Baptist Ministry Seminar – Session 4

Death with Dignity: The Big Lie—Part II
(I Peter 2:19-21)
"The line between voluntary and/or involuntary euthanasia cannot hold." --Leon Kass, Bioethicist

I. The Contemporary Euthanasia Movement
   A. Gained popular appeal through the book *Final Exit* by Derek Humphry, cofounder of the Hemlock Society.
   B. Dr. Arthur Caplan, director of the University of Minnesota's Center for Biomedical Ethics states that the move toward euthanasia in America "is a break from a _____ year old tradition that says doctors cannot harm."
   C. Dr. Charles Krauthammer answers a common question: "How then to draw the line? Easy. Doctors must not _____. The bright line must be drawn precisely between passive and active measures."
   D. Just five years following the Supreme Court's notorious abortion decision, theologian Francis Schaeffer wrote:

> The next candidate for arbitrary reclassification as non persons are the elderly. This will become increasingly so as the proportion of the old and weak in relation to the young and strong becomes abnormally large, due to the growing antifamily sentiment, the abortion rate, and medicine's contribution to the lengthening of the normal life span. The imbalance will cause many of the young to perceive the old as a cramping nuisance in the hedonistic life-style they claim as their right. As the demand for affluence continues and the economic crunch gets greater, the amount of compassion that the legislature and the courts will have for the old does not seem likely to be significant, considering the precedent of the nonprotection given to the unborn and new born.

   E. Consider the results of legalized euthanasia in the Netherlands:
      1. 130,000 people die each year in the Netherlands.
      2. Last year 2,300 people died through voluntary, doctor-assisted suicide.
      3. Last year _____ people died through *involuntary*, doctor-assisted suicide. In America we commonly call that practice murder.

II. Living Wills—Principles and Precautions
   A. A living will instructs your physician as to the extent of your treatment if you are unable to speak for yourself.
   B. In a living will, you may elect to refuse "_____ measures" of treatment or artificial life support in cases of terminal disease or accidents/injury.
   C. A living will is NOT _____. A living will merely instructs doctors as to your wishes in the event that you can not speak for yourself.
      1. The personal decision to refuse medical treatment is legitimate. (Many people make that decision every day.)
      2. A living will is merely a printed record of your requests/refusals regarding extreme medical treatment.

D. Be certain you understand fully the implications of a living will before executing it.
    1. While you have made, in writing, decisions regarding your treatment, a living will empowers physicians and/or your family to carry out your wishes.
    2. Realize that all medical situations are not "cut and dried." One doctor may declare a condition "terminal" before another would.
    3. Doctors and/or family members may differ in opinion as to when the provisions of the living will should be carried out.

III. What about life support?
A. Because every medical situation is different, decisions regarding life support are difficult and complex.
B. Consider the following principles when dealing with life support decisions:
    1. It is legitimate to refuse to prolong life artificially through extreme medical means.
        a. Extreme medical means may include such devices which artificially replace the functioning of organs essential to the immediacy of life—such as heart and lungs. Generally, should extreme medical means be removed or refused, the patient would die naturally within a short period of time.
        b. Extreme medical means DO NOT include feeding tubes. Artificial feeding is not an extreme medical means for sustaining life—just ask any bottle-fed baby! In addition, those removed from feeding tubes die—not of natural causes—but of _____. Starvation is a slow and painful death.
    2. It is NOT legitimate to hasten death artificially—euthanasia.
        a. Physician assisted suicide—usually pharmaceutical
        b. Morphine overdose—patient or _____ induced
        c. Starvation or dehydration. Remember, Terri Schiavo did not die from her brain injuries—she died of dehydration.
C. Do not make any decision to remove life support quickly. Consult family and physicians. Make sure you understand everything the physician says.
D. If any question exists as to the terminality of the disease/injury, maintain life support and seek additional expert advice.
E. Injuries involving brain function are extremely unpredictable. Hold out hope as long as possible.
F. Remember, borderline cases do exist. If you are involved in a decision regarding a borderline patient, opt for _____.
G. Dr. Dell Johnson, former Dean of Pensacola Theological Seminary:

> There is a moral responsibility to repair life to function naturally. There is not a moral responsibility to sustain life artificially. It is morally acceptable to refuse treatment that prolongs death; it is morally wrong to refuse treatment that restores or preserves life.