Preaching on Contemporary Bioethical Issues

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Session 1: A Strategy for Preaching on Contemporary Bioethical Issues

Session 2: Preaching on Beginning of Life Issues: Abortion

Session 3: Preaching on End of Life Issues: Euthanasia and Physician-Assisted Suicide

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I highly recommend the website of the Center for Bioethics and Human Dignity, located on the campus of Trinity International University and Divinity School:

www.cbhd.org

Session 1: A Strategy for Preaching on Contemporary Bioethical Issues

Introduction

- Preaching must address the questions the contemporary age is asking.
    - Preaching must be biblical, relevant, and prophetic.
    - Are you prepared to answer the questions church members and the world are asking?

- What are the most pressing moral issues of our day? What issues are in the "front page" news? Why should we address them?
    - Same-sex relationships (Is there a "gay gene"?), gay marriage and parenting
    - Abortion
    - Embryonic stem cell research, cloning, and other embryo-destructive technologies
    - Artificial reproductive technologies and surrogacy
    - PGD: Pre-Implantation Genetic Diagnosis
    - Euthanasia and physician assisted suicide

- Many of the questions the contemporary is asking are not addressed directly or specifically in Scripture – "book, chapter, and verse."

- What challenges do we face as we address these issues from the pulpit or in the Bible class? Specifically, what hermeneutical and homiletical challenges do we face? What strategies should we employ?

Sources of Authority and Guidance for Christian Moral Decision-Making

1. The Bible

2. Prayer

3. Moral traditions of the church

4. Moral formation in community

    a. Spiritually developed moral conscience and life

    b. Biblically informed moral understanding

    c. Moral vision, instruction, and accountability

    d. Moral leadership: elders, preachers, teachers, mentors, and Christian ethicists

Hermeneutical Challenges in the Normative Use of Scripture for Bioethics[1]

1. The Bible does not address many contemporary bioethical issues. It is "silent."

   - Options:
     - Ignore the issues?
     - Engage the issues without recourse to the Bible?
     - Address the issues within the confines of biblical authority. Yes! But to do so, one must employ the larger contours of Scripture.

   - Hermeneutical challenge: To make sure that the biblical material utilized is a legitimate application.
     - To consider the "big story" of creation, fall, redemption, and consummation.
     - To make sure that the particular text(s) being used can be applied with integrity to the particular issue.

2. Issues addressed in Scripture are not always identical to today's issues.

   - Issues in Scripture are invariably tied to particular situations and contexts.

   - Because circumstances and contexts change over time, current issues may not be exactly the same as those faced in the Bible.

   - Hermeneutical challenge: To find analogies in the Bible that provide principles applicable to the contemporary issue.

3. Moving from the Old Testament to the New Testament.

   - Some incidences in the OT are reported but not necessarily condoned.

   - The relationship of the OT to the NT is linked to progressive revelation.
     - Civic and ceremonial law versus moral law
     - Interpret OT in light of the fuller revelation of Jesus and the NT

   - Hermeneutical challenge: To distinguish the social structures and practices particular to Israel from their primary intentions and meanings.

4. The relationship between particularity of the text and universality.

   - Scripture was given in specific context and often addressed particular pastoral, theological, and ethical issues.

[1] Hollinger, Choosing the Good, 153-162; See also: Allen Verhey, Reading the Bible in the Strange World of Medicine (Grand Rapids: Eerdmans, 2003), 32-67.

- Hermeneutical challenge: To move from the particular to the universal, to other (contemporary) situations.

5. The handling of complex issues involving multiple ethical biblical principles.

   - Hiding Jews during WWII: Protect human life (6th Command) or tell the truth (9th Command)?

   - Hermeneutical challenge: To discern how to weigh the relevant ethical principles.

Proposals for the Normative Use of Scripture for Bioethics

Christians regard the Bible as the authoritative, reliable, and trustworthy source of ethical guidance. Considering Scripture as normative for bioethics is what makes Christian bioethics "Christian." But *how* is Scripture normative for bioethics?

What we need are some understandings of *how* the NT ought to function as a guide to ethics *even if we cannot always agree on what a proper course of action would be*.

1. Richard Hays, The Moral Vision of the NT:[2]

   People who use the NT for ethical reasoning generally demonstrate four **"modes of appeal to scripture."** Scripture provides a source of:

   - Rules: direct commandments or prohibitions of specific behaviors.

   - Principles: general frameworks of moral consideration by which particular decisions about actions are to be governed.

   - Paradigms: stories or summary accounts of characters who model exemplary conduct (or negative paradigms: characters who model reprehensible conduct).

   - A symbolic world: creates the perceptual categories through which we interpret reality. (We may distinguish for analysis two different, but correlated, aspects of the New Testament's symbolic world: its representations of the human condition and its depictions of the character of God.)

[2] Richard B. Hays, The Moral Vision of the New Testament: A Contemporary Introduction to New Testament Ethics (San Francisco: HarperCollins, 1996), 207-214.

2. Charles Cosgrove, Appealing to Scripture in Moral Debate:[3]

    - The rule of purpose

        - Holds that the purpose for a moral rule in the bible is more important than the rule itself.

        - Example: The biblical rule against lending at interest (Ex. 22:25; Deut. 23:19-20)
            - Up through the Middle Ages Christians treated lending money at interest as sinful.
            - Now many Christian ethicists would claim that the purpose of the rule was to protect the poor from being exploited. Some would "lighten up" on the rule by prohibiting excessive interest (usury). Others might argue that the modern Western economic system benefits more people, even the poor, by its banking and lending system than did the biblical-era agrarian economy.

    - The rule of analogy

        - Holds that, even if some contemporary moral issues were not problems during the biblical era, we can find analogies in the Bible that provide us principles to apply to the contemporary issue.

        - Example: ART (artificial reproductive technology)
            - ART is not mentioned in the Bible, but one might find analogies that can help us make ethical decisions about the use of ART.
            - One could argue that the Bible treats childbearing as so important that extreme measures (e.g. levirate marriage: Gen. 38:6-11, 26; Deut. 25:5-10) are sometimes justified to prevent a woman's remaining childless and her dead husband's line cut off. Might the use of a sperm donor and artificial insemination be a valid analogy?

    - The rule of nonscientific scope:

        - Holds that theology and the empirical sciences are different ways of knowing and that it is not the aim or scope of Scripture to provide what we would call today "scientific" information.

        - Example: "And Adam was not the one deceived; it was the woman who was deceived and became a sinner." (1 Tim. 2:13)
            - Is Paul reflecting the widespread generalization of his day that women are more easily led away by passions than are men?
            - Or is Paul theologizing on Eve's *own* remark: "The serpent deceived me, and I ate" (Gen. 3:13)?

[3] Charles H. Cosgrove, Appealing to Scripture in Moral Debate: Five Hermeneutical Rules (Grand Rapids, MI: Eerdmans, 2002).

- Example: "Husbands, in the same way be considerate as you live with your wives, and treat them with respect as the weaker partner…" (1 Pet. 3:7)

- The rule of moral-theological adjudication

  - Holds that when there are two plausible ways of understanding the same text, we should apply the text in the way that agrees with what we have already judged to be morally or theologically defensible.

  - Example: "Love your enemies and pray for those who persecute you." (Matt. 5:44)
    - A firm pacifist, such as John Yoder, would take the text as requiring the church as a whole not to engage in war, since peacemaking is an overriding moral value.
    - Paul Ramsey, a "just war" ethicist, would see the same text as applying only to individuals in their conflicts, since one of his baseline values is that force must sometimes be used to help the "neighbor" against tyrannical powers.

3. Glenn Stassen and David Gushee, Kingdom Ethics: Following Jesus in Contemporary Context[4]

Ethical Decision-Making at Four Levels

Particular Judgments
⇡
Rules
⇡
Principles
⇡
Basic Convictions

Definitions:

- Value: A highly appraised and worthwhile ideal of a person or a society.

- Principle: A broad moral guideline more foundational and universal than rules.

- Rule: A law for living—a commandment or guideline defined by a recognized authority.

- Rules and principles express values. Values arise from basic convictions.

[4] Glen H. Stassen and David P. Gushee, Kingdom Ethics: Following Jesus in Contemporary Context (Downers Grove, IL: InterVarsity Press, 2003), 99-124.

Characteristics:

1. The particular or immediate judgment level:

    - Two characteristics at this level:
        - No immediate reasons are given for the moral judgment.
        - The moral judgment applies to one particular case.

    - Two types at this level:
        - Those for which reasons could be given if asked (the rule, principle, or basic conviction from which the reasons are derived).
        - Those which are intuitive or emotive, and for which no immediate reason can be articulated.

2. The rules level

    - Two characteristics at this level:
        - A rule applies not just to one immediate case, but to all similar cases.
        - A rule tells us directly what to do or not to do.

3. The principles level (expressing values)

    - Two characteristics at this level:
        - A principle is more general than a rule; it does not tell us directly and concretely what to do or not to do.
        - A principle supports rules—or criticizes them.

    - The relationship between rules and principles:
        - Rules give reasons for particular judgments; principles give reasons for rules.
        - Rules can criticize particular judgments; principles can criticize rules.
        - Rules serve principles; principles do not serve rules.

4. The basic conviction level

    - Two characteristics at this level:
        - A basic conviction is the basis for principles, rules, and overall ethical reasoning.
        - One can't go deeper that basic convictions.

    - One's basic convictions ultimately arise from one's worldview.

