MORE THOUGHTS ON MEDICAL ETHICS

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The agenda reads that this is to be a study of medical ethics. And it will be, of sorts. However, it won't take you long to figure out that what follows is not going to be even remotely close to a comprehensive treatment. One of the reasons for this (and perhaps I'm projecting on to you what is one of my own worst fears) is because I didn't think you'd like a conference paper that would have to be held with both hands. Another reason is that the literature on this subject matter is immense and continues to grow at the same expansive rate as the medical technology it attempts to address. Authors and ethicists from every point of view have spilled a lot of ink on this topic.

Many conference papers on general and specific areas of medical ethics have also been written in our own circles. I was told (but did not verify myself) that our Seminary library has a goodly number of such papers on file. On a more widespread scale, it was just a couple of years ago that our Northwestern Lutheran ran a series on this subject written by Wayne Mueller, who has also given seminars on the same. In addition, last Fall (September 1990) Wisconsin Lutheran College hosted a two day seminar entitled "Contemporary Ethical Issues and the Christian Response." The College hopes to make this an annual affair. Although other ethical concerns were also presented, the bulk of the seminar dealt with medical issues.

Given all of the above, the likelihood of your hearing something today that hasn't already been said (and said better) is probably pretty slim. It also explains my title. What follows

will simply be more thoughts on medical ethics...

Please join me in a chemically-free flashback: You may or may not recall that the assignment of this paper had its genesis in a particular question raised about the one permissible exception for abortion that is commonly granted by even those who hold the strongest of anti-abortion views, such as ourselves. That one permissible exception is when the life of the mother is in danger. If I remember correctly, the question posed was whether even this one exception -- despite its commonly accepted status -- was Scripturally legitimate. After agreeing to address that question, the conference then suggested that the topic be expanded to a general treatment of medical ethics.

We'll attempt to fulfill the scope of the assignment by proceeding under these three general headings:

1. The Original Question: A Legitimate Exception?
2. The Expanded Topic: Medical Ethics
3. The Real Issue: Can We Think Straight?

I. THE ORIGINAL QUESTION: A LEGITIMATE EXCEPTION?

In 1979 our Wisconsin Evangelical Lutheran Synod approved the following resolution:

WHEREAS 1) the Holy Scriptures clearly teach that the living yet unborn are persons in the sight of God and are under the protection of his commandment against murder, (Job 10:9-11; Ex 20:13; Mt 5:21; Ge 9:6; Ps 139:13; Ps 51:5; Jer 1:5; Lk 1:41-44) and

WHEREAS 2) our hearts are grieved over the millions of unborn who are being murdered each year through the sin of willful abortion; and

WHEREAS 3) our Synod has historically testified against abortion, except when it is medically necessary to save the life of the mother; therefore be it

RESOLVED, a) that we encourage the editors of our synodical periodicals as well as our pastors and teachers to continue fervently and faithfully to testify against abortion; and be it further

RESOLVED, b) that we encourage our membership to express their concern and compassion for distressed pregnant women by supporting the development of alternatives to abortion programs which are consistent with God's Word; and be it further

RESOLVED, c) that we continue to urge our membership to make God's will in this matter known to our fellowmen whenever the opportunity presents itself; and be it finally

RESOLVED, d) that we more zealously preach the Gospel of Christ which alone can change the wicked hearts of men and turn them from sin to righteousness.

Underlined in WHEREAS #3 is the single exception. I am sure that those who crafted this resolution took special care in choosing the words. They are clear and self-explanatory.

The clarity of our "exception" statement is especially necessary as other "exception" statements -- crafted with equal care as our own but with the opposite intent of being purposely vague -- become more prominent. For instance, I am sure we've all heard or read statements which speak against abortion unless the "health" of the mother is jeopardized. "Health" in this context is intentionally nebulous and can be (and has been) interpreted to include the area of "mental health." "Mental health" can than be interpreted as emotional stress, financial stress, etc. You get the picture. (Sidebar: the two studies I read [cf bibliography] indicate that abortion for <u>perceived</u> "mental health" reasons often eventually lead to <u>legitimate</u> mental health problems such as depression, guilt, and everything else that is part and parcel of Post-Abortion Syndrome. Just another case of the consequences that befall those who, consciously or unconsciously, live outside the will of God).

Our "exception" allows for none of that. Abortion is only morally permissible when it becomes "medically necessary" to save the life of the mother. Implied in this statement is the fundamental understanding that we are not talking about a choice of life being made -- i.e., <u>either</u> the mother <u>or</u> the child -- but a situation which, without medical intervention, would result in the death of <u>both</u> mother and child...

