

RESOURCES FOR OFFICE-BEARERS IN DEALING WITH BIO-ETHICAL QUESTIONS¹

This document is based on a document compiled from various writings by **Dr. James M. Grier**, Distinguished Professor of Ethics, Grand Rapids Theological Seminary, and Adjunct Professor at Puritan Theological Seminary.

Biblical Principles of Word-Based Ethics

The Lord God's perpetually binding moral commands are His Creation ordinances; they were addressed to Adam in the garden and added to after the flood. In the Decalogue, the Lord expanded on His commands for His redeemed people. Further developed and applied through the prophets to the urban situation of His people, the Lord's commands are, then, seen embodied and advanced in the Person and teaching of Jesus Christ. They are then integrated into the life of the church through the work of the Holy Spirit. In the last day they will be implemented as the standard of judgment. In the Lord's commands we see the holiness, righteousness and truth of God. Without them the Lord's biblical ethic disintegrates.

The present worldview crisis, together with expanding medical technology, bring a fundamental challenge to applying the principles of the Word-based ethic to the present situation. Most of the bio-ethical issues focus around the meaning of the 6th commandment: *no unlawful killing!* The imperative, or positive aspect of the sixth commandment can be stated as: "*you are to be totally included in the class of persons who do all possible to nurture and sustain life.*" In God's commands, especially in this positive representation of the 6th command, the principle of life is found. The following standards or principles submit to Word-based ethics (i.e. God's full moral revelation, beginning with His creation ordinances) regarding bioethical issues confronting His people.

Principles Dealing with the Conception and Development of Human Life

1. Any reproductive technology that produces the image of God for destruction or storage is forbidden.
2. The Lord mandated that procreation result from the consummated love relationship between husband and wife. Any reproductive technology that produces the image of God with the use of third party gamete material or produces life in a Petri dish is forbidden.
3. Every attempt must be made to avoid the destruction of unborn persons. Anything less is in violation of the commandment.
4. Any use of anything to cause an abortion, either as a means of contraception or to abort an embryo after conception, is a violation of the commandment.
5. The killing of embryos for stem cell research is forbidden by the command.

Principles Dealing with the End of Life

1. As caregivers, we can take comfort in the truth that God is the author and finisher of life, leaving us the task of striving to help a dying person to be in the best position to communicate with God, their families and others until God takes them home. This has implication in issues like nutrition and pain control.

¹ Report by the Ethics Committee which Synod 2009 of the Free Reformed Churches of North America recommended to be used by consistories.

2. The distinction between striving to sustain life and striving to postpone life is a difficult one to make. It is, however, relevant to these considerations. (See “A Key Distinction” below.)
3. There is no moral obligation to strive to postpone the death of a truly terminal patient that is in the imminent process of dying. Certain invasive procedures do not need to be initiated and if they are already present they may be discontinued. This could include discontinuation of ventilation or support of the heart or blood pressure. When the situation is irreversible and there are no known therapies that are expected to sustain life, then these invasive procedures need not be done or may be discontinued
4. All persons in the dying process should have palliative care: hydration, nutrition, pain control, nursing care and spiritual care. If hydration and/or nutrition cannot be absorbed by the patient and thus will only increase pain in the process of dying then they may be withheld. As a result, a patient may die **with** malnutrition and dehydration but no patient should die **from** starvation or dehydration.
5. Durable Power of Attorney for Healthcare/Living Wills are legitimate vehicles for persons to make decisions about the treatment of their terminal illness as long as the content reflects the biblical ethic.

As we pursue the call of Christ in Christ's church our role is:

- a) to promote life not death; health not sickness...
- b) to suffer and counsel with those who suffer...
- c) to care compassionately when one cannot cure...
- d) to be a part of God's presence in the valley of the shadow of death.

A Key Distinction – There is a difference between postponing death and preserving life. Sustaining life means that the therapy is expected to either cure the patient or at least contribute to a reasonable expectation of survival. Postponing death means striving to artificially prolong a truly terminal patient's irreversible and imminent process of dying. Advance Directives (to be dealt with in the following section) should reflect this distinction. When a disease or injuries suffered in a trauma are at a point where there is no known therapy and death is imminent despite any means used, then treatment that only expected to postpones death need not be initiated or may be discontinued. Oftentimes, it may not be clear when beginning a course of treatment whether death is imminent. In this case, we should always be advocates for life. When patients are truly terminally ill, or in the imminent process of dying, palliative care is owed to all persons (nutrition, fluids, pain control, nursing care, relief of stress for the patient and the family and spiritual care that prepares the person and the family for death). Before writing your advanced directive, have a long discussion with your appointed advocate as this issue is worth careful reflection and prayer.

Advanced Directives and Durable Power of Attorney for Health Care

When writing advanced directives and a Durable Power of Attorney for Health Care, given our responsibility to love our neighbour, we should begin with the following foundation. We should only ask of others things that are in keeping with the biblical ethic. We should attempt to leave others the possibility of acting with a clear conscience before God while at the same time honouring our requests.

Avoid writing detail for every possible circumstance you can think of and every possible medical response. Write in general terms your desires for health care at the end of life. It is common for people try to write exhaustive advanced instructions, which often cause complications for the decision makers when end of life comes. For example, suppose you write you never wish to be placed on a respirator. Under certain circumstances being placed on a respirator is fairly normal procedure and especially in the recovery area after surgery. If you have written that directive and you were not able to participate in decision making for surgery you leave the clinician and your decision maker in a difficult situation. It is far better to write the broad areas and then discuss with your appointed decision maker your preferences for treatment in different situations.

