

A Look at the Movement—the Right to Die

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“My Mom is in the hospital. She is very sick. We have known for a long time that she is going to die. Three different doctors told us weeks ago. The doctors have done everything they can for Mom, but she has cancer of the bones and it has spread all over.”

“Mom doesn’t recognize anybody. Her eyes are closed most of the time, but even when her eyes are open she doesn’t see. She can’t eat anything. They feed her through a needle and a rubber tube in the arm. There are needles and tubes all over. Also an oxygen machine and blood transfusion equipment. It seems like she is in pain although the nurses say she is too doped up to feel anything.”

“My question is this, Wouldn’t it be better for everybody, especially Mom, if they took all the tubes and needles out, wheeled away the bottles and blood plasma and oxygen and just let Mom slip away to God’s heavenly home?” Her Son.

Ann says: “Yes, I think it would be better, but this decision is the one the family must make. Doctors have to hear the suggestion from a relative. Why don’t you discuss it with your family and tell them how you feel—and that I agree with you.”

“Don’t let anyone tell you that so long as there is a sign of life, there is a chance for recovery and the patient must be kept alive by every device known to medical science. When doctors say the situation is hopeless, the patient can not take food, no longer recognizes anyone and is not in control of his bodily functions; I believe it is an indignity to be kept alive with needles, tubes, bottled blood and mechanical equipment. To remove the artificial devices is *not* ending a life, it is the refusal to stave off death by using machinery. A person who is kept alive by machines is not living, he is simply being denied the right to die.” So states Ann Landers’ column of July 23, 1972.

Other voices are being raised on the subject. The father of a mongoloid son and a clergyman express their views in an article entitled, “The Right to Die” in the “Atlantic Monthly.” In this case the mongoloid child was placed immediately in an institution. The doctor in charge of the institution stated its policies—(quote) “While medicine would not take Philip’s life, nothing would be done to prolong it. No operations would be performed; no miracle drugs would be administered. Medical emergencies will be met, such as sudden bleeding or choking, and the child will be kept warm, fed, and sheltered. Nothing More.” (unquote) The doctor also stated that there were churches on all sides of him in that community and every one of the ministers agreed with him that it would not be moral, or serving God’s will, to prolong these lives. The father commented, “I believe that it is time for a sane and civilized and human approach to euthanasia. I do not know how it would be practiced, or what committee should have a voice in the decisions, or what pill or injection might best be employed. I do know that there are thousands of children on this earth who should never have been born. Their lives are a bland. They do not play; they do not read; they do not grow; they do not live or love. Their life is without meaning to themselves, and an agony to their families. Why?” The clergyman, Professor

Joseph Fletcher, teaches pastoral theology and Christian ethics at the Episcopal Theological School in Cambridge, Massachusetts. A few sample sentences show his attitude in this case and as it concerns the right to die. (quote) “In dealing with mongoloid cases it is obvious that the end everybody wants is death. What is at issue is the means. Shall it be direct, by omission, as in the official policy, just letting it all hang on chance?” (unquote) By the way, the child in this instance died a few hours after being placed in the institution.

To further see to what proportions the right to die and related movements have grown, briefly consider the findings of a survey taken last summer in the Seattle area by mail from 100 ministers and 104 lawyers. The clergymen were taken from those churches (quote) “most accepting of values in their secular world and closely allied with national and economic interests.” (unquote) The questionnaire had eight statements to which the subjects were asked to agree or disagree. A sampling of the questionnaire follows: 1) I would support a terminally ill client or church member in his and his physician’s decision *not* to order medications or procedures which prolong life if the person is in great distress and under heavy medical expenses. 90% agreed, 7% disagreed. (The ministers and lawyers’ opinion was about the same in this case). 3) I would support a terminally ill client or church member in his and his physician’s decision to institute measures for shortening life and hastening death if the person is in great distress and under heavy medical expenses. Among the ministers, 30% agreed, 62% disagreed; among the lawyers, 50% agreed, 47% disagreed. 5) I would support a client or church member in his right to suffer some pain rather than receiving medications which cloud awareness and responsiveness to his surroundings. The ministers and lawyers were agreed on this, to 93% and 2% disagreeing. 7) I have never been involved by clients or church members and their physicians such as those in the above statements. 70% of the lawyers had and about 70% of the ministers had not. The last statement, 8) My religious and moral convictions are important in determining my feelings about the above statements. 96% of the clergymen said, yes, and 70% of the lawyers said, no.

