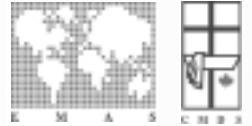


Fall 2006
www.cmds-emas.ca



focus

FAITH AND PRACTICE

A JOINT PUBLICATION OF CMDS AND EMAS

Living
your Faith

In a
Secular
World.

What Would You Do?



One morning as I was doing rounds on our Palliative Care Unit, I received a call from one of our nurse coordinators who wanted me to know about an admission that was coming

under my name. The patient, a man in his early seventies, had been diagnosed a few months earlier with esophageal cancer. He was thirsty but swallowing was painful and he could only take small amounts of fluids. He wanted terminal sedation (to be put to sleep and never wake up) and had been told that we could provide this for him on our unit.

On admission, he was very cachectic and dehydrated but alert and coherent. He told me that he was at peace and had no unfinished business. He did not want any further treatment including fluids. He expected me to put him to sleep as soon

as possible. When I hinted that I did not want to rush things he became angry because he had been told that we were going to honour his request.

I was not comfortable with the situation and had a few options at this point, including:

1. making sure he was not depressed, and sedating him if he wasn't;
2. telling him that I did not feel comfortable putting him to sleep and I would like to discuss with him other options;
3. finding another colleague that might honor his request;
4. telling him that he had the option of stopping his intake of fluids and that if he did so he would likely not live more than a few days.

CMDS Student Conferences

The up-coming
Western Conference

will be held

January 5-7, 2007

at

Camp Stillwood

www.stillwood.ca

For more information contact
Dr. Margaret Cottle at:
mmcottle@mac.com

The up-coming
Central Conference

will be held

January 19-21, 2007

at

**Edgewood Camp and
Conference Centre**

www.edgewood-camp.on.ca

For more information contact
Amy at:
aglover2009@meds.uwo.ca

**See p. 25 for author's
actions.**

Check Out Our Updated Website!

If you haven't been to
our website in a while it
is worth having a look!
A lot of changes have
been made. Go to:

www.cmds-emas.ca

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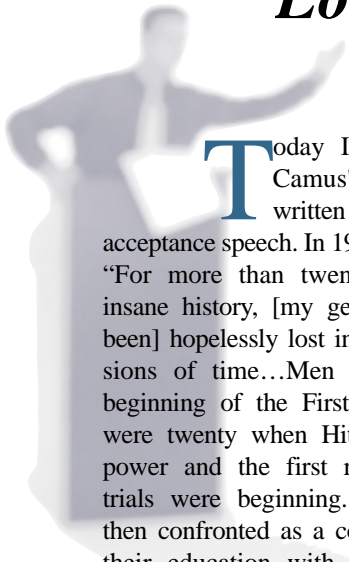
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Looking at Moral Issues in Contemporary Practice



Today I read Albert Camus' beautifully written Nobel Prize acceptance speech. In 1957 he wrote, "For more than twenty years of insane history, [my generation has been] hopelessly lost in the convulsions of time...Men born at the beginning of the First World War were twenty when Hitler came to power and the first revolutionary trials were beginning. They were then confronted as a completion of their education with the Spanish Civil War, the world of concentration camps, a Europe of torture and prisons. No one can ask them to be optimists...We should understand, without ceasing to fight it, the error of those who in despair have asserted their right to dishonour and have rushed into the nihilism of the era."

The study of ethics, of moral principles governing or influencing conduct (Oxford Dictionary), of good and bad, right and wrong, moral duty and obligation (Webster's) has become more urgent as we confront the belief in nothing (and so everything) in our culture. Bioethics extends to moral issues in medicine, science, cybernetics, politics, law, philosophy, and theology.

We have long passed the era of universally accepted ethical standards. Moral relativism now pervades our schools, hospitals, universities and, sadly, also our churches and missions. Many of us are persuaded that stealing, adultery and murder are right in certain situations yet our hearts and minds cry out that we know better. We may rewrite

Sally Patrick is an EMAS Board member and a member of the *Focus* Editorial Board.

the Hippocratic Oath but we still understand that killing is wrong. God's law is written on our hearts, it cannot be denied, but it may be rationalized or suppressed for a while. In his book, *What We Can't Not Know*, J. Budziszewski gives us an example: to the man who is faithful, fidelity is obviously good and beneficial, but to someone who is unfaithful, the good is not obvious... [Ethics] need a living tradition which transmits not only teachings, but disciplines for a good life.

Are we silent about moral truths for fear of *imposing* our morality on others, or is it because we do not have eyes to see what is happening to our world? I look forward to the day when we, the church, will overturn the merchants' tables again in the name of Jesus Christ. "To set our faces against infanticide, we must repent abortion. To desist from viewing pregnancy as an illness, we must abjure viewing fertility as an ailment. To reprove perversion, we must repent lasciviousness. To turn from infidelity, we must forswear divorce and impurity...To mourn treating the image of God as tissue to be harvested in hope of cures, we must sorrow over our sick fancy that

there is nothing worse than physical disease...To honour the Designer, we must weep that we ever thought to take His place." J. Budziszewski

This month's *Focus* magazine contains articles by women whose personal suffering have given them insight and courage to speak out about moral truth in today's world. Other articles chronicle the perils of teaching and practising ethics in our culture today and the reasons why things are falling apart.

By God's grace we will have the unity, purpose, commitment and wisdom to bring about change. The CMDS Conscience Committee has written a letter on our behalf to the CMAJ in response to their guest editorial demanding that doctors refer patients for abortion. It is excellent work. And in the UK this year a bill seeking to legalize euthanasia has been defeated in the House of Lords. It was possible because the leaders of Christian Medical Fellowship (CMF) and others from all denominations and faiths, forged a new coalition to fight this bill with one voice...And they won. To God be the glory.

by Sally Patrick

Editorial Post-Script

Sally Patrick...

...is the guest editor for this edition of *Focus*. During the transitional period for the recruitment of a new CMDS and EMAS executive director and a new *Focus* editor, both boards have affirmed the pattern of "rotating guest editorship among members of the editorial board." Accordingly, the winter 2007 issue will have Dan Hardock as guest editor.

During this interim phase...

Ellen Watson, Odette Britton and myself will continue to provide the technical, formatting and layout support.

Wayne Elford, Editor in Chief

Talking about Life



Can Science Perfect It?

by Sheila Harding

How the presence of a disabled child in our lives can be a blessing.

As the mother of a child with serious disabilities, I ought to have something useful to say about the treatment of disabled children in Canada today, but I don't really know where to begin.

There is good news and there is bad news.

On the one hand, children with disabilities are accommodated within our communities in increasingly significant ways, with substantial resources available for those support systems. On the other hand, there is increasing pressure to ensure that, in the future, there will be fewer such children. Antenatal diagnosis of significant (and, sometimes, relatively insignificant) disability typically results in a decision to abort the child.

It is becoming standard care in Canada to offer maternal serum screening (MSS) for Down Syndrome, neural tube defects and Trisomy 18 to all pregnant women, unless other risk factors lead straight to amniocentesis instead. See data from the 2002 Health Canada Perinatal Health Report "*Congenital Anomalies*

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in Canada," <http://www.phac-aspc.gc.ca/publicat/cac-acc02/index.html>.

The impact of prenatal diagnosis where elective terminations are performed is evident. Where Down Syndrome is diagnosed, abortion rates have risen to around 70%, yet, ironically, the prevalence of Down Syndrome in the community remains constant because more older women are having babies in western, technologically dominated societies. In Alberta, mothers younger than 20 years have 4.8 Down Syndrome babies per 100,000 births and mothers older than 45 years have 428.6 babies per 100,000. In 1999, Alberta's abortion rate for DS was 27% but I expect that, as MSS becomes the norm, the Canadian termination rates will rise, and our communities will be immeasurably impoverished as a result.

As I struggled to find something useful to write, I found myself engaged in some e-mail correspondence with a colleague who has an interest in, and a heart for, so-called "*special needs*" children. He is wary of church and organized religion, but asks good questions and my responses have apparently struck a nerve with him. Perhaps they will also be of interest to CMDS members.

Some brief personal background for those of you who don't know the Harding family: Our younger son, Ross, had a very rare, x-linked metabolic syndrome called Menkes Disease, which is generally considered to be fatal in infancy. Antenatal diagnosis of this disorder is available to known carriers, who are typically identified (as I was) following the birth of an affected son. In our situation, experimental treatment gave us ten years with Ross (1986-1996) and protected him completely from the neurological injury that is the usual cause of death.

The correspondence that follows was triggered by the July 4, 2006 CMAJ guest editorial (Sandra Rodgers and Jocelyn Downie, Abortion: Ensuring Access, CMAJ 2006; 175: 9), and by an article in the Globe and Mail (C. Smyth, A Difficult Choice and the Follow-through, July 12, 2006, p A14). The latter article is the first-person story of a woman and her husband, both in their 40's, highly educated, well travelled, financially secure, athletic, who discover that their unborn child will be severely disabled. The article chronicles their decision to abort and its aftermath.

My colleague asked what my feelings were about the article, saying my ideas helped him understand his own feelings and the origins of his ethics.

"My feelings?" I replied, "Are you sure you want to know?" I wrote, "I read the article through tears, with a

sick emptiness in my gut. It's tragic from beginning to end, for all concerned. I'm very aware of the depth of anger, of injustice I feel on behalf of this aborted child who didn't meet the standard, and all the other children who are similarly judged.