Remember the distinction between ordinary means and extraordinary (intrusive means) varies greatly given the medical situation.

If it is possible choose an attending physician who shares your values and ethical code. No matter how many specialists are brought into the situation, the attending physician often has controlling clinical decision making on your behalf.

The most important decision of all is choosing your advocate. It is essential that they hold your values and ethical code in order to apply your wishes to situations not covered in the advanced directive. Sometimes family members do not share such values and your moral code and you may need to choose an advocate from the church to assure your biblical values are implemented.

One possible solution is to choose a godly person and providing them with a durable power of attorney that gives them the authority to make decisions for your care as they see fit before the Lord once you are no longer able to do so. This ought to cover most conceivable decision-making controversies that may arise. To do this may be uncomfortable for those of us who desire to remain in control but submission to a person who love the Lord and thus has God the Holy Spirit within them is in keeping with the biblical ethic.

It can be important to be aware of the legislation that is in force where you live as legislation may have an impact on the usefulness of the document you produce.

Selected Bibliography in Bioethics

Selected Books

Davis, John Jefferson. 3rd edition. ***Evangelical Ethics: Issues Facing the Church Today***. Phillipsburg, N.J.: Presbyterian and Reformed Publishing Company, 1993. (General work on ethical problems with attempted solutions. Teaches at Gordon-Conwell Seminary)

Murray, John. ***Principles of Christian Conduct***. Grand Rapids: Wm B. Eerdmans Publishing Company, 1957.

Welch, Edward T. ***Blame It on the Brain***. Phillipsburg, N.J.: Presbyterian and Reformed Publishing Company, 1998.

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Annotated Bibliography of books that may be useful resources in dealing with ethical issues

The following books have been reviewed by the Synodical Committee for Ethical and Public Affairs of the FRCNA. Though we do not necessarily endorse every position taken by the authors in these books, we feel that they could be of use when grappling with difficult issues. We would urge all who read these books to realize that they do not represent the final authority; that is the place of the Word of God.

Blame in on the Brain, Welch, E.T., *Presbyterian and Reformed Publishing*, 1998

The current trend in society is to say that much of our behaviour is the result of brain function or dysfunction, removing personal responsibility for our actions. The author examines whether we can "blame sin on the brain." The foundational principle of the book is the supremacy of Scripture for all aspects of life, "As sophisticated as the brain sciences are, the premise of this book is that they sit under something even more spectacular. They are under the Bible." The author recognizes the biblical connection between the body (physical) and the soul (spiritual), such that all problems have both physical and spiritual manifestations. The first chapters lay out a framework for interpreting new research on brain function/dysfunction in the light of scripture. The following chapters deal with Brain Injury, Alzheimer's disease, Depression, Attention Deficit Disorder, Homosexuality and Alcoholism. In addressing each topic, the author uses a consistent framework composed of 4 basic steps. First, get information about the behaviour or understand what people are saying about the behaviour. Second, distinguish between spiritual and physical symptoms. Third, for spiritual matters, address the heart. Fourth, for physical matters, maximize remaining strengths or minimize weaknesses. The book is very readable, and has a pastoral focus. It is recommended to all consistory members, especially those who need to deal with any of the mentioned problems. It may also be useful in providing direction when symptoms of medical illnesses and of sin seem to be mixed together. It would also be useful reading for any family members and close friends who find themselves confronted with any of the mentioned problems.

Principles of Conduct: Aspects of Biblical Ethics, Murray, J. Eerdmans, 1957

Dr. Murray defines biblical ethics as that which is “concerned with the manner of life and behaviour which the Bible requires and which the faith of the Bible produces.” The aim of this book is to demonstrate that a single law of God, or guide for behaviour is taught throughout Scripture (old and new testaments). Beginning with the creation ordinances (Sabbath & Labour, Marriage & Procreation), the author then examines the teachings of Christ. He finishes with discussions on law and grace and the dynamic of the biblical ethic (in this chapter, Murray brings home the point that ethical behaviour can only truly follow from union with Christ). Godliness is the governing principle. Topics such as slavery, celibacy and white lies, are thoroughly examined. This book is full of priceless truths, and is a must for anyone studying biblical ethics and a necessary resource for pastors and elders. It is highly recommended. However, it is difficult to read. The author’s style of communication calls for brave and determined reading.

Evangelical Ethics, Third Edition, Davis, J.J. Presbyterian and Reformed, 2004

This book begins with exploring the complex process of making decisions in the light of Scripture, human reason, and empirical data. The author states early in the book that “the teachings of Scripture are the final court of appeal for ethics.” The topics examined in the book are: Contraception, Reproductive Technologies, Divorce and Remarriage, Homosexuality, Abortion, Infanticide and Euthanasia, Capital Punishment, Civil Disobedience and Revolution, War and Peace, Environmental Ethics, Genetic Revolution. Each chapter follows the same basic framework. The author explores the facts surrounding the various issues (i.e. the science of birth control), historical considerations, the church’s position (protestant and catholic) and explores what Scripture has to say. At times, the author does not come to a firm conclusion on a particular issue. This seems to happen where he has not yet appreciated a definitive answer from Scripture. This book is recommended to consistory members and any in the church who have to grapple with these issues. This book is very readable. Also, it has recently been updated, the third edition being published in 2004.

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