It has been seen from the three articles referred to that this subject—the right to die—is gaining momentum in our day. And so the subject becomes one which we too should explore and which we, with the help of God’s Word and our sanctified Christian judgment, should come to some decision on in order that we may counsel our members concerning this thorny problem.

We address ourselves to the subject, “A Look at the New Movement, the Right to Die,” and to some questions that this new movement raises.

I.

First of all to the question, “When there is no hope... why prolong life?” This question was posed in the March 4th, 1972 edition of the National Observer. We now have a lengthy quotation from that article. The terminal patient “may cry for rest, peace, and dignity,” writes Chicago’s Dr. Elizabeth Kubler-Ross, a pioneer in this long-ignored subject, “but he will get infusions, transfusions, a heart machine, or tracheotomy if necessary. He may want one single person to stop for one single minute so that he can ask one single question—but he will get a dozen people around the clock, all busily preoccupied with his heart rate, pulse, electrocardiogram or pulmonary functions, his secretions or excretions, but not with him as a human being.” Such medical expertise is a blessing for patients with future potential. But what of

the terminally ill? The brain-damaged? The cancer-ravaged? The elderly weakened by chronic, painful disease?

One California doctor recalls a patient with irreversible brain damage who was maintained for eight years with a catheter in his bladder. "Every eight hours a nurse would poke a tube down his throat and shoot some food in. You could have taken a lighted match and held it against his eye and he still would not have known you were there." The patient required three special nurses. His room cost \$700 a month. His eight year expenses came to almost \$300,000. "All you had to do was pull out the tubes and stop feeding him," the doctor continued. "He would have died within 72 hours without any pain."

But the tubes were not pulled out; few doctors would dare. Yet the physician, Dr. Theodore C. Bauerlein, did allow another patient to die. He was a 70-year old Episcopal bishop who could not swallow because of brain damage. The doctor relates the incident. "One day he asked me, 'Will I ever be able to swallow again?'" Dr. Bauerlein recounts. "No, Bishop, you won't, I said. 'You'll have to be fed with a tube.' 'Then why don't you let me die?'" he asked. "Well, if that's your wish, okay," I said. So I gave him enough medication to ensure no pain, and in five days he was dead." Stating general cases, Dr. Bauerlein continued, "I may not take life but I don't have to sustain life under all circumstances either. I think most doctors agree with this, but they are afraid to admit it. Very few doctors will come out and state this publicly because they fear malpractice suits and public censure." So far Dr. Bauerlein.

The term passive euthanasia is used to mean not keeping the person who is terminally ill alive at all costs. According to a 1969 survey by the University of Washington's Dr. R. H. Williams, most physicians favor and practice passive euthanasia. A group at Yale University is now planning a hospice or inn for the dying that will provide pain-killing drugs but no antibiotics or other life-preserving aids. The idea comes from London's St. Christopher's hospice, built in 1967.

By no means do *all* doctors or theologians approve of passive euthanasia, the article in the National Observer goes on to state. "If euthanasia were legalized, the next logical step would be the legalization of genocide and the killing of social misfits," says Dr. Fred Rosner of New York City's Queens Hospital Center. And who can make the fine distinction between prolonging life and prolonging the act of dying?

Passive euthanasia has provoked few malpractice suits. But in Miami last summer Florida Circuit Court Judge David Popper ruled that a patient could refuse painful treatment even if it meant quick death. Dr. Orlando Lopez brought the case to clarify whether he could be charged with aiding a suicide if he granted his patient's request to stop treatment. The patient, a 72-year old Cuban exile suffered from a disease which destroys the red blood cells. Dr. Lopez said he would have to remove her spleen or continue painful transfusions. Judge Popper ruled that a person "has the right not to be tortured."