I am deeply saddened that this couple, so capable in so many spheres, didn't feel 'capable of raising a severely disabled child.' If not them, then who? And what if they do go on to have that perfectly healthy, treasured, only child who proves to be merely average academically, who hates athletics, or who (perish

the thought) subsequently becomes disabled in infancy or childhood? Who simply doesn't cooperate with being their trophy child, the perfect accessory to their perfect lives? I know, I know...you'll remind me that, by then, they'd be hooked, and go on to be the great parents that they have the potential to be. The same would have been true with the child (oops-foetus) they terminated, but they didn't give her the chance to be their teacher. They have been deceived by the Cult of the Perfect Child, and they have no idea how much they've lost. I'm sad for them. They will almost certainly be haunted by their choice. As C.S. Lewis said in another context, '*...her absence is like the sky, spread over everything.*'

I contrast their decision with that of one of my mentors, a specialist in a very narrow field. His wife is a nurse. He was still in training. They were newlyweds, still childless, and both were working on the same unit when an infant came into their care, severely affected with a congenital syndrome in Dr. Fred's area of expertise. She was on the ward for weeks while the system sought a suitable 'medical foster family.' As Dr. Fred tells the story, he and his wife skirted the conversation for weeks until one finally raised the possibility of adoption. As they said to one another,

'If not us, then who? Who are we to judge the parents who decided they couldn't cope if we, with all of our education, skills, and resources, can't find it in ourselves to step in?'

So, they did. And nobody else in our milieu even knew the story-she was simply their daughter, one of several kids by then, and most people assumed it was her syndrome that had prompted Dr. Fred's choice of discipline. I was let in on the story only after Ross was born, as Dr. Fred shared with me the various coping strategies for managing life when his daughter's needs encroached on his clinical duties.

Written by an MD mom on the *Be Not Afraid* website (www.benotafraid.com, July 14, 2006):

'As parents, we expect to teach our children many things, but we don't always stop to think what we can learn from them.'

I spent 23 years as a student, being thoroughly indoctrinated into a culture in which people are stratified by their ability to perform well on intelligence tests, but I could never have predicted that this amazing little girl with Down syndrome, who lived only 2½ years, would turn out to be the best teacher I ever had...If we could look at ourselves and one another without judgments or preconceptions, we would see that the things we most fear, the things we think of as limitations, may turn out, in the end, to be our greatest strengths.'

And from Morris West's *The Clowns of God* (ISBN: 06880044900), the story's Christ-figure, holding a little girl with Down Syndrome on his lap, is addressing a gathering of people.

'(This little one) is necessary to you. She will evoke the kindness that will keep you human. Her infirmity will prompt you to gratitude...She will remind you every day that I am who I am, that my ways are not yours, and that the smallest dust mite whirled in the darkest spaces does not fall out of my hand...I have chosen you. You have not chosen me. This little one is my sign to you. Treasure her!'

And from Robert & Suzanne Massie's *Journey* (ISBN 0394490185), whose son had haemophilia.

'...doctors are left to their own prejudices. Much of what passes under the guise of medical counselling really consists only of saying no, of advising the safe way, the way of least resistance. Not long ago, I attended a medical symposium and heard a famous geneticist talk learnedly about the need for "objective" counselling in cases of genetic disease. Fine. Then he concluded his remarks with a highly subjective sentence saying that he could not imagine a family who would not wish to avoid the emotional and financial stress imposed upon them when a haemophiliac is born. If genetic counselling is to be meaningful...they must be counselled not only to fear, but to be brave enough to live with a question...A child with a genetic illness is a perpetual question, pushing us to seek answers to this dilemma of nature and God.'

The author of the *Globe & Mail* article says, '*I hate the sanctimonious people who have made this more difficult than it has to be.*'

I sure don't feel that way. I feel sad, angry, dismayed, troubled, for sure, and grateful. I'm grateful that nobody knew about Ross's genetics until after he was born. We

did not have to battle throughout the pregnancy, for what has now become known as a '*defiant birth*.' The Menkes literature would group us as those 'unable' to accept termination as a 'solution.' Our abhorrence of abortion as a solution to difficult circumstances is apparently a disability in and of itself, in the view of some. We are 'genetic outlaws' (<http://www.businessweek.com> for an article by Elizabeth Schiltz, mother of a child with Down Syndrome, Assistant Professor of Law in Minneapolis). I'm grateful for Terry, and that he and I agreed when offered experimental therapy that gave us the time we had with Ross. I'm grateful that Terry willingly relinquished the high-powered career for which he was educated, to be Ross' full-time dad. I'm grateful for families and friends who supported us, who gave us courage when we faltered, who helped us to know that we didn't need to be afraid, even though we often were. I'm grateful for the health care colleagues who went the second mile again and again and again. I'm grateful for Ross himself, and all that he brought into our lives.

I hope that people who choose to go through the termination of a less than perfect baby find something like 'The Compassionate Friends' to help them with the burden of their pain, and their guilt and shame (the article's words, not mine). It's the kind of situation that easily kills a marriage. Are you starting to wish you hadn't asked?" I said to my colleague. "I'll stop now."

"No," he replied, "I wish you could write more. I'm just not sure how you get people, who have not experienced something, to really understand, and how do you accept them in their state of ignorance? I told you about the Genome Canada meeting, where the idea was that 'technology could eliminate all genetically different children,' and I only felt what a tremendous loss that would be and how much our humanity would be diminished if we did not have such children to show us the way."

"It's counter-intuitive," I replied, "that the presence of one of these children in our lives might be anything other than a burden, unless one has the privilege of entering into their stories. Maybe the answer is to educate people early. I'm confident that many of my son Ross' classmates from Kindergarten to Grade 5, have gone into the world with a different take on this from many of their

"It's counter-intuitive that the presence of one of these children in our lives might be anything other than a burden."



“I'm not afraid to die,” Ross told us, but he wanted to go when it was His time, not when someone on earth decided he'd had enough.

peers. I think you would appreciate the memory book they collated for us. It includes a story from one of his Grade 5 teachers about Ross' return to class after yet another hospitalization. His classmates had lots of questions. Ross suggested that an article I had written might answer many of their questions and his teacher was able to overcome her concerns about the potential repercussions of a politically incorrect discussion (Article in a Pro-Life publication)!

So, after lunch, Ross and I proceeded to the front of the room. I read to the children a mother's chronicle of the medical condition of her child and how this had changed the way she viewed euthanasia. It was a technically

complex paper, written for an audience much older than the young people sitting before me. But they sat there spellbound, listening to her description of the trials that their classmate had endured since birth—the multiple surgeries, the catheter, the bladder infections, the deformities of his skeletal system, the lack of physical strength and the many, many hospitalizations. For most of his classmates, this was the first time that they'd ever heard what Ross had been dealing with in his life.

Ross then proceeded to speak, perched on the edge of his chair in the centre of the room. He began by telling the children that he did not

want them to pity him. He loved his life and everything that it brought to him. He told them not to worry...that he could 'handle the pain.' But he confessed that he had one terrible fear that some well-meaning doctor might see him in pain and decide to 'help' him by removing that pain forever. 'I'm not afraid to die,' Ross told us. He said that he had tremendous faith in the Lord Jesus Christ and that he knew that there was a special place for him in heaven, but he wanted to go when it was His time, not when someone on earth decided he'd had enough. 'I know I'm not perfect, but all of us have disabilities of some sort. I can deal with mine. I'm OK,' he said.

At this point, I had a profound realization that I was experiencing a holy moment in my life because, one by one, the students began to raise their hands and to speak to 'Ross the Teacher.' They began to witness about their own faith and how it had helped them in their lives. They shared some of the crosses they were bearing—the frustration of dealing with cerebral palsy, attention deficit disorder and foetal alcohol effects. There was an air of respect and empathy and wisdom during that discussion that I'd never seen before in a group of

children. I went home that evening, still somewhat awed by what I had observed...


While he was alive, nobody ever dared to suggest that Ross was a burden, but after he died, a surprising number of people spoke to us about the relief 'we must' have been experiencing. One 'friend' fretted to me about, 'how Terry would handle the guilt he would undoubtedly experience as a result of the relief he must be feeling.' How convoluted is that?! We learned to reply,

'You're right, he was indeed a burden-as sails are to ships, and as wings are to birds.'

The spinnaker for our new sailboat arrived last week. The graphic on it is a line drawing of a bird in flight, a commemoration of sorts.

How do I accept folks in their state of ignorance? Not always very well. I try to accept the people without also accepting the ignorance. If I have the energy and the equanimity, I try to respectfully question their assumptions and what they think they know. I'm fully aware of the extent of the support that we had in caring for Ross, and that many have had no similar experience of being well-supported over the long haul by family, friends and communities of faith. As my dad was fond of saying, 'It's hard to learn navigation in the middle of the storm.' Nevertheless, hard is not the same thing as bad, and I remain convinced that it is wrong to end human life in anticipation that it will be a struggle. You may recall the quote from a Swahili Warrior Song during the introduction to the movie, *Lorenzo's Oil*:

'Life has meaning only in the struggle. Triumph or defeat is in the hands of the gods. So let us celebrate the struggle.'

