

WITHDRAWING LIFE SUPPORT FROM A LOVED ONE-- HOW DO WE DECIDE?

INTRODUCTION:

- A. The case of Karen Quinlan was highly publicized beginning in 1975. She lapsed into a coma after ingesting drugs and alcohol, shriveled to 60 pounds, was unconscious, and lay in a fetal position. Her parents petitioned the court to direct her doctors to pull the plug on her respirator. The lower New Jersey court denied this, calling it homicide. The supreme court of New Jersey heard the appeal, reversed the lower court's decision and the plug was pulled. Amazingly, Karen continued breathing on her own and lived until June 1985. Which court was right?
- B. This is not a pleasant subject. It's messy. It doesn't feel good. It's filled with the pathos of tears. It confronts us with images of human brokenness and weakness.
- C. But it is a crucial subject for two major reasons:
 - **Christians are to be salt and light in the world.** If we don't know the issues, we will probably just go along for the ride with our careening culture. We need to know how to act christianly in our conversations, our letter writing, our activism and our voting. If we don't speak up, who will? Maybe Michigan's infamous "Dr. Death", Jack Kevorkian? He complains, *Religious dogma has become part of the marrow of humanity. We can't get rid of it. There should be absolutely no connection between medicine and religion, but there is, and it's paralyzing. Going through medical school...I knew euthanasia wasn't immoral, because my mind wasn't encumbered with all this [expletive deleted]...* (editorial: "What Really Died in Oregon," *Christianity Today*, January 12, 1998, 16)
 - *[I]t is not the secularists who worry me in the widespread denial of the soul that empowers the euthanasia movement. It is the religious majority who do not take their religion seriously. It is not surprising that secularists should deny the soul.* (M. Scott Peck, M.D., *Denial of the Soul*, Harmony Books, New York, 1997, 131)
 - **Christians are faced with life and death decisions.** If we wait to think about this when a loved one or yourself is hovering near death, you will have little opportunity for healthy and thorough research.

I. WHAT'S HAPPENING OUT THERE?

Euthanasia [*eu* = "good"] [*thanatos* = "death"] – therefore, a good death, a happy death – *The act of purposely ending a human life with a motive of compassion* (Orr, 152)

- A. Patient Suicide
 1. They call it euthanasia. They call it mercy killing. Some of it is categorized as passive, as in "pulling the plug." Some of it is categorized as active, as in giving someone a lethal injection.
 2. A word of warning: Watch out for euphemistic language. Medical suicide is called "death with dignity" and "empowering patients." Words like this create mental images; images which are designed to deceive the public into accepting atrocities they would have never imagined. Look at the abortion struggle. They aren't pro-abortionists anymore; they are pro-choice. It's not a baby; it's a fetus or a mass of tissue. The same sinister vocabulary-game is being played out on the issue of euthanasia.
 3. Hemlock Society
 - The Hemlock Society is named after the poison ancient Socrates drank when he committed suicide. They are committed to helping people commit suicide in a quest for so-called "death with dignity."
 - They have recently hired high-powered professionals to help them improve their image in America and grow into a more powerful force.
 - Watch out for a campaign of vague and benign language designed to deceive people of the true intent of the new laws Hemlock wants to enact.

