

# **Euthanasia—A Christian Surgeon’s Perspective**

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The English word euthanasia is derived from two Greek forms, *eu*—meaning well and *thanatos*—meaning death. The Oxford English Dictionary defines euthanasia as “a quiet and easy death”. Steadman’s Medical Dictionary expands on the meaning of euthanasia to include not only “a quiet and painless death” but also “the intentional putting to death by artificial means of persons with incurable or painful disease.” To many persons this term is synonymous with mercy killing, death with dignity, cessation of useless life, abortion and may have included attempts at population and genetic control as in Nazi Germany. It must be cautiously emphasized, however, that these definitions and impressions are vague and dependent on the circumstances and viewpoints of the person or persons involved.

At no time in the past has mankind been as challenged to review this subject matter under the guidance of Almighty God. For He has allowed mankind to prosper with technological advances, to explore His macroscopic wonders of outer space as well as His microscopic creation of the human body and living cell. The Creator has allowed man to catch but a glimpse of the workings of life itself and in doing so man has become confronted with questions of a moral, political, philosophical, scientific, medical, and religious nature. Through these institutions the Old Adam has tried to assume control over his own destiny or that of his fellowman’s. Never before have we seen a time where man might think he is in control of his destiny especially in view of the exponential growth of scientific and medical technology, and the degree of political and governmental regulation. With this growth of technology and regulation, however, comes the reality of the truly awesome spiraling cost of living and dying.

Therefore, the object of this paper is to discuss various aspects of euthanasia and to review certain complex parameters which should be considered in analyzing euthanasia. Hopefully the reader’s perception of this timely topic will be expanded and he will be better equipped to deal with real life situations.

From the preceding section you may have appreciated the broad spectrum of euthanasia and for the sake of better understanding this discussion and review will be limited to those circumstances dealing with incapacitating or terminal illness, injury, or situations from which one is not expected to improve physically or mentally. For example, one might picture a person dying of an incurable disease or cancer, someone who is comatose or severely mentally retarded or otherwise handicapped to an extreme degree. This would also include maintaining someone’s existence by artificial means. One does not have to look long in the newspapers or search very far back in one’s own experience to recall specific examples.

Euthanasia is usually broken down into two types, active and passive euthanasia. For all practical purposes active euthanasia can be defined as the direct participation of a person assisting or bringing about the act himself. A gun, knife, automobile, poison or overdoses of medications are all means to bring about this end. Passive euthanasia is usually looked upon as an act of omission whereby a person or persons may not actively

administer the means of death but may instead withhold specific medications, intravenous fluids, mechanical devices, skilled nursing care or other means which might somehow prolong a life. Philosophically one might argue that there may not be a great deal of difference between these two terms, however, from a current legal standpoint there is a great deal of difference.

Before one can review and consider these two forms of euthanasia from a religious, scriptural, and practical standpoint, we should review certain basic foundational concepts. The concepts of life, death, body, soul, murder, suicide, mental and physical competency have been and will be discussed and debated at length by philosophers, ministers, physicians, and lay persons. It is most difficult, if not impossible to visualize the complexity of euthanasia without some common understanding and viewpoints about these aspects.

The first of these is life. How do we as Christians truly define life? We can say that life is a true miracle and creation of the Almighty God. We are told in Genesis 2, "And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul." The Christian life also encompasses certain stewardship responsibilities. Life expresses a relationship between the Creator and the created and is perhaps the millimoment when God permits us to exist in this form between time zero and entry into eternity. We tend to assign certain qualities like physical, mental, and social well being, and specific quantities like years when trying to define life.

Death is really the grand finale of life and only through death can a Christian enter into the timeless beauty of the New Jerusalem and into the presence of the Almighty God. On one hand, death represents the culmination of all learning, growing, loving, and religious training, and on the other, it is a transition into eternal bliss. Death can come unexpectedly and suddenly to the young and old or may come slowly to one who is lingering. To the physician, patient, and family, death may mean failure, or failure to cure or restore a diseased or broken body or mind to health and well being. Frequently it is this sense of failure which must be recognized and put into its proper perspective. One must not forget to view the whole situation and not dwell on one aspect.

When does death occur? When does the soul leave the body? The heart stops beating, circulation stops, breathing ceases, brain function fades into a vegetative state; these can only describe death. Over the years the medical and legal definition of death has changed and probably will change in the future. Presently, however, all death is considered cerebral death; that is, death occurs when the brain stops functioning. Indeed, all of our visceral organs exist to maintain the function of the brain which gives characteristics, quality, and personality to life as we understand it. For some, death is one of God's final blessings to take us from this vale of tears. Thus, this finale is longed for by some who may be suffering a lingering existence, while others may even try to hasten this end in the name of euthanasia.

