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## Mind Games Survival Course Manual



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# Medical Ethics

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## IV. Definition of personhood

**A. *Modern medicine makes a distinction between being human and being a person. Value is assigned rather than inherent.***

1. Biological criterion (Francis Crick):

[If] a child were considered to be legally born when two days old, it could be examined to see whether it was an 'acceptable member of human society.' {1}

2. Cultural criterion (Ashley Montagu):

A newborn baby is not truly human until he or she is molded by cultural influences later. {2}

3. Mental criterion (Joseph Fletcher):

Humans without some minimum of intelligence or mental capacity are not persons, no matter how many of these organs are active, no matter how spontaneous their living processes are. {3}

## 5. Sanctity of human life versus quality of life

**A. *In pre-modern and modern culture, life has been considered sacred. Value and dignity are inherent.***

**2. *In post-modern culture, all absolute standards are removed including the idea that life is sacred. Value is assigned not inherent. Focus is now on the quality of life rather than the sanctity of life.***

**3. *Key questions which arise from this shift in perspective:***

1. Who will decide?
2. What criteria will we use?
3. Will our standard stay permanent (slippery slope)?

## 6. Euthanasia

### A. *Definition*

1. Webster's Dictionary provides two definitions:
  - a. "An easy death or means of inducing one"
  2. "The act or practice of painlessly putting to death persons suffering from incurable conditions or diseases."
2. Euthanasia means different things to different people.
3. Most lay people once assumed the focus was merely on what can properly be called palliative care, which includes attempts by doctors and nurses to ease pain in terminal patients, but does not justify inducing death.

### 2. *Analysis of Different Forms of Euthanasia*

1. Voluntary, passive euthanasia
  - a. This is not truly euthanasia in the modern sense.
  2. At this point the medical personnel's attention turns from curing the disease to making the patient as comfortable as possible.
  3. Many physicians are reluctant to discontinue medical efforts to cure terminal patients.
  4. Patients who are ready "to go to be with the Lord" may find themselves at odds with doctors fearful they may have to prove in a court of law that they did all they could for the patient.
2. Voluntary, active euthanasia
  - a. Does active euthanasia constitute an act of murder or assisted suicide? Or is it merely a compassionate act of mercy-killing?
  2. 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.

3. Certain analgesics, for example, not only ease pain, but can also shorten a patient's life by affecting respiration.
  4. Another concern is that it eliminates the possibility for recovery.
  5. 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.
3. Involuntary, passive euthanasia
    - a. In this form of euthanasia, an act of omission, medical personnel do not go to any extraordinary measures to save the patient.
    2. Unfortunately this omission often includes actions that are more accurately described as active euthanasia. Withholding food (by removing nasogastric tubes), antibiotics, or life-support procedures (respirator) is much more than passive euthanasia.
  4. Involuntary, active euthanasia
    - a. In this form a second party makes decisions about whether active measures should be taken to end a life.
    2. Foundational to this discussion is an erosion of the doctrine of the sanctity of life.
    3. Once society becomes conformed to a "quality of life" standard for infants, it will more willingly accept the same standard for the elderly.

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}

Ethicist Yale Kamisar provides this description:

Miss Voluntary Euthanasia is not likely to be going it alone for very long. Many of her admirers . . . would be neither surprised nor distressed to see her joined by Miss Euthanize the Congenital Idiots and Miss Euthanize the Permanently Insane and Miss Euthanize the Senile Dementia. And these lasses whether or not they themselves constitute a "parade of horrors" certainly make excellent majorettes for such a parade. {5}

### ***3. Fear is the force propelling the euthanasia movement.***

1. Patients fear being at the mercy of the power of modern medicine. {6}
    - a. Doctors will take heroic measures even in hopeless situations due to fear of malpractice.
  2. The Patient Self-Determination Act of 1990 provides a clear right to direct your own health care in advance, should you become incompetent due to debilitating disease or trauma.
  3. California Proposition 161 was woefully inadequate. Among the many loopholes: no family involvement or residency required, any physician could perform the act, misdiagnosis of a terminal illness could prove fatal anyway, there was no waiting period, no counseling alternative, and no psychological evaluation. {7}
2. Fear of intractable pain or of being left alone to die is not necessary.

The American medical community has a lot to learn about managing pain, and hospices can provide low-cost, quality care. {8}

#### 4. *Biblical Analysis*

1. Biblical view of life-taking
  - a. The Bible specifically condemns murder (Exod. 20:13), and this would surely include active forms of euthanasia in which another person (doctor, nurse, or friend) hastens death in a patient.
  2. 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.
  3. Active euthanasia, like murder, involves premeditated intent and therefore should be condemned as immoral and even criminal.
2. The "right to die"
  - a. Giving a person a right to die is tantamount to promoting suicide, and suicide is condemned in the Bible.
  2. The so-called "right to die" denies God the opportunity to work sovereignly within a shattered life and bring glory to Himself.
  3. 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?" Now she shares with the world her firm conviction that "suffering gets us ready for heaven."

3. A biblical view of death
  - a. Scripture defines death as a spiritual event that has biological consequences.
  2. Death, according to the Bible, occurs when the spirit leaves the body (Eccles. 12:7; James 2:26).
  3. 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 (2 Cor. 5:8).
  4. Death is gain for Christians (Phil. 1:21).

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