Personhood and Origins

Does One's View of Origins Really Matter?

In the midst of carpools, meetings, appointments, and everything else that life throws at us, does it really matter whether someone is a Darwinist or a Creationist, or holds some position in between?

Whether we are aware of it or not, we all filter our life experiences through the lens of our worldview. Nancy Pearcey, author of *Total Truth*, describes a worldview as the "mental map that tells us how to navigate the world effectively."{1}

As technology advances, we find ourselves wading through very murky waters that deal with questions of personhood at the edges of life. Questions about embryos and human experimentation and euthanasia and physician-assisted suicide are no longer speculative theories for ethicists to ponder in their ivory towers, but something that ordinary people have to deal with either through voting or through very personal decisions. And it can be confusing—which is precisely why we need a map to guide us!

Consider this: The state of Washington recently passed a law approving physician-assisted suicide. Many are lobbying congress to vote on lifting restrictions on funding for embryonic stem cell research. Great Britain is voting on funding for research on human/animal hybrids. And many of us will have to make difficult decisions about a loved one in the hospital. Just last week, a British couple used in vitro fertilization to select from a group of their own embryos one who did not have the genetic markers for breast and cervical cancer which ran in the family, leaving the other embryos to be destroyed. One's view of origins, and particularly who man is within that view, has a profound impact on how we make

decisions regarding such bioethical issues.

Characteristics of the Map

Pearcey says that every worldview, or mental map, has to answer these three questions: 1) How did we get here? 2) What happened to us? and, 3) How do we make things right? *Christian theism* answers these questions with the biblical record of:

> *1) Creation,*
> *2) Fall of mankind from favor and fellowship with God,*
> *3) Redemption of fallen mankind through salvation in Jesus Christ.*

Naturalism would answer these questions with:

> *1) Macro-evolution, natural selection randomly acting on chance variations, (no one to answer to)*
> *2) No right or wrong, just "survival of the fittest," (no inherent law to be held to), and the*
> *3) Evolving and passing on of our DNA (no over arching plan or ultimate meaning to life than to just continue living).*

The answers to these questions directly affect our view of personhood. Both secularists and Christians would agree that "a person" is valued as having a right to life and in the United States; we would agree with our founding Fathers that they have certain inalienable rights. But the answer to the question "What is a person and how should they be treated?" is very different under each worldview, and will guide you to very different waters.

The Christian Theism Map

From the Christian view of origins, we find that man is created in the image of God{2} and that he is a special part of creation, above all other creatures.{3} Part of being made

in the image of God is that humans are more than the sum of their physical parts. People are made up of both body and mind (or soul), and these physical and spiritual components are integral to a person's identity.{4} James 2:26 says that the body apart from the spirit is dead. The story of Jesus raising Jairus' daughter in Luke 8:55 makes clear that when her spirit returned to her body, she was once again alive. Also passages about the resurrection, such as 1 Corinthians 15, make a distinction between the spirit and the body.

If people are both spiritual and physical, then their value is not just placed in physical abilities or in their genetics. There is value beyond the body. We would still consider a disabled person, or a person in a coma, or a victim of a horrible accident as a valuable person. Even if their body became functionless or mangled, they would still be valued as a person because their value and identity entails more than the physical self. The body is important and a crucial part of their identity, but it is not the only measure.

The Naturalism Map {5}

From the naturalistic view of origins, popularly embodied in Darwinism, man is part of a long heritage that began with natural selection acting first on chemicals, then cells, then simple animals, and now on the current assortment of animals, including *homo sapian*. Man is considered another animal, and does not necessarily deserve any more rights or privileges than any other animal. Because the naturalistic worldview denies the supernatural or spiritual, man is seen as merely a physical being. Therefore, his value stems entirely from in his physical capabilities and genetics.

This mental map has led to such murky waters as the *eugenics movement*, through which scientists engaged in sterilization of prisoners, the intellectually weak and the poor because they wanted to improve the human race and purge "bad genes" from the gene pool. They also considered certain races as more

advanced, or more evolved, than other races. The logical end of the *eugenics movement* was realized in Nazi Germany. Darwinism is not necessarily the cause of eugenics, but eugenics is an unsurprising logical possiblility under that particular worldview.

From the naturalistic view of personhood, one man can value another man based solely on his physical appearance or capabilities. Logically, from the naturalistic worldview, one can justify almost any action because "survival of the fittest" is the reigning ethic.

The eugenics movement is widely considered a black mark on American history, and many would consider it long gone with our lessons learned. However, many bioethicists, doctors and medical health professionals still practice medicine and make decisions based on a worldview and values that were used to justify eugenics. It is common to discuss a person's "quality of life" and make decisions on how to treat—or even if they should treat a patient—based on this measure. "Quality of life" criteria are often arbitrary measures of a person's worth based on how well they function physically and mentally compared to what is deemed "normal." Unfortunately, such subjective "quality of life" ratings and scales likely reflect what the doctors or authors' personally value more than the dignity or sanctity of the individual they are measuring. Quality of life measurements and our example of the Great Britain couple choosing an embryo based on its genetic markers are examples of people practicing a type of eugenics, whether they wish to call it that or not.

So Origins Does Matter. . .

These are two very different views of man, and lead to widely varying conclusions about personhood or the sanctity of human life.

The Bible may not contain the words "stem cells" or

“euthanasia” but it does speak to the value and sanctity of human life. It also addresses how we should value one another and why it is so tempting to judge each other based on our own standards instead of God’s standards. Whether we are talking about the Pharisee who was thankful he was not like the tax collector or the person who decides that embryos and the elderly should not continue living because they’re worth more dead than alive, one person is placing a value on another person based on his own criteria of values as opposed to God’s. In fact, he is putting himself in the place of God.

I am reminded of a passage when God was directing Samuel to anoint a new king. Samuel was judging the sons of Jesse based on physical standards only, “But the Lord said to Samuel, ‘Do not look on his appearance or on the height of his stature, because I have rejected him. For the Lord sees not as man sees: man looks on the outward appearance, but the Lord looks on the heart.’”{6} Samuel judged Jesse’s sons based on their physical features, but God reminds him that he has standards that are beyond what man can see. The naturalistic worldview of personhood is similar to Samuel’s standards of who would be a fitting king, but the Christian theistic worldview holds that it is God’s standards, not man’s, that dictate how we are to value a person. God values individuals despite their physical features and while we may not see their value right away (David was a young shepherd), God does. Thus, we must trust that what he values is what we should value.

Again, our worldview is like a mental map. Personally, if I had to navigate murky waters, I would rather have a map made by the Creator, himself—a God’s—eye—view of the waters—than the limited perspective of someone standing right there in the middle of it. Whose map are you going to use?

Notes

1. Pearcey, Nancy, *Total Truth*, Crossway Books, 2005, p. 23. See Probe’s review of *Total Truth* here:

www.probe.org/total-truth.
2. “So God created man in his own image, in the image of God he created him; male and female he created them.” Genesis 1:27 (ESV Bible).
3. “And let them have dominion over the fish of the sea and over the birds of the heavens and over the livestock and over all the earth and over every creeping thing that creeps on the earth.” Genesis 1:26 (ESV); See also Genesis 1:28-30.
4. See Probe’s article on The Spiritual Brain: www.probe.org/the-spiritual-brain.
5. For more information on Darwinism, see Probe’s articles at: www.probe.org/category/faith-and-science/origins/.
6. 1 Samuel 16:7 (ESV Bible).

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“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: 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.

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