The human body is truly a magnificent miraculous creation of the Omnipotent, Omniscient God as we have learned in Genesis 1 and 2. As such the human body was designed with multiple components like a brain, heart, lungs, and other visceral organs which, when functioning together, yields a human being with life characteristics. Upon close study and investigation, we find a truly awesome, beautiful, excellent design, particularly when we look at the basic building blocks like genes, DNA, RNA, enzymes,

and metabolic pathways. It is difficult to define the body any better than Paul did in his first letter to the Corinthians when he states, "Know ye not that ye are the temple of God, and that the spirit of God dwelleth in you?" (1 Cor. 3:16). We are also told, however, that the wages of sin is death and through sin the body experiences aging, degenerative processes, disease, cancer, and susceptibility to injury and ultimately death. Our Lord has also told us that at the time of His second coming our bodies will be raised from the dead, healed and will join our soul for all eternity.

Our soul is truly God's most precious creation because it is the element that makes man unique among all of God's creation. It is that part of man's body which cannot be seen or touched but yet can be sensed. It is that part of our being which transcends all problems which can ever afflict the human body because it is that portion which is nurtured and guided by the Holy Spirit. It is that portion which leaves the human body form at time of death to live with God throughout all eternity. Matthew expresses the relationship between the body and soul quite well and also depicts the importance of the soul when he tells us in Matthew 10:28, "... and fear not them which kill the body, but are not able to kill the soul but rather fear him which is able to destroy both soul and body in hell". The soul is so very much more important than the body.

Murder, the taking of another person's life, is wrong. We sense this in our inner most being and it is one of the commandments of God when He tells us in Exodus 20:13 "Thou shalt not kill" and again in the New Testament, "Thou shall do no murder". (Matthew 19:18) In Numbers 35 God tells us that it does not even matter how such an act is carried out, it is still wrong. Even if a person uses his own "hand", "iron", "wood" or removes himself more distantly with the use of "stone", the act is still wrong. What more can be said.

Suicide, the taking of one's own life, has to be the ultimate in man's destructive capabilities, for in that act he destroys his own physical being. How can man try to assume control over such a miraculous creation and try to play god by trying to direct his own destiny? This question, however, implies rationalism. The presence of disease and degenerative processes can alter the state of rationalism in man's behavior. Thus we can see how man in a state of temporary or permanent irrational behavior may contemplate and even carry out the act of suicide. This does not justify the act itself nor does the successful completion of such an act give room for help, assistance or possible treatment of this instability.

Competency is another basic concept which must be addressed when dealing with euthanasia, both from a physical and mental standpoint. We all have a certain basic feeling and understanding of the definition of competency although from a legal and medical standpoint there can be quite a lengthy dissertation on this aspect alone. In dealing with any person regarding his own personal well being, disease process or treatment modality, one cannot help but take into consideration a person's competency at a particular moment or time. Is the person oriented to time, person, and place? Does he realize the current situation and is he able to give a reasonable opinion as to options available in reaching his decision? His physical being may be considerably altered because of a disease process, trauma, or phase of medical treatment. Certainly a person's mental competency may also be altered or dependent upon the state of his physical being and whether this be a permanent or transient condition. Mental competency and its degrees are equally important when dealing with any type of mental retardation or

psychiatric illness. Even the latter has certain mood swings and times of lucid more rational behavior than at other times.

Thus competency of one's body and mind can be quite involved and interdependent upon many aspects of a person's present existence and whether conditions are permanent or reversible. What about the aspect of the competency of one's soul? The person's body may be parasitized by the ravages of cancer or mutilated by the tearing pain of trauma yet his soul may still be capable of being nurtured and thriving upon God's Word. It is the Holy Ghost's duty to strengthen man's soul through our prayer and scripture reading even during times of severe illness and apparent unresponsiveness.

Thus decisions and aspects surrounding death, dying, and euthanasia are most complex because they require a unique interplay of a person's situation regarding competency as well as his outlook on life, death, murder, suicide, body and soul. Yet, one cannot simply address this topic in terms of a single person or patient as there is a true interplay between that person, his immediate family, friends, doctor, minister, the government and his God. Certainly euthanasia and the complexity of decisions involved cannot be discussed without addressing some aspect of all these interrelationships. And yet who is truly qualified to make decisions? The patient himself may be suffering from true physical or mental disease and may not be rational or competent to make a decision during certain moments of his care. Certainly his immediate family, doctor, clergyman, and government regulations all have inadequacies and shortcomings. They all have a lack of specific knowledge although they do indeed participate in forming a person and his ideas. Indeed, all of these have shortcomings and are inadequate for making decisions about euthanasia except our Omniscient, Omnipotent, and Omnipresent God.