Responding to the question, "Is abortion ever acceptable?", Curt Young, Executive Director of the Christian Action Council, answered the following way in his book, <u>The Least of These</u>:

* * *

"A. The willful killing of an innocent human being is never necessary. It is wrong. There are occasions when a pregnancy must be prematurely ended in order to save the life of the mother. In such instances, the doctor should recognize his obligation to care for two patients, both the mother and the unborn child. Tragically, pregnancies that must be ended often require surgery so early (e.g. for a cancerous uterus, an injured uterus, or an ectopic pregnancy) that the baby is incapable of survival outside the womb. On the other hand, the pregnancy-related condition precludes the child's survival <u>within</u> the womb as well. The choice facing the physician is not to save the mother <u>or</u> to save the child. Rather, it is to save the mother <u>or</u> to lose both mother and child. The scope of this problem is gradually being reduced as medical science makes further advances in the care of younger and smaller premature infants.

" In 1967, Dr. Alan Guttmacher, a leading advocate of permissive abortion and head of Planned Parenthood, conceded that abortion is virtually never indicated to prevent the death of a woman:

> " Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal illness such as cancer or leukemia, and if so, abortion would be unlikely to prolong, much less save life.

" In the spring of 1983, I had a unique opportunity while tracking down videotapes of ultrasound examinations. I watched a tiny infant vigorously rotating and exercising within his amniotic sac. He was very much alive and looked to be rather carefree. He was less than ten weeks old from conception. There was an insurmountable problem, however. The baby's placenta was implanted in one of his mother's fallopian tubes rather than in the cavity of her uterus, thus creating an ectopic pregnancy. Had surgery not been performed to remove the tiny infant, his own growth soon would have caused the fallopian tube to rupture resulting in his own death and threatening his mother's life. The little one was removed surgically and died. The mother lived. As the doctor explained the case and gazed at the screen, his eyes welled up with tears. "We've got to come up with a way to save these kids," he whispered. He was a pro-life doctor. (1) "

* * *

The good news sounded by both friend and foe of abortion in the quotation above is that the invocation of the "medical necessity" exception clause is a rarity. However, from the August 21, 1990, edition of the Washington Post we read the following disturbing news reported by the Associated Press under the headline "Ectopic Pregnancies Increase At Epidemic Rate, CDC Says":

* * *

" Ectopic pregnancies -- the dangerous development of fetuses outside the womb -- are increasing "at epidemic proportions," federal health experts report.

" The Centers for Disease Control said the estimated 88,000 cases of ectopic pregnancies reported in 1987 -- the last 12 month period in which statistics are available -- marks a 19 percent increase in one year and more than a doubling in a decade.

" The CDC report follows a study, published in the Journal of the American Medical Association in June, which said that women who have had chlamydia, a common sexually transmitted disease, are more than twice as likely as other women to have ectopic pregnancies.

" Chlamydia and other sexually transmitted infections can cause pelvic inflammatory disease in women, which is believed to be the chief cause of ectopic pregnancies.

" "If a woman has an infection of the fallopian tubes, they can become blocked or scarred, and the ovum does not get transferred to the uterus -- it implants outside the womb," said Hani Atrash, chief of the Pregnancy and Infant Health Branch at the CDC.

"Pelvic inflammatory disease "does not explain all the increases," he said, noting other studies implicate factors such as smoking and stress.

"Ectopic pregnancies have increased about fourfold since 1970, when national surveillance began, the CDC said. The 1970 rate was 4.5 per 1,000 reported pregnancies, compared with 16.8 in 1987.

"'The increases are of epidemic proportions," Atrash said, adding that the steady, two-decade increase is greater than would be expected simply from improved reporting.

"Previous studies have reported that the rate of ectopic pregnancies is highest for women over 30 and for minorities.

"Thirty American women died as a result of ectopic pregnancies in 1987. While this is a relatively small number, it accounts for 10 percent of all maternal deaths in the U.S., Atrash said. If detected early, ectopic pregnancies can be ended surgically, eliminating the danger to the mother."

* * *

If the figures in this news release are accurate, the likelihood of "medically necessary to save the life of the mother" abortions -- and the prospect of our dealing with them as ministers -- is on the rise. Which leads us to the original question: Is this a legitimate exception from a Scriptural standpoint?

