Keeping Human Life Human

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I

A premature infant girl was delivered to Phyllis Obernauer in the back seat of the family car en route to the hospital. Once in the hospital, Mrs. Obernauer was perplexed because the hospital staff and even her obstetrician seemed to avoid her. Finally came the crushing news: the infant had mongolism,[2] with a major cardiac abnormality and an intestinal obstruction. The obstruction required immediate surgical intervention if the little girl were to survive. When informed of the condition, the mother looked ahead to the kind of life that lay before this infant and made a decision she didn't think herself capable of making: "Let the baby die."

The hospital staff was horrified by the mother's attitude, and her wish was not carried out. The local bureau of children's services obtained a court order and forced the intestinal surgery. Two months later, Mrs. Obernauer was presented with a live, still imperfect child and a medical and surgical bill for $4,000. She took the infant home with great reluctance. Months later, after being tempted on several occasions to end the child's life, she was still saying, "If there were a place where I could take this child today and she would be put to sleep permanently, I would do it."[3]

At Johns Hopkins University Hospital in Baltimore, an almost identical birth occurred. Again, the parents refused surgery. This time, however, no court order was obtained. For fifteen days the infant survived. Its bassinet, on which hung the sign "nothing by mouth," was placed in a darkened room. Dehydration finally killed the child during a period of agony for parents, doctors, and nurses.

Which solution was the correct one?

Dr. Frank R. Ruff describes a patient who was admitted to the hospital with an inoperable bowel malignancy that had metastasized widely through his body. Nothing short of a miracle could save him, but his doctors tried. "Over his tired

protests, they gave him x-ray therapy, chemotherapy, and other costly treatments. After several weeks they sent him home mentally exhausted, financially depleted, and physically only slightly improved. He died within a week. By the time his funeral was paid for, his death had left his wife virtually penniless."[4]

Tony Gallo's physical and mental symptoms were finally diagnosed as uremia from chronic kidney failure. His age and hypertension ruled out a kidney transplant. He was placed on an artificial kidney machine that kept him alive but severely restricted his activities. Side effects of the dialysis were severe generalized itching and (worse, from Tony's standpoint) impotence. The family savings were quickly dissipated, and the Gallos remortgaged the house. Finally it was all getting to Tony. "Why do I have to be around? Why do I have to live like this?" he would ask his wife daily. "I could see it if I were getting better." Tippy Gallo could only say, "We love having you around. We want you forever."

One day shortly after his wife's birthday Tony decided he had had enough. "He ripped the tubes from his arm and walked out of the treatment room, leaving behind a trail of blood and shocked nurses. "His wife pleaded with him to go back on the machine, telling him it was a sin to give up. A parish priest begged him. His sons threatened to sit on his chest and legs while a nurse put him back on the machine. 'He just told me it wasn't worth it any more. He wanted to die,' his wife says. Tony stuck to his decision, and a week later he was dead."[5] Should he have been forced back on the dialysis machine?

I received this letter from a tired old man: "What would you regard as a natural death? Or is there no such thing? . . . I am eighty-seven years old, and I have been fighting off death all my life. Two years ago I fought off death from four kinds of urinary complaints, compaction, hardening of the arteries, chronic heart disease so severe that one attack left a lesion on my heart; and now I am in a life struggle with cancer. I have been on the operating table nine times; and I have also had two minor operations. My folks are terribly opposed to my treatments. Hospitals and doctors have cost me $16,000. . . . Because I have very little money left, they have put me under guardianship as an incompetent. Now, if I had not taken those treatments (and they said I would die if I didn't), wouldn't that have been the same as committing suicide? And if I committed suicide, wouldn't I lose eternal life? I am so anxious to go home. Oh, Lord, won't you please let up on me a little?"

An elderly mother wrote: "Dear Sons — This letter is not a request; it is an order. I have tried to live with dignity, and I want to die the same way. If my fate is such that I should become ill and unable to make a rational decision, you are hereby instructed to give the attending physician orders that he must not attempt to prolong my life by using extraordinary measures. If I am stricken with an ill-

ness that is irreversible and am unable to speak, please speak for me. I want no surgery, no cobalt, no blood transfusions, and no intravenous feedings. Instead, please see to it that the physician gives me plenty of medication and sedatives. This letter of instruction will relieve you of the burden of making the decision. It is made. I have made it. My thanks and my love. Mother."[6]

How would you have answered the tired old man? Send him the mother's letter to her sons perhaps?

II

It is one of the ironies of our times that a wondrous technology has thrust upon us all kinds of new questions, or raised old questions in a variety of new ways at a time of diminished capacity to answer them. For many, the old certainties have disappeared — certainties about the nature of right and wrong — along with the social institutions (the family and the church) by which they were preserved and passed along from generation to generation. Never has man been faced with such difficult questions, yet possessing so little expertise by which to wrestle with them.

