MORAL ISSUES IN MEDICINE*

BY

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"Then He called His twelve disciples together, and gave them power and authority over all devils, and to cure diseases. And He sent them to preach the kingdom of God, and to heal the sick." (St. Luke ix, 1-2.)

The healing of disease has always been a recognized part of the work of the Church. As with the Saviour Himself, so with His followers, a part of their mission was to heal the sick. In the earliest days they did this by miracles. That is to say, by what we should call spiritual healing or faith healing. But it was not long before they turned also to medical science. The building of hospitals was a regular feature in the life of the early Church. In time spiritual healing gave way altogether to the application of medical science. The doctor took the place of the priest. Now it seems that there is a tendency to reverse the process.

The discoveries of psychology have led to a growing recognition of the influence of non-physical factors upon the physical body; that is to say, of the effect of mental and emotional disturbances upon physical and organic disorders. In medical circles I understand that the word psychosomatic is now scarcely ever off the lips of those who write and speak. Certainly it is true that there is an increasing collaboration between doctors and the clergy in the treatment of the sick. Physicians, surgeons, and psychiatrists alike are more willing than they were to call to their assistance the prayers and exhortations of the priest. And there is a far better understanding on both sides of the respective roles of medicine and religion.

For this we clergy are indeed grateful. And we are trying as best we can to make ourselves more efficient in dealing with the sick and to co-operate more intelligently with the medical profession. Medico-clerical discussion groups are springing up all over the country. We have in this diocese recently formed such a group with particular reference to the light thrown by modern psychological studies on the handling of pastoral problems. The initial membership was seventy and it is daily increasing.

But it is not of this that I wish particularly to speak to you this morning, but rather of certain moral issues which I find invariably crop up when there are discussions between clergy and doctors.

There are, I think, three main issues. They are "Should a doctor tell?" ; euthanasia ; and gerontology. There is also a fourth, abortion. But I do not intend to say much of that, because there is, I think, now general agreement between the medical profession and the Church about it.

Surgical Abortion

When the death of the foetus is incidental to the performance of an operation necessary to preserve the life of the mother, there is no argument but that the

operation should be performed. Equally when the killing of a viable foetus is only a means to the preservation of a woman's health or reputation, there is, I think, general agreement in the medical profession with the view of the Church that such an action is not permissible. Nor is it permissible, in our judgment, when the baby is likely to be born maimed or in some way deformed. In such cases there is too much uncertainty for abortion to be held to be justifiable. We cannot say for certain that the baby will be maimed, and if, in fact, it turns out to be maimed, we cannot estimate the value of its maimed life.

Just as few would think it right to terminate a child's existence after it had survived for several months, however maimed or deformed it might be, so we hold it to be unjustifiable to kill a baby in the womb. Cases where the direct killing of the foetus is essential for the preservation of the mother's life are, I am told, becoming increasingly rare because of new surgical techniques. A doctor is rarely faced, I understand, with the agonizing dilemma that he may save either the mother or the child, but not both. But such a case does arise, I am informed, when the embryo is hydrocephalic and for one reason or another cannot be delivered by a caesarean operation. Here the embryo will in any case die in the course of labour, and its continued presence in the womb is a source of danger to the mother. To end its organic connexion with the mother's body, even though its death inevitably ensues, is justifiable as the only way of preserving the mother's life. The Church of Rome would dissent.

Chastity

There is also a fifth area of occasional disagreement. It arises over what I may call the indiscriminate use of contraceptives, and showed itself in the controversy which broke out over that unfortunate pamphlet published last year on preparation for marriage. Not that I personally thought that the pamphlet was nearly as bad as its critics made out. On the other hand, there is no doubt that the article on pre-marital chastity was unfortunately worded. I thought that I myself could have stated the arguments for and against pre-marital chastity more forcefully. But then I was never noted for modesty.

The Church, in loyalty to scripture, teaches and must teach the high value of pre-marital chastity. Yet I think the Church has been much to blame in taking too negative an attitude about this subject. She has, I think, been guilty of an exaggerated stress upon the shameful wickedness of fornication and on the deterrent value of the risks of venereal disease and of conception. She has said too little of the positive beauty of chastity, and of the loss of personal dignity and integrity which is involved in promiscuous sexual intercourse. She has said too little, also, of the positive value of chastity as a preparation for marriage itself.

The sexual act is a kind of sacramental channel for the expression and deepening of love between man and woman. It is cheapened and rendered less effective by its use as an expression either of lust or of a trivial and passing affection. But I do not propose to say more about that this morning. Because, for all that some psychiatrists are sometimes tempted to seek an easy way out in the cure or prevention of repressions and neuroses by encouraging sexual adventures, I think that

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by and large throughout the medical profession there is general agreement that such advice raises more difficulties than it solves.

