The Effect of Origins on Society

Why Is the Subject of Origins Important?

Every worldview addresses the question, “Where did we come from?” The Christian worldview says that we are a special part of creation made in the image of God. A materialistic worldview says that we are the product of natural selection and random mutations acting on organisms. The Christian view of origins is called Creation; the materialistic view of origins is called Darwinism. The Christian worldview is based on faith in the creative work of God of the Bible. The materialistic worldview is based on faith in the creative power of natural selection acting on mutations.

There are evidences for and against these worldviews from scientific research being conducted in the areas of intelligent design, evolutionary biology, genetics, mathematics, astronomy, and many other fields. However, people will often confuse the worldview with the scientific evidence. Worldviews are a way of explaining the evidence. For example, we see that during a drought birds with longer beaks are selected over birds with shorter beaks. This is an observation. Saying that this is evidence for natural selection’s creative ability to make totally new types of creatures is an extrapolation based on a worldview. Just as there is a right and a wrong interpretation for observations, there are right and wrong worldviews. And one way to test for a worldview is whether or not it is livable.

So does your view of origins affect other areas of life than just science? Yes, these two views of origins have a profound effect on how we value people and how we view personhood and personal responsibility. Using John West’s book *Darwin Day in*

America as a resource, we will look at how the materialistic worldview has trickled down into areas of society that affect us every day.

West argues in his book that the logical end materialistic worldview leaves nothing for an ethical standard other than to survive. The materialistic worldview says that non-living chemicals came together to make genetic material which then made an organism and that organism evolved until we got human beings. This view claims that man is made from chemicals and is no more valuable than any other animal. The logical end to this perspective is that everything a man does is a result of his genes and his environment. He therefore has no choices or free will of his own. His actions are the result of natural selection acting on him. This has important consequences for how we deal with crime, personhood, the embryo, the infirmed, and education.

West says, "Darwin helped spark an intellectual revolution that sought to apply materialism to nearly every area of human endeavor. This new, thoroughly 'scientific' materialism affected the entire span of culture, from economics and politics to education and the arts".{1} Darwin published *Origin of Species* one hundred fifty years ago, but it is in the mid-twentieth century that we begin to see how his theory has trickled down into society.

Crime and Responsibility

How does a materialistic worldview affect society? For one thing, a Darwinian view of man has changed our criminal justice system.

How are the courts and science related? In our culture, the scientists are the holders of truth and the courts are the arbiters of law. And while the idea that law coincides with truth is good and even biblical, the idea that scientists, and

only scientists, are the ones who dictate truth is a dangerous position. If the pervading worldview in science is materialism, then a materialistic view of man is reflected in the courts.

According to a materialistic worldview, man is the product of his genes and his environment with no real ability to act differently than what his genes and environment would have him do. If this is the case, then how can he be held responsible for his crimes? Why not just blame bad genes or a bad home life? Often this is what is argued in the courts.

West describes the crux of the problem. In order to provide protection and have an orderly society, the criminal justice system needs to punish wrong behavior. But from a materialistic worldview, there is no moral foundation for individual responsibility. A materialist perspective does not blame the individual but their genes or the way that they were raised (their environment). West outlines a history of criminals getting off in the name of very loose definitions of insanity, and other criminals undergoing treatment instead of punishment.{2} And the treatment, at times, amounts to something closer to coercion or torture.{3} Whether we are talking about being overly lenient by giving criminals excuses or coercing them to treatment, both diminish the value and dignity of the individual as a person.

The Christian view of man is that, although differences in our genetics or our environment may mean that we have different struggles or temptations than others, we are made in God's image. Therefore, just as God treats us with dignity by exacting punishment for our actions, so, too, do we treat people with inherent dignity by exacting punishment and allowing for atonement. The Darwinian view says that we are not responsible because we are a product of our genes, but it also says that we are not redeemable because we will remain flawed.

Our entire criminal justice system is based on the idea that man can be held accountable for his crimes, that he has a choice in what he does. Furthermore, it is based on the inherent dignity that every individual has, so that a wrong done to one individual must result in the wrong-doer being punished. This maintains equal dignity and value in both individuals.{4} However, this system crumbles under a materialistic worldview.

So man is a product of his genes and his environment, a view which, taken to its logical end, has conflicting and dangerous results for exacting justice in society. Now we turn to how this view of man affects how we treat others that are different from us and how we define "normal."

Personhood

At the beginning of the twentieth century, during the rise of the scientific revolution, the idea of atonement for a guilty crime changed to an idea of fixing a broken machine. Criminals were treated as if they were machines with broken parts, instead of individuals with value and free will, because scientists had supposedly found a materialistic cause for crime. Something in their genetic code went wrong, so many were subjected to some kind of institutionalization or treatment. As John West points out in *Darwin Day in America,* the idea is if science can explain the problem, then science can fix it.{5} One way that scientists attempted to fix this problem was to try to breed out the bad traits. Scientists in the '30s, '40s and '50s reasoned that bad behavior, stupidity, and emotional instability were passed down from parent to child just like physical traits, and the only way to cleanse our society of these ailments was to sterilize those who carry these traits.

It began with criminals being sterilized; then it turned to those who were mentally handicapped; then those who were

deemed less intelligent, poor, or unproductive in society were sterilized. In hindsight it is easy to see how this slippery slope happened. One group changes the standards by which we value other groups. No longer is the foundation in the Judeo-Christian concept that all individuals have inherent value, but in the Darwinian concept that some are less valuable than others and deemed less worthy of life than the more "fit" in society. This was the breeding ground for what would become the eugenics movement. [Editor's note: Eugenics is the idea that the human race can be improved by careful selection of those who mate and produce offspring. The word comes from the Greek word *eugenes*, "well-born, of good stock," from *eu*– "good" + *genos* "birth."]

We saw the logical end of the eugenics movement in Nazi Germany. Darwinism was not necessarily the cause for Nazi Germany, but eugenics was justified with a Darwinian view of man. This is an important picture of how one can promote one's worldview (and one's prejudices) in the name of science. Darwinism allows for race discrimination and even genocide. As West points out, "Historically speaking, the eugenics movement is important because it was one of the first—and most powerful—efforts to use science to expand the power of the state over social matters. Eugenists claimed that their superior scientific knowledge trumped the beliefs of nonscientists, and so they should be allowed to design a truly scientific welfare policy."{6}

Today this attitude is still seen when doctors, lawyers, and family members evaluate individuals based on their physical abilities and their cost to society. Oftentimes individuals are assessed based on their perceived "quality of life." Unfortunately, this usually reflects what the doctor, lawyer, or family member would hate to have happen to themselves than the actual desires of the individual in question. Judging others unworthy of life based on physical features or capabilities ignores the inherent value and dignity God has

given man as being made in His image.

The Beginning and End of Life

We have looked at how a society that promotes a materialistic worldview results in a degraded view of personhood. This degraded view includes basing a person's value on how well they physically function and how much they cost society. However, from a Christian view, humans were created with a purpose and in the image of God. They have inherent value beyond their physical bodies.

How does a Darwinian view of man's origin affect the way we look at the most vulnerable in society—the embryo and the aged or infirmed?