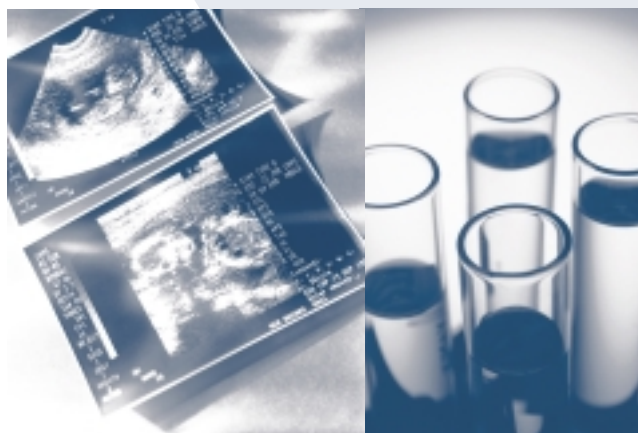
I know that some churches are a total embarrassment in this regard, but for the most part Terry and I experienced Christian community the way it's supposed to be. There is now a L'Arche community forming in Saskatoon. I would love to see some sort of elective or community experience happening in that context for our students and residents. Some of them might yet be teachable on this.” 

UK, July 27, 2006

Treating UK Women as Harvestable Crops

UK scientists are offering infertile women thousands of pounds off the price of IVF treatments if they agree to "donate" their eggs for use in biomedical research, meaning cloning. The slippery slope is sliding before our eyes and the UK continues its headfirst plunge toward Brave New Britain.

Just Cause for Conscience Laws



Do Practitioners require Protection from Scientific Advancements?

by John Patrick

Application of medical research outcomes cannot be left to secular legislators.

“Fashion an art of living in times of catastrophe, in order to be born a second time to fight openly against the instinct of death at work in our history.” Camus 1957

No one pretends that bioethicists have not changed our society and that the world of their ideas, as one of them says, “...is full of slippery slopes.” (Funk) What is not so clearly understood is that the authority that has been acquired is rationally superior. Leon Kass put it clearly,

“While bioethics is not formally a religion, it is absolutely faith-based, and is equally un-demonstrable. They purport to grapple with First Principles. Yet, they step into the public square with no greater claim to wisdom than does someone who

believes in the Resurrection, or in the revelation of the Law of Sinai.”

The battle is between a tacitly atheistic, utilitarian philosophy and one that is Judeo-Christian based on a covenant. Part of the resolution of this discussion must involve looking at the logical outcomes of the two views. Kass is right. There is no naked public square, no ultimate separation of belief and politics because politics is about what we ought to do and that depends on what we believe about the nature of man. CS Lewis has devastating clarity:

“For the wise men of old, the cardinal problem of human life was how to conform the soul to objective reality and the solution was wisdom, self-discipline and virtue. For the modern mind the cardinal problem is how to subdue reality to the wishes of Men and the solution is a technique. The pursuit of happiness in the modern sense is therefore self-indulgent. Man's conquest of nature must always be some men's conquest of other men, using Nature as the means. But these powerful people no longer think of God and God's laws as objective reality so they are controlled, not by God's

supernatural ideals, but by the natural forces of their own heredity and environment.

**Thus, Man's
conquest of
Nature turns out
to be Nature's
conquest of Man.”**

Division of minds

Unfortunately this rational divide has long been denied by the ruling elite and this must change because, if it doesn't, then traditionalists will be eliminated from the practice of medicine. The usual way *progressive* people put down traditional views is by ad hominem attacks and exaggerated rhetoric. What is needed is to address the question respectfully by asking, what does one need to believe to have a coherent ethical practice of medicine? Both sides are rational. The disagreement is about the premises. Those who hold to the traditional view, that there is a God and He will hold us responsible for our choices,

Dr. John Patrick is Director of Education and Public Policy for CMDS

necessarily hold that life is sacred and that many modern practices are unethical. Those who hold the view that there is no God who will hold us responsible, but rather that we are wholly free to decide for ourselves what we will do, necessarily look to their own desires as the ultimate authority. Thus, the proponents of the “naked public square” would say that outcomes of their choices are deemed good or bad based on desired outcomes. Ends justify means and abortion is a typical example.

If life is a gift from God, then abortion is wrong but, if we decide that we make the rules, then we can destroy life.

John Harris, professor of bioethics at the University of Manchester writes:

“Persons are capable of valuing their own existence. To kill, or to fail to sustain the life of a person, is to deprive that individual of something they value... Non-persons and potential persons cannot be wronged in this way because death would not deprive them of anything they can value. If they cannot wish to live, they cannot have that wish frustrated by being killed.”

Such views legitimize abortion but also logically extend to infanticide, killing patients with Alzheimer's disease and the use of embryos. Once functional definitions of human life are accepted, everything is possible.

Deep at the heart of the modern bioethics' philosophy is a scorn for much of humanity, and a hubris in the validity of their rationality. Wendell Berry writes eloquently in *Life is a Miracle*:

“By almost any standard, it seems to me, the reclassification of the world from creature to machine must involve at least a perilous reduction of moral complexity. So must the shift in our attitude toward the creation from reverence to understanding. So must the shift in our perceived relationship to nature from that of steward to that of absolute owner, manager, and engineer. Life can only be known by being experienced. To experience it is not to figure it out or even to understand it, but to suffer it and rejoice in it as it is; we know that we do not and cannot understand it completely... [Neither do we] wish to have it appropriated by somebody's claim to have understood it.”

I have no doubt that most patients know intuitively that Wendell Berry is describing the world as it ought to be and Professor Harris is describing the nightmare of *Brave New World*. Two things can be done immediately.

First, we must argue that patient-centred medicine must include ethics, and secondly, we must learn to convincingly argue the case that secular ethics are taking us straight to a *Brave new World*. Patient-centred ethics must take the demographics of belief seriously. Bioethicists obsess over autonomy and consent but patients are more

concerned about making sense of suffering and death, and the apparent injustice of life. Secular bioethicists do not discuss existential pain because their philosophy has little to say about it but, if we can recover a deeper understanding of the Judeo-Christian story, we have many things to say which have comforted and strengthened people of faith throughout the centuries. Unfortunately we, in the Christian community, have uncritically accepted the secularist position on most ethical issues because we have failed to cultivate a Christian mind.

If this, then that... God's consequential world

We have now had over 50 years of denigration of the Christian tradition and the consequences are becoming clear. Following the initial success of making undefined autonomy the key virtue, (total autonomy would, of course, be anarchy), it was necessary to find an iconic example of the benefits of autonomy. Fixing on the right to abortion was the cataclysmic event. The key questions were never asked and the most cogent arguments were suppressed as choice trumped all arguments. Yet, what the right to abortion involves is still an important question because, ultimately, we are logical, albeit slowly. No ordinary person can escape the quandary that abortion does gratuitous harm to an innocent individual, and that this is wrong.

Sophisticated atheistic arguments have been put forward in response to this quandary: to do abortions it becomes necessary to distinguish between a human being and a human person. The definition of person becomes functional. A person must be self-valuing, capable of relationship and capable of independent existence.



It is immediately clear that this definition not only allows “ethical” abortion but it also extends to “ethical” infanticide and involuntary euthanasia for Alzheimer's patients.

Moreover, it follows from a functional definition that the right to life has to be earned. What was intrinsically a right now becomes extrinsic and the result is that societal anxiety increases. We may at any moment lose our status as person and are therefore vulnerable to involuntary death (see Dr. Harding's article). In an effort to avert this disaster, an industry concerned with how to improve our self-image has been born, as has the animal rights' movement.

More importantly, as Lewis predicted, justice has changed. When those who judge do so without reference to transcendent ideals, it is not long before they become, in journalist George Will's memorable phrase, “our robed masters” and we experience the judicial usurping of democracy. For a full description of this process, presciently foreseen in 1979, read Arthur Leff, *Unspeakable Ethics, Unnatural Law* in the December issue of the *Duke Law Journal*.

Once justice had become the exercise of power, many marginal groups realized they could advance their particular grievances through the courts more easily than being required to deal with the democratic process through parliament. That has clearly happened. And in health care,

how long will it be
before couples are
required to pay more
in order to pursue a
defiant birth?

Student politics

Unfortunately, students are often the target in the exercise of power and the denial of conscience which used to provide the impetus for a moral consensus. Freudians say there is no conscience, only superego, behaviourists say only inhibitions, anthropologists only mores, sociologists only socialization, and now post-modernists say there's no conscience only narratives. Such things are not written on our hearts and can never give us a common ethical standard. See *Handling Issues of Conscience* by J. Budziszewski 1999 Beatty Memorial Lecture, McGill University.

World without miracles

Finally, within the secular story, the idea of a redemptive aspect to suffering is lost. What would today's world do if they were asked to judge between an in utero Adolph Hitler (no known defects) and an in utero Helen Keller (who could have been blind and deaf for genetic reasons)? This is the tyranny of the measurable. It deprives the world of miracles like the one Helen Keller describes,

“We walked down the path towards the well-house, attracted by the fragrance of the honeysuckle with which it was covered. Someone was drawing water and my teacher placed my hand under the spout. As the cool stream gushed over one hand, she spelled into the other the word water, first slowly then rapidly. I stood still, my whole attention fixed on the motion of her fingers. Suddenly I felt a misty consciousness as of something forgotten—a thrill of returning thought; and somehow the mystery of language was revealed to me. I knew then that w-a-t-e-r meant the wonderful something that was flowing over my hand. That living

word awakened my soul, gave it light, hope, joy, set it free! I left the well-house that day eager to learn.”

We must appreciate that, if we do not succeed in establishing the legitimacy of traditional understandings, then the world of Professor Harris will impose their view. The current attack on rights of conscience is the beginning of the next phase. Constantly we are being told that it is intolerant not to accept the fundamental societal changes about the nature of good and evil. We are urged to legitimize the use of embryonic stem cells, eugenic abortion, as well as the re-engineered nature of parental and familial relationships. Yet it is in fact wrong to impose new ideas without proper democratic discussion in Canada; intolerant, and even bigoted, to refuse to acknowledge traditional as well as so-called progressive views of the nature of rationality. The Hippocratic registry of physicians is a first step towards preparing us for the conflict ahead.