I find nothing in Scripture that would oppose the endorsement of this exception. This was obviously also the case with our Synod in convention when the delegates framed and adopted the 1979 abortion resolution. Given the understanding that we are dealing with the preservation of one life overagainst the certainty of two deaths, our appeal is to the Fifth Commandment and its application on the care of the believer's God-given body and life.

What I think is unfortunate, yet perhaps unavoidable, is that this whole issue has to be addressed in the context of the larger abortion question and treated as an "exception" when it really needs to be recatagorized. The term "abortion" has come to mean the willful, pre-meditated taking of life within the womb. It is a highly charged word which denotes a choice of taking one life (baby) for the convenience of the other (mother).

Given its common understanding, the "exception" can hardly be classified as an abortion. It is rather an unpleasant medical reality which must be dealt with to preserve the life of the mother. The issue of choice is absent. The taking of life is not willful, but medically necessary. Although it cannot be totally divorced from the word, to consider this emotionally painful procedure an "abortion" as the term is commonly held today would be comparable to calling the removal of a diseased organ or cancerous tumor an act of self-mutilation. We really need to come up with a better name, because "abortion" with all the baggage that goes along with it is, in these cases, a misnomer.

It's important for us to be straight on this, especially if we

are called to minister to members who are faced with an ectopic pregnancy. We must be ready to comfort them in their grief and loss, pointing them to the cross of Christ, gently reminding them of the future eternal opportunity they will have to acquaint themselves with their unborn child, and, along with them, bow before the unsearchable and ultimate wisdom of God. But we must not add to their grief by allowing them to think they have somehow been a willing party to an abortion. It is simply another sad indication of living in an imperfect, sin-stained world that in cases of ectopic pregnancy one life must be taken so both will not be lost. May God speed the day when the lives of these little ones might also be spared...

II. THE EXPANDED TOPIC: MEDICAL ETHICS

Let me introduce this section by again repeating how big a field this has become. Its growth can be directly attributed to the astounding advances our Lord has enabled mankind to make in the area of medical technology. It has often been lamented that "progress" develops at a far faster rate than our ability to adequately deal with the ethical dilemmas it leaves in its wake. Nowhere is this more true than in the field of medicine. The vastness of the ethical literature on medical subjects underscores a) that ethics are indeed playing catch-up to modern technology, and b) there is much that modern ethicists (both Christian and non-Christian) are still debating. Today there is much that we <u>can</u> do thanks to medical technology. The big question is whether or not it <u>should</u> be done. Determining where the "can" and the "should" do or do not overlap is the consideration of medical ethics.

What are the big medical ethical issues and questions today? There are many. What follows is an attempt to identify and briefly analyze five medical ethics issues that confront us today. Please note that these five are my subjective selections and do not by any means exhaust the list of subjects that could be considered...

1. Abortion and Infanticide

As it has for many years now, the issue of abortion remains the foremost of all medical ethical concerns. It also remains in a class by itself as an outrageous evil. I could quote some figures on the number of abortions per year or the estimated sum total since 1973, but if you're like me, once figures get so high they become meaningless.

While secular ethicists and secular theologians (I know this is a contradiction in terms, but how else can they be described?) continue in their variously permissive postures (we've all heard them -- abortion on demand, only in the case of rape and incest, mental health of mother, birth defects or retardation of the unborn child, etc.), among those who take the Bible seriously there is no vacillation. Abortion is sin. Abortion is murder. Medically, it

is unethical.

In our society's acceptance of abortion we see how clearly it has moved from a Scriptural "sanctity of life" position to a humanistic "quality of life" position. Following on the heels of abortion is the issue of infanticide...

After the U.S. Supreme Court legalized abortion, Nobel laureate Dr. James Watson expressed the opinion that "if a child were not declared alive until three days after birth, then all parents could be allowed the choice only few are given under the present system. I believe this view is the only rational, compassionate attitude to have." (2) He was responding to testing for prenatal handicaps, which at that time was an expensive and relatively rare procedure. His intent was to give parents the legal opportunity to "dispose" of a child who did not have "normal" physical or mental faculties.

Dr. Watson's statement is a blatant representation of the "quality of life" position that is entrenched in a humanistic society. We might also add that although infanticide is not practiced as outlined above, it is practiced. (3)

2. End of Life Issues

Words and phrases that have become familiar jargon in any "end of life" discussion are: Active and passive euthanasia; medically assisted suicide; death with dignity; the right to die; living wills.