West traces a historical record of the legalization of abortion and demonstrates why we have the debate about embryonic stem cell research today.{7} Darwinism is not the cause of the legalization of abortion and destruction of embryos, but it provided an ideology that allowed people to justify it. It began with a scientist named Haeckel who influenced Darwin. Haeckel discussed how all embryos go through stages of development and how the earliest stages look very similar to each other. In his famous drawings, he shows how a human embryo goes from a small fish-like creature that looks similar to other animal embryos, to a human-looking embryo. He said that the fetus goes through a mini version of evolutionary development.{8}

What conclusions were drawn from this? If the fetus is no more than a fish, then it is as ethical to discard it as it would be to discard a fish. The only problem with this idea is that it is now well-documented that Haeckel's drawings were faked, and the similarities were more contrived than real. Despite this finding, people still latched on to the concept and refused to accept that the fetus does not go through

evolutionary stages. It is from this concept that many justify early stage abortion and embryonic stem cell research; the clump of cells or the mass does not look human.{9} This is an example of basing a person's value on their physical appearance and function.

Today we not only see this idea played out in the unborn, but also in the elderly and the infirmed. Many family members and doctors elect to end someone's life because they have deemed them less valuable. Again, the basis of this is on how well they physically function. One group is putting value on another group.

Both of these examples demonstrate how our culture has bought into a materialistic worldview which devalues the person that does not have certain physical characteristics. As Christians we value human life and believe that the embryo, the aged, and the infirmed have inherent dignity despite how they might function or appear.

Education

We have been looking at how a Darwinian view of man led to a slow and steady dehumanization of man. Our view of origins affects other areas of life as well. In this section, we will address how a Darwinian view of man has influenced how we educate our children. A Darwinian view says that there is no absolute authority; there is merely survival of the fittest. In academics that means teaching based on what works, not on what is right.

One of the biggest influences on our educational system, both in public and private schools, has been John Dewey. As Nancy Pearcey points out in her book *Total Truth*, Dewey thought education should be like biological evolution where students construct their own answers based on what works best. Pearcey calls this "a kind of mental adaptation to the

environment."{10} It is easy to see how this leads to moral relativism. Students are not taught character or values. Instead, they learn that an idea or a concept is deemed valuable if it works, not if it is right. Teachers are taught in certification classes to guide students along and help them to come up with their own moral code. Teachers are not allowed to punish students for wrongdoing, because they have no moral basis to do so, but are still expected to have an orderly classroom. In some cases teachers are not permitted to give a failing grade to a student who is genuinely failing. Also they are not permitted to give A's to good students for fear that they may not continue putting forth effort. Students are stripped of the concept of an objective standard or absolute morals, and by the time they are high school seniors, they are more educated in how to play the system than in reading, writing, or arithmetic. This is the very fruit of Dewey's pragmatism, and it continues through the university level. When students are stripped of any set of beliefs and a moral foundation, they are left empty and ready to be filled with the pervading worldview of academia. What we end up with is a fully indoctrinated student with a materialistic worldview.{11}

Contemporary materialism's view of origins, known as Darwinism, has profound effects on our society. As Christians we need to be a light unto the world by showing that human beings are more than their genes and environment, that they have inherent value, and that there are moral foundations beyond survival of the fittest.

Notes

1. John West, *Darwin Day in America* (Wilmington, DE: ISI Books, 2007), 41-42.
2. Ibid., 73.
3. Ibid., 79-101
4. For a good article on capital punishment and human dignity see Kerby Anderson, "Capital Punishment," Probe, 1992,

www.probe.org/capital-punishment/.
5. West, *Darwin Day*, 80.
6. Ibid., 162.
7 . Ibid., 325-335.
8. See Jonathan Wells, *Icons of Evolution* (Washington, DC: Regency Publishing, 2000), chap. 5.
9. Ibid., 330.
10. Nancy Pearcey, *Total Truth* (Wheaton, IL: Crossway Books, 2005), 239.
11. See Don Closson, "Humanist Psychology and Education" Probe, 1991, www.probe.org/humanistic-psychology-and-education/; Closson, "Grading America's Schools," Probe, 2002, www.probe.org/grading-americas-schools/; and Kerby Anderson, "Cultural Relativism," Probe, 2004, www.probe.org/cultural-relativism/.

© 2009 Probe Ministries

"What are the Criteria for Euthanasia?"

I have a co-worker who is a fellow Christian and we are in a dispute over the issue of euthanasia. We have agreed to let you settle this dispute.

I contend that euthanasia is only considered to be "euthanasia" when there is a deliberate attempt to end a person's life using some medical tool that speeds up the timeframe of a natural death, i.e. lethal injection. He contends that removing life support from a patient should also be considered euthanasia. I argue that removing life support allows for a natural death according to God's timeframe. He

argues that if a patient does not receive all that medical science offers to prolong life, then that is in effect killing this patient according to our own timeframe, since it is God who gives us the scientific knowledge to have access to these life support systems. He has an interesting point, but I simply don't agree with him and can't find anything in the scriptures that affirm either argument. Can you help us?

Regarding withholding treatment of a dying patient, you are both right depending on the circumstances. When a patient is truly and imminently dying (and we can know this since certain bodily functions can begin to irreversibly shut down such as the ability to eliminate fluids), continuing normal body maintenance such as food and water can actually increase the patient's discomfort without altering their chances for survival. This is little more than torture for no intended purpose. Letting nature take its course and relieving as much discomfort and pain as possible is a completely humane and biblical course of action. Some may argue that prolonging life in this instance may allow God an opportunity to work a miraculous healing. We simply have to ask ourselves, How much time does God really need? If He is sovereign, then He will act in His timeframe, not ours.

However, if the person has a terminal illness but the acute death process has not yet begun and there are normal measures that offer hope and comfort without adding an unnecessary burden, then these measures ought to be pursued. But I must emphasize that this is a tricky judgement call. An Alzheimer's patient is dying and will die relatively soon, but when do normal measures become more of a burden than a help? In Joni Eareckson Tada's 1992 book, *When Is It Right to Die?*, she tells of her father who suffered a series of strokes and could no longer expel waste fluids. They chose to remove the IV (which would simply have bloated his body and not nourished it) and simply soothe his mouth and lips with ice chips as his body died. However, she strongly insists that patients in a

Permanently Vegetative Stae (PVS) are severely disabled but not dying, and they deserve whatever care we can give them.

These decisions will always require a host of opinions—medical, familial, and pastoral—to arrive at the best course for this individual patient. Hard and fast rules will lead to abuses which is one of the reasons why pro-euthanasia laws are always a bad idea. They simply can't cover all the possible contingencies, now or in the future. Regulations will be impossible to write and to enforce.

Respectfully,

Ray Bohlin
Probe Ministries

Euthanasia: A Christian Perspective

Kerby Anderson looks at euthanasia from a distinctly Christian perspective. Applying a biblical view gives us clear understanding that we are not lord of our own life or anyone elses.

 *This article is also available in Spanish.*

Debate over euthanasia is not a modern phenomenon. The Greeks carried on a robust debate on the subject. The Pythagoreans opposed euthanasia, while the Stoics favored it in the case of incurable disease. Plato approved of it in cases of terminal illness.(1) But these influences lost out to Christian principles as well as the spread of acceptance of the Hippocratic Oath: "I will neither give a deadly drug to

anybody if asked for it, nor will I make a suggestion to that effect."

In 1935 the Euthanasia Society of England was formed to promote the notion of a painless death for patients with incurable diseases. A few years later the Euthanasia Society of America was formed with essentially the same goals. In the last few years debate about euthanasia has been advanced by two individuals: Derek Humphry and Dr. Jack Kevorkian.

