

# The Moral Implications of Refusing Medical Treatment in Terminal Cases

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With the great advances in medical technology in the past decades, theologians have been faced with the question whether it is morally right to administer every available medical treatment to an individual who is dying.

Involved in this question is the thought: Am I hastening death by refusing medication or merely delaying death by receiving medication? As we attempt to provide you with some information on this subject, it is very important that we understand the Law of God regarding death. The fifth commandment of God's Law reads: Thou Shalt Not Kill. Our catechism tells us this means: We should not hurt or harm our neighbor in his body but help and befriend him in every bodily need. We should be thankful that our nation has generally acknowledged the sanctity of life and protected it. However, in recent years we have noticed a change. In the case of an unborn child, individuals, including doctors, are ready to terminate life. And more recently the question of euthanasia has been placed before our congressmen. God's Law protects life. God is the author of life. Life belongs to Him. God sustains life. In His ministry, Jesus demonstrated His high regard for life by healing those who were sick and thus often delaying death. He even raised from the dead those who had died. To His followers He promised life—that though they would die on account of sin, they would live to all eternity by faith in Him. God's Word is clear—God gives and sustains life. God determines when physical life shall end.

Even as God has control over life, there is the question as to whether the time of our death is immovably fixed.<sup>i</sup>

Scripture teaches, on the one hand, that the end of our days is immovably fixed. Job 14:5: "Seeing his days are determined; the number of his months are with Thee: Thou hast appointed his bounds that he cannot pass." On the other hand, Scripture teaches just as clearly that human life may be prolonged or shortened. Hezekiah prayed God that his life might be prolonged, and his prayer was heard (Is. 38:1ff.; 2 Kings 20:1ff). Others, again, shorten their lives. Ps. 55:23 says of the bloody and deceitful men that they shall not live out half their days. Both of these truths, the immovably fixed *terminus vitae* and life's prolongation or shortening, must be maintained as divine truths. The former is true as viewed from God's standpoint; the latter is true as viewed from our human standpoint. And when God condescends to speak from our human standpoint, He directs us to use the means which sustain our earthly life.

One of the means God makes available to maintain life is medical aid. But with the advanced medical technology the Christian is faced with a dilemma. Since we are to take care of our bodies, are we obligated to use all manner of medical aid or may we refuse medical aid under certain circumstances especially if we know we can expect to die soon anyway? As God's children, we firmly believe that God controls our life. The Scripture tells us that there is a "Time to be born and a time to die."<sup>ii</sup> The Scripture tells us that God gives life and at the same time tells us that it is God who takes life from an individual. The Psalmist says: "The days of our years are threescore years and ten: and if by reason of strength they be fourscore years, yet is their strength, labor and sorrow: for it is soon cut off and we fly away."<sup>iii</sup> We can anticipate life as long as the Lord gives strength and then we can expect to die. Though medical technology is able to assist the living, Scripture says: "Boast not thyself of tomorrow: for thou knowest not what a day may bring forth."<sup>iv</sup> This brings us to the problem suggested by the title of this paper. If we can expect to die, how far will we allow medicine to go in seeking to postpone death? This situation is complicated by the great number of things the doctor can do to maintain life.

Just how much the doctor may be able to do was clearly demonstrated with the medical care given to Harry S. Truman. I would like to relate the following information from a news article:<sup>v</sup>

“Thou shalt not kill; but needst not strive officiously to keep alive.”  
A. H. Clough

Since the Victorian poet wrote those lines a century ago, doctors have become skilled in maintaining a spark of life in even the most aged and debilitated of patients. Harry Truman’s last days underscored that ability—and raised—again the questions of whether such heroic medical efforts are really merciful.

Truman’s was not an extreme example of prolonging life artificially after no rational hope for recovery remained—although the vast majority of patients admitted to many ordinary American hospitals at Truman’s age and in his condition would have been dead within a few days. The measures taken to keep the ex-president alive for 22 days were numerous and elaborate, as spelled out in not less than 80 medical bulletins.

