Biblical Ethics

Death & Dying

March 17, 2024
Adult Sunday School
Lewis Lake Covenant Church

Death & Dying

Case Study: "[In 1982,] Infant Doe was born in Bloomington, Indiana, with Down syndrome and a misformed esophagus, which prevented normal feeding. The parents of the child... had refused permission for corrective surgery on the child and had ordered the doctors to withhold all nourishment. Even though ten different couples had expressed interest in adopting the child, the parents refused to give up custody. At an emergency hearing, the justices of the Indiana Supreme Court voted..."?

Q: Are parents morally obligated to provide life-saving care for their children?

Q: Do the rights of the parents trump:

a) The moral responsibility of doctors to heal?

b) The moral responsibility of the state to protect its citizens?

Q: How does the presence of Down's syndrome affect one's moral judgment?

I. Termination of Life-Saving Treatment

A. Is the life worth saving? Or, What is the value of a deformed, deficient human life?

1. "In the *Republic*, Plato's design for the ideal state, the philosopher recommends that infants with defective limbs be buried in some obscure place. Aristotle urged that 'nothing imperfect or maimed' should be brought up.'
2. "The spreading influence of the Christian faith... eventually brought a halt to such life-destroying practices of the Roman Empire as infanticide and gladiatorial combat."

3. “We can no longer base our ethics on the idea that human beings are a special form of creation, made in the image of God, singled out from all the other animals, and alone possessing an immortal soul.” Peter Singer
4. “60000 RM This is what this person suffering from hereditary defects costs the community during his lifetime. [Fellow citizen], that is your money, too.”

B. Is medical treatment/technology available?
“In the 1950’s most children born with spina bifida were left to die. In the 1960’s, however, physicians began to treat spina bifida vigorously, and studies have shown that between 80 and 95 percent of such children... survive.”
1. “Accurate medical information concerning the exact nature and prognosis of the disabling condition is absolutely essential if the ethical-decision-making process is to have integrity.”
2. “Medical expertise does not guarantee that medical decisions will be morally sound ones.”

C. What is an acceptable “quality of life,” and who gets to make that decision?
1. ‘If one strips away the religious mumbo-jumbo surrounding the term “human,” we will not regard as sacrosanct the life of each and every member of our species, no matter how limited its capacity for intelligent or even conscious life may be.’ – Peter Singer

2. ‘Since the newborn infant is not capable of possessing the concept of a continuing self, is not capable of envisaging a future for itself, and is not capable of self-consciousness, it is reasonable to conclude that an infant does not possess a serious right to life at that time, and hence infanticide is morally permissible in most cases when it is otherwise desirable.’ – Michael Tooley
3. “The choice, then, between the ‘sanctity of life’ ethic based on the idea of the image of God, and the ‘quality of life’ ethic based on brain function, is a choice between an ethic that protects all human beings in principle, and an ethic with a sliding scale of human worth based on estimates of intelligence and mental function.” – J.J. Davis
4. “Physicians need to be extremely cautious in making guesses as to the ‘quality of life’ that any infant with disabilities will ultimately enjoy or find personally acceptable.”

D. Does cost matter?
    1. Appx annual cost of neonatal intensive care in the US exceeds $2.8bil.
    2. “The public resources required to keep defective newborns alive seems marginal, and arguably worth the commitment to life that such expenditures reinforce.” – John Robertson
E. Other Ethical Considerations

1. The same arguments sustaining abortion apply to infanticide
2. The same logic for infanticide could apply to anyone of any age with any disability.
3. "There is no moral obligation to provide useless treatment to a genuinely terminal patient... modern medicine must acknowledge its own limitations."

F. Biblical considerations regarding disabilities
1. Moses' stuttering and God's sovereignty (Ex 4:11)
2. David & Mephibosheth (2 Sam 9:13)
3. God & Jeroboam's Son (1 Kings 14:13)
4. Jesus & the man born blind (John 9)

II. End of Life Treatment

A. Defining Death
1. Heart-lung function – end of cardiac & pulmonary activity: no pulse, no breathing
2. Total brain death – death of the entire brain, including the brain stem
3. Higher brain death – death of the cerebral hemispheres
4. Complicating factors:
   a. Respirator technology may keep a heart functioning up to a week after a brain has died
   b. Organ transplants and the desire to 'harvest' quickly

   "While it is one thing to define death in order to ease the agony of the dying ... it is quite another thing to define death because of an eagerness to

get spare parts, even for humanitarian ends." – Dr. Willard Gaylin

5. Death defined by the Uniform Determination of Death Act, created by The President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research

"According to this definition, death now means either (1) irreversible cessation of circulatory or respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem."