Derek Humphry has used his prominence as head of the Hemlock Society to promote euthanasia in this country. His book *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* became a bestseller and further influenced public opinion.

Another influential figure is Jack Kevorkian, who has been instrumental in helping people commit suicide. His book *Prescription Medicide: The Goodness of Planned Death* promotes his views of euthanasia and describes his patented suicide machine which he calls "the Mercitron." He first gained national attention by enabling Janet Adkins of Portland, Oregon, to kill herself in 1990. They met for dinner and then drove to a Volkswagen van where the machine waited. He placed an intravenous tube into her arm and dripped a saline solution until she pushed a button which delivered first a drug causing unconsciousness, and then a lethal drug that killed her. Since then he has helped dozens of other people do the same.

Over the years, public opinion has also been influenced by the tragic cases of a number of women described as being in a "persistent vegetative state." The first was Karen Ann Quinlan. Her parents, wanting to turn the respirator off, won approval in court. However, when it was turned off in 1976, Karen continued breathing and lived for another ten years. Another case was Nancy Cruzan, who was hurt in an automobile accident in 1983. Her parents went to court in 1987 to receive approval to remove her feeding tube. Various court cases

ensued in Missouri, including her parents' appeal that was heard by the Supreme Court in 1990. Eventually they won the right to pull the feeding tube, and Nancy Cruzan died shortly thereafter.

Seven years after the Cruzan case, the Supreme Court had occasion to rule again on the issue of euthanasia. On June 26, 1997 the Supreme Court rejected euthanasia by stating that state laws banning physician-assisted suicide were constitutional. Some feared that these cases (*Glucksburg v. Washington* and *Vacco v. Quill*) would become for euthanasia what Roe v. Wade became for abortion. Instead, the justices rejected the concept of finding a constitutional "right to die" and chose not to interrupt the political debate (as *Roe v. Wade* did), and instead urged that the debate on euthanasia continue "as it should in a democratic society."

Voluntary, Active Euthanasia

It is helpful to distinguish between mercy-killing and what could be called mercy-dying. Taking a human life is not the same as allowing nature to take its course by allowing a terminal patient to die. The former is immoral (and perhaps even criminal), while the latter is not.

However, drawing a sharp line between these two categories is not as easy as it used to be. Modern medical technology has significantly blurred the line between hastening death and allowing nature to take its course.

Certain analgesics, for example, ease pain, but they can also shorten a patient's life by affecting respiration. An artificial heart will continue to beat even after the patient has died and therefore must be turned off by the doctor. So the distinction between actively promoting death and passively allowing nature to take its course is sometimes difficult to determine in practice. But this fundamental distinction between life-taking and death- permitting is still an

important philosophical distinction.

Another concern with active euthanasia is that it eliminates the possibility for recovery. While this should be obvious, somehow this problem is frequently ignored in the euthanasia debate. Terminating a human life eliminates all possibility of recovery, while passively ceasing extraordinary means may not. Miraculous recovery from a bleak prognosis sometimes occurs. A doctor who prescribes active euthanasia for a patient may unwittingly prevent a possible recovery he did not anticipate.

A further concern with this so-called voluntary, active euthanasia is that these decisions might not always be freely made. The possibility for coercion is always present. Richard D. Lamm, former governor of Colorado, said that elderly, terminally ill patients have "a duty to die and get out of the way." Though those words were reported somewhat out of context, they nonetheless illustrate the pressure many elderly feel from hospital personnel.

The Dutch experience is instructive. A survey of Dutch physicians was done in 1990 by the Remmelink Committee. They found that 1,030 patients were killed without their consent. Of these, 140 were fully mentally competent and 110 were only slightly mentally impaired. The report also found that another 14,175 patients (1,701 of whom were mentally competent) were denied medical treatment without their consent and died.(2)

A more recent survey of the Dutch experience is even less encouraging. Doctors in the United States and the Netherlands have found that though euthanasia was originally intended for exceptional cases, it has become an accepted way of dealing with serious or terminal illness. The original guidelines (that patients with a terminal illness make a voluntary, persistent request that their lives be ended) have been expanded to include chronic ailments and psychological distress. They also found that 60 percent of Dutch physicians do not report their cases of assisted suicide (even though

reporting is required by law) and about 25 percent of the physicians admit to ending patients' lives without their consent.(3)

Involuntary, Active Euthanasia

Involuntary euthanasia requires a second party who makes decisions about whether active measures should be taken to end a life. Foundational to this discussion is an erosion of the doctrine of the sanctity of life. But ever since the Supreme Court ruled in *Roe v. Wade* that the life of unborn babies could be terminated for reasons of convenience, the slide down society's slippery slope has continued even though the Supreme Court has been reluctant to legalize euthanasia.

The progression was inevitable. Once society begins to devalue the life of an unborn child, it is but a small step to begin to do the same with a child who has been born. Abortion slides naturally into infanticide and eventually into euthanasia. In the past few years doctors have allowed a number of so-called "Baby Does" to die—either by failing to perform lifesaving operations or else by not feeding the infants.

The progression toward euthanasia is inevitable. Once society becomes conformed to a "quality of life" standard for infants, it will more willingly accept the same standard for the elderly. As former Surgeon General C. Everett Koop has said, "Nothing surprises me anymore. My great concern is that there will be 10,000 Grandma Does for every Baby Doe."(4)

Again the Dutch experience is instructive. In the Netherlands, physicians have performed involuntary euthanasia because they thought the family had suffered too much or were tired of taking care of patients. American surgeon Robin Bernhoft relates an incident in which a Dutch doctor euthanized a twenty-six-year-old ballerina with arthritis in her toes. Since she could no longer pursue her career as a dancer, she was depressed and requested to be put to death. The doctor

complied with her request and merely noted that “one doesn’t enjoy such things, but it was her choice.”(5)

Physician-Assisted Suicide

In recent years media and political attention has been given to the idea of physician-assisted suicide. Some states have even attempted to pass legislation that would allow physicians in this country the legal right to put terminally ill patients to death. While the Dutch experience should be enough to demonstrate the danger of granting such rights, there are other good reasons to reject this idea.

First, physician-assisted suicide would change the nature of the medical profession itself. Physicians would be cast in the role of killers rather than healers. The Hippocratic Oath was written to place the medical profession on the foundation of healing, not killing. For 2,400 years patients have had the assurance that doctors follow an oath to heal them, not kill them. This would change with legalized euthanasia.

Second, medical care would be affected. Physicians would begin to ration health care so that elderly and severely disabled patients would not be receiving the same quality of care as everyone else. Legalizing euthanasia would result in less care, rather than better care, for the dying.

Third, legalizing euthanasia through physician-assisted suicide would effectively establish a right to die. The Constitution affirms that fundamental rights cannot be limited to one group (e.g., the terminally ill). They must apply to all. Legalizing physician-assisted suicide would open the door to anyone wanting the “right” to kill themselves. Soon this would apply not only to voluntary euthanasia but also to involuntary euthanasia as various court precedents begin to broaden the application of the right to die to other groups in society like the disabled or the clinically depressed.

Biblical Analysis

Foundational to a biblical perspective on euthanasia is a proper understanding of the sanctity of human life. For centuries Western culture in general and Christians in particular have believed in the sanctity of human life. Unfortunately, this view is beginning to erode into a “quality of life” standard. The disabled, retarded, and infirm were seen as having a special place in God’s world, but today medical personnel judge a person’s fitness for life on the basis of a perceived quality of life or lack of such quality.

