LESSON #9 Right to Life / Right to Die – Part 4 10-21-2015

Introduction:

A. Cases:

1. Diane and Dr. Timothy Quill

Dr. Quill had been Diane's physician for eight years and had informed her that the treatment of her underlying, terminal disease had a 25 percent chance of success. Diane, however, believed she would "suffer unspeakably in the process," and she asked Quill to help her die. He provided her with barbiturates and instructions about how to use them arguing that his actions were the highest form of compassion he – as her doctor – could show her. Diane died in May 1999 from an overdose of barbiturates.

2. Karen Ann Quinlan

Karen was in a persistent vegetative state supported by an artificial respirator. Her parents, arguing that Karen would not want to exist in this state, sued for the right to have the respirator "turned off." The parents won the appeal and the respirator was turned off in 1976. Karen, however, continued to breathe and lived another 10 years.

3. Terri Schiavo (2004)

Terry was 40-years-old. Her husband was seeking to remove her feeding and hydration tubes. Terri had collapsed and her heart had stopped. She was in what doctors term a "persistent vegetative state." Her husband said Terri had told him she didn't want these types of treatments. Nothing was ever written down. Terri's parents fought to keep the tubes in place. The courts eventually decided with the husband. Tubes were removed and Terri died 13 days later.

B. Questions:

1. Do we have a right to control our own destiny? If so, how far does that extend?
2. When is it, if ever, ok for a person to take his or her own life?
3. What does suicide express about a person's character and about relationships with others?
4. Does a person (or family) have a right to demand life-sustaining treatment when survival chances are low?

5. Does a person have a right to assistance in taking his or her own life?

Euthanasia

"Good death" – in our culture it means putting to death. It is a deliberate act of intending or choosing painless death for the humane purpose of ending the agony of someone who suffers from incurable disease or injury.

FORMS:

1. Voluntary Passive Euthanasia
The patient consents to stop treatments and allow the disease to take affect. It avoids prolonging life.

2. Involuntary Passive Euthanasia
The patient does not consent and it goes against the patient's desires. Someone else chooses not to prolong life

3. Voluntary Active Euthanasia
The patient consents for assisted suicide or self suicide.

4. Involuntary Active Euthanasia
The patient is against it but someone else directly takes the life of the patient.

Confusion surrounding these terms:
In recent years, euthanasia has an addition to its definition:

Euthanasia includes the statement "choosing death as a means to resolving suffering." For this reason, many ethicists are dissatisfied with the active/passive distinction.

Instead, the key issue is tension.

Ethicists are increasingly using two terms "euthanasia (killing)" or "letting die."

Killing VS Letting Die

A. Killing

An action that intends to kill (whether by omission or commission) as a strategy for ending suffering.
1. It implies active involvement by an agent
2. The intention is clearly death
3. The intention is to relieve suffering.

B. Letting Die

Withholding or withdrawing life-prolonging and life-sustaining technologies as an intentional act to avoid useless prolonging of the dying process.
1. It never permits direct killing.
2. It does not choose or intend death as a means to end suffering.
3. While true, a physician knows that death will come, this does not mean the doctor intends or purposes death. There is a difference between intention and foresight significantly improving a patient's quality of life. In many cases, extraordinary means may offer little reasonable hope of recovery or involve undue burdens.

Ordinary means – Medical options that both offer reasonable hope of benefit and are not excessively burdensome.

The Case of Euthanasia

1. The person in a coma is not really there.
2. When functional ability to be conscious of self, interact, feel pain, reason, communicate, etc., fail, then the human is no longer a person.
3. Death is better than pain.
4. They have no quality of life.
5. Each person is autonomous and has the right to choose.
6. They define murder in Ex. 20:13 as vengeful killing and say it doesn't apply to euthanasia.
7. Death has a positive purpose – Phil 1:21
8. Mercy is a virtue – Micah 6:8

The Case Against Euthanasia

A. The Unique Value of Human life
B. The “Wedge” Argument (slippery slope)

1. The allowance of one or two steps in a certain direction will open doors for greater evils than originally intended.

Medical Reasons Against Euthanasia

1. Presenting symptoms may be wrongly diagnosed
2. Fear and depression can cause requests for euthanasia when remaining life could be full.
3. New cures are being found for diseases that are supposedly “incurable.”
4. Modern Medicine can reduce and manage pain to a tolerable level.