The formation of the CMDS Freedom of Conscience Committee (FCC) is another positive step. Conscience laws are now needed to protect the physician's moral integrity, and allow him to practise good medicine.

Freedom of conscience is guaranteed to all Canadians in our Charter and, contrary to public opinion,

Continued on page 25

The Stones Cry Out

If you do not speak out, then who will?

by Sharon Quick

Scientific studies of nature support God's truths.

Adaptation from a six-page article by Sharon Quick. For complete article and references, go to www.cmds-emas.ca, click on "Publications" and select "Focus" magazine.

My husband and I are both physicians but we had to stubbornly resist amniocentesis during my first pregnancy at age 35. A specialist later related that in her practice a majority of unborn children diagnosed with a disorder are aborted. The disorders may be relatively benign; cleft palate was the reason for a late termination in England.¹ Wrongful life suits have now been brought against physicians for allowing a disabled child to enter the world² placing physicians under societal and legal pressure.

**"If they keep quiet, the stones
will cry out." (Luke 19)**

There are now profits to be made. Routine abortions spawn the foetal parts research industry. The United States has a law prohibiting the sale of such parts, but reimbursement for "processing" is allowed. This loophole allows companies to publish catalogues advertising various foetal organs at a particular gestational age for a specific price.^{3, 4} It always seems cheaper to end a life than care for disability.

Human embryos may now be frozen for future use as a convenience to women although the freeze/thaw process has an estimated 65% survival rate.⁵ Some countries like Germany⁶ and Italy⁷ limit or prohibit the freezing of embryos. Human embryos may also be destroyed for use of their stem cells in research but because of the inefficiency of producing embryonic stem cell (ESC) lines, only about one out of 40 donated

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embryos could end up as a cell line.⁵ Each ESC line represents a unique genetic individual, and can be patented in some countries (USA), as can methodology in working with ESCs.

Our world has returned to the ethical landscape confronted by Hippocrates whose patients were unsure if a "physician" would heal or kill. Hippocrates and other doctors realized that physicians could only be healers and never killers. The Hippocratic Oath states that doctors will not take the lives of the unborn or their patients.⁸ And yet today the line has been crossed that preserves the intrinsic value and sanctity of human life. There is no logical stopping point in devaluing an ever-expanding group of humans.

How and why has this happened?

All of these life-dishonouring practices are rooted in a way of thinking about truth that states that scientific truth is universal, but moral truth is personal opinion and cannot be imposed on others. We have rejected the far more ancient premise that scientific truth is limited to the population to which it applies, but moral truth is universal.

Scientific conclusions must be based on facts removed from opinion. Yet all researchers have some degree of bias. Biologist Richard Dawkins states, "Even if there were no actual evidence in favour of the Darwinian theory...we should still be justified in preferring it over all rival theories."⁹ Scott C. Todd from the Biology Department at Kansas State University states, "Even if all the data points to an intelligent designer, such a hypothesis is excluded from science because it is not naturalistic."¹⁰ As Nancy Pearcey points out, these statements constitute a prior philosophical commitment.¹¹

Yet ethical integrity is essential for both the discovery and application of scientific truth. Science must be governed by moral restraint. The Nuremberg Code and other codes of practice place ethical limits on science and medicine. They affirm that medical and scientific research must "do no harm."

The dignity of the individual, their rights and welfare always trump scientific advancement since moral absolutes are universal.

The origin of moral truth is a crucial intellectual debate. Is there absolute moral truth, or does each person decide their own truth? The Christian holds the former position; the naturalist believes the latter. Those who believe that the universe and all its inhabitants are the result of random forces of nature conclude that morals are relative. Richard Dawkins states, "There is at the bottom of it all, no good, no evil, no purpose, nothing but blind pitiless indifference...DNA neither knows nor cares. DNA just is, and we dance to its music."¹³ Yet, naturalists tacitly know that love is good and murder and stealing are bad. A competitive natural selection environment driven by random mutations provides no explanation for sacrificial love or the power to choose. Naturalists tend to make a leap of faith to conclusions unwarranted by their own philosophy: Dawkins, for example, suggests that we have the power to defy the selfish genes of our birth.¹¹ Such thinking is dishonest and schizophrenic, requiring a division of truth, where naturalism governs ideas about the physical universe and self-gratification governs a personal morality.

In contrast to secular personal morality that does not have external boundaries, Christianity has a clear framework recorded and preserved in Scripture that supersedes one's own ideas. For a Christian, there is only one truth that encompasses every aspect of society—infusing the character of Jesus into science, work, relationships, government and law. For the Christian scientific and moral truths are not opposing forces, the one supports the other.

When is human life worthy of protection?


From a naturalistic perspective, the opportunity to benefit from the *science* of abortion, human embryonic stem cell research, and foetal parts research must be universally available, but the pertinent ethical principles have to be severed from such research or procedures and relegated to *personal morality*. The point at which human life begins becomes moral opinion.

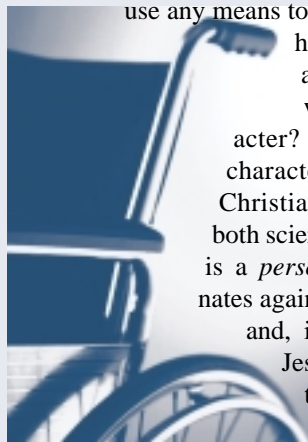
Christian reasoning starts with the universal moral truth of the sanctity of human life created in God's image and consults science about when life begins. The intrinsic value of human life is not an *opinion* but a truth that forms the bedrock of the entire legal system and the framework within which science operates. When cracks appear in that bedrock, the entire foundation of society begins to crumble and sets the stage for anarchy.

Science itself affirms that human life begins with one cell. Biology and embryology textbooks unequivocally state: "A zygote is the beginning of a new human being;"¹⁴ and, "Life began for each of us with the fusion of...a sperm and an ovum."¹⁵ Biologists have defined characteristics by which we recognize living organisms from the simplest one-celled amoeba to complex animals composed of cell(s), molecular and cellular organization, energy use, response to environment, growth, reproduction, and adaptation.¹⁶ We cannot classify a human embryo as "not living" without refuting basic principles of cell biology. Scientific logic forces one to admit that a unique human life exists on a continuum from the moment of conception until a natural death. An embryo is a unique life complete in itself, unlike a clump of cells of one tissue type in culture that may be living, but is not a complete organism.

Differences in abilities (capability of twinning, way of communicating, etc.), location (inside or outside a uterus), size, appearance, or status of being wanted or not by someone else do not change the intrinsic nature of each human individual along this continuum. Even in vitro fertilization clinics recognise this and sometimes give a semblance of a funeral to embryos prior to their destruction.¹⁷ If an embryo or foetus is not recognized as a full person, then how much of a person are they—one quarter or one half? When is full personhood achieved? If one is assessed to be half a person, does he or she then receive half of a right to life?

I used to sit at the bedside of critically ill children and neonates for hours, adjusting drips and ventilator settings, hoping that one day they would be able to walk out of the hospital either on their own or in the arms of their parents. The diseased and disabled are a blessing, not a burden. When patients learn from their difficulties, their wisdom is beneficial to those who take the time to get to know them. The many disabled children and their families that I have cared for over the years have not seen their lives as "not worth living." Certainly society should aim to eliminate or lessen disease, but not by eliminating people.

If we teach the children in our society that it is okay to use any means to solve problems in pursuit of happiness, even taking another person's life, what will that do to their character? What will it do to the character of a nation? It is the Christian viewpoint that upholds both science and universal morality. It is a *personal morality* that discriminates against the youngest and weakest and, in so doing, defies science. Jesus says, "If they keep quiet, the stones will cry out."
(Luke 19) 



Applied Faith



Reflections on time at a Refugee Camp

by Sally Patrick

Being recognizable as a person of faith wherever one finds oneself.

“We cannot be genuinely courageous or truthful and be so only on occasion.” *After Virtue* by Alisdair MacIntyre.

“We cannot be genuinely courageous or truthful and be so only on occasion.”

In July 1994, Eastern Zaire (now Democratic Republic of Congo) received one million Rwandan refugees in five short days. 50,000 people perished in the first month due to cholera and dysentery (Lancet, 17 June 1995). Today in 2006, 250,000 new Sudanese refugees have crossed into Chad, and 1.8 million Internally Displaced Persons are in Darfur. In 2005, there were over 10 million refugees and 5.6 million IDPs according to the UNHCR. A refugee is one who flees his country and is unable to return because of race, religion, nationality, political opinions, social group, or war and civil conflict.

In many ways the 1994 Rwandan refugee situation epitomized the ethical dilemmas of missions and

re-formed our thinking on priorities, evaluation and the place of faith in aid programmes. For two years I was responsible for three of the refugee camps, 21,000 refugees up in the mountains west of Bukavu, at the end of 75kms of unmade roads. I worked with a team of refugees and Zairian pastors but in isolation of other NGOs who worked in camps on the Rwandan border.

As in every type of mission, we urgently needed a framework for thinking and planning because of the enormity of the crisis and the nature of the political situation. To form an action plan instead of merely reacting to daily crises, we began to think in terms of the ancient questions: What can I know? What can I continue to believe? And what must I therefore do?

What can we know?