No longer is life seen as sacred and worthy of being saved. Now patients are evaluated and life-saving treatment is frequently denied, based on a subjective and arbitrary standard for the supposed quality of life. If a life is judged not worthy to be lived any longer, people feel obliged to end that life.

The Bible teaches that human beings are created in the image of God (Gen. 1:26) and therefore have dignity and value. Human life is sacred and should not be terminated merely because life is difficult or inconvenient. Psalm 139 teaches that humans are fearfully and wonderfully made. Society must not place an arbitrary standard of quality above God’s absolute standard of human value and worth. This does not mean that people will no longer need to make difficult decisions about treatment and care, but it does mean that these decisions will be guided by an objective, absolute standard of human worth.

The Bible also teaches that God is sovereign over life and death. Christians can agree with Job when he said, “The Lord gave and the Lord has taken away. Blessed be the name of the Lord” (Job 1:21). The Lord said, “See now that I myself am He! There is no god besides me. I put to death and I bring to life, I have wounded and I will heal, and no one can deliver out of my hand” (Deut. 32:39). God has ordained our days (Ps. 139:16) and is in control of our lives.

Another foundational principle involves a biblical view of life- taking. The Bible specifically condemns murder (Exod. 20:13), and this would include active forms of euthanasia in which another person (doctor, nurse, or friend) hastens death in a patient. While there are situations described in Scripture in which life-taking may be permitted (e.g., self-defense or a just war), euthanasia should not be included with any of these established biblical categories. Active euthanasia, like murder, involves premeditated intent and therefore should be condemned as immoral and even criminal.

Although the Bible does not specifically speak to the issue of euthanasia, the story of the death of King Saul (2 Sam. 1:9-16) is instructive. Saul asked that a soldier put him to death as he lay dying on the battlefield. When David heard of this act, he ordered the soldier put to death for "destroying the Lord's anointed." Though the context is not euthanasia per se, it does show the respect we must show for a human life even in such tragic circumstances.

Christians should also reject the attempt by the modern euthanasia movement to promote a so-called "right to die." Secular society's attempt to establish this "right" is wrong for two reasons. First, giving a person a right to die is tantamount to promoting suicide, and suicide is condemned in the Bible. Man is forbidden to murder and that includes murder of oneself. Moreover, Christians are commanded to love others as they love themselves (Matt. 22:39; Eph. 5:29). Implicit in the command is an assumption of self-love as well as love for others.

Suicide, however, is hardly an example of self-love. It is perhaps the clearest example of self-hate. Suicide is also usually a selfish act. People kill themselves to get away from pain and problems, often leaving those problems to friends and family members who must pick up the pieces when the one who committed suicide is gone.

Second, this so-called “right to die” denies God the opportunity to work sovereignly within a shattered life and bring glory to Himself. When Joni Eareckson Tada realized that she would be spending the rest of her life as a quadriplegic, she asked in despair, “Why can’t they just let me die?” When her friend Diana, trying to provide comfort, said to her, “The past is dead, Joni; you’re alive,” Joni responded, “Am I? This isn’t living.”(6) But through God’s grace Joni’s despair gave way to her firm conviction that even her accident was within God’s plan for her life. Now she shares with the world her firm conviction that “suffering gets us ready for heaven.”(7)

The Bible teaches that God’s purposes are beyond our understanding. Job’s reply to the Lord shows his acknowledgment of God’s purposes: “I know that you can do all things; no plan of yours can be thwarted. You asked, ‘Who is this that obscures my counsel without knowledge?’ Surely I spoke of things I did not understand, things too wonderful for me to know” (Job 42:2-3). Isaiah 55:8-9 teaches, “For my thoughts are not your thoughts, neither are your ways my ways, declares the Lord. As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts.”

Another foundational principle is a biblical view of death. Death is both unnatural and inevitable. It is an unnatural intrusion into our lives as a consequence of the fall (Gen. 2:17). It is the last enemy to be destroyed (1 Cor. 15:26, 56). Therefore Christians can reject humanistic ideas that assume death as nothing more than a natural transition. But the Bible also teaches that death (under the present conditions) is inevitable. There is “a time to be born and a time to die” (Eccles. 3:2). Death is a part of life and the doorway to another, better life.

When does death occur? Modern medicine defines death primarily as a biological event; yet Scripture defines death as a spiritual event that has biological consequences. Death,

according to the Bible, occurs when the spirit leaves the body (Eccles. 12:7; James 2:26).

Unfortunately this does not offer much by way of clinical diagnosis for medical personnel. But it does suggest that a rigorous medical definition for death be used. A comatose patient may not be conscious, but from both a medical and biblical perspective he is very much alive, and treatment should be continued unless crucial vital signs and brain activity have ceased.

On the other hand, Christians must also reject the notion that everything must be done to save life at all costs. Believers, knowing that to be at home in the body is to be away from the Lord (2 Cor. 5:6), long for the time when they will be absent from the body and at home with the Lord (5:8). Death is gain for Christians (Phil. 1:21). Therefore they need not be so tied to this earth that they perform futile operations just to extend life a few more hours or days.

In a patient's last days, everything possible should be done to alleviate physical and emotional pain. Giving drugs to a patient to relieve pain is morally justifiable. Proverbs 31:6 says, "Give strong drink to him who is perishing, and wine to him whose life is bitter." As previously mentioned, some analgesics have the secondary effect of shortening life. But these should be permitted since the primary purpose is to relieve pain, even though they may secondarily shorten life.

Moreover, believers should provide counsel and spiritual care to dying patients (Gal. 6:2). Frequently emotional needs can be met both in the patient and in the family. Such times of grief also provide opportunities for witnessing. Those suffering loss are often more open to the gospel than at any other time.

Difficult philosophical and biblical questions are certain to continue swirling around the issue of euthanasia. But in the

midst of these confusing issues should be the objective, absolute standards of Scripture, which provide guidance for the

Notes

1. Plato, *Republic* 3. 405.

2. R. Finigsen, "The Report of the Dutch Committee on Euthanasia," *Issues in Law and Medicine*, July 1991, 339-44.

3. Herbert Hendlin, Chris Rutenfrans, and Zbigniew Zylicz, "Physician-Assisted Suicide and Euthanasia in the Netherlands: Lessons from the Dutch," *Journal of the American Medical Association* 277 (4 June 1997): 1720-2.

4. Interview with Koop, "Focus on the Family" radio broadcast.

5. Robin Bernhoft, quoted in *Euthanasia: False Light*, produced by IAETF, P.O. Box 760, Steubenville, OH 43952.

6. Joni Eareckson, *Joni* (Grand Rapids: Zondervan, 1976).

7. Joni Eareckson, *A Step Further* (Grand Rapids: Zondervan, 1978).

©1998 Probe Ministries

Euthanasia: The Battle for Life from a Christian Viewpoint

Dr. Bohlin approaches this issue from a biblical worldview. As a Christian, he looks at current events and attitudes in

this sad area and points out that popular sentiments may be far from biblical and godly.