More recent court decisions have split on the right to die issue. A year ago last January New York City's Cornell Medical Center won court permission to install new batteries in a 79-year old man's pacemaker over his wife's objections. State Supreme Court Justice Gerald P. Culkin, in declaring the patient incompetent, named the hospital director his guardian "to protect or sustain" his life. Milwaukee County Judge Michael Sullivan, however, denied a Wisconsin hospital's attempt to rule a 77-year old woman incompetent so surgeons could continue

amputating her limbs. She refused to sign another surgical consent form. Judge Sullivan said in his summary, “There is absolutely no evidence of incompetence except that she is too weak to talk... We leave her to depart in God’s own peace.”

Ending up the article in the National Observer, Columbia’s Chaplain Reeves notes, “To choose one’s own time to die has been an honorable thing to do. But our culture brands it suicide. We regard death as the ultimate enemy. Almost all other cultures have regarded death as the ultimate friend. They knew that generations pass. We try to make believe this isn’t so.” Unquote.

II.

A question very important to consider in this discussion is “What shall decide when there is no hope?” Modern answers to that question would revolve again around a machine which tests the presence or absence of brain activity. Testing brain activity calls for a sensitive machine—the electroencephalograph. The readings of this machine are known as the electroencephalogram or EEG, for short. While a flat EEG is regarded as an indication of brain death, several flat readings can be made. The physician must also be certain that the cause of the flat EEG is known. Barbiturate poisoning and a sub-normal body temperature (Hypothermia) among other things can produce a flat EEG. These observations were brought out in a paper on the subject of transplants given at a conference in our Dakota-Montana District in November of last year by Pastor Martin Schulz.

This brings us to an “advance” proposal as to the definition of death. Some investigators in the field of ethics and sociology are suggesting that death really occurs when a person loses all human traits without hope of recovery. But who can definitely say when such time occurs. Should we not leave this in the hands of Him who is the Author of life and death? God is such, of course. For we read in Scripture in Deuteronomy 32:39 that God says of Himself: “...I kill, and I make alive...” Under the “advance” proposal human vegetables who recognize no one, are unable to speak, are unable to move, eat or keep clear on their own, who show no possibility of improvement, are really dead. My thought, however, is this. If God wants them dead, He can make them dead. This “advance” proposal of death is undoubtedly music to the ears of those are unduly concerned about overpopulation. Albert Schweitzer once pointed out, quote, “If a man loses his reverence for any part of life, he will soon lose his reverence for all of life.” Unquote. And this he said when boys were mistreating a dog!

If the procedure were automatically to end life when there is no hope, this would hardly satisfy the Christian. When trials and afflictions come to the Christian, they may not only be for *his* benefit, but also for those around him. If a person has built his hope on the money and things he could gather, if such a person must then spend almost all that which he wrongly set his heart on, to keep a loved one alive, it might be God tapping him on the shoulder and showing him what his true values in life should have been. Shall we interfere with God’s chastisement or correction and order the person dead so he does not use up all the money?

III.

Another question raised in our minds by the new movement—the right to die is, “Who shall decide when prolonging life would be unmerciful?” This question is closely related to the previous one. Shall we leave it up to a machine to decide when death should come? Shall it be

decided by a reading of flat EEGs? I suggest that we stay with the older definition of death which says that death occurs when the heart stops beating or the person stops breathing. When attempts to revive the heartbeat or lung function fail, that is a true sign of death. Life is over when it no longer exists. And I suggest that we let God decide that by an absence of life, not the electroencephalograph.