Worldview

- "A worldview is that cohesive set of beliefs through which people view the world and thus, consciously or not, set their life-course."[5]

- "A worldview is the way we put our world together. It embodies our sense of God or transcendence, our understandings of human nature, our beliefs about what is wrong within the world and how to fix that wrong, and our perceptions about where history is headed."[6]

A Christian Worldview Foundation[7]

1. God

    - God, the *ground* of Christian ethics: Our understanding of the moral good, right, wise, and just emanate from the nature and actions of God.

    - God, the *norm* of Christian ethics:
        - The norms for ethical deliberation and moral action and character are reflections of God's own nature and actions.
        - God's character and actions are the standard by which we live our lives.

    - God, the *power* for Christian ethics:
        - We must be committed to *being* and *doing*, and therein lies the problem (Rom. 7:15).
        - There are two main sources of empowerment for ethical living: God's grace and God's presence in our lives through the Holy Spirit.

2. The Biblical Story

    - Creation
        - The goodness of creation
        - Human beings in/as the image of God
        - Design or "givenness" in Creation: Gender and sexuality, marriage and family, work, etc.

    - Sin and "The Fall"
        - Alienation from God
        - Alienation from fellow persons
        - Alienation from oneself → self-deception

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[5] Stassen and Gushee, Kingdom Ethics, 62

[6] Dennis P. Hollinger, Choosing the Good (Grand Rapids, MI: Baker, 2002), 61

[7] Hollinger, Choosing the Good, 61-86

- Redemption
  - God began a process of redemption to bring his creatures back to himself and to the designs he originally intended (Genesis 3:15).
  - Redemption is through grace, but its effects are always moral in nature.
  - Though salvation does not come through human efforts, it manifests itself in ethical character and living → Transformation.

- Consummation
  - Redemption of the moral life is not yet fully evident, even in the redeemed community.
  - The completion of Christ's redemption awaits "the end." We live between the "now" and the "not yet."

A Christian Framework for Decision-Making

1. World as "fallen"
2. Character of God: the objective foundation of moralit
3. Revelation from God: the source of moral instruction
4. Jesus: the example of a perfect "moral actor"
5. Morality as "being" as well as "doing"

Basic Principles for Contemporary Bioethics

1. Every human being has been created in the image of God (Gen. 1:26-27; 2:7-25).
2. Human life is sacred, and each person has equal worth and dignity (Ps. 8:3-8; Gal. 3:26-28).
3. Life is a gift from God for which each person is a responsible steward (Gen. 9:6; Ex. 20:13; Lev. 24:17-18; Deut. 32:39; Jer. 10:23).
4. Each person is a unity of body, soul/spirit—a psychosomatic unity—thus both body and soul/spirit have worth and dignity (1 Thess. 5:23).
5. God is aware of and relates to prenatal life (Ps. 139:13-16; Jer. 1:4-5).
6. Physical health is a positive value (Lev. 13; Mt. 8:1-17; 2 Cor. 12:7-10; 1 Tim. 5:23; Ja. 5:13-16).
7. Life and death are serious matters to God (Ps. 72:12-14; 116:15; Jn. 11).

8. The physical body of the Christian is meant for moral purity and service to God (1 Cor. 6:13-19; Rom. 12:1-2).

9. God requires the just treatment of persons (Amos 5:24).

A Model for Moral Decision-Making[8]

1. Gather the facts.

2. Determine the ethical issues inherent in the case.

3. Determine the principles that have a bearing on the case.

4. List the alternatives.

5. Compare the alternatives with the principles.

6. Consider the consequences.

7. Make a decision.

[8] Scott B. Rae, Moral Choices: An Introduction to Ethics, 3rd ed. (Grand Rapids: Zondervan, 2009), 104-119

Session 2: Preaching on Beginning of Life Issues: Abortion

Embryo-Destructive Procedures

- Embryonic stem cell research
- Cloning
- Some birth control methods; those that permit fertilization but prevent implantation
- Some ART (artificial reproductive technology) procedures, IVF (in vitro fertilization) as it is typically practiced in the U.S. that involves the creation of "surplus" embryos.
- Abortion

CDC (Center for Disease Control) Data on Abortion: 2008

- The CDC requests data from 52 reporting areas: 50 States, New York City, and District of Columbia.

- For 2008, data was received from 49 reporting areas: NY, DC, and 47 states. California, Maryland, and New Hampshire did not report data. Thus, the actual number of legal induced abortions is higher than the number the CDC reports.

- Abortion numbers: 825,564 legal induced abortions in the 49 reporting areas
    - 2010: 765,651

- Abortion ratio (number of abortions per 1,000 live births): 234
    - 2010: 228

- Abortion rate (number of abortions per 1,000 women aged 15-44): 16
    - 2010: 14.6

- From 1990 – 2008 (For the 45 reporting areas that have consistently reported since 1999)
    - The number of abortions was 3% lower in 2008 than in 1999.
    - The abortion ratio was 10% lower in 2008 than in 1999.
    - The abortion rate was 4% lower in 2008 than in 1999.

- Gestational age at time of abortion: 2010
    - 65.9% of abortions were performed at $\leq$ 8 weeks gestation.
    - 91.9% at $\leq$ 13 weeks gestation
    - 6.9% at 14-20 weeks gestation
    - 1.2% at $\geq$ 21 weeks gestation

Most Important Reason for having an Abortion: 2004 AGI (Alan Guttmacher) Survey

Reason	% of Abortions, Most Important Reason	% of Abortions, All Reasons
Rape	< 0.5	1
Incest		< 0.5
Mother has health problems	4	12
Possible fetal health problems	3	13
Unready for responsibility	25	32
Is too immature or young to have a child	7	22
Woman's parents want her to have an abortion	< 0.5	6
Has problems with relationship or wants to avoid single parenthood	8	48
Husband or partner wants her to have an abortion	< 0.5	14
Has all the children she wanted or all children are grown	19	38
Can't afford baby now	23	73
Unmarried		42
Student or planning to study		34
Can't afford baby and child care		28
Can't afford basic life needs		23
Unemployed		22
Can't leave job to care for baby		21
Would have to find new place to live		19
Not enough support from husband/partner		14
Husband/partner unemployed		12
Concerned about how having baby would change her life		74
Would interfere with education plans	4	38
Would interfere with career plans		38
Would interfere with care of children or dependents		32
Doesn't want others to know she had sex or is pregnant	< 0.5	25
Other	6	

- N = 1209
- Respondents could give multiple reasons, and the median number of four reasons was given.

Most Important Reason for Having and Abortion (2004 AGI Survey)

- 8% for rape, incest, therapeutic and eugenic reasons combined
    - Rape and incest combined: < 0.5%
    - Mother has health problems (therapeutic): 4%
    - Fetus has possible health problems (eugenic): 3%

- 92% elective (other than rape, incest, therapeutic, or eugenic)

Types of Abortion

1. **Spontaneous abortions:** involving no outside or external intervention.

    - Cases in which an egg is fertilized by a sperm but does not implant in the uterus.

    - Miscarriages

2. **Induced abortions:** involving outside or external intervention

    - **Therapeutic** abortions: performed to save the mother's life.
        - Ectopic or tubal pregnancies
        - Maternal heart disease
        - Maternal cancer

    - **Eugenic** abortions: performed to abort a fetus that has or is at risk for some physical and/or mental handicap.

    - **Elective** abortions: performed to honor a woman's *right* to exercise her *freedom of choice*.

The Moral Status of the Fetus

What is the fetus?

- Life?
- Human life?
- Person? ("Person" is a philosophical distinction. Does this distinction bear up biblically?)
- Person entitled to full protection?

Option #1: The fetus should be granted the moral status of "person."

- If the fetus is a "person," it has a serious claim to life.

- Abortion would be a case of "killing" and something not to be undertaken without reasons sufficient to override the fetus' claim to life.

- Only conditions of the same sort that would justify the killing of an adult person (e.g. self-defense) would justify killing a fetus.

Option #2: The fetus should not be granted the moral status of "person."

- If the fetus is not a "person" in a morally relevant sense, then its claim to life is not as serious as that of a "person."
    - No claim to life?
    - Some claim to life? … Equivalent claim as…?

- Abortion would not be a case of "killing" equivalent to the killing of an adult.

- Abortion is not essentially different from an appendectomy. A fetus is no more than a complicated clump of organic material.

Option #3: Though the fetus is not a "person" it is a "potential person."

- The fetus' potentiality makes it unique and distinguishes it from a clump of organic material.

- Because the fetus becomes a "person," abortion does present a moral problem and should be undertaken only for serious reasons.

"Decisive Moments"

- The difference between a fertilized ovum and a fully developed baby just a few minutes from birth are considerable. However, the process of development is continuous.

...Conception …….Birth…

- At what point should the developing fetus be granted the status of "Person"?
    - Conception
    - Implantation
    - Acquisition of EEG
    - Sentience
    - Quickening
    - Viability
    - Birth
    - A point beyond birth

- A frightening admission: "I don't think infanticide is always unjustifiable. I don't think it is plausible to think that there is any moral change that occurs during the journey down the birth canal. People who think there is a difference between infanticide and late

abortion have to ask the question: 'What has happened to the fetus in the time it takes to pass down the birth canal and into the world that changes its moral status?'" (John Harris, Professor of Bioethics, University of Manchester and member of the ethics committee of the B.M.A.)

Preaching on Abortion

General Considerations

- A hermeneutical consideration: The importance of recognizing that there is a sense in which the Bible is "silent" on abortion (at the rule-level).

- A homiletical consideration: The importance of extending grace, compassion, and understanding to those who've had abortions

- A rhetorical consideration: The importance of avoiding language that prejudices and inflames.