For everyone working with the refugees, it was important to find out as much as we could about the situation we were faced with. We knew that Rwanda had experienced country-wide revival 50 years before, and that even at the time of this crisis, churches were full to overflowing every Sunday. It was imperative, therefore, to know the history leading up to the crisis: the years of exile, the formation of a strong Rwandan army inside

Uganda, the shooting down of a plane over the capital Kigali killing the Hutu Presidents of both Rwanda and neighbouring Burundi, the outpouring of hatred and propaganda by both sides, the killing and revenge killing, and later, the destruction of refugee camps and the loss of 250,000 refugees, presumed dead.

In the chaos of many crisis situations around the world, we are privileged to share in individuals' stories. Loss of family, church, familiar surroundings, predictable routine, decision-making, and food security is often overwhelming. We did not have suicides in our camps but we did see people stressed to the point of being paralysed and unable to function. We had children who became mute and withdrawn, needing love and care beyond anything we could provide. We also had fellow workers, destitute themselves, who gave their lives sacrificially. My Rwandan co-



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worker died of malaria. Another Rwandan pastor praised God for bringing him into the refugee camps where, for the first time in his life, he experienced the presence of God. As we often see on short-term missions, it is through situations of poverty, suffering and extreme need that mission acquires a new meaning and purpose, greater commitment and courage beyond ourselves, that comes only from God.

We needed also to know something about the host country, Zaire, a country without infrastructure, law and order. The refugee camps were often placed on land belonging to churches whose ministry, including elementary schools, was placed under great stress trying to help the refugees.

As aid workers we had to come to terms with the knowledge that there were many missionaries and other local people who were not able or did not choose to help.

We also had to accept that in these three camps there was no medical help. The local hospital and clinics had no supplies. We had nothing except the medications I could scrounge in Bukavu and the services of one Rwandan refugee doctor, a few refugee nurses and a physiotherapist, all of them in survival mode for what was left of their own families. Being in the mountains and having clean water from recently capped springs protected us from cholera, but food supplies were often delayed because of the state of roads and vehicles. Most of our under-fives and our

elderly people did not survive the camps because of infections and malnutrition. We had many burns, injuries and young men buried alive digging latrines without equipment. The ethnic killings of Rwanda were also repeated inside the camps forcing us to recognize that, though we may try to herd people into secure places, it is not in our power to ensure their safety in times of conflict.

What can we believe in order to cope with this situation?

Each refugee has his/her own story of torture, rape, confinement in latrines, machete wounds. They speak of family members being killed and of hiding amongst mounds of rotting corpses. Who knows how many are willing and unwilling participants in the killings? It is not possible to differentiate between guilty and innocent but I know we have to minister in a more intentional way to the spiritual needs of these people. We called together the Rwandan refugee pastors. We sent them out two by two to re-create a Christian community in all 29 camps in the Bukavu area. We brought people together for bible teaching and out of many discussions came these same questions again and again: How did we come to kill one another when we all called ourselves Christians? Will God ever forgive us? Will our brothers ever forgive us?

What can we do? How must we now live?

What we believe and know as Christians informs our understanding of every situation (St. Augustine). It enables us to respond in a meaningful way and to act justly. A list of facts about a situation will not tell us what we ought to do but, looking at what we know in

the light of what we believe, will give reason, purpose and order to our priorities.

Thomas Aquinas wrote that there is transformation through grace, that we are weakened by sin, but strengthened by the work of the Holy Spirit. In Deuteronomy we are told to remember these things, how



God brought the Israelites out of Egypt, how the grace of God has extended through history to our own conversion story. It is the habit of remembering and thinking like this that sustains us. When we work in high-risk areas where there is mass suffering, our emotional reactions overwhelm us and are unreliable. Paul in Romans 12 commands us to be transformed in our minds, in our thinking, presumably for our own well-being. We may feel afraid of mined roads and AK47s wielded by children or drunken soldiers, but in our minds we know and believe that nothing happens by chance to those called by God (Ps. 139; Rom. 8). Ravi Zacharias reminds us that God has an appointment with each one of us and He will keep our steps until that time.

We also believe that we are to love God with all our heart, mind and soul, and that this law, and all its implications, is to be written on our hearts. We believe, therefore, that we are all in need of forgiveness and restitution. The social and emotional consequences of sin may linger for generations, but God in



His mercy restores our relationship with Him when He gives us the gift of repentance (Acts 11:18). There are many children and adults in life threatening situations who become thieves and killers but they are still made in the image of God. Central Africa is often a place of anarchy, poverty and cruelty, but I believe we are called to loose the bonds of

wickedness as well as feed the hungry. The grace of God, and God's laws, apply equally to those we minister to and to ourselves.

“a state not ordered by justice is a collection of thieves”

What we must then do?


St. Augustine said that, “a state not ordered by justice is a collection of thieves” and certainly some of our camps matched that description. One of our greatest priorities in mission work of any kind, along with the basics of food, water, latrines, shelter and medical care is to help create community and order. Once there is local leadership and a sense of responsibility, then local participation in planning, caring and purpose is possible. Participation gives respect to other people's knowledge, especially about local

beliefs and practices. It gives opportunity for people to make decisions again, to have some control of the programme, to organize continuity and to make the programme more sustainable. It can include everyone, men and women, the elderly, the disabled, local Christians and others. It gives credence to local strengths and resources. It is also the way we learn what is culturally offensive in our own behaviour.

Codes of Best Practices in Short-Term Missions (Global Connections UK and EFC) present us with ethical standards for our work. However, what really informs our judgment of good and bad, right and wrong is a tacit knowledge of God's laws at a deeper, primordial level, something that has to do with character formation, virtues and discipline, not a set of rules imposed from outside. This kind of knowledge which strengthens our faith as Christians is in fact universal though people may not recognise it. In missions we have the opportunity to draw it out of those we work with and to reinforce and teach God's truths.

Dr. Vinod Shah from Velore, India insists that mission changes


culture and that this is good. It presupposes that we are able to be salt and light in another culture because we know what needs to be preserved in that culture. Christian ethics, formed by biblical truths, inform our moral judgment even in a different culture. Programmes that are local, viable, self-supporting, self-governing, and self-replicating, where we play a supporting role, can encourage transformation in Jesus Christ.

Meanwhile in the camps, refugees soon become accustomed to hand-outs, but when given the opportunity they prefer to work. We trained 600 family groups to be involved in income-generating projects in 1995. We rented fields and grew potatoes and cabbages to sell at local markets. We cooked local food to sell to the military. We purchased sewing machines. One young woman made wedding dresses and, in so doing, reminded us all of the need to celebrate weddings, baptisms and funerals. 



When 50,000 people die, or 1,000, or even 50, we resort to mass graves without ceremony, but Christian community does not allow the passage of life to go unmarked for long. Prayer, fasting and miracles became an expression of who we were in these camps for, where there is much loss and suffering, God is seen more clearly.

Lines from Heaven



Fish (fly-replete, in depth of June,
Dawdling away their wat'ry noon)
Ponder deep wisdom, dark or clear,
Each secret fishy hope or fear.
Fish say, they have their Stream and Pond;
But is there anything Beyond?
This life cannot be All, they swear,
For how unpleasant, if it were!
One may not doubt that, somehow, Good
Shall come of Water and of Mud;
And, sure, the reverent eye must see
A Purpose in Liquidity.
We darkly know, by Faith we cry,
The future is not Wholly Dry.
Mud unto mud!-Death eddies near-
Not here the appointed End, not here!
But somewhere, beyond Space and Time.
Is wetter water, slimier slime!
And there (they trust) there swimmeth One
Who swam ere rivers were begun,
Immense, of fishy form and mind,
Squamous, omnipotent, and kind;
And under that Almighty Fin,
The littlest fish may enter in...

by Rupert Brooke (1887-1915)

Letters to the Editor

We would appreciate your feedback.

We'd really like to hear your comments on the articles in *Focus*. Please send us a quick e-mail at:

main@cnds-emas.ca

Focus Editorial Policy

Focus: Faith and Practice Magazine

...is a joint publication of the Christian Medical and Dental Society (CMDS) and the Evangelical Medical Aid Society (EMAS) both of whom have Statements of Faith that hold to an orthodox Christian understanding of Jesus Christ and essential Biblical truths.

Our readers are students, practitioners, retired health care professionals and others concerned with contemporary issues relating to Christianity and health care.

The purpose of Focus

...is to act as a forum in which Christian health care professionals may exchange information and experiences to encourage one another in the integration of their Christian faith and practice.

For more information on our policy, please go to: www.cnds-emas.ca and look under "Publications."

UK, June 29, 2006

Today, the British Medical Association voted overwhelmingly to oppose the legalisation of physician-assisted suicide and euthanasia. The campaign director of *Care not Killing*, Dr Peter Saunders of CMF said,

"This is a fantastic result for the many organisations campaigning against euthanasia, a very important result in terms of political and public opinion. The medical profession in the UK is now firmly united in its opposition to any form of euthanasia or physician-assisted suicide. This sends a very clear message to the public and to MPs that doctors who care for dying patients understand that legalised killing would create more problems than it would solve.

Their verdict is that we need better palliative care for the terminally ill; that we need to kill the pain and not the patient. The argument that decided this vote and the similar vote in the House of Lords last month is a simple one: for sick and vulnerable patients the danger is that the 'right' to die could become a 'duty' to die.

The BMA vote has rescued patients from embarking upon the slippery slope towards full blown euthanasia in the UK."

Bioethics & Christianity & Medicine



A plea for relevance to daily practice

by Dan Reilly

Ethics is the basis of how my belief system dictates that I live my life, including how I practice medicine.

