

Medical Ethics - Playing God  
July 25, 1993

Medical technology has advanced to the point that men are now having to make decision that only a short time ago were strictly in God's hands. On what basis can such decisions be made?

**Biblical Factors:**

- 1) God is the creator of human life: Gen. 1:26, 27; Mark 10:6; Acts 17:24-29
- 2) God forms human life: Psalm 139:13-16
- 3) God sustains human life: Job 33:18; Acts 17:28; 2 Cor 9:10; Col 1:17, etc.
- 4) God appoints the end of human life: Job 14:5; 30:23; Ps 89:46-48; Heb. 9:27 (Also prolonging of Hezekiah's life - 2 Kg 20)
- 5) God oversees illness and disability: Exod. 4:11; John 9:2,3 (There is no "right" to health - it is a gift of grace from God. It cannot be demanded of others).
- 6) Death is a vanquished enemy for believer and need not be feared: 1 Cor 15:55-57; Phil 1:21-23;
- 7) Death an inevitable reality for unbeliever that could occur at any time and for which they should prepare themselves: Psalm 39:5; James 4:14; Acts 17:30-31

**A) Playing God in extending biological life.** Death described in Scripture - Eccl 12:6 (READ) poetic references to a separation of the immaterial aspect of man from the material. (OT - he was gathered to his fathers, peoples, Gen 25:8; 2 Kg 22:20 etc.) After this separation, body returns to dust (Eccl 12:6).

**DILEMA 1:** Advancement of medical technology extending biological function past point of patients reaching point of irreversible mental and personality death, i.e. they will never recover - Dysthanasia. "Right to die" people use this as a fear mechanism to gain popular support for their cause.

**DEFINITIONS:**

Heroic treatment: Continue every viable treatment relevant and possible to this case including seemingly "heroic" life sustaining support systems indefinitely if necessary with full determination to keep the patient alive at whatever cost.

Active Treatment: Continue according to standard medical practice to combat emergencies and diseases, continuing life support systems already initiated, with the intent of sustaining life as long as is reasonably possible.

Benevolent Crises Acquiescence: Continue pain relief measures, but do not actively treat new emergencies or complications so as to allow death to take its course when the next major crisis arises. Life-support already begun would be continued, but any new crises would be met with "judicious neglect."

Discontinuance: Continue hydration, feeding and palliative treatment (pain reduction measures) but withdraw life-support system and thus allow the irreversible illness to take its course.

Absolute Discontinuance: Continue pain relief measures, but remove all artificial life-support systems including oral, throat or intravenous feeding, oxygen, blood plasma, and antibiotics so as to allow hopeless suffering to end as soon as possible. Since the Terri Shriro case, this often now includes removal of hydration (IV fluids) in order to speed up the death process through dehydration. Note: This does make the patient very uncomfortable, but drugs are given to keep patient in at least a semi-comatose state so that no agitation can be expressed by the patient

The problems arise at either end of the possibilities. Heroic treatment must be questioned in terms of the motivation for such measures. Does this take into account the Biblical view of life and death or is it from fear of death or unwillingness of family let a loved one die? What are the motivations? Fear? guilt? selfishness? Genuine hope for a recovery?

**DILEMMA 2:** "No codes." Factors to consider: 1) Medical facts: What is patient's condition, prognosis and treatment options? Would life support system be used to "get them over a hump" or to extend the biological life dependent on the machines? 2) Patient's desire: What does the patient want or what would the patient want if incapacitated? 3) Resources available: Does the patient and the hospital have the resources to carry out long term life support? Quality of life is NOT a factor. Basis of thought: Are you extending life or prolonging death?

**DILEMMA 3:** "Living wills." These can be good if written clearly and include affirmations of treatments you do want as well as listings of treatments you do not want in regards to particular prognoses. They can also be very dangerous since many are written to be ambiguous which can then allow a doctor to neglect appropriate life saving efforts. Solution: Have several people thoroughly acquainted with your desires and who will carry those desires out listed as decision makers if you are incapacitated.

**B) Playing God in ending life:** Gen. 9:6; Exod 20:13 (cf. Mt 5:21); 21:12 etc.

Murder = willful taking of a human life with forethought - i.e. planned & executed. Most often for some sort of personal benefit. Exod. 20:13 uses a verb (rasah) specific to murder, never used of executing a criminal or slaying an enemy in battle.

Kill = taking of a human life unintentionally or inadvertently such as through accidents, stupidity and innocent neglect. As Christians we never want to step over the line to the planned (Active) taking/terminating of a human life - someone else's or our own

Abortion & Infanticide: Abortion is the active murder of a child before he / she is born. Infanticide is the murder (active or purposeful neglect) after the child is born. For Christians, neither abortion or infanticide are acceptable in any situation. Sins of rape and incest do not justify additional sin in the murder of the baby. What if the mother's life is at risk? The same advanced medical technology needed to terminate the baby can be used to continue life support of mother with baby, or removal of baby to life support equipment. (An ectopic pregnancy is a death sentence to the embryo since only the uterus can sustain a pregnancy. At present, it is very rare for a mother to discover an ectopic until more severe symptoms (related to bleeding) occur. It is not yet possible to save the embryo, and the doctor seeks to save the life that he can save.

Euthanasia: "the act of putting to death painlessly a person suffering from an incurable and painful disease or condition: mercy killing." While understandable in terms of the emotions of seen a loved one suffer, this is not Biblically justifiable. King Saul sinned in requesting it and it resulted in that man's death too. Moses (Num 11:10-15), Elijah (1 Kg 19:4), Jonah (4:3) and Job in the midst of his pain and misery (6:8-13) all requested euthanasia from God. Life and death are God's unique prerogative. We are to seek God's will, not our own - as did Jesus when facing the agony of the cross (Lk 22:42).

**DILEMMA 4:** - Active Treatment & Benevolent Crises Acquiescence pose no problems, but discontinuance and absolute discontinuance do. The question to pose is has the line been crossed between letting the disease process take the life of the person and moving into actively promoting the death of the person. Planning the death (injection, etc.) is murder. Absolute Discontinuance is willful

neglect (active starvation, dehydration, etc.) and I believe would have to be considered murder. It is one thing to not intervene in the disease process (i.e. antibiotics, surgery, therapy, ventilators, etc.), but it is another to purposely withhold basic necessities such as food and water in order to speed up the death process.

The writings of C. Everett Koop and those of Francis and Edith Shaeffer are helpful in this area.

Recap the Grid.

\*God is sovereign & we will all die if the Lord continues to tarry.

\*(Living wills) Are you or someone you have appointed taking responsibility for making decisions or are they being neglected and allowed to fall on someone else who may or may not do what is right?

\*(Heroic treatments) What is the medical prognosis? What are the options?

\*What resources are available?

\*(Heroic treatments, no codes, discontinuance) Is the life being extended or is death being prolonged?

\*(Discontinuance) Is death being promoted (active or willful neglect) or is the disease just being allowed to progress.