Textual Considerations

The Bible and the Three Pillars of Roe v. Wade

Pillar #1: Privacy. The court decided that the "right to privacy" included a woman's freedom to choose abortion-on-demand.

1. The right to privacy argument is expressed in the slogan: "No one has the right to tell me what to do with my body."

2. The right to privacy is a special right, a precious freedom.
    a. It is a right I would insist on defending and protecting until it infringes on the Word of God or on the rights of another individual.
    b. The question is not whether we have the freedom to choose. The question is whether our choice is Biblical and just. The question is whether our choice infringes upon the choices—indeed the life—of another person.

3. From a Biblical standpoint, we do not have absolute rights over our own body.
    a. 1 Corinthians 6:19-20
    b. 1 Corinthians 7:4
    c. 1 Corinthians 6:13

4. Is the pre-born simply a part of a woman's body?

Pillar #2: Personhood. The court decided that the pre-born, while human, are not "persons" and therefore are not entitled to constitutional protection.

1. The notion of "personhood" is a philosophical/ethical construct. The Bible does not seem to make a distinction between a living human being (a member of the species, homo sapiens) at its earliest state of development (fetal stage) and a "person."

2. The Bible does not make a principled distinction between the "child" in the womb and the "child" after birth.

    a. Texts that indicate a continuity of personal identity that begins at the earliest moments of pregnancy and continues into adulthood.
        1) Genesis 4:1
        2) Job 3:3
        3) Luke 1:41-44

    b. Texts that present God "knowing," and relating to, the pre-born.
        1) Psalm 139:13-16
        2) Isa. 44:2, 24; 49:1; Jer. 1:5; Gal. 1:15

    c. The Bible recognizes specific rights of the pre-born (Exodus 21:22-25).

Pillar #3: Viability. The court decided that the state has an interest in, or may protect, only the viable fetus—one that can survive outside the womb.

1. The court's decision on the issue of viability was merely legislative.
    a. Justice Blackmun: "We need not resolve the difficult question of when life begins. When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man's knowledge, is not in a position to speculate as to the answer."
    b. Having renounced the right to proceed on the basis of speculation, the Court then legalized abortion upon what could only be speculation that human life did not begin before birth, or, at the least, before some even more speculative point that the court termed "viability."
    c. That is, if the personhood of the pre-born is established, the case for abortion-on-demand collapses, because the fetus' right to life is guaranteed. Hence, the relevance of texts mentioned above.

2. Medical science keeps turning back the point of viability, from approximately 25 weeks to 20 weeks (though viability can be turned back only so far).

3. Further, is an infant really "viable" after birth? To survive, the infant must receive continuous nurture and care. If the Bible calls God's people to care for the weakest and most defenseless members of society, would this mandate not apply to the fetus?

Biblical Texts Relevant to the Issue of Elective Abortion

1. Texts that indicate a continuity of personal identity that begins at the earliest points of pregnancy and continues into adulthood.

    4) Genesis 4:1
    5) Job 3:3
    6) Luke 1:41-44

2. Texts that present God knowing the unborn in the same way he knows a child or an adult.

    - Jeremiah 1:5
    - Isaiah 49:1
    - Psalm 139:13-16

3. Exodus 21:22-25

Exodus 21:22-25

Interpretive View #1

"When people who are fighting injure a pregnant woman so that there is a miscarriage, and yet no further harm follows…" (NRSV)

- Miscarriage
- Harm to mother
- Implications:
    - The fetus possesses a moral status that is less than the mother's.
    - Fetus is not considered a "person," and thus, abortion (feticide) is not "killing" equivalent to killing an adult.

Interpretive View #2

"If men who are fighting hit a pregnant woman and she gives birth prematurely but there is no serious injury…" (NIV)

- Premature birth
- Harm to mother or child
- Implications:
    - The fetus possesses a moral status that is equal to the mother's.
    - Fetus is considered a "person," and thus, abortion (feticide) is "killing" equivalent to killing an adult.

Extra-Textual Considerations:

- Attitude toward miscarriage in the Ancient Near East:
    - Code of Hammurabi
    - Middle Assyrian Laws
- Social—Cultural context
    - Infant morality rate
    - Value to the community

The Incarnation

- Relevant scriptures: Luke 1:41-44; 2:12
- The incarnation began not at the birth of Jesus but rather at his miraculous conception. Jesus Christ, God Incarnate, was himself once a zygote!

Conclusions from the Textual Evidence[9]

1. The human child is a creation and gift from God.
2. The Bible recognizes the mystery of the process of fetal development and affirms God's role in forming the unborn child.
3. God has knowledge of those who will be born before they are born.
4. The developing fetus in the womb was treated as worthy of some legal protection in the Old Testament.
5. The Incarnation began with the miraculous conception of Jesus and not with his birth. Jesus Christ himself was once a zygote!
6. Mary showed hospitality to welcome a child she did not expect and whose presence invited difficulty and suffering into her life.

[9] Glen Stassen and David Gushee, Kingdom Ethics: Following Jesus in Contemporary Context (Downers Grove, IL: InterVarsity, 2003), 220.

7. There is a continuity of personal identity between conception and adulthood.

    a. Relevant scriptures:
        1) Psalm 139
        2) Psalm 51:5
        3) Isaiah 49:1; Jeremiah 1:5; Galatians 1:15

    b. The texts mentioned above suggest a substantive view of human beings: a continuity of personal identity from the earliest moments to adulthood.

        1) From the moment of conception, the new organism directs its own integral functioning and development. It will grow and develop and change its appearance, but it will never undergo a change in its basic *nature*. It is a *human* being—its nature is determined—from the first moment of its existence.
        2) Embryos and fetuses do not differ qualitatively from adults, only developmentally. That is, as they develop, embryos and fetuses do not become something different from what they already are. Rather they mature into what they already are.
        3) Every human being begins as a single-cell zygote, develops through the embryonic stage and then the fetal stage, is born and then grows through the infant stage, through childhood, and through adulthood, until death.
        4) Throughout these developments, the human being is the same human being at every stage.
        5) "From the first moment, armed with its complete set of chromosomes, the new single-cell organism directs its own integral functioning and development. It proceeds, unless death intervenes, through every stage of human development until one day it reaches the adult stage…It will grow and develop and change its appearance, but it will never undergo a change in its basic nature. It will never grow up to be a cow or a fish. It is a human being—its nature is determined—from the first moment of its existence." (William Saunders, "The Human Embryo in Debate," in Charles Colson and Nigel Cameron, Human Dignity in the Biotech Century, 124)
        6) "The embryo's subsequent development may be described as a process of becoming what he already is from the moment of conception." (Paul Ramsey)

Biblical Principles Violated by Elective Abortion

1. The principle of selfless love.

2. The principle of protecting the weak, the innocent, and the defenseless.

3. The principle of respect for human life.

4. The principle of assuming responsibility for one's actions.

5. The principle of allowing God to bring good out of a difficult situation.

Theological (Worldview) Consideration: The Image of God

The Image of God: A Definition

Taking into account evidence from both the Ancient Near East and the Bible, John Walton offers the following definition:

> "The image is a physical manifestation of divine (or royal) essence that bears the function of that which it represents; this gives the image-bearer the capacity to reflect the attributes of the one represented and act on his behalf. Note the similarity of this idea with the New Testament statement concerning Christ being 'the image [eikon] of the invisible God' (Col. 1:15). He is a physical representative of God rather than a physical representation of what God looks like. As such he bears the essence of God, reflects his attributes, and acts on his behalf." *(John Walton, Genesis, NIV Application Commentary, 131)*

- The image of God in people provides them the capacity not only to serve as God's vice-regents (his representatives containing his essence), but also the capacity to be and act like him.

- Reason, conscience, self-awareness, and spiritual discernment do not actually define the image, but rather are tools God has provided so that we may represent him and act on his behalf.

"Image of God" in the Ancient Near East

- The primary function of the image was to be the dwelling place of the spirit which derived from the being whose image it was. An image was believed to carry the essence of that which it represented. This is what the OT denies when it affirms that there is no "spirit" (breath) in the idols (Hab. 2:19; Jer. 10:14; 51:17)

- The image also functioned as a representative of one who is really or spiritually present, though physically absent. Thus, a king puts his image in a conquered land (1) to signify his real—though not physical—presence there and (2) to establish his authority.

The Human Being In/As the Image of God

Relevant Scripture Texts

1. **Genesis 1:26-27:** "Then God said, 'Let us make man in our image, in our likeness, and let them rule over…So God created man in his own image, in the image of God he created him; male and female he created them."

2. **Genesis 5:1-2:** "When God made man, he made him in the likeness of God. He created them male and female and blessed them. An when they were created, he called them 'man'."

3. **Genesis 9:6:** "Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man."

4. **1 Corinthians 11:7-9:** "A man ought not to cover his head, since he is the image and glory of God; but the woman is the glory of man. For man did not come from woman, but woman from man; neither was man created for woman but woman for man."

5. **James 3:9:** "With the tongue we praise our Lord and Father, and with it we curse men, who have been made in God's likeness."
6. **Acts 17:28:** "For in him we live and move and have our being. As some of your own poets have said, 'We are his offspring'."

7. Passages in which the image of God is used in connection with what believers are becoming in the process of salvation:

    - **2 Corinthians 3:18:** "And we, who with unveiled faces all reflect the Lord's glory, are being transformed into his likeness with ever-increasing glory, which comes from the Lord, who is the Spirit."
    - **Romans 8:29:** "For those God foreknew he also predestined to be conformed to the likeness of his Son…"

<u>Humanity in/as the Image of God: Genesis 1:26-27</u>

- Distinctiveness of Humanity's Origin
    - Divine counsel: "Let us…"
    - Unique formation
    - Unique position
- Nature of Humanity
    - Humanity is body (material nature)
    - Humanity is spirit (immaterial nature)

- A human being is a personal, psychosomatic unity.