- They are starting by changing their name. They won't be the Hemlock Society anymore. Watch for their new name: End-of-Life Choices. Their political arm is called "Patients Rights Organization of the USA (PRO-USA for short).
 - They have a broad campaign planned to use your mailbox, lobbying the AARP, influencing lawmakers for the legalization of physician-assisted suicide. Their agency for helping people kill themselves is called the Caring Friends Program. These caring friends have helped 120 people kill themselves over the past 4 years.
4. Netherlands: Dutch treat has taken on a new and sinister meaning in Holland these days.
- Just over a year ago the Dutch government legalized euthanasia and assisted suicide. Reina de Valk, head of the euthanasia boards, believes that the number of reported suicide deaths is only half of the real number. Others believe that the actual number could be as high as the tens of thousands each year. (Website for International Task Force on Euthanasia and Assisted Suicide, "Update," Year 2003, Volume 17, Number 2, 6).
 - Statistics for year 1990 reveal that Dutch physicians ended the lives of 11,840 people by lethal injections or overdoses. Most of these deaths were involuntary. (Wesley J. Smith, *Forced Exit*, Times Books/Random House, New York, 1997, 204)
5. Oregon: Our southern neighbor is the first and only US state to approve a doctor assisted suicide law. According to last year's report, Oregon doctors wrote 58 prescriptions for lethal drugs, which were used by 38 patients to commit suicide. The three most common reasons these people gave for *wanting assisted suicide were loss of autonomy, inability to participate in enjoyable activities, and loss of control over bodily functions-not pain.* (Website for International Task Force on Euthanasia and Assisted Suicide, "Update," Year 2003, Volume 17, Number 2, 4)
- The Bush administration has unleashed Attorney General John Ashcroft on Oregon's new law. He is trying to use the federal Controlled Substances Act to outlaw Oregon physicians from using controlled substances to euthanize people. If they don't have the tools, they can't do the job. Clever move! But the *Seattle Times* objects to this as a federal intrusion into states' rights. They said so in an editorial titled "Oregon's suicide law is not Bush's business." (Jan 6, 2002). In response to this, the *Times* published this letter to the editor from one of the men of our church: *I'm totally outraged by your defense of Oregon's assisted suicide law.... The Bush administration and Attorney General John Ashcroft are doing exactly the right thing in seeking to overturn this despicable law. I am a thoroughly conservative, local-control-centric, federal-government-distrusting republican. But there are clearly some moral principles that transcend a general philosophy that the feds should keep their noses to themselves. And the principle that doctors work to save, not kill, is one of them.*
*Of course, you have to realize the potential for abuse is enormous. We start with the almost dead, letting them go out of mercy. Then we move on to those whose lives aren't worth living - the comatose, the severely disabled, then the mentally impaired. Eventually, the conversation progresses to a polite reminder to our aging parents that it's not right to burden your children. Or maybe not so polite, "Just take you **pill**, Grandma, I'm sick of washing your sheets." I suppose we're supposed to respect the wisdom and maturity of the editorial staff in their reasoned judgment here. Arguing against federal intrusion when the voters in Oregon have spoken.*
Right. I wonder how you'd approach the topic of slavery in 1860 given a popular referendum by the people of Georgia. Would you so strongly support states' rights? - and argue against federal intervention - in that case as well?
Your editorial stance and your sanctimonious hypocrisy disgust me. You have truly outdone yourselves.
 - And lest we forget, we Washingtonians had a euthanasia initiative before us back in 1991. It was defeated by an uncomfortably narrow margin. If it hadn't been for a few percentage points, Washington would have been the first assisted suicide state.