Physician-Assisted Suicide in the United States

On March 6, 1996, the Ninth U. S. Circuit Court of Appeals struck down Washington state's ban on physician-assisted suicide. By a surprisingly commanding 8-3 vote, the court ruled that terminally- ill adults have a constitutional right to end their lives. Essentially, the court decided that an individual's right to determine the time and manner of his own death outweighed the state's duty to preserve life. This ruling will also likely uphold Oregon's voter approved doctor-assisted suicide law that has been bogged down in the courts.

The only recourse now is the Supreme Court, which is not expected to overrule the Appeals Court's decisions. On April 2, the Second U.S. Circuit Court of Appeals ruled that New York state's bans on assisted-suicide were "discriminatory." Then on May 15, 1996, Dr. Jack Kevorkian, the infamous "Dr. Death," was acquitted for a third time of doctor-assisted suicide in the state of Michigan.

The stage is set for a revolution in the law concerning euthanasia in this country. Kevorkian's escapes from the law and these recent rulings from the Appeals Courts will further encourage the "right- to-die" lobby which seeks to make doctor-assisted suicide the law of the land. What will be overlooked is over 2,000 years of medical practice and ethical codes. The Hippocratic Oath, originating in 400 B.C., and the standard for medical practice ever since, states, "I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect."

Allowing doctors to end life as well as preserve life would change the face of the entire medical community.The

doctor/patient relationship will be forever compromised. Is your doctor's advice truly in your best interests or in his best interest to rid the hospital and himself of a pesky patient and situation?

Dr. Thomas Beam, chairman of the Medical Ethics Commission of the Christian Medical and Dental Society points out, "While the act of physician-assisted suicide seems compassionate on the surface, it is often the abandonment of the patient in their most needy time. Instead of support, the patient may only find confirmation of the hopelessness of their condition and physician-assisted suicide is legitimized as the only 'way.'"(1) It is not terribly difficult to see how this circumstance would undermine the delicate relationship between a doctor and his patient.

Surely, you say, most people don't agree with the policy of doctor- assisted suicide. However, the *New England Journal of Medicine* reported a poll from the state of Michigan which indicated that "66 percent of state residents and 56 percent of Michigan doctors would prefer that doctor-assisted suicide be legalized not outlawed."(2) And even though doctor-assisted laws were defeated in referendums in California and Washington, the defeats were narrow. And a similar law was finally passed in Oregon in 1994. In addition, 23 states are now considering such legislation. And as mentioned earlier, two different Appeals Courts have ruled in favor of doctor-assisted laws. In this essay I will examine why so many favor legalization of assisted suicide. I will take a close look at Dr. Jack Kevorkian, the most visible proponent of assisted suicide. Also, I will examine what the Bible has to say about life, death, and God's sovereignty. Finally, I will discuss some test cases and inform you about what you can do to combat this growing evil in our land.

Who is Dr. Jack Kevorkian and Why Do People Seek His Help?

Why is such a large segment of our society, over 60% in some communities, enamored with the possibility of physician-assisted suicide? While there can be many roads that will lead to this conclusion, the primary one is fear. People today fear being at the mercy of technology, of being kept alive with no hope of recovery by machines. Few seem to realize that it is already legal for a terminally ill patient to refuse life-prolonging measures. We must realize that there is a difference between simply allowing nature to take its course when someone is clearly dying and taking direct measures to hasten someone's death. Former Surgeon General C. Everett Koop acknowledges,

> *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.(3)*

Extraordinary measures are not required to keep a dying person alive at all costs. But some people fear exactly that. Removing this fear will take a lot of the wind out of the euthanasia sails.

Secondly, people fear the pain of the dying process. Intractable pain is a real fear, but few people today realize that most of the pain of terminally ill patients can be dealt with. Many doctors, particularly in the U.S., are not aware of all the measures at their disposal. There are new ways of administering morphine, for example, that can achieve effective pain management with lower doses and therefore a lower risk of respiratory complications.

Dr. Paul Cundiff, practicing oncologist and hospice care physician with 18 years of experience treating dying patients says,

> *It is a disgrace that the majority of our health care providers lack the knowledge and the skills to treat pain and other symptoms of terminal disease properly. The absence of palliative caretraining for medical professionals results in sub-optimal care for almost all terminally ill patients and elicits the wish to hasten their own deaths in a few.(4)*

But many would even be willing to live with the pain if they knew that they would not be left alone. The growth in the hospice movement will help alleviate this fear as well. The staff at a hospice is trained to deal not only with physical pain, but with psychological, social, and spiritual pain as well. If you have seen pictures of the many people Jack Kevorkian has assisted to commit suicide, you cannot help but notice that these are lonely, miserable people. Pain has had little to do with their desire to commit suicide. As a nation we have in large part abandoned our elderly population. When God commanded Israel to honor their fathers and their mothers, this was understood to mean primarily in their older years. Extended families no longer live together even when the medical needs of parents are not severe or terribly limiting. No one wants to be a burden or to be burdened.

Dr. Jack Kevorkian is a retired pathologist with essentially no training in patient care. He is simply on a personal mission to bring about legalized physician-assisted suicide to help usher in a code of ethics based totally on relativism. “Ethics must change as the situation changes,” he says. “That’s the way to keep control. Not by an inflexible maxim that applies for two thousand years, but an ethical code that will change a decade later.”(5) Right now Kevorkian’s victims are the few lonely and desperate individuals who seek him out. The future victims of his crusade will not only be those who

wish to die, but those whom doctors and relatives feel should die.

The Lessons of Holland

One of the primary reasons for concern about the legalization of physician-assisted suicide is the now runaway death culture of Holland. Doctor-assisted suicide was essentially legalized in Holland in 1973 by two court decisions. While not officially legalizing euthanasia in Holland, the courts simply said that if you follow certain guidelines you will not be prosecuted.

The problem is that any such regulations are not enforceable. As a result, the government of Netherlands reported in 1991 that only 41% of the doctors obey the rules and 27% admitted to performing involuntary euthanasia. That is, without the patient's consent! In addition, over 2% of the deaths in Holland in 1990 were the result of direct voluntary euthanasia, but 6% of all deaths were the result of involuntary euthanasia.

Many people in Holland today carry around a card that states they are not to be euthanized without their consent! That is precisely where we are headed. Once a right to physician-assisted suicide is established as it was in Holland, it soon degenerates into others being willing and able to make the decision for you.(6)

In Holland, doctors performed involuntary killing because they thought the family had suffered too much; some were tired of taking care of patients, and one was mad at his patient!(7) Even the conditions of allowed voluntary euthanasia are appalling. Robin Bernhoft, a U.S. surgeon of the liver and pancreas, relates an incident where a doctor in Holland told of a 26 year-old ballerina with arthritis in her toes requesting to be euthanized. Apparently since she could no longer pursue her career as a dancer, she was depressed and no

longer wished to live. Amazingly, the doctor complied with her request. His only justification was to say that "One doesn't enjoy such things, but it was her choice!"(8)

With this in mind, when the discussion of guidelines comes up, remember that in Holland, guidelines were useless. Enforcement is near impossible, and families and doctors as well as patients will succumb to the pressures of pain, depression and inconvenience. Sadly, pain and depression are treatable. There have been tremendous advancements in pain management which the American medical community is only recently being brought up to speed on. Depression can also be addressed but some patients, families, and doctors are often too impatient and lacking in genuine compassion to do the hard work to bring someone out of a depression. It is easier to offer help in suicide.