<u>Views of the Image of God</u>

1. The Substantive View:

    - "…in our image, in our likeness…"

    - The image is identified as some definite quality or characteristic within the makeup of the human.
        - An aspect of our physical or bodily makeup.

    - Some psychological or spiritual quality in human nature. The most frequently suggested quality is reason.

- Substantive views may differ in their conceptions of the nature of the image of God, but they agree in one particular: the location of the image. It is located within humans. It is a quality or capacity resident in their nature.

2. The Relational View

    - "Let us…male and female he created them…"

    - The image of God is the experiencing of a relationship. The image is not to be understood in terms of any structural qualities within humanity. It is not something humans are or possess. The image is a matter of one's relationship with God. It is something one experiences. Thus, it is dynamic rather than static. The relationship is the image.

    - The relationship of humans to God, which constitutes the image of God, is paralleled by the relationship of one human to another.

3. The Functional View

    - "…and let them rule…Rule over…The Lord God…put him in the Garden of Eden to work it and take care of it…"

    - The image is not something present in the makeup of humankind, nor is it the experiencing of relationship with God or with fellows human beings.

    - Rather, the image consists in something we do. It is a function we perform. The most frequently mentioned being the exercise of dominion over the creation.

<u>The Human Being in/as the Image of God: Capacity or Essence?</u>

- The image of God is not a capacity we (human beings) possess or lose, but rather a part of our essence.

- We are, or reflect, the image of God.
    - The image of God will manifest itself in certain capacities and abilities.
    - However, those capacities and abilities do not *define* the image of God. Rather they *express* the image of God that is part of the human *essence*.

- Capacities that Express the Image of God
    - The spiritual capacity to be addressed by God.
    - The moral capacity to live under God's law.
    - The rational capacity to study and order the world around.

- The image of God is not something people possess, or something people do, or how people relate.

- The image of God is what people are, a psychosomatic unity (body and soul/spirit).

- As the image of God, people are God's representatives to creation—imagers of the Creator-God.

- An important way the image of God is manifest is the human *potential* (not simply capacity) to demonstrate the communicable attributes of God (cognition and relationality).
    - God is love and rationality. When we act in love and rationality we represent God.
    - God is relational; in the Trinity he relates as Father, Son, and Holy Spirit. Through our relationships we represent God.
    - God creates (specifically, human "imagers"). In procreation we represent God.

<u>Human Beings in/as the Image of God: Conclusions:</u>

1. The image of God is universal within the human race.

2. The image of God has not been lost as a result of sin or the fall.

3. The image of God is not something accidental or external to human nature. It is something inseparably connected with humanity.

4. There is no indication that the image is present in one person to a greater degree than in another.

5. The image is not correlated with any single variable.

6. The image pertains to the very nature of humans, in the way in which they were made. It refers to something we are rather than something we have or do.

<u>Humans Beings in/as the "Image of God": Implications</u>

1. Respect for the intrinsic value of persons.

    - Humans have inherent worth as creatures of God who are the image of God in the world.

    - Humans are personal subjects, and not mere objects. Therefore, all actions that regard or treat humans as mere objects are to be rejected.

2. Respect for human rights.

    - Human rights are rooted in humans being imagers (representatives) of God, and thus, are universal and obligatory.

    - In a fallen world, the protection of human rights is exercised through law
        - Law = "mandated behavior"
        - The purpose of law is to restrain evildoers who violate the rights of others.

    - The Ten Commandments address several fundamental human rights. For example:
        - Right to freely value above all the Source who liberates us from enslavement: God
        - Right to one day each week for rest and worship
        - Right of parents to be respected by children
        - Right of all to life without threat of murder
        - Right of all to marital fidelity
        - Right of all to private ownership and property

3. Basis of a healthy self-image.

    - Humans have inestimable worth. Because of what humans are spiritually and physically, their lives are of greater value than any impersonal project in the world.

    - Self-esteem reflects our evaluation of our self-worth and value in the sight of God. God values us and enters into communion with us.

4. Ethical Implications:
    - Race relations
    - Beginning of life issues: Abortion, Artificial Reproductive Technology
    - End of life issues: Euthanasia, Physician-assisted suicide, PVS patients
    - Embryonic stem cell research
    - Cloning
    - Animal Rights

The Testimony of Early Christian Writings

- *"Love your neighbor as yourself …You shall not murder a child by abortion nor shall you kill a newborn."* (Didache, ca. AD 100)

- *"You shall love your neighbor more than your own life. You shall not murder a child by abortion nor shall you kill a newborn."* (Epistle of Barnabas, ca. AD 117-131)

- “Christians do not, in order to hide their fornications, take away human nature, which is generated from the providence of God, by hastening abortions and applying abortifacient drugs to destroy utterly the embryo, and with it, the love of man.” (Clement of Alexander, Pedagogus 2.10.96, before AD 215)

Session 3: Preaching on an End of Life Issue: Euthanasia and PAS (Physician-Assisted Suicide)

Terminology

Euthanasia:

General Definition: The word is derived from two Greek words—*eu* meaning "well" or "good" and *thanatos* meaning "death"—hence, "good death." Euthanasia refers to the deliberate act of intending or choosing a painless death for the humane purpose of ending the agony of someone who suffers from incurable disease or injury.

- From a Biblical perspective, is death itself "good"? (See 1 Cor. 15:25-27; 2 Cor. 5:1-10; 1 Thess. 4:13-18)

- From a Biblical perspective, what makes a death a "good death"? Is a "good death" merely a "painless death" (free from suffering) or is it something more?

Important Distinctions:

- **Voluntary, Non-voluntary, Involuntary**

    - **Voluntary:** at the patient's request; when a patient's request that someone take his or her life and his or her desire is honored.

    - **Involuntary:** against the wishes of the patient; when a patient desires to live (not to be killed) and his or her request is not honored.

    - **Non-voluntary:** without the knowledge or consent of the patient; when a patient is killed by someone who is not aware of the patients' wishes, either because those wishes are unobtainable or because the person chooses not to obtain them.

- **Active or Passive**

    - **Active euthanasia:** "directly taking the life of the patient," sometimes referred to as **"mercy killing."** Active euthanasia refers to taking some purposeful action to end a life.
        - In active euthanasia, a physician or other medical professional, family member, or friend causes death (though for merciful reasons), usually by administering a lethal injection of drugs into the patient.
        - In active euthanasia, the patient is actually killed by the direct action of the physician or other person.
        - Voluntary active euthanasia is currently illegal in all 50 States. It is legal in the Netherlands, Belgium, and Luxembourg.

- **Passive euthanasia:** "acting to avoid prolonging the dying process." Passive euthanasia refers to withholding or refusal of treatment to sustain life when a patient is irretrievably dying.
  - Another term for passive euthanasia is **"termination of life support."** (TLS). TLS refers to withholding or withdrawing life-prolonging and life-sustaining technologies as an intentional act to allow the patient to die naturally. Hence, passive euthanasia is sometimes called **"letting die."** Such actions include withdrawing ventilator support for breathing or withholding CPR from patients for whom it would clearly be futile.
  - In passive euthanasia, the underlying disease or injury actually causes death.
  - When life-sustaining technologies are removed, death is not intentionally caused, but the disease or injury affecting the patient is simply allowed to take its natural course. Thus, the disease, not the physician, is actively responsible for the patient's death.

- The distinction between active and passive euthanasia emphasizes the difference between **commission** (active) and **omission** (passive). Active euthanasia signifies committing an act that kills, but passive euthanasia means refraining from an act that prolongs the dying process.

- The distinction between active and passive euthanasia emphasizes **intention**. Is the intent to cause the immediate death of the patient? Or is the intent to avoid useless prolonging of the dying process and allow the patient to die naturally?

- The difference between active and passive euthanasia is the difference between whether a person or the disease/injury is the medical cause of death.

Physician-Assisted Suicide

- In physician-assisted suicide (PAS), the physician serves as a causal agent in the patient's death. The physician's role in PAS is normally to provide a medical means by which a patient can take his or her own life. This is generally done through a prescription for a lethal dose of medication.

- In this case, death is caused directly by the medication and not by the underlying disease or injury.

- PAS is currently legal in Oregon and Washington (Ballot) Montana (Court) and Vermont (Legislature)

Informed Consent: Valid consent can occur only…

- When a competent decision-maker (patient or surrogate)…
- Has been give adequate information about the decision to be made…
- And is allowed to make the decision voluntarily, without coercion.

Competence and Decisional Capacity

- Competence
    - Competence is a global concept – the person is competent or not – and is most applicable in legal settings.
    - A judge most commonly makes the decision about a patient's competence.

- Decisional capacity
    - Decision-making capacity is a clinical concept
    - It is task-specific and may fluctuate.
    - A physician most commonly makes the decision about a patient's decision-making capacity.

Surrogacy

- When a patient lacks the capacity to make a treatment decision, informed consent is still required, but must be given by a surrogate or proxy.

- By tradition, clinicians have granted this surrogacy to the next of kin: spouse, parents of a child, adult children of elderly parents, etc.

- The assumption is that the person who knows the patient best, and is familiar with his or her values and/or wishes, is in the best position to make decisions that would be consistent with what the patient would chose if he or she were able.