Some of the questions that are being asked and issues that are being sorted out pertain to preserving life as opposed to prolonging death, the use of "heroic" measures in terminal cases, and who is to be involved in end of life decision making. These questions are not necessarily new, but need to be re-examined in light of rapid technological advances.

More recently, publicity over the Nancy Cruzan case last year has produced debate over the use (or denial) of artificial means for providing food and hydration to sustain life. Is the provision of food and hydration through an IV or a feeding tube to be considered ordinary or extraordinary care? If the latter, what is the significant difference between its withdrawal and turning off a respirator or stopping kidney dialysis so nature can takes it course? (There is a significant difference. Starvation and dehydration then become the cause of death, not the original illness or medical condition.)

Or how about what can only be termed as the "aggressive overtreatment" of the elderly -- often against their wishes -- driven by a family unable to let go or medical personnel concerned about criminal liability or the charge of malpractice? Is aggressive overtreatment as ethically unacceptable as

undertreatment? (I believe it is.) Are we to counsel our elderly and terminally ill members that they have a moral responsibility to exhaust every medical avenue possible regardless of pain, expense, and low percentage of effectiveness in the pursuit of preserving their lives? (I believe we cannot.)

On the other hand, given the pragmatic and utilitarian view inherent in the "quality of life" ethic, how long will it take before the "right to die" becomes a socially obligatory "duty to die"?

3. Procreation by Extraordinary Means

Issues which fall under the reference above deal with medical techniques that require the participation of a third party in order for a man and woman to produce a child. The two options available today (referred to as "collaborative medical techniques") are artificial insemination by donor (AID) and surrogate motherhood.

In Vitro Fertilization (IVF; "test-tube babies") also falls under this category. I'm sure we're all familiar with this procedure. IVF may or may not be a collaborative technique. The ethical concern with IVF has always been the destruction of the unused fertilized eggs (early embryos).

The ethical concerns in collaborative medical techniques stem from God's Word on the nature and meaning of marriage and parenthood. Some will argue that since no sexual intimacy is required, infidelity or adultery is not present and these can consequently be legitimate means for a childless Christian couple to pursue. Others will argue that the marriage bond and procreation are inseparable. (This is my belief. Another concern is the potential for emotional and psychological problems for both child and parents down the line...)

Up to 20,000 children conceived through collaborative medical techniques are born in the United States each year. (4)

4. Genetic Engineering

Genetic engineering is the isolation and manipulation of the most fundamental elements of organic life, the genes. Scientists coined the term in 1965, but rapid changes in genetic engineering really began in 1980. This prompted one author to write:

* * *

"An era often comes upon us and is gone before we label or identify it. We are currently in the "genetic era," likely the most powerful era of all times in terms of potential for major changes. This era will quickly outdistance the impact of the computer revolution and presents exciting, different, promising,

and frightening scientific achievements." (5)

* * *

The upside of this whole business is the potential for positive change by replacing unhealthy genes with healthy ones. Sickle-cell anemia, hemophilia, dwarfism, certain viruses, and cancer are examples of conditions or diseases that are thought to be treatable through genetic technologies.

The downside, as always, is: Given the ability to change the basic infrastructure of a human being, where do we draw the line? What are the moral limits in genetic change beyond which it is sinful to go? Who are the appropriate people who should have the right to exercise power over the destiny of others? Who decides what is desirable or undesirable?

Lots of other questions could be asked, but again, you get the idea.

5. Allocating Limited Medical Resources

The bold new world of discovery and treatment that the explosion of medical technology has catapulted us into is heady stuff indeed. The reality of it all, though, is that it is costly and limited. This brings about more ethical problems, as illustrated here:

* * *

" Near the beginning of the present technology explosion in the early 1960s, the Swedish Hospital in Seattle, Washington, formed a "public committee" to decide who would have access to a scarce medical resource -- the kidney machine. The discussions of the "God Committee" were public, and the debate raged about criteria for access to the machine. The debated criteria included age, sex, the number of dependents, educational level, past performance and future potential, and the person's value to society. The debate was too painful for people to tolerate, so they found a simple solution. They decided to spend more money and produce more kidney machines. (6) "

* * *

Would you have liked to serve on that committee? Unfortunately, decisions like these -- who gets what and why? -- are made every day by individual doctors or teams of doctors or hospital ethics committees or families. I do not envy those who have to make such decisions.