I do not propose in this brief presentation to outline what all of these questions are, nor to suggest, in any detail, methods for dealing with them. I have chosen, rather, to concentrate on one issue that seems to be escaping most bioethicians who are struggling with such matters these days.

First I should point out that bioethicians display great alacrity in discovering the questions. Across the land, at meetings where such matters are considered, everyone knows what are the dilemmas with which we are faced. But when it comes to finding answers, there is a remarkable level of disarray. One reason for this is that, although all agree that we are in difficulty (even agree somewhat as to the nature of the difficulty), there is little agreement on that for which we are really looking when we seek a way out of the difficulty. What is missing, in short, is a guiding norm, or value ideal, in relation to which the terms like right and wrong are meaningful.

This is surprising — given the fact of our common cultural heritage. When pushed, men usually discover an underlying common system of values (at least in the Western world) that we all owe to our common Judeo-Christian background, and continue to owe even if not every one of us is willing to pay his debts.

In such a culture, if it is true to itself, the highest place (on a scale of earthly things we value) is given to personal human existence. Nothing in all of God's earth is more important. In such a setting, all rules, customs, practices, statutes, or whatever, become valid and enduring precisely to the extent that they create, support, and enhance this highest value. *Moral rules, in short, serve the purpose of keeping human life human.* When Jesus said, "The Sabbath was made for man,

and not man for the Sabbath," he stated the case for all of the rules governing human behavior.

To say this is to say nothing very new or astonishing. And it is to say something regarding which there is an astonishing degree of unanimity — whether one conceives of the rules as divine revelations given to guide man toward fulfillment of the Creator's intention for him (as I do), or in terms of the atheistic evolutionist's observations concerning what behavior patterns foster the survival and development of genus *Homo.* That unanimity derives, I repeat, from our common value heritage.

When there is confusion, disagreement usually has to do with what the term *human* means in the expression "keeping human life human." It is at this point that those who consciously acknowledge their debt to their heritage will differ most sharply from those who do not. I submit that this is a point of some consequence.

In the new technology, the questions themselves arise from the premises of our common heritage. Therefore, the best possibility of dealing with them must be found within the context of these premises. Since these are essentially Judeo-Christian questions, they therefore require Judeo-Christian (which is to say biblically based) answers.

How does one define *human* as over against merely animal in such a context?

The Bible speaks of man's having been created in God's image as the unique quality of God's creation. Ellen White captures the significance of this difference in the following words (thus incidentally stating the traditional case for the Judeo-Christian or biblical world view). "Every human being, created in the image of God, is endowed with a power akin to that of the Creator — individuality, power to think and to do." Then she goes on to outline the goal of created beings as that of developing their powers as "thinkers, and not mere reflectors of other men's thought . . . masters and not slaves of circumstances."[7]

Inanimate things can be acted upon. Subhuman plant and animal life can be acted upon, and can react. Man shares with inanimate nature the capacity to be acted upon, and with subhuman life the additional capacity to react. But man shares only with God the power to act, to create, to initiate actions he did not have to initiate. Only man has this freedom, and thus only man of all earthly creatures can be held accountable, that is, can be held responsible for his actions. It is this freedom that sets man apart from lesser animals and by definition renders him human. It is this capacity which in fact underlies the highest of all his abilities — that described by the love commandment. Such freedom involves a certain level of self-consciousness, a time sense, the ability to reason abstractly, and above all the ability to select between live options.

If through disease or accident this volitional capacity is lost, man has ceased to be functionally human — in which case life's value diminishes proportionately. This altered value greatly conditions the amount of effort man would put into life preservation, particularly if that effort should logically better be expended elsewhere. For example, in competition for existence — and all that it implies both qualitatively and quantitatively — it makes moral nonsense to allow what is subhuman to take priority over human existence, or to compete with humanity in such a manner as to deprive it. If it came to such a choice, it would not be morally right to drain off technical or financial resources from children with human potential so as to satisfy the needs of functionally subhuman children. Fortunately this choice does not often face us.

It is even possible to develop a system of relative values giving guidance to our priorities in a situation of competing claims. Such a system would range upward from "thing" values at the bottom of the scale to personal values at the top, the ladder rungs in between arranged in the order of their proximity to, or resemblance to, the highest value — human personal life.

In competition, what was higher on such a scale would take priority over the lower. A "living thing," or even a potential human, would take a place subordinate to the actual human — as in the case of a fetus in competition with its mother's "human" existence. (Notice, I said not just "existence," or "life," but human existence — in the sense of my earlier definition of human.) An abortion becomes justifiable in the presence of a real threat to a relative quality of the mother's life — not merely to life itself. In a choice between two actual persons competing for the same resources — for example, a dialysis machine — qualitative factors (such as "what kind of life?" "how high up on the scale?") must enter into the equation.