- Standards for Surrogate Decision-Making: Substituted Judgment

    - Substituted judgment: The surrogate is to substitute a process to arrive at the decision that the patient would make, based on the patient's written or verbal wishes, or an understanding of his or her values.
    - The surrogate should not substitute his or her judgment for that of the patient. Not: "If it were me…" If it were my choice…"

- Standards for Surrogate Decision-Making: Best Interests

    - Best interests: Only when there is no way to identify the patient's wishes or values do we drop to the lower best interest standard.

    - The surrogate tries to make decision that are in the best interests of the patient on the basis of what most people would want in this circumstance and weighing the benefits and burdens of the proposed options.

Futility

- Physiological futility: It will not work

- Probabilistic futility: It probably won't work

- Qualitative futility: It may work but is it worth the burden? Is the benefit worth the burden?

Advance Directives

- In some cases, patients decide in advance, prior to becoming seriously ill, the kinds of treatments they desire and, more importantly, the ones they do not. A **living will** informs physicians about conditions under which a person would or would not want medical support continued. A **values inventory** specifies what a person values in life and may be useful for a patient's family and physicians if they must make a decision for that person. For example, a person can request not to be given food and water by medical means or be placed on a respirator under certain conditions. One common request is a **"do not resuscitate" order** (DNR).

- A person can also designate someone else to make medical decisions for him or her should he or she become incompetent and unable to do so. This is called a **durable power of attorney for health care** (DPAHC). Durable power of attorney is the most powerful device for protecting the rights of dying people; most, but not all, states have statues creating powers of attorney for proxy medical decisions.

Classic Cases[10]

- **Karen Quinlan**

    - On April 15, 1975, at the age of 21, Karen Quinlan collapsed at a party and lapsed into a coma. More than likely, her condition resulted from a synergistic reaction of barbiturates, Valium, and alcohol on an empty stomach. Their cumulative effects suppressed her breathing, caused loss of oxygen to the brain, and thus, after 30 minutes or so, destroyed large parts of her brain.

    - She was put first on a ventilator, and then on a larger respirator, which required a tracheotomy. Initially, an intravenous tube fed Karen, but as her condition persisted, she required a nasogastric feeding tube. (Note: Respirators began to be used in medicine in the 1960s and by 1975 had become common in cases of emergency and trauma. Also in the 1960s crude intravenous and nasogastric feeding tubes began to be used.)

    - Karen's parents decided to remove the respirator and let Karen's body die. They did not realize that their decision would set off a legal avalanche.

    - Eventual legal outcome: In January 1976, the New Jersey Supreme Court ruled unanimously in favor of the Quinlans. According to the ruling, the Constitution's

[10] See: Gregory E. Pence, Classic Cases in Medical Ethics, 4th ed. (New York: McGraw-Hill, 2004), 29-57.

implied right to privacy allowed the family of a dying incompetent patient to decide to let the patient die by disconnecting life support. The justices did not see a distinction between withholding and withdrawing life support. (At the time, the official position of the AMA was that it was permissible not to put a patient on a respirator; but one a patient was on a respirator, it was not permissible to take that patient off if the intention was to allow death to occur. The justices found this line of reasoning "rather flimsy.")

- Eventual outcome for Karen Quinlan: Instead of simply disconnecting Karen's respirator, Doctors Morse and Javed decided to wean her from it. By late May of 1976, Karen was off the respirator altogether. She did not expire (At this point, she had been unconscious for 14 months.) Not until June 13, 1986, after more than 10 years had passed, was Karen Quinlan's body declared dead.

- **Nancy Cruzan**

  - At the age of 24, Nancy Cruzan lost control of her car on a Missouri country road on January 11, 1983. She was thrown 35 feet from the car and landed face-down in a water-filled ditch. Arriving on the scene, paramedics restarted her heart, but because her brain had been anoxic for perhaps 15 minutes, Nancy suffered extensive brain damage, placing her in PVS.
  - For seven years, Nancy remained in this state, until her parents sought permission in court to disconnect their daughter's feeding tube.
    - Where the Quinlan case focused on the withdrawal of a respirator, the Cruzan case focused on the withdrawal of a feeding tube. Before feeding tubes were began to be used in the 1960s, the natural course for such patients was starvation and then death. With a feeding tube, this natural deterioration of the body can be put on hold for years.
    - Legally or morally, is a PVS patient owed food and water? Karen Quinlan's parents evidently thought so; they never sought to withdraw the nutrition that kept Karen's body alive. Nancy Cruzan's parents thought otherwise.

  - Eventual legal outcome: Nancy Cruzan's case led to a landmark decision by the U.S. Supreme Court in June 1990. The Court made three important declarations.
    - The Court recognized a right of a *competent* patient to decline medical treatment, even if such refusal led directly to the patient's death. According the Court, the Constitution gives Americans a liberty interest to be free of unwanted medical support.
    - The Court found that withdrawing a feeding tube did not differ from withdrawing any other kind of life-sustaining medical support.
    - With regard to *incompetent* patients, the Court held that a state could, but not need, pass a statute requiring the clear and convincing standard of evidence about what a formerly competent patient would have wanted if he or she became incompetent for a long time.

- Eventual outcome for Nancy Cruzan: Five months after the Supreme Court's decision, on December 4, 1990, physicians legally removed Nancy's feeding tube, and she died. As it turned out, Nancy had been divorced just before her accident, and she had some old friends who knew her only by her married name, Nancy Davis. When her case became widely known, here friends realized that the "Nancy Davis" was the "Nancy Cruzan" of the headlines. Offering their testimony on Nancy's behalf (that she would not want to depend on the support of tube feeding), a Missouri court decided that the state's clear and convincing standard of evidence had now been met.

The Hospice Movement and Palliative Care

- Doctors Elizabeth Kubler-Ross and Cicely Saunders launched a movement, called the Hospice movement, to change medicine so that it could accommodate the special needs of dying patients and their families.

- Kubler-Ross and Saunders developed special institutions that did not try to fight death to the bitter end but tried to make the dying patient as comfortable as possible. The concept soon involved to emphasize care in which most treatment is delivered by visiting nurses and physicians, allowing dying patients to remain at home.

- The last decade has witnessed a growing palliative care movement, the goal of which is to reduce the painful and undignified symptoms of the dying patient.

"Key Players" in the Debate over Active Euthanasia and Physician-Assisted Suicide

- **Derek Humphrey**
  - Author of Jean's Way, Final Exit, and Dying with Dignity
  - Founder and Executive Director (1980-1992) of the Hemlock Society
- **Dr. Jack Kevorkian**
  - "Doctor Death"
  - Participated in the first publicly acknowledged physician-assisted suicide. In June 1990, he made available his "Mercitron" suicide machine to fifty-four year old Janet Adkins and watched as she hit the switch. Since then, he has presided over more than 100 deaths.
  - In 1998 Kevorkian actually did the killing himself by administering a lethal injection to Thomas Youk, a 52 year-old patient with Lou Gehrig's disease. Though he had been arrested several times before and had escaped conviction, this time he was arrested, tried, and convicted. He is currently serving time in a Michigan prison.

- **Dr. Timothy Quill**

    - In 1990, "Diane," a patient of Timothy Quill, an internist in Rochester, N.Y., asked him to help her die and he agreed to do so. At age 45 and having previously survived vaginal cancer, Diane developed acute myelomonoctyic leukemia. After Quill explained to Diane that she had a 25% chance of long-term survival, she elected to forgo the excruciating treatment. She requested barbiturates so she could kill herself, which Quill agreed to provide.

    - Quill published an account of Diane's death in a medical journal, was prosecuted for murder after his article appeared, but a grand jury refused to indict him.

- **Oregon's "Death with Dignity Act" – Washington – Montana**

    - "Right to die" initiatives are appearing in voting referendums in more and more states. The current policy debate in the U.S. involves PAS not euthanasia. Active euthanasia is still illegal in all 50 states.

    - In 1997, the state of **Oregon** was the first to pass one of these initiatives, making PAS legal in that state. Five other attempts to legalize PAS through ballot initiative (California in 1988 and 1992, Washington in 1991, Michigan in 1998, and Maine in 2000) all failed.

    - In 2008 a ballot initiative – Washington Death with Dignity Act, Initiative 1000 – passed in **Washington**, making it the second state to legalize PAS.

    - In 2010 the **Montana** State Supreme Court ruled that suicide, including physician assisted suicide, is not a crime, effectively making Montana the third state to legalize PAS. The ruling can (and probably) will be challenged in the legislature and perhaps in a voter referendum.

    - Deaths under Oregon's Physician Assisted Suicide Act:
        - 1998, 16 deaths; 1999, 27 deaths; 2000, 27 deaths; 2001, 21 deaths; 2002, 38 deaths; 2003, 42 deaths
        - 2006, 65 prescriptions, 43 deaths
        - 2007, 85 prescriptions, 46 deaths from prescribed drugs, 26 deaths from underlying disease, 13 alive at the end of the year.
        - 2008, 88 prescriptions, 54 deaths from prescribed drugs, 22 deaths from underlying disease, 12 alive at the end of the year. In addition, six patients with earlier prescriptions died taking their medications, for a total of 60 "Death with Dignity Act" deaths during 2008.
        - 2009, 95 prescriptions, 53 deaths from prescribed drugs, 30 deaths from underlying disease, 12 alive at the end of the year. In addition, six patients with earlier prescriptions died taking their medications, resulting in a total of 59 "Death with Dignity Act" deaths during 2009.