Adding to the ethical confusion is the problem of wealth. If patient A and patient B both need an expensive medical technique, but only one can pay for it, who is preferred? (I'm sure we've all

experienced how a person can be gravely ill and hospitalized one day but home the next for the sole reason that their insurance ran out. Money talks here just like everywhere else.) Is the college professor essentially more valuable than the ghetto dweller when it comes to receiving expensive, limited medical service, or vice versa, or should it be first come first served?

Or what about our thinking as Christians? If choices have to be made, are the needs of the unbeliever to be placed over our own in the hope that they may come to know Jesus as Savior?

More questions. The sad fact remains that although there is much we can do today, there is only so much to go around.

III. THE REAL ISSUE: CAN WE THINK STRAIGHT?

In his book Decisive Issues Facing Christians Today, John Stott talks about the complexity of ethical issues that surround us and the corresponding importance for believers to develop "a Christian mind, namely a mind which has firmly grasped the basic presuppositions of Scripture and is thoroughly informed with biblical truth." He goes on to say, "It is only such a mind which can think with Christian integrity about the problems of the contemporary world."

He's talking about what in our circles for the last couple of years we have been calling **spiritual renewal**. In order for us to think straight we have to immerse ourselves in God's Holy inerrant and inspired Word. It alone is the touchstone of truth. There are many outside voices to be heard, but as Isaiah put it, "To the law and to the testimony! If they do not speak according to this word, they have no light of dawn" (Is 8:20).

This is not to say that when it comes to dealing with ethical issues we can expect no gray areas. Although gray areas do not exist in the mind of God, they do exist in our minds, because we are finite creatures who struggle, but do not succeed, in perfectly knowing the will of Christ. "Now we see but a poor reflection as in a mirror; then we shall see face to face. Now I know in part; then I shall know fully, even as I am fully known" (1 Cor 13:12).

In the areas that we struggle in, we must be fervent in prayer. "If any of you lacks wisdom, he should ask God, who gives generously to all without finding fault, and it will be given to him" (James 1:5).

In order for us to think straight, we must be aware of the world around us. If you've read any of the works of the late Francis Schaeffer, you will recall his contention that we are now living in a "post-Christian age", an age in which we have lost the Christian consensus our nation was built upon, an age in which moral and ethical issues are decided not by any commonly held system of truth but by simple majority vote. The warning he sounds

is that all is not well, and that given the climate of the times there is much evil being done today by people who are convinced they are doing good...

In one of the books I used for this paper mention was made of a recent American novel entitled The Thanatos Syndrome. It was billed as one of the few works of contemporary American fiction which offered a strong apologetic for life. I read it.

The story line dealt with the covert attempt of several medical technocrats to chemically alter the minds of an unsuspecting Louisiana community, all for the cause of the common good. One of the characters peripheral to the plot was a semi-lucid, washed up priest named Father Smith. He spent his time in an abandoned firetower where he made his pronouncements on the evil he saw around him. Addled and eccentric, he is nonetheless the voice of sanity.

Speaking to a doctor who had come to see him, he hit the nail on the head with this outburst: "You are a member of the first generation of doctors in the history of medicine to turn their backs on the oath of Hippocrates and kill millions of old, useless people, unborn children, born malformed children, for the good of mankind -- and to do so without a single murmur from one of you!" (8)

These are the times we live in...

In order to think straight we must also be aware of the great capacity we have within ourselves to rationalize, sanitize, minimize, and even glorify what is clearly contrary to God's will. We must know ourselves with all our self-enthroning tendencies -- and use this knowledge to drive ourselves back to the Word. (In the novel just mentioned, the great personal demon that haunted Father Smith was that, as a young man growing up in Germany at the time of Hitler, he almost bought into the master race theory. Had he not come to America he felt he very likely could have been persuaded that killing Jews was acceptable, even laudable.)

May we only be persuaded by Scripture.

A final thought. In Old Testament history we don't hear an awful lot about Jacob's son, Issachar. But in 1 Chronicles 12:32, the tribe of Issachar is described in an exemplary fashion. There we are told that the men of Issachar "understood the times and knew what Israel should do."

May God grant us understanding for our times.

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Footnotes

1 Curt Young, The Least of These, 205-206
2 Robert Fleischman, "An Overview of Scriptural Principles", 4
3 Ibid., 5
4 John Rogers, Ed., Medical Ethics, Human Choices, 94
5 Ibid., 115
6 Ibid., 121
7 John Stott, Decisive Issues Facing Christians Today, 31
8 Walker Percy, The Thanatos Syndrome, 127