B. Handicapped children:

1. It's a small step to move from legalized abortion to the legalized killing of handicapped babies. In May 1973, just four months after *Roe v. Wade* legalized abortion on demand, Nobel Prize winning scientist James D. Watson suggested that parents should have a few days to decide if they want to keep their newborn child. He said, *If a child were not declared alive until three days after birth, then parents could be allowed the choice only a few are given under the present system. The doctor could allow the child to die if the parents choose and save a lot of misery and suffering.* (Schemmer, *Between Life and Death*, 122. Quoting out of a *Time* magazine article)
2. This is really nothing new. John Ortberg points out that *The Greeks regularly disposed of newborn infants with physical anomalies. Aristotle wrote, "Let there be a law that no deformed child shall be raised." In Rome, during the fifth century B/C., there was actually a statute on the books: Quickly kill a deformed child.* (John Ortberg, *Everybody's Normal Till You Get to Know Them*, Zondervan, Grand Rapids, 2003, 45)
3. Back in 1973, Duff and Campbell of the Department of Pediatrics at Yale University Medical School, released an article in the *New England Journal of Medicine* [October 1973 issue]. In the article they advocated death as one of the options in the treatment of a defective newborn. They pointed to the value of relieving families of the "seemingly pointless, crushing burden" of allowing these special needs babies to survive. *Newsweek* picked up the story [November 12, 1973 issue] and quoted Duff as saying, "The public has got to decide what to do with vegetated individuals who have no human potential." Two weeks later *Newsweek* printed this letter from a reader:
4. *I'll wager my entire root system and as much fertilizer as it would take to fill Yale University that you have never received a letter from a vegetable before this one, but, much as I resent the term, I must confess that I fit the description of a "vegetable" as defined in the article "Shall This Child Die?"*
5. *Due to severe brain damage incurred at birth, I am unable to dress myself, toilet myself, or write; my secretary is typing this letter. Many thousands of dollars had to be spent on my rehabilitation and education in order for me to reach my present professional status as a counseling psychologist. My parents were also told, 35 years ago, that there was "little or no hope of achieving meaningful "humanhood" for their daughter. Have I reached "humanhood"? Compared with Drs. Duff and Campbell, I believe I have surpassed it!*
6. *Instead of changing the law to make it legal to weed out us "vegetables," let us change the laws so that we may receive quality medical care, education and freedom to live as full and productive lives as our potentials allow.* (Sondra Diamond, Philadelphia, PA. In Francis Schaeffer and C. Everett Koop, *Whatever Happened to the Human Race?*, Fleming H. Revell Company, Old Tappan, NJ, 1979, 73-80.)
4. Back in the 1970's our old situational ethics friend Joseph Fletcher advocated killing disabled infants and called it "post birth abortion." (Wesley J. Smith, *Culture of Death*, Encounter Books, San Francisco, CA, 2000, 57)

C. PVS (persistent vegetative state):

1. Witness the tragic case of Terri Schindler Schiavo is being fought out in Florida right now. Terry is a brain-disabled woman sustained with a feeding tube. Her husband wants to pull the tube. Terri's parents are strongly opposed. It's in the hands of the courts right now. Governor Jeb Bush just sent a letter to Judge George Greer asking him to delay pulling the tube and to reweigh the evidence. Terri's husband and a few of his relatives have testified that Terri told them that she wouldn't want to live this way. What makes all this suspicious is that Terri's husband in already engaged to another woman, has fathered an child by her (she's pregnant again) and stands to inherit over a million dollars of Terri's medical settlement from a malpractice suit he brought against Terri's doctors. Greer expects to set a date for pulling the tube at a

hearing set for September 11. After the tube is removed, Terri will die of starvation and dehydration in about two weeks.

2. Noted anti-euthanasia advocate, Wesley Smith says, *Basically Terri is to be denied food and water because she's disabled. It's discrimination against disabled people. If you did this to a horse you'd go to jail.* He also said, *...in our society today, because of this right-to-die advocacy and the idea that it isn't the **sanctity** of human life that counts but the **quality** of human life, the benefit of doubt is being moved to the side of death.* (Sarah Foster, "Attorney: Jeb Bush letter only a 'good first step,'" WorldNetDaily.com, August 28, 2003, 1-7)

- D. The terminally ill: Many people are afraid that hospitals will use medical technology to *...draw out the dying process, holding us on a rack of suffering when we should be left alone to die and experience all God has in store for us after this life...*(Nigel M. de S. Cameron, "Living Wills and the Will to Live," *Christianity Today*, April 6, 1992, 23). Therefore, many patients are putting their wishes into writing:
1. Living will/Written medical directive: People specify what they would or would not want done in certain situations. For instance, a person might direct that should they stop breathing or their heart stop beating, do not resuscitate.
 2. Naming a durable power of attorney/a proxy decision maker. Joni Eareckson Tada chose this option. Her proxy is her husband, Ken. She feels it boils down to this: *Do you want to be represented by a piece of paper or a person? I want a person to speak for me.... I trust Ken, we share the same beliefs, and he knows me better than anybody. I want him to speak for me.* (Joni Eareckson Tada, *When Is It Right to Die?*, Zondervan, Grand Rapids, MI and HarperSanFrancisco, 1992, 159-160)
 3. A combination of both.