The lessons of Holland need to reinforce in our minds the necessity of making as many people aware of the dangers as possible. Since our society is now dominated by a worldview that prizes individual autonomy and shuns any mention of Biblical ethics, it can be very easy, yet ultimately, deadly, to go along with the crowd.

Why Life Is Worth Living: What the Bible Teaches

As we discuss the issue of euthanasia and physician-assisted suicide, it is critical that we not only understand what is going on in the world around us but that we also understand what the Bible clearly teaches about, life, death, pain, suffering, and the value of each human life.

First, The Bible teaches that we are made in the image of God and therefore, every human life is sacred (Genesis 1:26). In Psalm 139:13-16 we learn that each of us is fearfully and wonderfully made. God himself has knit us together in our mother's womb. We must be very important to Him if He has

taken such care to bring us into existence.

Second, the Bible is very clear that God is sovereign over life, death and judgement.In Deuteronomy 32:39 The Lord says, “See now that I myself am He! There is no god besides me, **I** put to death and **I** bring to life, **I** have wounded and **I** will heal, and no one can deliver out of my hand.” Psalm 139:16 says that it is God who has ordained all of our days before there is even one of them.Paul says essentially the same thing in Ephesians 1:11.

Third, to assist someone in committing suicide is to commit murder and this breaks God’s unequivocal commandment in Exodus 20:13.

Fourth, God’s purposes are beyond our understanding. We often appeal to God as to why some tragedy has happened to us or someone we know. Yet listen to Job’s reply to the Lord in Job 42:1-3:

> *I know that you can do all things; no plan of yours can be thwarted. [You asked,] ‘Who is this that obscures My counsel without knowledge?’ Surely I spoke of things I did not understand,things too wonderful for me to know.*

We forget that our minds are finite and His is infinite. We cannot always expect to understand all of what God is about. To think that we can step in and declare that someone’s life is no longer worth living is simply not our decision to make. Only God knows when it is time. In Isaiah 55:8-9 the Lord declares, “For my thoughts are not your thoughts, neither are your ways my ways. As the heavens are higher than the earth, so are my ways higher your ways and my thoughts higher than your thoughts.”

Fifth, our bodies belong to God anyway. Paul reminds us in 1 Corinthians 6:15,19 that we are members of Christ’s body and that we have been bought with a price. Therefore we should

glorify God with our bodies. The only one to receive glory when someone requests doctor-assisted suicide is not God, not the doctor, not even the family but the patient for being willing to "nobly" face the realities of life and "unselfishly" end everyone else's misery. There is no glory for God in this decision.

Lastly, suffering draws us closer to God. In light of the euthanasia controversy, listen to Paul's words from 2 Corinthians 1:8:

> *We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead.*

Not only does He raise the dead but there is nothing that can separate us from His love (Romans 8:38). For an inspiring and thoroughly biblical discussion of the euthanasia issue, read Joni Earickson Tada's book *When is it Right to Die?* (Zondervan, 1992). Her testimony and clear thinking is in stark contrast to the conventional wisdom of the world today. We must do the same.

What Will You Do? What Can You Do?

The Christian Medical and Dental Society has produced an excellent resource on physician-assisted suicide titled *The Battle for Life.*(9) As a part of the package they provide several cases to test your grasp of the principles involved and to help Christians be aware of the tough decisions that have to be made. I would like to share two of those with you and then discuss what you can do now to combat the "right to die" forces in this country.

Here is test case one:

> *Your 80 year-old grandmother has been fighting cancer for some time now and feels the emotional strain. She feels like she'll become a burden to the family. Her doctor notes that she seems to have lost her desire to live. Should she be able to have her doctor give her a prescription expressly designed to kill her?*

This is precisely what the courts have legalized in recent months and precisely what God's word says is wrong. It is wrong because it would be taking her life into our hands and violating God's sovereignty. Because physician-assisted suicide goes beyond letting someone die naturally to actually causing the death, it violates God's commandment, You shall not murder. There is a clear distinction between allowing death to take its natural course in someone who is clearly dying with no hope of a cure, and taking specific measures to end someone's life. There comes a time when the body is imminently dying. Bodily functions begin to shut down. At this point, people should be made as comfortable as possible, be supported and encouraged by their family and doctors, and allowed to die. This is death with dignity. Taking a lethal injection or breathing poisonous carbon monoxide takes life out of God's hands and into our own.

Test case number two:

> *Your spouse has an incurable fatal disease, has lost control of bodily functions and is unable to communicate. Special treatment and equipment can extend your spouse's life for a few weeks or even months but will involve much pain and exhaustion. Would it be morally right for you to not arrange for the treatment?*

Many would accept a decision not to arrange for treatment because that would not be killing but simply allowing death to take its natural course. Such decisions are not always clear-cut, however, and a physician and family members must take

into account the pros and cons of intervention versus a faster natural death. Sometimes we rationalize that we need to keep the patient alive as long as possible because God may still work a miracle. But just how much time does God need to work a miracle? If God is going to intervene He will do so on His time and not ours.

Now that we have a better understanding of the issues, you may be wondering just what we can do about this threat among us. Three things:

Pray – Pray that God will turn the hearts of people back to Himself and back to protecting life. Pray for righteousness and justice in our legal system, that we enact laws that preserve life, punish the guilty and protect the innocent.

Speak Out – Present this information to other groups. Talk with your friends and family and discuss the reasons for protecting life.Contact your state and federal legislators and tell them to stand against physician-assisted suicide.

Reach Out – Visit the elderly, care for those who can't care for themselves, comfort the sick. Consider joining or starting a church ministry to the elderly, handicapped, or other individuals with special needs. As Christians we must lead the way with our hearts and actions and not just our words. If we devote our energies to providing quality and loving care and effective pain control, the euthanasia issue will die from a lack of interest.

Notes

1. "Why is Life Worth Living: An Overview of Physician-Assisted Suicide." *The Battle for Life: An Educational Resource Kit*. Christian Medical and Dental Society, P.O. Box 5, Bristol TN 37621. 1996.

2. Cited in "Kevorkian going on trial on assisted-suicide charge," *The New York Times*, 12 Feb. 1996, National Report,

A8.

3. C. Everett Koop. The Surgeon General on Euthanasia. *Presbyterian Journal*. Sept. 25, 1985:8.

4. David Cundiff. 1992. Quoted in review of *Euthanasia is NOT the Answer: A Hospice Physician's View* by Debbie Decker. *CURRENTS in Science, Technology, and Society*. 1(2):20.

5. Jack Kevorkian. 1990. Quoted in "Kevorkian: A Glimpse into the Future of Euthanasia?" by Sarah Sullivan. *Christian Research Journal* 18(4)23-27, 1996.

6. R. Finigsen. 1991. "The Report of the Dutch Committee on Euthanasia." *Issues in Law and Medicine* 7:339-44.

P.J. van der Maas. 1991. "Euthanasia and Other Medical Decisions Concerning the End of Life." *Lancet* 338:669-74.

7. "California's Proposition 161 and Euthanasia." 1992. *CURRENTS in Science, Technology, and Society* 1(2):11. Published by Access Research Network, P.O. Box 38069, Colorado Springs, CO 80937-8069.

8. Robin Bernhoft, M.D. 1995. Quoted in *Euthanasia: False Light*. Produced by IAETF, P.O. Box 760, Steubenville, OH 43952. Running time: 14:48.