- Deaths under Washington's Death with Dignity Act
  - In 2009, 63 prescriptions, 36 deaths from prescribed drugs, 7 deaths from underlying disease, 4 deaths – ingestion status unknown, status unknown for the remaining 16 people.

- **The Netherlands**

  - From 1984 until recently, euthanasia and PAS remained illegal in the Netherlands, but doctors were free to engage in both practices without prosecution if they followed specific guidelines. In fall 2000, the Dutch Parliament legalized euthanasia and PAS, making the Netherlands the first country to do so.

  - Two Dutch studies conducted in 1990 and 1995 found that doctors in the Netherlands practiced euthanasia apart from these guidelines.
    - Thirty-one percent of deaths in 1990 and twenty-three percent of deaths in 1995 involved patients who did not give their explicit consent to be killed.
    - Dutch physicians have also extended the practice of euthanasia to include comatose patients, handicapped infants, and healthy but depressed adults.

- **"Dignitas" and Switzerland's "suicide tourists"**

The Case For PAS and Active Euthanasia

The twin pillars of the case *for* euthanasia are the argument from autonomy (the "right" of self-determination) and the argument from mercy (the "right" to be free from pain and suffering). For some proponents of euthanasia, the argument from autonomy is primary; for others, the argument from mercy. Typically, the arguments are presented in tandem, with autonomy taking the lead according to the following logic: the suffering patient has the right to choose to be released from pain and suffering, and mercy demands that the doctor acquiesce to his or her autonomous choice. However, some ethicists contend that the two arguments, if held together, are inherently incompatible, perhaps even unstable. Cameron observes that the compassion argument—because it necessarily entails a judgment made by the physician (whether the intensity of the patient's level of suffering and quality of life warrants euthanasia) and not by the patient himself or herself—"suggests something near to the converse of the autonomy argument."[11] Reporting the findings of The New York State Task Force on Physician-Assisted Death, Arras registers his concern that building a case for PAS on autonomy and mercy leads to a slippery slope. If autonomy is the major consideration, "then additional constraints based upon terminal illness and/or unbearable pain would appear hard to justify." On the other hand, if relief from pain and suffering is the major consideration, "it is hard to see how the proposed barrier of contemporaneous consent of competent patients could withstand serious

[11] Nigel M. de S. Cameron, "Autonomy and the 'Right to Die'," in Dignity and Dying: A Christian Appraisal, ed. John F. Kilner, Arlene B. Miller, and Edmund D. Pelligrino (Grand Rapids: Eerdmans, 1996), 27.

erosion."[12] Similarly, Meilaender wonders on the one hand, whether "self-determining, autonomous people are the only human beings who suffer greatly," and on the other hand, why the exercise of such a right should be restricted to "those who suffer greatly" since other autonomous persons might wish to die and demand a physician's help to die. Thus, he concludes that the twofold appeal is "inherently unstable."[13]

- The argument from mercy
    - Faced with the options of (1) allowing the terminally ill patient to die painfully and slowly and (2) ending his or her life quickly and painlessly through active euthanasia or PAS, proponents of euthanasia conclude that the most merciful option is to end needless suffering by administering a lethal dose of medication.
    - Response:
        - What constitutes an ethically appropriate way to respond out of mercy? What is the "good" of the patient?
        - Why disallow incompetent patient, who cannot exercise autonomy, to be denied relief from suffering?
        - Difference between pain and suffering. Suffering involves the interpretation of pain – "total pain." From a Christian standpoint, suffering can be redemptive.
        - Proper pain management
        - Law of double effect
        - Theology of suffering: Job; 2 Cor. 12:7-10; Phil. 1:21-26
- The argument from autonomy
    - Human persons have the "right to die." The Constitution protects the right of individuals to make life's most private and personal decisions on their own, apart from interference by government.
    - Response:
        - Assumes human autonomy is absolute. What is the biblical perspective?
        - If the right to die is grounded in personal autonomy, why limit it to the terminally ill?
        - The timing of death belongs to God.
        - Why limit expressions of autonomy to only terminally ill patients?

[12] John D. Arras, "On the Slippery Slope in the Empire State: The New York State Task Force on Physician-Assisted Death," in Biomedical Ethics, 6th, ed. Thomas A. Mappes and David DeGrazia (New York: McGraw-Hill, 2006), 433-434.

[13] Gilbert Meilaender, "Euthanasia Cannot Be an Individual Choice," in Euthanasia: Opposing Viewpoints, ed. David Bender and Bruno Leone (San Diego: Greenhaven Press, 1995), 33.

        - What do we mean by saying we have a "right to die"? All will die. Rather, we're saying we have a right to determine when, how, and under what circumstances.

- The argument from utility

    - Euthanasia promotes the greatest good for the greatest number. The benefits outweigh the harm. Benefits: the patient's suffering is ended, the high cost of expensive terminal medical care is avoided, the family can grieve appropriately and get on with the lives, and the medical staff can avoid the stress and anguish of a drawn-out dying process.

    - Response:
        - Assumes the adequacy of utilitarian reasoning. What is the biblical perspective?
        - If utilitarian considerations are primary, how does one justify the requirement of patient request and consent?

        - Overlooks other consequences such as the long-term impact on society at large, especially as it relates to the treatment of future terminally ill patients.

- The argument that there is no morally relevant difference between killing and letting die.
    - The originator of this argument is James Rachels.
    - Biological life versus biographical life.
        - The mere fact that something has biological life, whether human or nonhuman, is relatively unimportant. What is important is that someone has biographical life. One's biographical life is "the sum of one's aspirations, decisions, activities, projects and human relationships."
        - Two implications follow from Rachels' view:
            - Certain infants without a prospect for biographical life, and certain terminal patients (comatose, PVS) have nothing to be concerned with from a moral point of view. They are not alive in the biographical sense.
            - Higher forms of animals do have lives in the biographical sense because they have thoughts, emotions, goals, cares, and so forth. Thus they should be given moral respect because of this. In fact, a chimpanzee with a biographical life has more value than a human who only has biological life.

    - Killing and letting die.
        - Rachels believes that there is no distinction between killing someone directly and letting that person die. He calls this the "equivalence" thesis.
        - Rachels' argument for his equivalence thesis is the "bare difference" argument.

        - Smith and Jones: Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking a bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident. No one is the wiser, and Smith gets the inheritance. Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip, hit his head, and fall facedown in the water. Jones is delighted. He stands by, ready to push the child's head back under if necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, "accidentally," as Jones watches and does nothing. No one is the wiser, and Jones gets his inheritance.

    - Response:
        - Sledgehammer effect: Analogies are used, with the result that essential differences are masked.
        - Inadequate analysis of moral acts
            - Failure to take into account motive and intention
            - Failure to distinguish passive and negative acts
        - Represents an inadequate analysis of a moral act, which must include consideration of the motive.
        - "Biographical" concept is at odds with the biblical perspective of human beings in/as the image of God.

The Case against PAS and Active Euthanasia

- It is playing God. God determines the beginning and end of life: God determines the beginning and end of life.

- Sanctity of human life. Human persons are the image of God.

- Human persons do not possess the "right to die." Our bodies are not our own. Human persons are not granted autonomous control over their bodies.

- Suffering may be redemptive. A sufferer may prefer death, but decides to live, awaiting the redemption of his or her body.
    - Suffering produces character.
    - Suffering prepares the sufferer for eternity.

- The "slippery slope"
    - Euthanasia will likely move from voluntary to non-voluntary and involuntary euthanasia.
    - The "right to die" becomes the "duty to die."

  - The practice of euthanasia in the Netherlands demonstrates how "slippery" the slope really is.
    - As the Dutch experiment demonstrates, euthanasia does not remain limited to competent, terminally ill adults who choose to end their own lives.
    - In fact, involuntary euthanasia has become so prevalent that many Dutch citizens carry "Life Passports," cards that state they do not want so-called "physician aid-in-dying" if they are hospitalized.
    - What began as an expansion of patient autonomy has become a dangerous expansion of physicians' power.
    - "The Dutch experiment shows that even when euthanasia is not legal but is tolerated, expansion of its boundaries—from voluntary to involuntary, from adults to children, from terminally ill to chronically ill, from intolerable suffering to dissatisfaction with the quality of life, from consent to contrived consent—is inevitable." (E. D. Pellegrino, "Doctors Must Not Kill," in Clinical Ethics, vol. 3, 1993, 874-75.)

- The Distortion of the healing relationship between physician and patient.

- Abuses against persons and abrogation of rights.

  - Once the line that has prevented us until now from practicing PAS is crossed, we will have embraced the concept that there are lives that should be ended.
  - Abuses of vulnerable members of society will increase. We will witness the abrogation of rights of "unproductive" persons who are a "burden on society": impoverished persons, mentally handicapped persons, very old and demented persons, and so forth.

Euthanasia, Letting Die, and the Double Effect Principle

- **Principle of Double Effect:** Principle that asserts the following: If an inherently good act has two effects, one good and one bad, a person can act morally in doing that act provided (1) only the good effect is intended, (2) the bad effect is not the means to the good effect, and (3) the good effect is at least equal to the bad effect.

- Active euthanasia fails at least the first two criteria. It intends death and achieves the good effect (relief of suffering) by means of the bad effect (death).
- Letting die is morally right, however, in cases that meet the following criteria:

  - Death is inevitable and imminent.
  - The death is caused indirectly (that is, by the disease or injury).
  - The intention is to care for, not to kill.
  - In such cases, termination of medical treatment is an act of letting die and is morally right.