II. WHAT BIBLICAL DATA APPLIES TO THE ISSUE?

- A. God Has a Stake in Human Bodies: *So God created man in his own image, in the image of God he created him; male and female he created them.* - **Genesis 1:27**
1. What is this image of God?
 2. It is not essentially physical. **John 4:24** says that God is spirit. He has no body. He did not make us to look like Him.
 3. It is probably "personal." God made us able to function on His wavelength. Animals and plants don't do that. They don't sin, they don't commune with God, they don't worship him. They are not even conscious of him. God made man with a capacity to fellowship with Him by implanting in us elements of His person-ness.
 4. The body is, however, involved with all of this.
 - The body is an appropriate vehicle for the human spirit. The person-ness of you expresses itself through the body. If your brain is knocked unconscious, your spirit stops thinking. If you get overly tired, your spirit will probably become irritable.
 - God never trivializes the body. Someday he will resurrect it and make it immortal, fit for heavenly existence.
- B. God Expressly Prohibits Murder: *And for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each man, too, I will demand an accounting for the life of his fellow man. "Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man –* **Genesis 9:5-6**
You shall not murder. – **Exodus 20:13**
- C. My Life and Death Are Important Issues to God: **Romans 14:7**, *For none of us lives to himself alone and none of us dies to himself alone. 8 If we live, we live to the Lord; and if we die, we die to the Lord. So, whether we live or die, we belong to the Lord. I Corinthians 6:19*, *Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; 20 you were bought at a price. Therefore honor God with your body.*

- D. We Must Be Willing to Sacrifice for Our Loved Ones: **Philippians 2:3**, *Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. 4 Each of you should look not only to your own interests, but also to the interests of others.*
- E. We Must Be Prepared to Accept Suffering for God’s Sake: **II Corinthians 12:7**, *...there was given me a thorn in my flesh, a messenger of Satan, to torment me. 8 Three times I pleaded with the Lord to take it away from me. 9 But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. 10 That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.*
- F. We Must remember That Death Is Still an Enemy: When Jesus stood at the grave of his friend, Lazarus, the Bible simply says, *Jesus wept*. Despite the hope of heaven, death is still sad, sometimes downright tragic. A Christian death is not conducted in a party atmosphere. It still means goodbye without any more hellos this side of heaven.

III. WHAT IS THE CUSP OF THE ISSUE FOR CHRISTIANS?

“What is the distinction between providing a person with all the life to which he’s entitled as opposed to artificially prolonging the process of his death?” – Joni Eareckson Tada

That is the crux question for Bible believing Christians. We know that suicide is wrong. We know that it’s wrong to abort babies. We know that it’s wrong to eliminate people just because they are a burden to society.

But things get fuzzy when a loved one just had a major stroke. He’s unconscious. He’s hooked up to wires and tubes. Is he more alive or is he more dead? What are we supposed to do with him?

A. What Is the Motive?

1. Before a decision is made to remove life-support from a loved one, we need to make sure that our motives are pure.
 - For example, long-term care is very expensive. It can cost around \$5000 a month to put grandpa in a care facility. If grandpa had a \$50,000 nest egg he left to you in his will, a little quick calculation reveals that it will only take 10 months in a rest home to wipe out your inheritance.
 - Having a severely disabled loved one is very inconvenient. Many families build their whole lives for many decades around the care needs of a dependent loved one. It may be a child. It may be a spouse. It may be an elderly relative. Some people just don’t want to go there.
2. In the Netherlands, a doctor dispatched a woman with advanced breast cancer who had said she did not want to be euthanized, Why did the doctor do it? He said, *“It could have taken another week before she died. I just needed this bed.”* (“Science Notes,” *World*, January 24, 1998, 18)

B. Is My Loved One Dying?

1. Joni reflects, *Who would have dreamed the day would come when the family of a dying loved one would have to study a medical dictionary to discern exactly what “dying” was.* (Joni Eareckson Tada, *When Is It Right to Die?*, Zondervan, Grand Rapids, MI and HarperSanFrancisco, 1992, 131)
2. The Christian question hovers around the distinction between Saving life vs. Prolonging dying
3. Dr. Koop (former US Surgeon General, outspoken Christian doctor, one of America’s most outspoken critics of euthanasia): *If someone is dying and there is no doubt about that, and you believe as I do that there is a difference between giving a person all the life to which he is entitled as opposed to prolonging the act of dying, then you might come to a time when you say this person can take certain amounts of fluid by mouth and we’re not going to continue this intravenous solution because he is on the way out.* (Quoted in (Joni Eareckson Tada, *When Is It Right to Die?*, Zondervan, Grand Rapids, MI and HarperSanFrancisco, 1992, 138)

