Christians as affirming that human life in the womb possesses inherent value and is worthy of respect and protection. Do you believe that God knew you before you were formed in the womb of your mother? If so, do you believe because of evidence from medical science or because of your faith in God? A woman's ovaries contain ova (eggs) from birth. During each menstrual cycle, one ovum is selected for potential fertilization. Therefore, the ovum exists and can be set apart by God before conception and implantation in the womb.

The governing principles of the Catholic Church regarding the protection of human life emphasize that life begins at conception and must be respected and protected from that moment. Catholic teaching holds that from the instant the ovum is fertilized, a new and unique human life begins. This life is neither that of the father nor the mother, but rather that of a distinct human being with its own identity and development. During the formation of human gametes, genetic material is mixed through meiosis in the ovary and testes. At fertilization, the genetic material from the sperm and ovum combines to form a zygote, after which the embryo develops through mitotic divisions. The Church teaches that a human being would never become human if it were not already human from the beginning. Modern genetic science is often cited as supporting this understanding, demonstrating that from the moment of fertilization the genetic program of the individual is already established. The fundamental characteristics of the individual are present from this earliest stage, although time is required for these capacities to develop and manifest. This view is expressed in the Church document 'Declaration on Procured Abortion', which explains that human life begins at fertilization and unfolds progressively as development continues.

Early Christian teaching also reflects this principle. The ancient text 'Didache', also known as 'The Teaching of the Twelve Apostles' and written around the first century AD, clearly states: "*You shall not kill by abortion the fruit of the womb and you shall not murder the infant already born*." This demonstrates that the rejection of abortion was present in Christian teaching from the earliest centuries. This position was reaffirmed during the Second Vatican Council, which stated that human life must be protected with the greatest care from the moment of conception and described abortion and infanticide as grave moral wrongs. Similarly, Pope John Paul II emphasized that the idea of a "right to choose" cannot justify actions that involve a clear moral evil. In his book 'Crossing the Threshold of Hope', he stated that it is not possible to claim a right to choose when the moral commandment "Do not kill" is at stake.

At the same time, attitudes toward termination of pregnancy among healthcare professionals can vary. A study published in the Ceylon Medical Journal (December 2003) surveyed 278 doctors and 1,256 medical students in Sri Lanka. The study found that 93% of doctors and 81% of medical students considered termination of pregnancy acceptable if a severe genetic defect was detected in the fetus. The survey also showed differences among religious groups regarding support for legal changes related to pregnancy termination, with varying levels of opposition among Protestants, Muslims, Catholics, and Buddhists. Only five Catholics were interviewed in this survey. The debate on pro-life and pro-choice continues all the time. "From a Catholic moral perspective, it is not permissible to intentionally end the life of a potential human in the womb, as human life is sacred from the moment of conception. At this stage of complete vulnerability and total dependence on the mother, the unborn child is entitled to the utmost respect, dignity, and protection." (Evangelium Vitae).

Is termination of pregnancy justified in cases of rape or incest? Following a rape, a conception results at best around 2%-5%. However, repeated acts increase the likelihood of pregnancy. This presents a profound ethical dilemma for the Church and many religious traditions. Strong arguments in favor of termination often arise when the pregnancy involves a young teenage girl who has been subjected to sexual violence. Questions are raised about how society can expect such a young victim to carry an unwanted pregnancy imposed upon her, particularly in the face of social stigma, disruption to her education, and concerns about her future well-being and safety. However, as ethical human beings, I invite you to search your hearts; listen to your inner voices. Are we ready to accept the unwed mother, teenage mother and the unwanted child? Are we protecting the unborn child? Can we reach out to the victims of rape or incest? Can we provide safe homes for these socially stigmatised victims? Are we prepared as a community?

Prenatal diagnosis refers to the medical process of assessing a fetus during pregnancy to identify possible birth defects, genetic abnormalities, or other medical conditions before birth. The aim of prenatal diagnosis is to provide early information about the fetus's health and development, which can assist healthcare professionals and parents in planning appropriate medical care and making informed decisions. This process involves both non-invasive and invasive diagnostic methods. Non-invasive techniques include imaging procedures such as obstetric ultrasound, which allows doctors to observe fetal growth, structure, and anatomical defects without entering the uterus. In some cases, invasive diagnostic procedures may be used to obtain fetal cells for detailed genetic analysis. These include amniocentesis, where a small sample of amniotic fluid is taken from around the fetus, and chorionic villus sampling (CVS), which involves collecting a small sample of placental tissue. These tests

can help detect chromosomal abnormalities, genetic disorders, and certain inherited conditions. Is prenatal diagnosis acceptable to the faithful? Yes, we can offer prenatal diagnosis to detect malformations and plan delivery and immediate care after delivery. Prenatal diagnosis is acceptable by the church "if it respects the life and integrity of the embryo and the human fetus and is directed towards its safeguarding or healing as an individual" (Donum vitae, I, 2).