I am a servant of Christ, who considers practicing obstetrics and gynaecology in rural southern Ontario as part of a broader calling to servant leadership. God has sparked in me a passion for ethics. Ethics is the basis of how my belief system dictates that I live my life, including how I practice medicine. Ethics is to philosophy and theology what engineering is to physics and math.

As I study ethics, practice rural medicine, and follow Christ, I struggle to put it all together.

One expression of my love of making faith and belief practical was the choice to enrol in the MHS in Bioethics at the University of Toronto Joint Centre for Bioethics. I have completed the first year of the two-year program. As I study ethics, practice rural medicine, and follow Christ, I struggle to put it all together. We'll start with a Christian critique of principlism and end with pleas for pluralism and relevance.

A Christian Critique of Principlism

The four principles approach (also called principlism or the Georgetown Principles) to ethical decision making has become the dominant ethical framework in most health care settings. Developed by Tom Beauchamp and James Childress, it is a practical approach to ethical issues in medicine and is articulated in *Principles of Biomedical Ethics* (5th ed. Oxford University Press, New York, 2001). Beauchamp and Childress argue that most ethical theories support a core set of principles. Applying those principles to bioethical problems can

clarify the ethical conflict and permit solutions to be found. The four principles are autonomy, beneficence, non-maleficence, and justice.

Medical students are taught to take apart bioethical problems and identify which principles apply. Correctly performing this task usually earns a pass in the ethics component of their curriculum. Many students I have encountered view the four principles as absolute rules guiding medical practice and carrying the weight of law.

I have found the four principles approach pragmatically useful at the bedside and consistent with my evangelical protestant Christian worldview. But I find their usefulness limited by a lack of external moral validity and a lack of an internal hierarchy of moral goods.

Autonomy

A minimal definition of the principle of autonomy is a requirement to respecting the “*informed choices of competent persons.*” This respect gives rise to consent processes and has helped to bring the focus of medicine back to the patient rather than the pathology. Doctors who violate the principle of autonomy risk being sued for battery. Despite the intuitive simplicity of the call to “*respect your patient's choices,*” applying the principle becomes complicated when dealing with persons who may not be competent. Trying to define “*informed*” or “*person,*” when one person's autonomy conflicts with other principles, or with another person's autonomy, can be very difficult.

A Jehovah's Witness patient refusing a blood transfusion is the classic case used to illustrate autonomy. If I have a patient refusing a transfusion, autonomy dictates that I fully inform her of, and make sure she understands, the risks and benefits of that refusal. I must ensure that she is free of coercion in her decision-making. Autonomy then requires that I do not refuse a treatment but I cannot prescribe blood or blood products.

I can support respecting personal autonomy for two reasons. As a member of a religious minority, I support

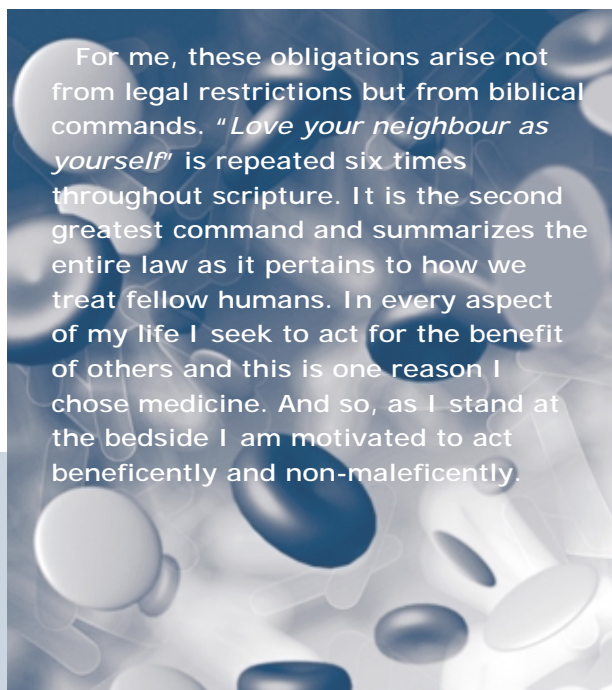
Dr. Dan Reilly is a CMDS member and an OBG practitioner in Fergus, Ontario.

autonomy as a defence against the oppressive will of the majority. Just as I believe the Jehovah's Witness is making a bad choice when refusing transfusion, so the secular humanist believes I am making a poor choice when I pray for those who are sick, donate to my church, and send my son to a Christian school. Only in a society that respects autonomy can I hope to be truly free to live my life according to the beliefs that I consider to be important.

A second reason I support respect for autonomy is that respect for free will is an important theme in Christian scripture as God interacts with humans. The LORD God commanded the man, "*You are free to eat from any tree in the garden; but you must not eat from the tree of the knowledge of good and evil, for when you eat of it you will surely die.*" (Gen. 2:16-17 (NIV)) From the beginning of the narrative, choice is available and important. People are free to make choices that are very unwise and then to live with the consequences. If God created and respects free will, who am I to deny it? And so, as I practice medicine I seek to inform, and then respect the free choices my patients make. As I respect the patient's autonomy and right to live by their moral code, I also expect the patient to respect my autonomy and not demand that I compromise my moral integrity.

Non-maleficence and Beneficence

The principle of non-maleficence is "*the moral obligation not to inflict harm on others.*" Beneficence obligates the care provider to "*act for the benefit of others.*" These principles give rise to the special duty of care that doctors owe their patients. No medical act performed should cause unnecessary pain or injury and



must be for the patient's good. Patients trust us to "*do no harm*" and to provide the best care possible. Doctors who violate that trust risk both professional and legal sanction.

Justice

Justice requires that like cases be treated alike and that resources be distributed fairly. Each patient whose circumstances are the same deserves the same level and quality of care. The challenge is to figure out who is the same and who is different and then to manage the complex health care system such that justice is satisfied. At the very least, justice requires that I treat each patient with the same respect and care regardless of their social status, race, religion, etc. Within the system, I advocate for the poor and disadvantaged and speak up when patients are not treated fairly.

As a Christian I am commanded to act justly. "*He has showed you, O man, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.*" (Micah 6:8 (NIV)) Biblical leaders who were just are praised. God is described as perfectly just. Those who are unjust receive rebuke from God. "*Woe to those who make unjust laws, to those who issue oppressive decrees, to deprive the poor of their rights and withhold justice from the oppressed of my people, making widows their prey and robbing the fatherless. What will you do on the day of reckoning, when disaster comes from afar? To whom will you run for help? Where will you leave your riches? Nothing will remain but to cringe among the captives or fall among the slain.*" (Isa. 10:1-4 (NIV)) Seeking justice in an unjust world is part of the challenge of living the Christian life.

Seeking justice in an unjust world is part of the challenge of living the Christian life.

The usefulness of the principlist approach is limited. The lack of an internal hierarchy of the four principles is one problem often noted by principlism's critics. How does one resolve conflicts between the principles? For example, if a competent patient requests a harmful procedure how does one resolve the conflict between autonomy and non-maleficence? If two patients need a given procedure and you only have resources to help one, how do you act justly and beneficently? To resolve these issues some advocate moving beyond principlism and looking for guidance in moral theories such as utilitarianism or Kantianism. Others abandon moral discussion and seek simply to establish a fair process of decision-making.

The larger problem I have with principlism is the lack of any inherent moral weight. The four principles represent a consensus opinion that is "*right*" simply because it is consistent with a majority of ethical theory



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and because it could be utilized by a majority of health care providers. Yet history is rife with examples of majority opinions which led to acts we now agree were immoral.

As a Christian I can pursue a solution to these conflicts using a wealth of moral resources. Scripture is explicit in ordering moral imperatives. The greatest command is to love God and the second greatest is to love your neighbour. When commands seem to conflict I can seek the counsel of other believers, return to the text (Bible), speak with the author (God the Father), study how the perfect example (Christ) lived out the commands, and seek guidance from an all-knowing companion (Holy Spirit). God's moral code is unchanging and reliable, regardless of circumstance.

A Plea for Pluralism


And yet one of the main challenges I face is articulating an evangelical Christian ethic while seeking to support a health care system that respects people of varying beliefs. If people of differing beliefs are to live together, we must find ways to accommodate each other without compromising our personal integrity. The project of living together is pluralism but few people seem interested in pursuing pluralism. So many doctors and ethicists (both secular and of faith) seem to prefer practicing an easy relativism that gives supremacy to personal autonomy. Or they are on a mission to correct some injustice and all other considerations are secondary. Both groups would have those who do not share their indifference or single mindedness coerced into compliance or purged from the system.

As a Christian I struggle with how I respect and serve both patients and health care workers from a variety of belief systems. When I try to engage others in discussion about this struggle it often becomes clear that they care about themselves or their particular issue far more than they care about people.

A Plea for Relevance

While struggling to construct a Christian health care ethic by integrating my faith and my study, I also struggle to make it relevant to my life at the bedside in a small town, primary care hospital. Academics, politicians, the media, the public, and even fellow believers seem drawn to the obscure and sensational today. A great deal of intellectual energy in ethics is focused on tertiary care problems or scenarios that I will never encounter and these hard cases lead to bad policies that have broad negative effects.

There is great comfort in focusing on problems whose solution requires no personal sacrifice but if my faith and ethics do not change me personally then they are dead. With anyone who will engage, but especially fellow believers, I want to talk about how faith and science and ethics impact how we view sexuality, spend money, prioritize our use of time, love our neighbour, and live and work in a religiously diverse society. Ethics is about how I live each day and all the little decisions that shape that life. I must be a better person tomorrow than I am today.