With God's blessing and under His direction, medical science has advanced tremendously in the past few decades. Antibacterial medications, vaccines, and chemotherapeutic agents have been developed which allow for the treatment of illnesses that were frequently fatal. Surgical procedures have been developed to replace diseased heart valves, bypass blocked arteries carrying vital flow of blood to major organs, and even transplant kidneys, livers, and hearts. Intravenous feedings have been devised and perfected which are sufficient to sustain a person's life artificially. Mechanical devices such as respirators, kidney dialysis units, and heart lung machines have been designed which enable one to take over the function of certain body organs. Each one of these can prolong life as we know it and frequently can alter the course and quality of one's existence. It is possible to cure certain forms of cancer and to bring other cancers into a state of quiescence and impede its spread with certain cancer treatments and surgery. Even hospital skilled nursing facilities and hospice units are often able to provide a better quality of care to a person thus allowing for a longer period of life. Truly, medical science, technology, and even one of the basic human drives of survival tries earnestly to prolong life.

In dealing with the questions and circumstances surrounding euthanasia, it is of the utmost importance that one individualizes each situation and does not make too many generalizations. A person's life and circumstances surrounding an illness are so completely different and unique with so many variables that one cannot satisfactorily computerize as so many bureaucratic and government agencies would have us do. For example, it is dangerous and unfair to group people according to age, sex, financial position, disease, diagnosis, prognosis, or health care region and then feed this

information into a computer or follow certain regulatory guidelines to determine how an individual is to be handled. We are presently seeing attempts at this in our government-sponsored Medicare and Medical Assistance programs because of the dollars and cents value placed on health care and ultimately on life itself.

The personal aspects and objectives can be understood over a period of time. What about the person's soul? One must be cautious about trying to reach conclusions or make judgments about a person's soul based on his past living, expressions of faith or stated beliefs because Christ Himself has told us, "Judge not that ye be not judged". (Luke 6:37). By trying to judge one might be tempted to try to direct, plan or encourage a person's fate according to his own beliefs and standards. Only the Lord can be the true judge of one's soul and ultimately only the Almighty God should make decisions regarding death.

Thus far we have been dealing with the third person in our review of this subject matter. Let us reflect for a moment on a more personal note. What do you want done or not done if you have a terminal illness, one that is not likely to return you to a functional life? Do you want your pneumonia treated with antibiotics and your dehydration treated with intravenous feeding to prolong your lingering days into weeks? Do you wish your respiratory insufficiency treated with a mechanical ventilator or your sudden cardiac arrhythmia treated with antiarrhythmic drugs or defibrillation? Do you wish your terminally comatose body to be artificially supported for a prolonged period of time? The answers to these questions may be difficult for us at this time in our general state of well being because of the circumstances discussed earlier and many of our views and outlook may change.

This is however where the concept of the "living will" received its origin. For in it a person can try to give some guidance and direction for his family, pastor, physician, and government in how to deal with certain situations.

By reviewing the many aspects already discussed concerning life, death, and particularly euthanasia one must say that active euthanasia, namely, directly causing or participating in the death of a person is morally and legally wrong and violates one of the commandments of God.

Passive euthanasia, however, can and should be considered on a different basis. A sincere, prayerful, God-loving review of the entire situation surrounding a person's illness, present situation, outlook, and goals as well as those of his family, clergy, and physician are perhaps the best way to arrive at consolidation of one's feelings and decisions. We must deal with the present time and the present state of the art of medical and scientific technology as God has granted these gifts to us to use. Truly, the care of a person's body and soul is a form of stewardship. Such stewardship must be handled on the basis of scripture and according to God's will. Our merciful God has given us His Word and promise to free us from the fear of spiritual death and He has also given us medical technology and medications to free us from the fear of physical pain and suffering when we reach death's door. To my knowledge, nowhere in Scripture are we instructed to maintain the highest level of life so that one might endure pain and suffering just for the sake of prolonging life. Jesus Christ Himself taught us to Love our fellowman and to have mercy on him, to visit him in his time of suffering. So if someone has a terminal illness with no reasonable chance of restoration by today's standards and advancements, and if he is suffering during his last days, is it truly God-pleasing to try to

squeeze every bit of life left by using every bit of medical and scientific technology to allow that person to live a few extra hours, days, or weeks? Is it truly good stewardship to perform or administer heroic measures in that last set of circumstances? Are we really helping someone by trying to delay the inevitability of death and entry into eternal bliss with his Creator and Savior?

In essence, we should strive to continue, support and nurture life and our time of grace on earth according to Scripture but not artificially force an existence nor deprive eternal rest to a person who is prepared for death and life eternal.