- There is a subtle but important difference between active euthanasia and PAS on the one hand and letting die on the other hand.
    - In active euthanasia and PAS, it is the instrument one administers that effects the demise of the patient, whereas in letting die, one removes a therapy that is ineffective at restoring health, and the disease kills the patient.
    - In active euthanasia and PAS, the death of the patient is the intended result of one's actions, whereas in letting die, the intended result is that ineffective or excessively burdensome impediments to the patient's death should be removed.
    - In letting die, one is making judgments about treatments. In active euthanasia and PAS one is making judgments about lives.

Biblical Texts and Principles

1. The human being in/as the image of God

2. God determines the beginning and end of life: Heb. 9:27

3. Self autonomy and determination—Our bodies are not our own: 1 Cor. 6:19-20

4. Responding to suffering: 2 Cor. 4;7-12; 12:7-10; Phil. 1:20-24; James 1:10-11
5. Preferring death but deciding to live: 2 Cor. 5:6-9; Phil. 1:20-24

6. Longing for the redemption of the body: Rom. 8:22-25; 1 Cor. 15:42-44, 53-57; Phil. 3:20-21; Rev. 21:4

Reflections on Euthanasia and PAS

1. We need to think biblically and carefully about the nature of human life.

2. We need to think biblically and carefully about the sovereignty and goodness of God.

3. We need to clarify in our minds and actions the differences between:
    - Forgoing care and taking one's life
    - Imminent death and terminally ill

4. We need to study and reflect upon the nature of human suffering.

5. We need to support dying loved ones in better ways that we have before.

6. We need to encourage the medical community to do a better job of pain management.

7. We need to support legislation that will prohibit PAS and VAE from becoming the law of the land.

8. We need to pray.

Key Questions Christians should ask

1. Whose determination…God's or ours?

2. Does the action involve the termination of life or termination treatment?

3. Does death result from the underlying disease or the "last act" of the physician or other person?

Sickness, Suffering, and Death

Medicine's Dilemma

- In "classic cases" such as Quinlan and Cruzan, the conflict was between physicians and/or hospitals who wanted to continue treatment and patients or their surrogate decision-makers who wanted to discontinue it.

- In many contemporary cases, the conflict is between dying patients or their surrogates who request care at the end of life, insisting that "everything possible be done," and their physicians who consider such treatment futile.

- Care for the dying is more difficult today than in times past because medical technology has given caregivers the ability to prolong life in increasingly poor quality-of-life circumstances.

    - Death as it used to be…

    - Death as it is now…

Death and Dying

- Good care of the dying raises important questions about our theological view of death and dying. For example, is death an enemy to be resisted at every turn? Is doing everything to delay death a necessary part of being consistently "pro-life"? Does being "pro-life" necessitate vitalism (the view that keeping someone alive – regardless of the medical circumstances – has value)? Or is death a normal part of life, and should such a view suggest limits on how hard it should be fought?

Biblical Perspectives

- Biblical View: Life as a gift and death as a conquered enemy

    - Genesis 2-3 (2:17; 3:5; 3:22)

    - Ecclesiastes 3:1-8; 12:1-7

    - Psalm 90

- Psalm 102
- Romans 5:12
- 1 Corinthians 15:12-26
- 2 Corinthians 4:16-18; 5:1-10
- Hebrews 2:14-15; 11:16
- 1 Thessalonians 4:13-18
- Philippians 1:20-26; 3:20

- Biblical perspectives on death:
  - Death must be seen, not as the supreme instance of a cosmic lack of fairness, but as God's well-considered sentence against our sin.
    - Death is no accident; it is God's doing: Psalm 90:3-6
    - Death is the outworking of God's judicial sentence: Genesis 2:17; Romans 6:23
    - Death is God's limit on creatures, whose sin is that they want to be gods: Genesis 3:4-5; Romans 1:18-23. The sentence reminds human beings that they are creaturely, contingent, and mortal.
    - At the same time, we cry out against this limitation, not only because in our rebellion we still want to become gods, but because we have been made in the image of God. We are not mere mammals.
  - Sickness and death can be immediate judicial consequences of a specific sin: John 5:14; 2 Kings 5:20-27; Acts 5; Acts 12:19-23
    - Sin merits such punishment. It is because of God's mercies that we are not all instantly punished when we sin.
    - God does not owe us a carefree 70 years.
  - Sickness and death are not necessarily the immediate judicial consequences of a specific sin.
    - They are of course tied to our rebellious condition; they may not be tied to a particular sin: John 9; Galatians 4:13; 1 Timothy 5:23; 2 Timothy 4:20.

        - Practically speaking, this means it is almost always wrong to add to the distress of those who are suffering illness, impending death, or bereavement by charging them with either: (a) some secret sin they have not confessed, or (b) inadequate faith.

    - There are some sicknesses and death that are the consequences of sinful acts or behaviors, where there is no divine judicial sentence but the "natural" outworking of case and effect, under God's providence.

        - How many illnesses are the direct cause of suppressed hatred, anger, jealousy, bitterness, and guilt? Gluttony? Pollution-caused deaths? Sexually transmitted diseases?

        - Sometimes God's judgment falls, not in supernatural displays of horrifying power (e.g. Ananias and Sapphira), but in providential control of natural processes bound up with how God made the world in the first place.

    - Suffering and pain, including that which derives from sickness and bereavement, may serve to bring about a good end, when they are mingled with faith: Romans 8:28-39; 2 Corinthians 1:3-11; 12:7-10; Hebrews 12:3-13; James 1:2-18.

    - If we are all under sentence of death, then an early death is less shocking than it is sometimes assumed. If we are too shocked by untimely death (Is death ever timely?), may our reaction not owe something to the unvoiced assumption that we ought to live out a full, healthy span, that God somehow owes us that?

- How sickness, pain, suffering, and bereavement contribute to our growth as Christians:

    - In the words of Richard Baxter, "suffering so unbolts the door of the heart, that the Word hath easier entrance." Pain and suffering tend to make people either better or bitter.

    - Pain and suffering actually shape us, temper us; mold us: Romans 5:1-5

    - Experiences of pain and suffering engender compassion and empathy in us, and therefore make us better able to help others: 2 Corinthians 1:3-11

Medical Perspectives[14]

- Modern View: Death as medical failure

    - We have become reluctant ever to acknowledge a patient as "dying." Medical anthropologists Jessica Muller and Barbara Koenig examined the point at which physicians were willing to label a patient as "dying" and concluded:

      When physicians are in pursuit of medical interventions, their evaluation of a patient's proximity to death becomes closely linked to their assessment of what is available in the medical and technological armamentarium that could possible benefit the patient…Dying is defined…in terms of the actions – failed actions – of the physicians. In keeping with the predominant technical bias of biomedicine, "dying" has becomes a cultural metaphor which symbolizes treatment failure… Acknowledgement of a patient's dying status may not be made until death is imminent or, in some cases, has already occurred. (Jessica Muller and Barbara Koenig, "On the Boundary of Life and Death: the Definition of Dying by Medical Residents)

    - Writer-poet T. S. Elliot writes about modern miracle care in his play "The Family Reunion":

      It seems a necessary move
      In an unnecessary action
      Not for the good it will do
      But that nothing may be left undone
      On the margin of the impossible

- Medicine's neglect of suffering

    - We medicalize suffering – "condemned to life" by burdensome, futile life-sustaining technology.

    - We neglect suffering by failing to provide adequate symptom control.

    - We neglect suffering by platitudes and evasions.

    - We neglect suffering by inadequate theologizing, as in the case of Job's friends.
    - Instead of coming to terms with who we are and the meaning of suffering, we have allowed suffering to repel us.

[14] Much of the following material is from: Scott B. Rae and Paul M. Cox, Bioethics (Grand Rapids Eerdmans, 1999), 217-252; Allen Verhey, Reading the Bible in the Strange World of Medicine (Grand Rapids: Eerdmans, 2003), 99-144.

Perspectives on Caring for the Suffering and the Dying

Attending to Suffering

- Eric Cassell: Suffering is both universal and particular ("Recognizing Suffering," *Hastings Center Report* 21 (May/June 1992)

    - As a physician, Cassell laments medicine's reduction of suffering to pathologies, as if we could claim to know a patient's suffering when we can name a disease and the causes of it.

    - In order to respond to suffering, we have to know what it is. Suffering is more than physical pain. It is the distress experienced when the "intactness" or integrity of a whole person is threatened. People suffer as embodied selves, not simply as bodies or simply as minds. There is the pain of the disease and there is the dis-ease of humiliation or loneliness or despair or threat of death.

    - We are "storied." So, while suffering may be common, it is always individual and particular. Thus, we can know another' suffering only imperfectly. Compassion involves listening to the patient's story.

    - Suffering sometimes requires the reconstruction of an identity, the reformation of a purpose, the revisioning of the whole of life, the writing of a new chapter in the story of a life. Compassion involves acting as a sage, wisely assisting the patient in the reconstruction of their life.

- W. H. Auden: Three features of Suffering ("Surgical Ward," from *Collected Poems*)

They are and suffer; that is all they do;
A bandage hides the places where each is living,
His knowledge of the world restricted to
The treatment that the instruments are giving.

And lie apart like epochs from each other
– Truth in their sense is how much they can bear;
It is not talk like ours, but groans they smother –
And are as remote as plants; we stand elsewhere.

For who when healthy can become a foot?
Even a scratch we can't recall when cured,
But are boist'rous in a moment and believe

In the common world of the uninjured, and cannot
Imagine isolation. Only happiness is shared,
And anger, and the idea of love.

- Auden's poetic observations are confirmed by the testimony of sufferers (See Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition*).