I believe that mostly all the pastors here would agree with me that our religion and its expressions of it should contain head and heart. If it is all heart then we might lose ourselves emotionally in expressing ourselves religiously as the Pentecostal-type churches; if it is all head, then we can very easily come to a dead orthodoxy. Religion should have some head and some heart. I believe the subject before us should have some heart, too. I therefore feel that if a patient, according to one or several doctors, has no chance of recovery and seems to be in great pain, that the family could express the wish to the doctor that the person be left to pass away peacefully, that pain-killing drugs be given but that they not continue the person's agony, if according to the best human judgment, death seems imminent.

I do not believe that it would be displeasing to a merciful God to allow someone to pass away who seems to be in extreme pain and who, according to the knowledge He has given to man, seems to have no hope of recovery.

IV.

We now arrive at point IV on the outline, where it states, that the subject of transplants enters in—at what cost to themselves and their families should people seek to hold life? Would it be displeasing to God to refuse a transplant? Does a close relative have the obligation to donate a kidney to one in the family?

Dr. J. R. Elkinton, in the “Annals of Internal Medicine,” writes, “I know of a patient's brother who declined to donate his kidney with resultant severe emotional trauma; I know of another family torn apart by a mother giving a kidney to her child against the wishes of the father and husband.” The severe emotional trauma just mentioned would surely be worse if one had decided not to give the kidney and then the person died. But there are, I'm sure, severe emotions to deal with too in the case where a married man or woman decides to donate a kidney and then later on suffers a heart attack, which seems to happen frequently, or when later on their own health suffers as a result of having given away a kidney.

I feel that this is an area where we would do well to stay out of the decision, if at all possible. Here is where the Christian family will have to take into consideration each individual circumstance and that no binding rule to be followed in each case can be justified with clear Scriptural backing. However, generally, I believe we should follow the same method as the medical doctor, who has taken an oath of Hippocrates, to preserve life. But if an individual would not feel right about sinking his family into debt and having them pay for many years to come for what might be one or many unsuccessful transplants, I believe he has the right to make that choice too.

It still lies within God's domain when life shall end. No matter how many transplants someone may have, God can still end that life, if He so desires. When a new heart or kidney is transplanted into one's body, the natural defense system of the body sends out antigens which go to the lymph nodes which then begin to manufacture antibodies to wage war against the

unknown invader. Medical men feel that if they could conquer this rejection factor, then the hope for extensive transplantation could be greatly expanded.

We simply cannot ignore the medical skills which God has made available to us in our day. Medical skill is a gift of God to be used. Not to use available medical skills could become sinful neglect, as in the case of Christian Science practitioners. If asked to give advice in preserving life, it would be well to hold the Fifth Commandment before people too, especially as it regards transplantation. A basic fact behind this Commandment is that the Lord gives life and that the Lord will end life. We are to prolong our life on earth through the means God has made available to us. We know that the Commandments are transgressed not only through what we do, but also by what we fail to do—sins of omission as well as commission. James 4:17, "...To him that knoweth to do good, and doeth it not, to him it is sin," also applies in this area.

The right to die and some one else saying another should die, as in the case of abortion, is a different matter. It lies outside of the scope of this paper to discuss the recent disturbing decision of the Supreme Court which now gives the right to killing the unborn to all the States. The logical next step, now being followed by those who first proposed and won the case for abortion in New York State, is that the aged, mentally retarded, and those "no longer useful to society" should not have the right to live either. Where will it all end? The Sioux Falls paper of February 19 of this year reported a clinical psychologist at a meeting of a panel in Vermillion, S.D. as saying, quote, "Everyone has the inalienable right to kill himself," Unquote.

V.

The next question we consider is, is death something to be avoided at all costs? Here I again quote freely from Pastor Martin Schulz' paper in the Dakota-Montana District and I concur with his thoughts and references to Scripture. "Must an expensive medical program be pursued that can at best delay death for a few hours, days, or several months?"