Making judgments involving the value of human life as over against subhuman existence may be facilitated in other ways. It makes moral nonsense, I repeat, to waste resources that are required elsewhere to prolong meaningless existence. If the human quality of existence has disappeared, heroics become inappropriate. There comes a time when it is morally necessary and right to "pull the plug" on empty "tissue survival."

There remain questions, of course. Can a mere man (even one with an M.D. degree) always be sure that the term "meaningless" applies — and if so, precisely when? And of course there are times when this is in doubt. Ought man to play God? The fact is that there are times when he must (without developing illusions, it is to be hoped). At times one has to make such judgments whether he wishes to or not. And he must make use of all the newer technical aids (such as electroencephalography and others) when he makes judgments.

III

So far, we've probably said nothing novel or startling. But there is one element (missing in some discussions of this subject) that we might do well to consider. Let me illustrate from a recent newspaper headline: "TRIPLE TRANSPLANT DONOR — SLAYING DILEMMA." The case involved the transplant of the still beating heart of a victim of a shooting. The legal question concerned who actually killed the donor, the gunman or the transplant surgeons? In the latter case, of course, the gunman could not be charged with murder (and presumably the doctors could).

This was not the first time a donor's heart was taken while it was still pulsating (transplant people have coined a phrase "pulsatile cadaver"), and of course technically the practice has much logic going for it. If the brain is dead (as tests indicated in the case above), who cares over much that other organs are still functioning? (It is probable that the transplant surgeon cares that they *are* still functioning.)

Who cares? I'm going to suggest that perhaps it should be the concern of all of us. Cerebral death alone cannot constitute, at least at present, the sole criterion of death — especially if we define cerebral in functional terms. Such death, at least in human terms, could occur in intrauterine and presumably "genetic" life. Thus, transplant surgeons could as easily use the hearts of institutionalized mental defectives as those of victims of gunmen. Nuremberg clearly pointed out the dangers down that road.

Donor subjects must not only *be* functionally dead (as far as their brains are concerned) — they must *mean* dead in terms of what the larger community considers evidence of death. Grandma who has suffered her final stroke and lies in an irreversible coma still *means* Grandma to her community. And until the changes can be rung on that meaning — that is, until Grandma comes to mean *corpse* — she must be granted what is due her status. And she will *mean* dead only when what it takes to provide that meaning has occurred — that is, when conventional signs of life have ceased and usually have been declared so by responsible people.

When we say something *means* something, we are referring to its symbolic value. And this is the chief point of my remarks. One of man's features that differentiates him from other animals is his capacity for utilizing symbols. This is the basis for his speech, abstract reasoning, and complex social organization. Symbols function for communication, but they also modify or reinforce attitudes. How one relates to the thing that *means* something else, the symbol, conditions his relation to the thing symbolized.

In terms of our present discussion, how one relates to what *means* human will condition in important ways one's attitudes and sensitivities toward what *is* in

fact human. Those institutionalized mental defectives *mean* human — not merely animal — even if in fact functionally they are not! Therefore we cannot exploit them as living organ banks, without endangering a crucial quality of our civilization, indeed our very humanity. The same must be said for Grandma with her cardiovascular accident — and, I might add, for unborn fetuses. If we are to protect our human sensitivities, we must be prepared also to treat with respect those symbolic individuals who are associated with the concept of humanity, but within the limits of a system of values that keeps human life human.

On that ladder scale of values ranging from inanimate things up to human persons, "symbolic humans," I think, should be placed somewhere just below potential humans. But again, they should not be permitted to take priority over actual humans in competition for our limited resources. Mainly what symbolic humans have a right to expect from us is whatever is required to keep our human sensitivities intact. Usually that will not involve costly and elaborate heroics — rather, simple acts of care and compassion such as keep *us* human as well as provide for their ease.

The naturalist Edwin Way Teale makes an intriguing statement: "It is those who have compassion for all life who will best safeguard the life of man. Those who become aroused only when man is endangered become aroused too late."

It seems to me that this statement could also be made to read, "It is those who have compassion for what symbolizes human life who will best safeguard the actual life of man." For surely it is the case that if we lose such compassion, all of those fancy gadgets and devices (and the things they can do that have thrust the new questions upon us) will have become wasted effort. It will all simply cease to be worth the doing in the short as well as the long run.

REFERENCES AND NOTES

1/ An address presented at the 1974 Loma Linda University School of Medicine Alumni Postgraduate Convention.

2/ *Down syndrome,* the name chosen to replace the descriptive term *mongolism,* is now the official professional designation used for this disorder.

3/ Paul Wilkes, When do we have the right to die?, *Life* 72(1):48-52 (January 12, 1972).

4/ Frank R. Ruff, Have we the right to prolong dying?, *Medical Economics* (November 1960), p. 55.

5/ Wilkes, ibid.

6/ Ann Landers' newspaper column.

7/ Ellen G. White, *Education* (Mountain View, California: Pacific Press Publishing Association 1952), pp. 17, 18.