- There are three important features of suffering.

  - The simultaneous identification with and alienation from the body: In sickness the body moves from the background to the forefront of perception – *"Who when healthy can become a foot?"*

    - *S*ickness reminds us that we are our bodies; that our "selves" depend on the integrity of the bodies we otherwise take for granted, that our health and our lives are radically contingent.

    - Sickness entails a betrayal of the fundamental trust we have in our bodies. The faithfulness of our bodies is so basic that it is taken for granted, but in serious or chronic illness and in severe pain the body can be experienced not only as "us" but also as "the enemy."

  - The marginalization and isolation of sufferers: In sickness suffers experience isolation.

    - Pain and weakness push people to the margins of public life, force a withdrawal from the public activities of working and playing. When patients are hospitalized, they are removed from the public spaces reserved for strength and beauty, efficiency and productivity.

    - Dependency on caregivers makes patients feel they are "burdens."

  - The sufferer's loss of voice: In sickness sufferers experience "the loss of voice."

    - The loss of voice means that sufferers are sometimes driven back to the sounds and cries human beings make before they learn a language.

    - The loss of voice means that there are no words; there are no meanings, no significance by which sufferers can make sense of their pain to themselves, nor can they communicate it to others.

- Warren Reich: Three stages of suffering ("Speaking of Suffering: A Moral Account of Compassion," *Soundings* 72 (Spring 1989): 83-108) – Reich describes a three-stage process of suffering as a struggle to discover a voice that will express one's suffering and as a search for meaning in the midst of it.

  - First stage: mute suffering

        - Sufferers are "struck dumb" by their suffering. They may be screaming or moaning rather than silent, but they are unable to communicate about their suffering. They are unable to articulate a purpose which can contain the suffering and make it meaningful.

        - In this stage a wise compassion practices silent and empathetic response
        .
    - Second stage: the voice of lament

        - Sufferers begin to find a language to express their suffering, whether plaintive lament or story or metaphor.

        - A wise compassion will listen, but it will also express compassion, raising its own voice in lament. This "expressive compassion" helps the sufferer to name the threat (perhaps with a diagnosis but perhaps with a name that is beyond medical vocabulary) and to reformulate the story the sufferer tells; helping the sufferer begin to live the next chapter of his/her life.

    - Third stage: a voice of one's own

        - "Expressive compassion" continues to help the sufferer create a "new identity" for a reconstructed wholeness, even if it does not "solve" the problem. This "new identity" does not necessarily involve "freedom from adverse conditions," but it does involve the "freedom to take a stand toward the conditions."

        - Now the patient has again "a voice of one's own."

    - Regarding Reich's account of the process of suffering:

        - Reich does not intend his account of the process of suffering to be prescriptive, as if there were stages that must be successively experienced in order for one to "suffer or be compassionate in the right way."

        - Reich admits that the process seldom achieves "finality," for the wounds of our suffering often open up again.

        - Reich also observes that in order to continue to be compassionate, the one who shares the suffering of another must also receive compassion. No less than the sufferer, the compassionate caregiver needs a community to share the suffering he/she experiences as a caregiver.

Looking toward Heaven

- Hearing Job (Job 3)

    - Job 3 alone would tempt us to despair.

- But without Job 3 – without this reminder of human suffering and of the silence of God, without this testimony of the anguish and the helplessness even of one who sure is to be counted among God's people, without such a word from God – we would be tempted to triumphalism, to the sort of spiritual enthusiasm that supposes that righteousness provides a charm against sickness and sadness, or that prayer works like magic to end our suffering, or at least to answer our questions.

- Without Job 3, we would be tempted not only to spiritual triumphalism but also to technological triumphalism, that some new piece of medical wizardry will finally rescue the human condition from its vulnerability to death and suffering.

- Job 3 is a powerful antidote against Pollyanna triumphalism. There are at least two vital lessons:

  - The lesson for those who would minister to the suffering is simply this: Don't pretend that faith or medicine gives us easy answers. Don't presume that religion or technology rescues us from the threat of death or suffering.

    - We must work on the hard answers.

    - We must recognize that even with piety and work the darkness will sometimes deepen.

  - The lesson for those who suffer and cry out to God – and against God – in anger and in anguish is simply this: They may.

- Sharing the Voices of Lament

  - The presence of laments: The most common genre in the Psalter, laments were included in the liturgical materials of Israel's worship.

  - The form of lament:

    - Invocation: The psalmist cries out to God.

    - Lament: The Psalmist describes his sad situation; the suffering that makes the sufferer cry out.

    - Prayer for help

    - Vow to give praise to God or the expression of the certainty that God will hear the prayer and answer.

  - Lament moves from distress to wholeness, from powerlessness to certainty, from anger to confidence in God's justice, and from guilt to the assurance of God's forgiveness. In

lament, the sufferer gives expression to the real experiences of life and to the honest emotional reactions that those experiences evoke.

- Representative laments:
  - Psalm 88: The saddest of the laments, Psalm 88 follows the form, but the complaint of the dying man does not make it all the way to certainty. The last word in Hebrew is "darkness."
  - Psalm 42 and 43, where hurt and hope live "in tension, like wood and string in a bow."
  - Psalm 130

- Lament and the Story of Jesus
  - Jesus suffered on the cross.
    - He suffered as an embodied self. And for three hours the Word made flesh was mute.
    - When, after those three hours, he found a voice, it was the voice of the old lament, Psalm 22
  - Lament belongs to the whole story of Jesus.
    - Matthew 21:16-18 – "Rachel weeping for her children."
    - John 11:35 – "Jesus wept."
    - Luke 19:41-44 – Jesus wept for Jerusalem
    - Matthew 26:36-46; Mark 14:32-42; Luke 22:39-46 – Gethsemane
  - Compassion as discipleship
    - Jesus did not teach his disciples how to avoid suffering but how to share it. The very call to discipleship is a call to share in Christ's suffering, to take up the cross (Mark 8:34)
    - Because on the cross Jesus shared the suffering of others, to share *that* cross means also to be ready to share the suffering of others.
    - The call to discipleship is a call to heal, to give some token of God's kingdom and his good future, if possible, but also to care, even if one cannot heal.
      - Luke 10:29-37 – The Good Samaritan

- Matthew 25:31-46 – The Great Judgment

- Matthew 5:4; Luke 6:21 – "Blessed are those who mourn, for they shall be comforted."

Showing compassion

- It is necessary to distinguish "primeval compassion" (a biblical virtue as well) from "modern compassion."

    - Primeval compassion is a visceral response to the suffering of another living being. It compels us to want to do something in response to another's suffering. We see suffering and want to do something to put a stop to it. So far, so good. However, by inserting "anything" (We see suffering and we want to do something – anything – to put a stop to it), modern compassion distorts the ends and means appropriate to compassion.

    - Primeval compassion fits the story of one who made the human cry of lament his own. Modern compassion seeks to stop the crying. Instead of being willing to suffer *with* someone, modern compassion wants to put an end to suffering by whatever means necessary. Modern compassion insists that suffering be eliminated, even if that means eliminating the sufferer.

    - When we celebrate modern compassion, primeval compassion looks masochistic and sadistic. After all, suffering should be eliminated not shared; making Immanuel ("God with us") look like a failure.

- Modern compassion is formed of the expectation that the world should be, right now, the sort of place where suffering can be avoided.

    - Modern compassion is a failure, or at least a temptation, of our modern technological success. We have seen enough technological miracles that the way is clear to a technological solution to suffering.

    - The most obvious failure of modern compassion with its pervasive expectation that suffering should be avoided or ended is the simple truth that technology does not provide an escape either from our mortality or altogether from our suffering.

    - Ironically, technology often blinds us to the suffering of people. The focus on pathologies and technological response can lead to the neglect of patients and their suffering. People do not suffer as biological organisms but as embodied selves.

Medical Response to the Suffering and the Dying

- Proper pain management
    - Studies continue to show that, despite improvements, too many patients die in pain. Why?
        - Not all pain is treatable, though the majority is.
        - Most of the time, however, patients die in pain for other reasons: lack of education on pain; inadequate assessment of pain, including caregivers' frequent skepticism of patients' report of pain; fear of addiction; fear of hastening death due to slowing down his/her respiratory system; reluctance of physicians to prescribe opioids, due to fear of investigation for overprescribing them.
    - Principle of double-effect
- Respecting the patient's wishes
    - Both the law and bioethics recognize the rights of competent patients to refuse life-sustaining treatments, perhaps better considered as "death-delaying" or "dying-process-prolonging" treatments.
    - Thus, the treatment wishes of the patient and/or family should be elicited and respected.
    - A central issue is whether physicians and health care institutions have a moral obligation to provide expensive life-sustaining treatment that is judged futile, if the family or surrogate decision-maker requests it.
        - A distinction needs to be made between a benefit of treatment and an effect of treatment. Treatments that have a positive effect do what they are designed to do, but that effect may or may not be a benefit to the patient. For example, CPR may successfully resuscitate a terminally ill patient but leave him in such a deteriorated state that it may not have benefit. Antibiotics for pneumonia in a terminal cancer patient with only a few weeks to live may kill the infection, but it may also prolong the dying process.
        - The goals of any treatment would seem to go beyond simply maintaining physiological functioning and would involve quality-of-life assessments.
- Clear and timely communication
    - Communication that is timely and consistent is important so that dying patients do not feel abandoned, a common complaint. A common misconception is that "no code = no care."

  - Studies show that dying patients, whether or not they ask directly, want to know the truth about their prognosis and what they expect in the dying process.

- No legalized assistance in suicide