Telling the Patient

The problem of whether and when a doctor should tell his patient that he is suffering from an incurable disease is an intensely difficult one. And I think that the clergy, for the most part, recognize this—though some of course do not. On the one hand, many patients and their relatives do not wish to be told the truth. On the other hand, one can never be sure of that. And the maintenance of a relationship of complete trust and confidence between the patient and his doctor is of absolutely vital importance.

On the other hand again, in all cases of disease where there is the slightest chance of recovery, it is of the greatest importance to sustain and strengthen the patient's will to live and to surround him with an atmosphere of hope and courage. Nevertheless, it is the opinion of many of the clergy that by and large, and on the whole, doctors tend to conceal the truth to an unnecessary and unjustifiable extent. And by doing so they make the work of the clergy in preparing people to meet death unnecessarily difficult. We all have experience of persons who, knowing that they are under sentence of death, yet achieve a wonderful peace and serenity of mind as they prepare themselves for their end. But the decision to tell or not to tell is, I believe, the doctor's and it is often a very difficult one.

Euthanasia

From time to time the question is publicly ventilated whether doctors should be given authority to accelerate the death of those who are suffering from a painful and incurable disease. The Church has no doubt that euthanasia would, in fact, be murder; though there are some good Christians and churchmen who dissent.

I believe that doctors, for the most part, are extremely reluctant to have any such authority and dreadful responsibility thrust upon them. They believe that whether or not it is limited to the express request of the patient it would have a fatal effect upon the relationship of trust which now exists between patients and their doctors. They believe that it would gravely alter the whole *ethos* of hospitals, especially of those hospitals which care chiefly for the very old. I do not myself believe that in this country euthanasia is, in fact, a live issue. It is rather a matter of academic discussion.

In this respect it is very important to distinguish clearly between euthanasia itself on the one hand, and the administration of pain-relieving drugs in lethal quantities on the other. Whilst it is the duty of the doctor according to his Hippocratic oath to save life and not to destroy it, it is also his duty to use every possible means to alleviate pain. In performing this second duty it is often necessary for him to administer drugs in ever-increasing quantities. There is no doubt that in doing so he shortens the life of his patient and finally ends it. Nevertheless he does not fail in his duty and is not disloyal to his oath. For his object in thus administering the drugs is not the death of his patient, but the alleviation of his sufferings. This makes all the difference.

Striving to Maintain Life

The problem raised by gerontology, though not only by gerontology, is this. How far is it a doctor's duty to use every possible means to preserve that person's life? And, in particular, how far is it his duty in the case of a very old person?

It is, in general, the Christian view that while there is a moral obligation to maintain life by all ordinary means, there is no obligation to use extraordinary means. Ordinary means are such actions as do not cause grave hardship to the patient and which offer a reasonable hope of success. Extraordinary means are means which involve very great expense, inconvenience, or hardship and which at the same time offer no reasonable expectation either of success or of benefit.

In the case of the very old, whose faculties have failed or are failing, even ordinary means of preserving life have little hope of retarding the advance of senility; and their success in retarding death confers little benefit or happiness upon the patient. Nevertheless, since to deprive such patients of food and drink and simple medicines would be in effect to cause their death, such ordinary means of prolonging life must in all cases be employed. But there does not seem to be any moral obligation to employ extraordinary means in such cases.

To subject very old people to the acute discomfort of a serious operation or of feeding by intravenous drip would seem to be morally wrong. Such extraordinary means of preserving life should only be used where there is a reasonable hope of recovery from the disease and where some benefit or happiness is conferred upon the patient other than the mere prolongation of his bare existence. But when these conditions are present extraordinary means not only may but should be employed, as a moral duty. In other words, in this field of medicine there seems to be some truth in the old couplet: "Thou shalt not kill but needst not strive officiously to keep alive."

Christian Duty and Privilege

But I have wearied you for long enough with these moralizings. I will end with the text with which I began. I would remind you all of your sacred duty and high privilege to heal diseases. It is a sacred duty to the performance of which you must bring all the resources of modern science. For its performance you must continually re-equip yourselves with modern knowledge. According to your standing and calling in your profession it is your duty either to search for new discoveries and to forge new weapons against the last enemy, death, or with skilled knowledge and sensitive understanding to apply the discoveries of others to your patients.

But the healing of disease is not only your duty but your privilege. You are the inheritors of a Christian civilization. You heal diseases in the name of Christ and as part of the work which He has entrusted and commanded His Church to do. To you, as to His first apostles, He has given power and authority to cure diseases and has sent you forth in His name to do the works of His compassion. To Him, then, let us give the praise and glory for all the work which you do. For He, with God the Father and God the Holy Ghost, is the Lord of all life and health and to Him let us attribute all honour, power, might, majesty and dominion, henceforth and for ever. Amen.