9. *The Battle for Life* is an educational resource kit produced by the Christian Medical and Dental Society. The Kit includes an award winning video, *Euthanasia: False Light*, a leader's presentation guide with discussion questions, handouts for Christian and secular audiences, overhead transparencies, Biblical principles summary, research synopsis, cassette tape of public service announcements, and bulletin inserts. The Kit is available from the Christian Medical and Dental Society, P.O. Box 5, Bristol, TN 37621, Phone (615) 844-1000, FAX: (615) 844-1005. The retail price for the complete kit is $30.

©1996 Probe Ministries

The Sanctity of Human Life: Harvesting Human Fetal Parts

The grisly effects of over twenty years of an abortion industry in this country are becoming easier to document all the time. In Pennsylvania, the “anatomy specialist” for The International Institute for the Advancement of Medicine has a task that would cause many of us to become physically ill. He travels to local abortion clinics seeking abortion remains. He searches for fetal parts and tissues that may be of use to medical doctors and researchers. The Institute is one of a half-dozen fetal tissue providers in the country. They will charge handling fees of $50 to $150. These companies distribute over 15,000 specimens to doctors and researchers annually. Some large medical centers at universities regularly supply fetal parts to their own doctors and researchers (*The Human Body Shop*, by Andrew Kimbrell, HarperCollins, 1993, pp. 45-66).

The growth and future prospects of the fetal tissue market are actually quite good. Despite controversy over their effectiveness, the use of fetal organs for transplants is expected to grow. Prime targets for recipients are the 1 million Parkinson’s disease victims, 3 million Alzheimer’s patients, 6 million diabetics, and 25,000 with Huntington’s disease.

The growth of this industry is assured for three reasons. First, fetal tissue comes from sources the Supreme Court in Roe vs. Wade does not consider persons. This gives developing babies virtually no legal status, and there is no recognized need for regulation of “non-descript tissue.” Second, fetal tissue exhibits tremendous developmental potential. The use of

fetal tissue in transplants is desirable since these tissues are expected to grow and hopefully replace adult tissue that has ceased to function or functions improperly. In the case of Parkinson's disease, fetal brain tissue is transplanted into the brains of Parkinson's victims in the hope that the fetal tissue will perform normally and lessen or eliminate the effects of the disease. Third, fetal tissue is available in an abundant and continuous supply. With over 1.5 million elective abortions performed in this country every year, the supply of fetal tissue is bountiful.

These prospects are complicated further by the fact that the best tissue for research and transplants is tissue obtained from fetuses that were still alive when the tissue was obtained. There is no way to offer protection under current law. France, the United Kingdom, Australia, Canada, and Sweden all have guidelines but no laws. The U.S. had the Reagan moratorium on fetal tissue research involving federal funds. But this moratorium has been misunderstood. All it did was ban the use of federal funds for this research, not ban the research altogether. This ambiguous situation provides new pressures on pregnant women seeking abortion. Some are asked to allow their abortion to be performed by certain procedures to allow for the live acquisition of fetal parts. So not only is she asked to end the life that thrives within her, but she is sometimes asked to sign a permission waiver to allow for a particular procedure. The lack of legal status will lead to a commercial industry. President Clinton virtually assured this prospect when he lifted the ban on using government monies for research using fetal tissue from elective abortions.

This is no time to lose heart or grow faint in the pro-life movement. The fetal tissue industry will exert new monetary pressures to continue abortion on demand. This raises an additional rationalization that abortion is for the common good. "Just look what can be done for those suffering from these diseases" they will say. We must stiffen our resolve and

understand what is happening in our culture.

The Sanctity of Human Life and the Bible

As the pro-life movement encounters increasing pressures from inside and outside, it becomes more important than ever to have our thinking grounded in Scripture. We must not only know what we believe, but also why. Some of these passages are ones you are familiar with to some degree, but some of them may be new. In either event, they are important to have for quick reference.

Psalm 139:13-16 says, “For Thou didst form my inward parts; Thou didst weave me in my mother’s womb. I will give thanks to Thee, for I am fearfully and wonderfully made; wonderful are Thy works, and my soul knows it very well…. Thine eyes have seen my unformed substance; and in Thy book they were all written, the days that were ordained for me, when as yet there was not one of them.” David clearly implies that God is intimately involved in the process of embryological development inside the womb. David also indicates that the days of every developing human have been numbered from before birth.

Psalm 51:5 says, “Behold I was brought forth in iniquity, and in sin my mother conceived me.” David is not suggesting that he was born as the result of a sinful relationship. What he is saying is that from the time he left his mother’s womb, even from the moment he was conceived, he was a sinner. David, therefore, was not some amorphous blob of tissue at conception, but a spiritual being with a sin nature. Some may object that I am using a modern day definition of conception and applying it to a 3,500-year-old text. However, conception was recognized as the beginning of life. They understood that the seed of the man needed to be combined with the seed of the woman and out of that union, a new life was brought forth. While our technical knowledge may be more precise, the idea is still the same.

Several individuals in Scripture tell us that they were called to their respective ministries before birth or while still in the womb. The Lord tells Jeremiah in Jeremiah 1:5, “Before I formed you in the womb I knew you, and before you were born I consecrated you; I have appointed you a prophet to the nations.” Isaiah says in Isaiah 49:1, “The LORD called me from the womb; From the body of my mother He named me.” Paul says in Galatians 1:15, “But when He who had set me apart, even from my mother’s womb, and called me through His grace, was pleased to reveal His son in me.” Our days were not only numbered, but our ministries already planned from the time before we entered our mother’s womb. Each and every life is indeed valuable in God’s eyes.

Even more instructive is the miracle of the Incarnation. In Matthew 1: 18-20, we are told that Mary was with child by the Holy Spirit. Jesus entered the world at the point of conception.

We celebrate the incarnation at Christmas, Jesus’ birth, but the actual event took place at conception. This reality is brought home to us when Mary visits her cousin Elizabeth a short time later. John the Baptist, at six months gestation in Elizabeth’s womb leaps for joy inside her as he comes into the presence of the Messiah in Mary’s womb. At that point Jesus was not just a blob of cells or mere tissue. He was the Messiah, the Son of the Most Holy God. It is also important to note that John the Baptist was filled with the Holy Spirit and leaped for joy in the womb. Only beings made in God’s image can be filled with the Holy Spirit and that is what John was.

The Other Side of Life

Euthanasia has taken root in the culture and in our nation. Doctor-assisted suicide propositions failed in Washington State and California before passing in Oregon this last election. Dr. C. Everett Koop fears that for every Baby Doe that is allowed to die in a hospital due to physical or mental

handicaps, there will be 10,000 Grandma Does. There is no question that we are faced with many difficult decisions concerning the end of life today because of the immense technological ability to sustain life indefinitely. While we hold that every life is sacred in the eyes of God, does there come a time when the merciful and right thing to do is to end a life?

The Bible actually has something to say to us in this matter. Apart from the commandment against murder there is additional information concerning the sanctity of life in 1 and 2 Samuel. For example, 1 Samuel 31 tells of the death of Saul's sons, including Jonathan, in battle with the Philistines. When Saul witnesses these events and sees that defeat is unavoidable, he asks his armor bearer to kill him because he cannot stand the thought of capture by the Philistines. The armor bearer refuses out of fear, so Saul falls on his own sword to kill himself.