Available data on birth defects in Sri Lanka indicate that fetal malformations occur in approximately 2% of births, while chromosomal abnormalities account for less than 1%. These conditions represent an important public health concern because congenital abnormalities contribute significantly to infant mortality. Studies have shown that structural or functional abnormalities detected at birth or shortly after birth account for about 40.4% of infant deaths in Sri Lanka. This highlights the significant impact of congenital disorders on early childhood survival and underscores the importance of effective prenatal screening, diagnosis, and early neonatal care. These findings were reported in the *Sri Lanka Journal of Child Health* (2024; 53(4): 307-311). Cardiac malformations were the commonest birth defect, accounting for 27%, followed by limb deformities (23%) and cleft lip/palate (11%). The justification for terminating pregnancies for birth defects emphasizes that long-term disabilities can profoundly affect parents, strain family psychosocial well-being, and impose burdens on society and the healthcare system.

Church teaching calls for acceptance, protection, and loving care of children with disabilities, including those with Down syndrome or congenital deformities, affirming that their lives possess the same inherent dignity and worth as any other human life. In many Western countries, approximately nine out of ten pregnancies diagnosed prenatally with Down syndrome (Trisomy 21) are terminated. When considering children with limb deformities or other malformations, it is important not to focus solely on outward appearance but to recognize the inner person, with the potential to live a dignified and meaningful life within a supportive community. The diagnostic procedure should not threaten the life or physical integrity of the unborn child or the mother, and should not subject them to disproportionate risks; the diagnosis should provide information to guide preventive care for the mother or pre- or postnatal care for the child. Care for neonates with birth defects should be a priority, and any preventive method other than termination of life is accepted by the Church.

Fetal tissue harvesting; any research, experimentation, or medical use of tissues obtained through deliberate abortion is considered gravely immoral, even if intended for medical or scientific benefit. Ends do not justify the means: You cannot perform (or cooperate in) an evil act, even for a good outcome, such as curing disease. "It is morally inadmissible to use human embryos or fetuses as the object of experimentation" (Catechism of the Catholic Church, §§2270-2275).

Euthanasia is the intentional act of causing the death of a sick, elderly, or dying person in order to relieve suffering. Those whose lives are diminished or weakened deserve special respect. Individuals who are sick or disabled should be supported so that they can live as normally and as fully as possible. Regardless of the motives or methods used, direct euthanasia (deliberately ending the life of a sick, disabled, or dying person) is considered morally unacceptable. Even when death is believed to be imminent, the ordinary care owed to a sick person – such as basic nursing care, hydration, and comfort should not be withheld. Stopping or not starting medical treatment may be ethically permissible when the treatment is futile or disproportionately burdensome to the patient. In such cases, the intention is not to cause death but to allow the natural process of dying to occur. "True compassion leads to sharing another's pain; it does not kill the person whose suffering we cannot bear" (Evangelium Vitae, §66).

In conclusion, I would like to remind you that Jesus called us to be good Samaritans, reaching out to the most vulnerable people; this includes the most vulnerable time of human life in the womb and closer to the tomb with terminal illness. The words of saint Theresa resonate within me; "I feel the greatest destroyer of peace today is 'abortion', because it is a war against the child a direct killing of the innocent child, 'murder' by the mother herself... and if we can accept that a mother can kill even her own child, how can we tell other people not to kill one another? how do we persuade a woman not to have an abortion? as always, we must persuade her with love and we remind ourselves that love means to be willing to give until it hurts". We are called and set apart for preserving the sanctity of life from womb to tomb.

References

1. The Catechism of the Catholic Church (CCC) is an official reference text issued by the Catholic Church summarizing its doctrine, morals, and worship. First published in 1992 under Pope John Paul II, it serves as an authoritative guide to Catholic teaching for clergy and laity.
2. Simpson B, Dissanayake VHW, Wickramasinghe D, Jayasekara RW. Prenatal testing and pregnancy termination in Sri Lanka: views of medical students and doctors: *Ceylon Medical Journal* 2003; **48**(4): 129-32.
3. Athukorala CK, *et al*. Burden of congenital malformations in children: Retrospective review in a paediatric surgical centre in Sri Lanka; *Sri Lanka Journal of Child Health* 2024: **5**(4): 307-11.