During Truman’s illness the following things were done to prolong life: An oxygen mask was placed over his face, he was given antibiotics by intramuscular injections to help combat the congestion in the lungs. After that, it was one strong measure after another: antibiotics by intravenous injection; “pressor” drugs to normalize the blood pressure; carbon dioxide, by mask, to help balance his blood chemistry. A thin tube was threaded through the patient’s nose and throat into his stomach for feeding with a liquid preparation containing amino acids, proteins and vitamins. Then, eight days after his admission, Truman’s kidney function began to fail, evidently from inadequate blood supply. To help this situation the doctors tried feeding Truman a mixture of amino acids (flown in from California). The doctors considered but rejected use of the artificial kidney.

Gradually the complex, interdependent body systems essential to life—notably heart, lungs and kidneys—all failed, despite repeated infusions to boost blood pressure. On December 26, Truman died.

Though it was natural for the medical teams to fight hard against death, there still was a temptation for laymen—and even some doctors—to wonder why he should not have been allowed to go in peace. It is a question frequently debated by theologians, lawyers and doctors, but the issue is not subject to consensus solution. Are a few days or weeks of half life worth anything to the patient? Do the patient’s interests, his family’s hopes and the professional reflexes of doctors sometimes conflict? In the gut language-of hospital corridors, who decides to pull the plug and when?

The fact is that doctors are graduated from medical school with a built in dilemma. Their Hippocratic oath requires them not only to preserve life but also to relieve suffering. With the span of life being lengthened and with medical wizardry increasing its skills, there will be more and more cases in which one Hippocratic obligation is in direct conflict with the other.

Besides being interesting the above information on gives you some idea of what might be done in terminal cases. Other things could be suggested such as organ transplants of all kinds.

No matter how the Christian approaches the medical aid available, he knows that death will come when the Lord intends. On account of sin, death is a reality. In spite of the best efforts of men, death will occur. Death is not the result of sickness, death is not the result of cancer or accident—death is the result of sin. In view of this, we know that no matter how hard we try to avoid, delay or postpone death, death must come. However, it is not something which the Christian must dread. In fact he can say with Paul: “For me to live is Christ, to die is gain.”<sup>vi</sup> The Christian can approach death with confidence knowing that it shall be the means by which God will translate him from earth to heaven. If the Christian realizes the goal of life, namely to reach eternal life, his first concern will not be to do everything possible to avoid, postpone, or delay death. He will recognize that death and being with Christ is better than continuing to live. However, this does not allow us to become fatalists

and simply refuse all medical aid. That would be misusing the gifts which the Lord has given. He is the one who gives knowledge to the doctors and would have them use that to the best of their ability. Thus God allows us to cooperate in prolonging temporal life. But when and to what extent should we use medical aid?

The Roman Church has attempted to solve the question of how much medical aid should be administered or received with a statement by the pope.

The pope has said that the doctor is required to provide 'ordinary' treatment to an individual who is sick. 'Ordinary' treatment means whatever treatment a patient can obtain and undergo without imposing an excessive burden on himself or others. A sick man is bound (as are those who have the care of him) to employ the available means of preserving life and restoring health. 'Extraordinary' treatment has been defined as 'what is very costly, or very painful, or very difficult, or very dangerous.' A patient is not bound to submit to extraordinary treatment (so defined) unless he has some special obligations to stay alive. Nor is the doctor bound to apply such extraordinary treatment in cases where the patient cannot be consulted.<sup>vii</sup>

The Roman Church has not answered all the questions. What is extraordinary today may be ordinary tomorrow or what is good for one may not be good for the next. Another suggestion in providing medical treatment is the following quote:

In questionable cases, I agree with Laforet, who stated that 'to err on the side of active treatment' is wiser than laissez-faire, for the following reasons:

1. The physician is fallible and the case may not be medically 'hopeless.'
2. The physician by tradition has been committed to active contention with disease.
3. The physician is not competent to determine fully the 'quality' of a given life or whether longevity is 'fruitless.'
4. Even if without positive act, the physician arrogates to himself the prerogative of determining whether life shall continue or terminate by default, he is in an uncomfortable moral position.
5. The discovery of new curative agents is an ever present possibility.
6. Spontaneous regression of malignancies in apparently 'hopeless' patients have been documented.
7. Miraculous intervention is possible.
8. The physician may find that self-recrimination at errors of omission is harsher than at errors of commission.
9. Even a brief moment of mental lucidity in a moribund patient may be all-important for his spiritual welfare.
10. 'Extraordinary' means of treatment may result in cure.<sup>viii</sup>

Many things are available to treat the terminally ill. It may be that we have capabilities that transcend some of the limitations of the designer and in doing so may be both effective and dangerous. Simply because it is possible to keep a man alive does not mean the doctor must do so. The doctor is concerned not only about life but also about the well-being of the individual.<sup>ix</sup> Listen to some thoughts from one author:

Advances in man's technical and scientific capacity have outstripped, as it were, the development of man himself, so that the two are not synchronized. What man 'can do' is out of step with what man 'is' and, as things stand now, we are simply unable to cope with the resultant tension. Nobody seems to have the solution; perhaps no one ever will. I shall attempt to delineate the contours of this tension in terms of two characteristic questions, questions which are presently open and will perhaps always remain open.

1) When may we discontinue our efforts to preserve life, and 2) when must we deliberately continue them even at the risk of preserving a mental defective? The effort to make whole becomes absurd if it ends up in producing the very opposite of what it intended. Somewhere, therefore, the physician's mandate to heal must reach its limit. But at what point and on what basis? That is the real question. How far should one go in giving help? To ask the question in this way, however, is to blunt the very point of it. Help is something that in the very nature of the case cannot be limited. You cannot just tell the man who lives for others that he should now suddenly cease and desist. To state the question more precisely one would have to ask instead: At what point does help cease to be help and begin to cancel itself out? Can it still be called 'help' when all that remains of the patient is a physical or mental torso?

Obviously, no physician can be required to utilize all the means at his disposal in order to prolong a life entrusted to his care. But when, if at all, may the doctor quit prolonging a life? A decision on this question would seem to depend on whether the life in question can be prolonged for "a period of time which will be meaningful," that is, whether the medical effort will make it possible for the patient not merely to "vegetate" but actually "exist" as a human being. Thus we are thrown back once again to the question: What is this specifically human existence and how can we put it into words.

Here is where the question transcends the purely medical realm of inquiry and we are forced to consider the very nature of human existence: What is man? Thus a tension arises between that which is not under our control, the fundamental meaning and purpose of human existence, and that which is under our control, namely the marvelous ministrations of sophisticated modern medicine—the problem being that, by preserving a man only in part, medicine may actually be depriving him of, and thereby violating, the very meaning and purpose of his life. Where this tension mounts to high levels of intensity, it begins to blur the line of demarcation between healing and blasphemy.<sup>x</sup>

Though the individual chooses to see a doctor, the individual is generally not allowed to choose the medication. Up to this time in history, we have been able to trust the sincerity of the medical profession. They have been faithful to their oath to provide for the welfare of the patient. But the doctor is faced with this dilemma that nowadays preserving life and relieving pain are not two sides of the same coin which neatly complement each other; instead they present themselves as alternative courses of action which are often in conflict and occasionally mutually exclusive.<sup>xi</sup> In view of this problem, the doctor often seeks the advice of the patient or the patient's family. The doctor will outline the expected results if the medical aid is given; he will also state the possible results if medical aid is not given. This now means the individual will have to give the doctor an answer. A decision will have to be made. On the basis of what has been said previously in this paper, the decision is difficult and seemingly impossible. Should we accept or refuse medical aid? But this decision is one which we must face—the Lord places such decisions before us. What can we do?