Life would be easier if God provided an exhaustive list of rules. Instead He calls me to a selfless relationship with Him and with my neighbours. He promises to be with me in the midst of the struggles and to give me each day the energy and wisdom that I need for that day. 

*I ask for all the answers,
You bring me more questions.*

*I seek to fix the world's injustices,
You remind me of my neighbour's needs.*

*I ask how to convince those who are wrong,
You ask me to love despite being wronged.*

*I ask to know the truth,
You say I am Truth, know me.*

by Dan Reilly

USA, July 26, in *Business Week*

In Confessions of a *Genetic Outlaw* lawyer, Elizabeth R. Schiltz, mother of a Down's child, says that the new methods for screening embryos for disease may provide more reason to brand some people dissidents for bringing their kids into the world. "I've come to realize that many in the scientific and medical community view me as grossly irresponsible. Indeed, in the words of Bob Edwards, the scientist who facilitated the birth of England's first test-tube baby, I am a *sinner*. A recent book even branded me a *genetic outlaw*. My transgression? I am one of the dwindling number of women who received a prenatal diagnosis of Down syndrome and chose not to terminate my pregnancy."

Governing Health

The Ethics of Medicare



Aligning my political, personal and spiritual journeys as an MD/MPP

by David Swann

The current debates about privatized (third party insurance) medicine and the public trust have raised good ethical questions about the purpose of medicine. They challenge both the values of modern physicians and those of our society. It is debatable whether reforms, led by British Columbia, Quebec and Alberta, will foster or undermine the deepest values of medicine. The training of modern physicians emphasizes logic and clinical skills, but

the best medical care is always that which fosters emotional and even spiritual health as well,

both in physicians' lives and their patients'.

But what do these things have to do with quality, access and cost-efficiency: the key measures we use? Is there a model of health care delivery that serves people well, and is also economically sustainable? How do we assess the risks and

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benefits of a two-tier system that argues for shorter waiting times but also promises to cost more in the long term? How do we balance the need for a reasonable income with the sacred trust that is inherent in the doctor-patient relationship? How can we ensure that modern health care continues to provide accessible, affordable and timely care? Will privatization open up our health system to large American providers under the North American Free Trade Agreement (NAFTA), and reduce access and quality for the poor? All of these are issues on which we, because we are Christians, must take a stand.

Medicine's Purpose—"Love your neighbour as yourself." (James 2:8)

Medicine is a way of engaging with another, and often with a family, in an intimate enquiry into physical, psychological and sometimes spiritual roots of health and disease for the purpose of protecting and enhancing health. In this most intimate encounter, there is the possibility of mutual growth and healing as we journey toward a common end.

Christian physicians know the importance of this sacred trust with patients and are called to emulate Christ's sacrificial dimensions of caring. How then do we confront the increasing shift to private

payment options now being explored in many provinces, and stemming partly from the Chaouli (Supreme Court) decision in Quebec? It is not clear to this author how the introduction of another insurance company (private, in this case) will add anything but cost. Nor in some cases will the very people needing the insurance be eligible for it. Proponents of a private alternative argue that only non-essential services would be covered but already ophthalmology, hip and knee replacements are included—a slippery slope indeed.

What Can be Wrong with Choice?

At one level, the ability of people to pay for better or faster services appears reasonable in a free-market economy, but this assumes that medicine is merely a business and that *competition* will bring out the best in practitioners. No doubt some people will have access more quickly as a result of ability to pay directly. This is happening already in relation to MRI services. However, patients, especially ill patients, cannot adequately assess the quality of care and, in the proposed reforms in Alberta at least, physicians would be able to practise in both public and private systems simultaneously. This

Loss of health care access to some patients



introduces a serious conflict of interest when the physician stands to benefit financially by arranging certain procedures in private offices.

Evidence from the US, Australia and UK suggests that privatization results in progressive loss of health care access to some patients as physicians move to seeing more patients in the private system and, in some studies, quality is compromised. Costs within the private system, moreover, are higher in order to cover insurance staffing, advertising and shareholder profits.

Deeper examination also reveals that people must have adequate means to pay the private insurance premiums and must be relatively healthy to qualify for insurance in the first place. Clearly this will result, over time, in low risk (paying) patients having better services than higher risk patients without funds for insurance. This cannot be in the long-term interest of all people, especially those on fixed incomes and the working poor who will be increasingly anxious about finding the care they need.

Losing Public Trust—The Political is the Personal

There is clearly a need to ensure that ethical principles govern our relationships with our patients if we are to maintain trust and integrity. Authentic relationships between

doctors and patients depend on their ability to communicate and live relationships of honesty and mutual caring. Spiritually, God continues to call us into our full humanity by participation in both macro issues (economic and political) that imperil the system, and the doctor-patient relation-

ship (quite personal), which is rapidly being eroded by *business principles*.

Clearly, it is a daunting responsibility for physicians, patients and politicians, to debate appropriate reforms, addressing the shortage of physicians and other staff, as well as the infrastructure of medical care and the neglected issue of prevention, which could make major contributions. Yet failure to embrace both political and personal dimensions of medicine and health care reform results in less effective interventions. The situation leaves citizens feeling abandoned by their physician and by their political representatives. A fair, compassionate and accountable system of health care is less and less evident.

For the Christian physician there is a model in the image of Christ, the trusted and unconditionally caring Great Physician, by which we can measure our lives.


What Would Jesus Do?

This question is appropriate to ask but obviously difficult to answer. I am often encouraged by the words of Micah in my new political life as Member of the Legislature of Alberta: “Seek justice, love mercy, and walk humbly with your God.” (Micah 6:8)

Justice, in this context, means equality of access, quality and cost,

regardless of ability to pay. To love mercy means to care for people, including politicians responsible for reshaping the health system. For many physicians this will require a re-orientation of focus from the individual to the collective, from the relief of symptoms to a deeper analysis of cause in our society, from the technical to the political. I believe it is vital to our wholeness as physicians to find a balance between the personal and the political by participating in honest conversations about policy change, communicating our care and commitment to justice and the creation of healthier environments with our representatives. As politicians, we need ideas for meaningful reforms. In Alberta corporate/private interests are progressively given priority over the public system, driven largely by ideology.



In this “brave new world” of modern medicine, where technology and time rule everything, we have already lost much in the quality of the doctor-patient relationship. The Christian physician has a unique opportunity to bring the faith-based perspective to their patients and to the medical care reform debate. This can express itself in medical care as we model what it means to love as Jesus did. We also have opportunity to bring the kind of justice that Jesus taught to the broader political and social determinants of health. 

A Glimpse of CMDS' Future

It's Not About Me. It's About Christ In Me!

by Shalea Piteau

“What do you want to teach me at this conference? Do you want to use me in some way, do you want to build me up and grow me more in Christ?”

The ICMDA conference 2006, in Sydney, Australia was an inspiration to Christian medical professionals to bring health and hope to the nations and to impact the world for Christ! It was a wonderful time as we came together to hear from God and allow Him to move in our lives and shape our hearts. It was great to fellowship with different believers and hear what God is doing in their nations. Many people left changed, with renewed vision and purpose. There were over 50 nations represented at the student conference and over 80 nations represented at the World Congress. International night was a special time of celebration of the many languages and cultures represented there and of God's creative diversity. There are two messages that God spoke to my heart at the

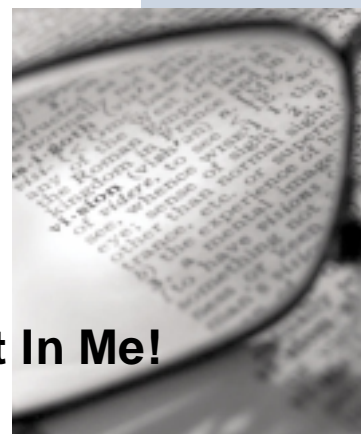
Shalea Piteau is a CMDS student leader, a medical student at UBC and the student representative on the CMDS National Board.

conference: 1- *“Let Christ live His life through me”* and 2- *“The community of God's family.”*

Let Christ Live His Life Through Me

I asked God, “What do you want to teach me at this conference? Do you want to build me up? It must be about me right?” Not exactly! He has bigger plans. He shared with me that I was there for others. He wants to equip me to share Christ and His love with those back in Canada. It's not about me. It's about Christ working in me and through me to spread the news of His love and salvation to the world. God wants to build us up so that He can use us for His purposes.

Jonathan Lamb, the Preaching Director at Langham Partnership International, was our bible study teacher at the student conference. He taught from 2 Corinthians 4-5. I began to see that we are frail, human vessels and he's challenging us to die to ourselves, so His life and resurrection power may be shown in us (2 Cor. 4:10,11). He was calling to us, “Will you give up your life for my sake.” He's calling us to, “no longer live to and for ourselves, but to and for Him who died for us” (2 Cor. 5:15). I began to taste the freedom in dying to myself to follow Him and let Him live through me. How could I



possibly really die to myself and let GOD take over? This sounds like a bit too much of a faith leap for me.

I could feel my flesh pulling in one direction and my spirit tugging in the other.

Solomon Aryeetey, a medical missionary in Mali, Africa and the Director of Pioneers Africa, was our plenary speaker. He challenged us with the question, “What are you prepared to do?” “will you deny yourself and take up your cross and follow me?” (Luke 9:23). God wants us to give up our own desires and ambitions in order to preserve our true life, which is only found in Christ (Luke 9:24). God was also speaking to me in my own personal bible study time, through Galatians 2:20, which says, “I am crucified with Christ: nevertheless I live; yet not I, but Christ liveth in me” I thought, “Wow, what a new way to live!” I want to rise to His calling, I want to walk by faith and not by sight. I find freedom and peace in knowing that we are not created to control our own lives. He wants us to be vessels for Him to pour out His Spirit, His love and His light to the world.