Societal Factors

1. Do we want to live in a society in which doctors are now licensed agents of death?
2. Allowing doctors to practice euthanasia is a direct contradiction of the historic understanding of the Hippocratic Oath upon which the foundations of western medicine have been built.

Biblical Principles

1. Sanctity of life
    a. All human life is sacred and deserves respect, protection and care.
    b. Human life is terminated only under extreme conditions in which life is forfeited by direct guilt or divine retribution (capital punishment, Just War)
    c. Value of life is determined by created worth and alien dignity
    d. Consider 2 Samuel 1:9-16

2. God as Sovereign over life and death
    a. Job 1:21 – The Lord gives and the Lord takes away
    b. Deut. 32:39 - God alone has ultimate authority in life and death.
    c. God has ordained our days

3. Prohibition Against Murder

a. Inadvertent taking of life is given some exception, but not the intentional, deliberate taking of innocent human life.

b. specific commands are clear

- OT – (Exodus 20:13) and NT (Matt. 5:21 and 19:18, Mark 10:19, Luke 18:20, Romans 13:9)

c. Because euthanasia involves premeditated intent, it is condemned as immoral.

4. God as Sovereign Over Life's circumstances

a. Job 42:2-3

b. Isaiah 55:8-9

c. Genesis 50:20

d. Romans 8:28

5. Redemptive Nature of Suffering

Though suffering is not enjoyable or an object of longing, it can be embraced as a tool of the Lord in redemption.

a. Romans 5:3-5

b. 1 Peter 4:12-13

c. 2 Cor. 4:17

d. 2 Cor. 12:9-10

*Suffering is neither valueless nor something to be escaped at all costs.

Moral Decision Making in Hard Cases – guiding principles

A. Embodied Selves

1. Christian Anthropology acknowledges an important integration of body and soul
2. It also recognizes that at death the immaterial part of the human separates temporarily from the material. (Gen 3:19, 2 Cor. 4:7)
3. It is impossible to know when this takes place.
4. The benefit of doubt goes to the "Sanctity of Life" principle.

B. For Christians, divine commands and principles outweigh consequences and convenience.

C. Dignity of life is dependent primarily upon the value God gives not upon the "quality of life" measure in human terms.

D. Doing whatever is possible to relieve pain is good and right as long as it is within the bounds of Christian principles.

E. Limiting pain, however, does not justify terminating life.

1. Under no circumstances should one take (or give) artificial measures to directly end life.
2. Under no circumstances should one aid a patient in committing suicide.

F. Palliation of pain can at times be administered even when there is a foreseeable double effect of hastening death – as long as the hastening of death is not the intended effect.

G. Turning off a machine is not itself an evil act.
1. It is worse to never turn on a machine that might help than it is to turn it on, evaluate its medicinal benefits and then turn it off.
a. Some families or physicians are afraid to try "extra-ordinary means" for fear of having to make the decision to turn them off if they do not work.
b. Turning them off or "pulling the plug" in these instances may simply be the discontinuance of ineffective medicine, no different than stopping the administration of antibiotics that are ineffective.
2. If a patient's life is being artificially and indefinitely sustained by machine and there is no longer any reasonable hope of recovery, then disconnecting the patient from the machine to allow the natural death process to take its course is morally acceptable.

Remember the patient is a person.

1. Basic care and concerns given to any dying person should be afforded.
2. Question: Is a feeding tube "basic care" or is it "medical treatment?"
*This is split among biblical ethicists. I personally wrestled with this and concluded that it is the disease that is taking their life and that it was ok to remove the tube when there is no hope of recovery. Before we had feeding tubes the disease would have taken them in this way.

*A key question to as in all cases is: Who is the agent of death? Is it the disease? Then letting die is what you are doing. If it is a person as agent caused the death then it is always wrong.

*Much of the information contained in these notes is from the class notes “Bio Medical Ethics” taught by Mark Liederbach.