No better advice can be given than to go to Him to whom our body belongs, to Him who has control over life and death, to Him who has given knowledge and skills to the medical profession, to Him who tells us that life, yes, even sickness must serve a good purpose, and even the prolonging of life as He has now allowed man to do. In such a situation the Lord invites us: "Call upon me in the day of trouble, I will deliver thee and thou shalt glorify me."<sup>xii</sup> "Likewise the spirit also helpeth our infirmities for we know not what we should pray for as we ought, but the spirit itself maketh intercession for us with groanings which cannot be uttered."<sup>xiii</sup> The Lord says: "Be careful for nothing; but in everything by prayer and supplication with thanksgiving let your requests be known unto God."<sup>xiv</sup> "Let us therefore come boldly unto the throne of grace, that we may obtain mercy and find grace to help in time of need."<sup>xv</sup> "Seek the Lord and His strength, seek His face continually."<sup>xvi</sup> When faced with the question of refusing medical aid, take the matter to the Lord in prayer. He will hear our prayers and also answer them. If He directs us to make use of further medical aid, recognize the good purpose that prolongation of life might serve for the sick as well as for those who are well—namely, that the sick be strengthened in their faith and that the well recognize the importance of faith in the hour of sickness and of

preparing for that time themselves. If the Lord directs you to refuse medical aid, recognize that it is the Lord's will and help the dying to look forward to entering the joys of heaven.

There is really no other way to approach the problem. Listen to the problem restated:<sup>xvii</sup>

With the developments of recent years there has been an extraordinary increase in the power of the doctor and with this increase new and unexpected dilemmas and moral choices emerge. They require decision and action. A major difficulty lies in the fact that choice must often be made among values that are not really measurable or of clearly comparable moral weight. With progress in medicine technical decisions become easier while moral problems become increasingly significant and difficult.

In coming to a conclusion it is difficult for me to conclude that if we choose to refuse medical aid in terminal cases we would be going contrary to the will of God. God's Word certainly would not lead us to draw such a conclusion. The situation will demand the use of our wisdom and the best possible direction for the use of our wisdom is from God. Thus we speak to Him in prayer and ask Him to lead us to make the decision which is in keeping with His good will for us. Coming to a decision then can be done with confidence. May all our decisions concerning the use of medical aid in terminal cases serve to the Glory of God.

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<sup>i</sup> Pieper, F. *Christian Dogmatics*, p. 493

<sup>ii</sup> Ecclesiastes 3:2

<sup>iii</sup> Psalm 90:10

<sup>iv</sup> Proverbs 27:1

<sup>v</sup> *Time*, p. 55

<sup>vi</sup> Philippians 1:21

<sup>vii</sup> Montgomery, D.W. *Healing and Wholeness*, p. 125, "Extreme Measures to Prolong Life", Rev. B. Whitlow.

<sup>viii</sup> Ibid, p. 136, "Prolongation of Life or Prolonging the Act of Dying?", F.W. Redi, Jr., Chaplain.

<sup>ix</sup> Vaux, K. ed. *Who Shall Live?*, p. 136 "Technological Devices in Medical Care", Dr. Vallbona.

<sup>x</sup> Ibid p. 141, "The Doctor as Judge of Who Shall Live and Who Shall Die", H. Thielecke.

<sup>xi</sup> Smith, L. *Ethics and the New Medicine*, p. 123.

<sup>xii</sup> Psalm 50:15

<sup>xiii</sup> Romans 8:26

<sup>xiv</sup> Philippians 4:6

<sup>xv</sup> Hebrews 4:15

<sup>xvi</sup> 1 Chronicles 16:11

<sup>xvii</sup> *New England Journal of Medicine*, Vol. 278, p. 1429.