B. Terminal Illnesses and Termination of Treatment

1. Terminal illnesses

"There are no specific cures for many of the chronic diseases that afflict today's elderly patients: rheumatic disease, osteoporosis, arteriosclerosis, stroke, senile dementia, and advanced cancer. In an earlier generation, death often came in the form of pneumonia – once referred to as the "old man's friend," – but modern pacemakers, antibiotics, and respirators have changed the situation... In some cases 'heroic' intervention may be genuinely therapeutic and life-extending; in other cases, the technology may simply prolong the process of dying."

a. Challenging contemporary presupposition: For every disease there is a cure.

b. Natural desire: Prolong life as long as possible

2. Treatment/non-Treatment

a. Ordinary/Extraordinary means

"Normally one is held to use only ordinary means – according to circumstances of persons, places, times, and culture – that is to say, means that do not involve any grave burden for oneself or another... On the other hand, one is not forbidden to take more than the strictly necessary steps to preserve life and health, as long as he does not fail in some more serious duty." – Pope Pius XII, 1958

i. Ordinary means: "all those medicines, treatments, and operations, which offer a reasonable hope of benefit and can be obtained and used without excessive expense, pain, or other inconvenience."

ii. Extraordinary means: "all medicines, treatments, and operations, which cannot be obtained or used without excessive pain, or other inconvenience, or which, if used, would not offer a reasonable hope of benefit." - Gerald Kelly

iii. Historical example of extraordinary means: In the 1700's, the amputation of a leg was considered 'extraordinary' because of the lack of anesthetics (painful!) and survival rates were belog 50% until the mid-19th century.

iv. Contemporary example of ordinary means: Terri Schiavo, a woman apparently in an irreversible comatose state, died in 2005 after her feeding tube was removed by a court order and her family was forbidden to offer her any assistance.

v. Challenge: “It has been suggested at times that the rapid progress of medical science has rendered obsolete the distinction between 'ordinary' and ‘extraordinary’ means. Respirators, kidney dialysis, and other new forms of medical technology, it is said, are not so commonly available as to be ‘ordinary’... [but] it will always be necessary to consider the total circumstances of the patient and the family when making decisions concerning the possible termination of treatment.”

b. The “principle of double effect.”
“Under some circumstances a given human action will produce two effects, one desirable, and one undesirable. Is it morally permissible, for example, to administer to a dying patient a drug that will alleviate pain, but at the same time deprive the patient of sense and reason?”

i. The action must be in itself a morally good action, or at least morally indifferent

ii. The good effect must preceded the evil effect or at least be simultaneous with it
iii. The motive prompting the action must be directed toward the good effect, and not the evil
iv. The good effect must be at least equivalent to the evil effect.

Consider: Is it right to give sedatives to a dying person who is not spiritually prepared for death?

c. Killing/letting die
i. Killing: withholding normal care (ie. food, water) to hasten death, or hastening death through high dosage of sedatives or other medicines
ii. Letting die: offering relief for pain that does not actively hasten death.

"The collapse of the distinction between killing and letting die could... open the door to the deliberate killing of... the senile, the comatose, and the economically burdensome."

d. Sustaining life/prolonging dying

"There is not moral obligation to prolong artificially a truly terminal patient's irreversible and imminent process of dying. This is sometimes called 'useless means' of treatment.

C. Understanding Death from a Christian perspective

Death is:

1. Unnatural – not part of the original creation
   "Because of the influence of the Judeo-Christian tradition in Western culture, death has been seen as unnatural, as an evil to be opposed, and this value system has influenced the medical profession in its death-resisting efforts."
2. Inevitable
   "Medicine's death-resisting instincts must be tempered by ones that are in some sense death-accepting."
3. Not Final for Christians

D. Further Considerations
   1. "When a disease has advanced to the point where no known therapy exists and death is imminent despite the means used, then forms of treatment that would secure only a precarious and burdensome prolongation of life may be discontinued or not instituted. In such truly terminal cases, the use of certain means would not be therapeutic, but would only prolong an irreversible process of dying."
      note: "immanent death... [means] apart from intensive medical support, death would probably occur within two weeks."
   2. Living will
      a. Advantage: Offers directives for end-of-life care that are legally binding on one's caregivers. Ensures "the rights that exist for competent

patients can be preserved when they become incompetent."

b. Challenges
    i. Ambiguity of terminology: "terminal illness," "reasonable hope of recovery," "artificial means," "extraordinary measures"
    ii. "Rather than focusing exclusively on the interests of the patient, the doctor may fear legal penalties... and thus be biased toward forms of treatment least likely to provoke a malpractice suit."
    iii. "Such legal penalties will contribute to a situation in which those with living wills are needlessly underresuscitated, and those without living wills overresuscitated."

3. Durable power of attorney
   "Allows a person to designate an individual who would act on his behalf should he become physically or mentally unable to make such decisions."
4. "Abandonment is always illicit."

E. Biblical Examples
1. David & Abishag (1 Kings 1:1-4)
2. Proverbs 31:6-7

For everything there is a season,
and a time for every matter under
heaven:

a time to be born, and a time to die…

-Ecclesiastes 3:1-2

Lewis Lake
COVENANT CHURCH