"Scripture does not present death as a great evil that must be avoided at all costs. The Christian is reminded of the fact that 'the day of death is better than the day of one's birth' (Ecc. 7:1). Psalm 90:10 reminds us, 'The days of our years are threescore years and ten; and if by reason of strength they be fourscore years, yet is there strength, labor, and sorrow; for it is soon cut off, and we fly away.' Think of aged Simeon who, after beholding the Savior Jesus, said, not with any hesitance, 'Lord, now lettest Thou Thy servant depart in peace.' St. Paul also looked forward to the time of his death. He saw it as a time of deliverance from the evils of this life. I am not going along with the idea of mercy deaths, but, is there not such a thing as letting death, letting deliverance through death, come normally?" So far Pastor Schulz.

In Psalm 31:15 we hear the Psalmist saying, "My times are in Thy hand." Our life, and our death is not a chance matter. God controls each, sometimes through the skills He has allowed various types of doctors to attain, sometimes through direct means.

To question V proposed by our outline we must answer that for the Christian death is not something to be avoided at all costs. And there are many examples of people who have not followed the painful and costly advice of doctors and lived anyway by God's grace and mercy. To illustrate: a parochial school teacher was told that his leg must be amputated to arrest a case of advanced diabetes. But the man did not agree with this and refused to have this surgery done. God did His own arresting of the disease because it was His will and that teacher retained his leg

and his health. I'm sure there are examples where death then claimed such who refused surgery too. Let us not become lovers of this life to the degree that we lose sight of "the inheritance incorruptible, and undefiled, and that fadeth not away, reserved in heaven for you, who are kept by the power of God through faith unto salvation ready to be revealed in the last time" (I Peter 1:4-5). God originally created the human body with the capacity to live, eight, nine hundred years. When science talks about extending the time of a person's life into the one hundreds, that could be possible, if this was the will of God for us. But even with the great advances made in medical science, death can not be held off indefinitely. And who would want it to be? It is through death's door that we enter into a better and more satisfying life with God in heaven. And then "This mortal must put on immortality. So when this corruptible shall have put on incorruption, and this mortal shall have put on immortality, then shall be brought to pass the saying that is written, Death is swallowed up in victory. O death, where is thy sting? O grave, where is thy victory? The sting of death is sin; and the strength of sin is the law. But thanks be to *God*, which giveth us the *victory* through our Lord Jesus Christ. Therefore, my beloved brethren, be ye steadfast, unmovable, always, abounding in the work of the Lord, forasmuch as ye know that your labor is not in vain in the Lord" (I Corinthians 15:53-58).

VI.

From the preceding discussions let us now draw some conclusions:

God is the beginner of life and the rightful ender of it.

Let us support the position that doctors ought always seek to preserve life. If this should ever change in our country, we would be headed for grave consequences. For then, without any unusual circumstances, it lies within the judgment of one or several men whether someone should live or whether someone should die. How would you like a doctor to perform surgery on you, who was not committed to preserve people's lives?

Let us support the position that doctors ought always seek to preserve life.

Let us also support the position that stopping life-sustaining procedures is generally not justified. Incurable illnesses where death seems imminent may make a family feel differently about this, however.

It is my feeling that we should not take issue with those Christian families who in the fear of God feel there are some exceptions to what has been listed as conclusion number 3, that stopping life sustaining procedures is not justified. In a terminally ill patient who has lost consciousness, and especially where they seem to be in great pain, and where it is an aged person, it seems that a law of love and mercy ought also to be considered. Let us therefore not take issue with or discipline those Christian families who in love and Christian faith have allowed someone to die peacefully, and who do not believe that life must be sustained at all costs by machines and tubes when the body has lost its natural ability to sustain its own life.

Positively inducing death, whether that be in killing the unborn, the aged, the mentally retarded, etc., is absolutely displeasing to God. And we must oppose this at every turn.

"The Lord is my shepherd; I shall not want. He maketh me to lie down in green pastures: He leadeth me beside the still waters. He restoreth my soul: He leadeth me in the paths of

righteousness for His name's sake. Yea, though I walk through the valley of the shadow of death, I will fear no evil: for *Thou* art with me..." (Psalm 23:1-4c).