We learn, however, from an Amalekite who brings news about Saul to David in 2 Samuel 1, that like many other events during his reign, Saul did not get his own suicide quite right. We learn that this Amalekite had come upon Saul, whose life still lingered in him, at which point Saul requested that the Amalekite finish the job, which he did. Upon news of the King's death, David and his followers tear their clothes and mourn the death of the King of Israel. David next asks the Amalekite why he did not fear to slay God's anointed leader (Saul). Without waiting for a reply, David has the man struck down. It could be argued that David's drastic response could be because it was the King. But just as clearly, this man took Saul's life, and capital punishment was administered. God is a God of life and not death.

The New Testament constantly presents death as the enemy. Jesus wept at the tomb of Lazarus not just because of the loss of a friend, but also because of the spoiling effects of death on His creation. Jesus continually healed the sick, even those

who were close to death, not just to relieve suffering but because death was the enemy. Jesus' message was clear: we are to seek to preserve life not find ways to terminate it.

But many in our society face difficult decisions concerning life and death. When are extra-ordinary measures justified and when should nature be allowed to take its course? Some would even say that the merciful thing to do is to take active measures to end a life that is wracked with incurable suffering. Christian Medical ethicist, John F. Kilner, presents a threefold imperative for making decisions in this area. Our decisions should be **God- centered**, **Reality-bounded**, and **Love-impelled**. *God-centered* in that we have studied what Scripture has to say about life and death. We have gained an understanding of God's perspective. *Reality- bounded* in that we have educated ourselves concerning the relevant medical technologies and capabilities as well as the status of the patient. *Love-impelled* in that we consider others as more important than ourselves and that we are seeking the comfort and treatment of the one who is ill and not what will be easier for us to handle. All too often today, society offers a caricature of godly love and offers it up as the only criterion to be considered.

Decisions of Life and Death in the Real World

When asked about issues of death and dying, a book I always recommend is by Joni Eareckson Tada, *When Is It Right to Die?* Joni brings a unique blend of biblical interpretation, personal experience, and knowledge of modern medicine to the issues of suffering, mercy, suicide, and euthanasia. One of the more important points in the book is that there is a real difference between allowing nature to take its course in a person who is clearly dying and taking specific measures to end someone's life. Joni quotes former U.S. Surgeon General and co-author of the book, *Whatever Happened to the Human*

Race?, C. Everett Koop:

> *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.*

This is what death with dignity is supposed to be all about. There does come a time when a patient is dying and there is nothing to be done to heal or cure him. The next question then is how long and with what measures do you prolong the act of dying. As a person dies, various bodily functions begin to shut down. Some will completely lose the ability to eliminate fluids from the body. In these cases, if intravenous fluids are continued, the body will bloat and become extremely uncomfortable. Medical care becomes torture. Better to remove the intravenous solution, provide limited fluid by mouth, and allow the dying process to continue while making the patient as comfortable as possible.

Withholding fluids in this case is totally different than withholding fluids from a newborn Down's Syndrome child because the parents don't want the child. The latter is murder. What is important here is to realize that every case is different. There is no set of rules that will be able to govern every possible situation. That is why any law attempting to legalize doctor- assisted suicide is dangerous. It is simply impossible to cover all the bases. The law will be abused.

We have the clear testimony of the Netherlands to back that up. A 1991 article in the *Journal of the American Medical Association*, stated that rules were established governing euthanasia in the Netherlands by the courts in 1973. However,

the article stated that only 41% of the doctors obey the rules, 27% admit to having performed involuntary euthanasia (without consent of the patient), and 59% are willing to do so under various circumstances. In 1990, 5,941 deaths were the result of involuntary euthanasia.

But why is euthanasia gaining so much popular support? The reason is fear. People fear the power of modern medicine. They are worried that modern technology is out of control and that they may be left on life-support indefinitely and unnecessarily. People also fear the loneliness and pain of death. Today there is no reason to fear the pain. Surprisingly, the U.S. is a bit behind the rest of Western medicine in the treatment of pain in that there are many options available to treat pain and nearly eliminate it entirely for a dying patient. The loneliness is best dealt with in a hospice. A hospice is designed to take care of the emotional, mental, spiritual needs as well as the physical aspects of the terminally ill. In a hospital, a dying patient is often seen as a failure. A hospice can effectively provide care that is God- centered, reality-bounded, and love-impelled.

A Call to Action and A Warning

In this discussion I have tried to lay out some of the clear biblical and medical issues that face us today in the pro-life movement. Often we can become confused as to what we can do that is effective in turning the culture around. Certainly using the ballot box effectively is important. Making use of our representative form of government by writing letters and calling the appropriate legislators to let them know our position on a particular issue is another. But I would like to conclude with a specific encouragement and a warning.

My encouragement is to become involved in whatever way possible with a crisis pregnancy center in your area. If there isn’t one, get a group together to find out how to start one.

The Christian Action Council out of Washington, D.C., has set up hundreds of them around the country. Assisting women in a crisis pregnancy has a clear biblical parallel with how God treated Hagar when she left Abraham's household.

You will remember that when Sarah became frustrated with her inability to provide Abraham with a son to fulfill God's promise, she brought her servant, Hagar, to Abraham as a substitute. Abraham consented, of course, and soon found himself in trouble. When Hagar conceived there was immediate tension. Hagar was jealous because although she performed the duties of a wife for Abraham, she had gained none of the privileges. Sarah on the other hand was resentful because Hagar was successful where she had failed. Sarah complained to Abraham about Hagar's outward hostility and half- rightly blamed him for Hagar's mistreatment of her. Abraham gave Sarah permission to mistreat Hagar, and Hagar ultimately fled into the desert. This was indeed a crisis pregnancy. Hagar's child in her womb was the result of an adulterous relationship: she had been abused and mistreated, and she was now homeless and destitute.

But God met her in her time of need. He provided for her materially by telling her to return to Abraham and Sarah. He comforted her emotionally by assuring her that her child was important to Him by indicating that it was a son and He already had a name picked out for Him: Ishmael, meaning "God hears." God also promised that her son would be the father of many nations. Hagar chose life for herself and for her son. Today, women will choose the same path if provided with the truth surrounded by love and compassion.

My warning is to say simply that violence is never justified in our fight to save lives. First, we are commanded to submit and obey governmental authorities (Titus 3:1 and Rom. 13:1). Remember that Moses was banished for 40 years for taking matters into his own hands in Egypt when he killed an Egyptian soldier who was mistreating an Israelite worker (Exod. 2:11).

Moses had one solution in mind, but God had another. Israel had every right by today's standards to rise up in armed rebellion. God, however, had another plan. Civil disobedience is certainly allowed when God's laws are violated, but violent protest is nowhere recorded in Scripture (Exod. 1,12; Daniel 3; 1 Kings 18; Acts 4-5; Rev. 13). Daniel disobeyed the law of the land but submitted to the lion's den as did the martyrs of the early church when faced with terribly brutal and unjust persecution. Jesus rebuked Peter's use of the sword at His arrest (Matt. 26:52). Jesus submitted to Pilate's authority. He said, "You would have no power over me if it were not given to you from above" (John 19:10-11).

Whether dealing with abortion, helping women victimized by the allure and power of a legal abortion industry, or comforting people afraid of pain, suffering, and death, our response should be God- centered, rooted in the sanctity of human life; reality-bounded, knowledgeable about the situation, and love-impelled, guided by the desire to extend the love of Christ to all.

©1995 Probe Ministries