4. Here's how one anti-euthanasia leader puts it: *We're not going to subject this person to futile or excessively burdensome and painful treatments. But we **are** going to continue to care, and we will do nothing that will make this person die. We will not kill.* (Rita Marker, director of the International Anti-Euthanasia Task Force, "Blank Check for an Unknown Doctor," *Christianity Today*, April 6, 1992, 27)
5. How does this apply to people in comas, to people with Alzheimer's disease? *If humans have souls, then even those who are comatose must be regarded as human. Not only that: If humans have souls, then those suffering from Alzheimer's disease, debilitating strokes or mental retardation must be regarded as out fellow men. Somewhere locked away in their disfigured, helpless bodies are human beings, to which the Biblical injunction, "Thou shalt not kill," still applies.* (John G. West, Jr., "Civilized Societies Don't Kill Coma Victims," *St. Louis Dispatch*, December 27, 1988)

C. Examples:

1. The late Joe Bayly: *When our little [four-year-old] boy awoke bleeding one morning, we called in the pediatrician. He said, "I can admit him to Children's Hospital and give him a massive transfusion, or I can leave him to die here. If he has the massive transfusion he might live for two weeks more; he might not. It's up to you to decide."*
We decided that if he was going to die, we'd rather have him die at home than go through another hospitalization that really couldn't promise more than very slight prolongation of life at best.
Our boy died that same day. I don't believe either Mrs. Bayly or I have ever had second thoughts about that decision. (Jo Bayly, "Is It Life or Death that Is Prolonged?" *Christianity Today*, February 5, 1982, 30)
2. Joni Eareckson Tada reminds us that we have to ask God for wisdom because not all cases can be treated the same way. For instance, *Radical amputation may be considered an ordinary procedure on a seventeen-year-old diabetic girl, but on a ninety-year-old man struggling with diabetes it may be futile and burdensome.* (Joni Eareckson Tada, *When Is It Right to Die?*, Zondervan, Grand Rapids, MI and HarperSanFrancisco, 1992, 133)
3. Dr. Koop: In 1987 he got personal in a *Christianity Today* article: *Right now, I am seventy years old and in excellent health. If my kidneys shut down tomorrow, let's say, after a severe infection, I don't know how long I would want to be on dialysis. It would be foolish and a waste of resources for me to have a kidney transplant at my age. I would probably opt to clean up my affairs, say goodbye to my family, and drift out in uremia. The point is that my wife and I know exactly how each of us feels about the end of life - this will be crucial if the time comes to make such a decision and I'm not then able to do so.* (Joni Eareckson Tada, *When Is It Right to Die?*, Zondervan, Grand Rapids, MI and HarperSanFrancisco, 1992, 135, Originally appeared in C. Everett Koop, "The End Is Not the End," *Christianity Today*, March 6, 1987, 18)
4. Let **me** get personal... If I were diagnosed with cancer, I'd want to know the prognosis straight up. I'd want to know the odds for surgery, chemo, and radiation. If the numbers were good, I would go for treatment. But if the numbers were bad, like in advanced prostatic cancer or lung cancer, I would just ask for pain meds and enjoy God, my friends and family till I checked out. I don't want to be cut, nuked or toxified unless it has a pretty good chance of doing some good! I'm not afraid of dying. Heaven looks better to me every day.
5. Don't get me wrong. I would never seek to hasten my death because of pain or helplessness. I fully realize that God can use my weakness to get the message of Jesus out better than anything else I've ever done. A wheelchair or a hospital bed can be a bully pulpit. Just keep the morphine flow going, OK?

IV. WHERE DO WE GO FROM HERE?

“The first step is followed by the second step. It is easy to see that if the first step is immoral, whatever follows it must be immoral. But even if the first step is moral, it does not necessarily follow that the second step will also be moral. We have to be consciously aware with each step to what the next step is likely to be.” - Koop and Schaeffer

A. The Slippery Slope Argument Is Unpopular

1. Advocates for new laws always mock the slippery slopes fears of the conservatives. We’re not talking about **that**, they assure us. But a few years down the road, **that** is fact. Advocates with hidden agendas never appreciate the slippery slope argument. For example...
2. Wesley Smith writes that something new is going around in medical circles called, “Futile-care theory.” He calls it *one of the hottest and most-dangerous topics in contemporary bioethics*. Most average Americans have never heard of it, but it’s showing up in all the leading medical journals. What is the “futile care theory”? It is the belief that doctors and hospitals have the right to withdraw medical treatment of a patient, even over the objections of the family. Such protocols are in place in many hospitals all over the country, in places like Des Moines, Iowa, Houston, Philadelphia and Detroit. The *Cambridge Quarterly* surveyed 26 hospitals in California. They found that out of the 26, 24 already had “futile care” protocols in place. Smith closes his article with these words: *In essence, what is being created in front of our very eyes (if we would only see) is a duty to die. Unless people object strongly and legislatures take active steps to intervene, this new and deadly game of “Doctor Knows Best” will be coming to a hospital near you.* (Website for International Task Force on Euthanasia and Assisted Suicide, “Update,” Year 2003, Volume 17, Number 2, 12-13. His article was originally published by *National Review Online* on 1/6/03)

B. The Slippery Slope Argument Is Both Necessary and Safe

1. Here’s one example of why we have to pay attention to the slippery slope. Richard D. Lamm is the former governor of Colorado. He said that elderly, terminally ill people have a “*duty to die and get out of the way.*” (*Bib Sac*, Apr-June 87, 212)
2. Koop warns, *What is voluntary euthanasia now, you can bet your bottom dollar will be mandatory euthanasia in days ahead.*
3. James Dobson of Focus on the Family weighs in euthanasia with this: *Once you let the snake out of the basket, it will be impossible to control where it slithers... If euthanasia is legal for anyone, you, it will soon become legal for everyone... This is precisely what happened in Nazi Germany. They began by killing the sick and old; then they destroyed the mentally ill, mentally retarded, and infants born with deformities.*

From there, it was but a small step to begin exterminating the “undesirables” - Jews, Poles, Gypsies, political prisoners and others. Euthanasia was the first small step down the road toward the extermination camps.

Even if this epidemic of murder did not occur, it is certain the “right to die” laws would result in a dramatic increase in the number of suicides occurring annually. (“Dr. Dobson answers your questions,” *Focus on the Family*, January 1993, 5)
4. Dutch people are today living well down the slippery slope. *The fear of [euthanasia] abuse has prompted some Dutch citizens to carry a card in their purse or billfold, much like an organ donor card, that states that they oppose euthanasia and do not want so-called “physician aid-in-dying” if they are hospitalized.* (Carrie Gordon, “Euthanasia: It’s No Dutch Treat,” *Focus on the Family*, June 1997, 11)

CONCLUSION:

1. *To Whom It May Concern:*

I hate my life. You can’t imagine the ache of wanting to end your life and not being able to because you’re a quadriplegic and can’t use your hands.

After the doctors did surgery on my neck, I refused to wear a neck collar. I hate it too. Nobody understands and nobody will listen to me when I tell them I don't want to live. People feel sorry for me and I can't stand it. I can't even go to the bathroom by myself.

I don't have the energy to cope, I don't have the strength to face the next day. I want out.

A depressed teenager.

(Joni Eareckson Tada, *When Is It Right to Die?*, Zondervan, Grand Rapids, MI and HarperSanFrancisco, 1992, 169)

The above letter was written by Joni. Joni is the founder and president of JAF Ministries, an organization accelerating Christian ministry in the disability community. A quadriplegic, Joni is an internationally known mouth artist and the author of many best-selling books.... She has served as a presidential appointee under Presidents Bush and Reagan on the National Council on Disability.

2. Aren't you glad Dr. Death didn't get hold of her letter?

Timothy G. Walton
Snohomish Community Church
August 31, 2003