Student Issues



Shalea Piteau

What is this new way of living? I believe God is calling us as medical professionals to walk by faith in Him not in anything else, such as our own abilities, giftings or knowledge. He wants us to draw from His knowledge, His wisdom and the Holy Spirit, for guidance in dealing with our patients and difficult medical cases. He wants us to let go of all our securities in natural resources and strengths, and let go of our insecurities, and trust in His grace working through us. He wants us to share His love with the lost, whether that be with our colleagues or our patients. He wants to shine His light through us to reveal His Glory to others (Isa. 60:1,2). If we trust Him to perform through us, it takes the pressure off of us and allows the Master Creator to work! 2 Corinthians 5:20 says, "we are Christ's ambassadors, God making His appeal as it were through us." What a testimony we would have if we completely trusted in God's grace working through us!

The Community of God's Family


Another message God was speaking to me at the ICMDA conference was the gift of community we have as members of God's family. C.B. Samuel, a minister with the Evangelical Fellowship of India and Director of the Evangelical

Fellowship of India Commission on Relief, gave a profound address on what it means to be a part of God's family. The concept of community became real to me at the conference. C.B. Samuel shed light on how God created us with a desire to be a part of a community. The world is longing to belong to a family, God's family. For the scriptures say, "[even the whole] creation (all nature) waits expectantly and longs earnestly for God's sons to be made known..." (Rom. 8:19). At the ICMDA conference, although we were strangers, we found belonging and community that morning through Father God. I had a taste of what we possess as members of God's family.

In my own personal bible study, God confirmed this message to me. Fellowship is not just an opportunity to have a good time and take our minds off of the stresses in life, but it is part of our walk with Christ and it is necessary for our growth into His likeness. Philemon 1:6 says, "the participation and sharing of our faith produces and promotes full recognition and appreciation and understanding and precise knowledge of every good [thing] that is ours in Christ Jesus." Wow! We gain understanding of who we are in Christ and all that we have in Him through our fellowship with each

other. Praise the Lord! He wants us sharing our lives with each other and growing together! Amen! (Eph. 2:22; 4:16).

What does this idea of community mean to us back in our home nations? C.B. Samuel opened up the Word to us in Ezekiel 47:1-14 and showed us that through the Holy Spirit, we have rivers of living water within us and flowing out of us. This river brings life and healing, wherever it flows. He challenged us to let the living water flow out of us to the people in our lives. We prayed to that end. Will you allow the Holy Spirit to flow out of your lives?

I am a changed and renewed person after attending the ICMDA conference 2006. God is so awesome! He never ceases to amaze me! He is so in love with His people and He wants us to taste of His goodness through relationship with each other. I am inspired to bring hope and healing to others through His grace and the power of the Holy Spirit within me. We have the power to impact the World through Christ and it can happen if we heed His calling, obey His voice and let Him minister His love through us. We need to surrender our lives to Christ, but not for our sake alone, but for the sake of the lost! 

Canberra, Australia on LifeSiteNews.com, July 13, 2006

Surgical Preparation for Organ Donation for Non-Brain Dead Patients? by Hilary White

The Australian Health Ethics Committee is lobbying to have legislation passed that would allow those patients who are "certain to die" but not classified as "brain dead" to be surgically prepared for organ donation before death.

In 1999, when the Canadian government was looking for ways to increase organ donations, a Parliamentary committee heard testimony that the brain death criterion was unreliable at best. Dr. John Yun, a Richmond, B.C. oncologist told the committee that the desire to acquire more organs was the motivation behind the invention of the brain death criterion. "We must not jump to the conclusion that a dubious definition of death-the medical hypothesis of brain death-is in fact death," he said.

What Would You Do?

What Would You Do?


Continued from page 2

I opted for option "2"

As for symptoms, his main discomfort was thirst, which in turn was caused by odynophagia. I did not know if there were treatments that had not yet been tried for this condition, but for his thirst we could have given him parenteral fluids.

Since he did not want further treatments one could say that we were dealing with what has been called "existential distress".

I told him that I wanted to help him but I would not sedate him. I treated his odynophagia which enabled him to take more fluids. In the following days we discussed sedation several times. Some days he seemed to be quite content and others he just wanted to "get it over with." His ambivalence made me feel comfortable with my decision of not granting his request.


He gradually deteriorated further and died three to four weeks after admission. 

Just Cause for Conscience Laws

Continued from page 11

there is no constitutional right to abortion in this country. Western medicine is, after all, based on the Hippocratic principle of doing no harm. The CMA's Code of Ethics requires physicians to inform patients "when personal values

would influence the recommendation or practice of any medical procedure that the patient needs or wants," but does not require them to make referrals for such procedures. Only Canada in the western world permits termination at any stage of pregnancy, even though numerous polls have shown that a majority of Canadians would like to see some protection for the foetus. Abortion is

available: hospital abortions (56,000 in 2003) are paid for by taxpayers and most abortions performed in private clinics (47,000 in 2003) are at least partly publicly funded. Taxpayers are obligated to pay for all abortions in British Columbia, Alberta, Manitoba, Ontario and Newfoundland. We are indeed seeing the death instinct at work in Canada. 

Tax-Smart

Giving Opportunities

We now have Development Trust Funds for EMAS, CMDS and CanMedSend. (See brochures in publications section of website.) These trust fund programs incorporate the benefits pertaining to the capital gains tax on charitable gifts of publicly listed securities that was contained in the 2006 federal budget. In other words, non-cash assets donated to charitable organizations will not result in any capital gains tax being attributed to the donor.

Because Ottawa has given charitable organizations this added benefit, your gift can help launch new initiatives within EMAS, CMDS, or CanMedSend

In addition to gifts of publicly listed securities and stocks, you may also make gifts of life insurance, annuities, revocable and irrevocable trusts, or leave a bequest in your will through the Planned Giving program. Brochures regarding these different kinds of gifts are

available upon request through the CMDS and EMAS national office or electronic versions are can be accessed on the "Publications" section of our website at: www.cmds-emas.ca

A personal and confidential discussion about Planned Giving prospects may be arranged with Dr. Wayne Elford, Director of Planned Giving, welford@shaw.ca

Suggested Reading

Defiant Birth by Melinda Tankard Reist (from Australia)

In the face of widespread medical eugenics, comes a new book which radically challenges us. It tells the personal stories of women who believe that all life is valuable and that some are not more worthy of it than others.

A Refutation of Moral Relativism by Peter Kreeft

Despite its title this is written as a lively and very readable debate. It outlines the distinctions between relativism and absolutism in an approachable, respectful manner.

Matters of Life and Death by John Wyatt (Professor of Neonatal Paediatrics, University College London, UK)

What medical science can do and what it *ought to do*, or *ought not to*, impinges upon our personal lives, our families and our society. This book examines issues surrounding the beginning and end of life against the background of current medical-ethical thought.

Suggested Articles

Strangers or Friends? A Proposal for a New Spirituality-in-Medicine Ethic, by Farr Curlin, MD and Daniel Hall, MD, MDiv

Journal of General Internal Medicine 2005; 20

Curlin and Hall insist that moral discourse is often essential to the doctor-patient relationship because medicine is a moral activity. They suggest that rather than shrinking from such discussion physicians discuss suffering and death within an ethic of moral friendship in order to seek the patient's good through wisdom, transparent honesty and respect.

Reasons Scientists Avoid Thinking About Ethics, by Paul Root Wolpe

Cell, Volume 125, Issue 6, 13 June 2006

Science is one of the most powerful forces in modern society and scientists have a unique responsibility to shepherd change with careful scrutiny of their own behaviour and research.

It's the Demography, Stupid: The real Reason the West is in danger of Extinction, by Mark Steyn

Opinion Journal Editorial Page Jan 4 2006

Much of what we call the Western world will not survive this century...

Dismembering the Ethical Physician,

by Stephen Genuis, Postgrad.med.J. 2006,82

Houston, Texas

July, 2006

Wesley J. Smith's blog, Luke's Episcopal Hospital

After surgery for a heart condition, Andrea developed an infection and needed a respirator to breathe. Andrea is not brain damaged, she can speak, and she does not want the hospital to "let her die." The hospital ethics committee concluded that Andrea's treatment (respirator and dialysis) should be discontinued. Until a few days ago, when the physicians decided to increase her pain medication and anaesthetize her into unconsciousness, Andrea was fully able to make her own medical decisions and had decided that she wanted life saving treatment until she dies naturally. Andrea has voiced her wishes, over and over again, and if she were not on so much pain medication, she would voice them again.

CMDS Position Papers

For information on CMDS' position with regard to:

- Human Sexuality;
- Abortion;
- Human Immunodeficiency Virus Infection;
- Ethics of Biomedical Research;
- Euthanasia;
- Care of the Terminally Ill;
- CMDS Identity—"Integrating Faith with Practice."

Go to www.cmds-emas.ca and click on **Publications** at the top of the screen.

CMDS Canada Annual Conference

Experience *Ottawa*

May 10-13, 2007
Ottawa, ON

Politics and Meaning in Medicine & Dentistry

What ought to be done?

"Walk in wisdom...redeeming the time.
Let your speech be gracious, seasoned
with salt, that you may know how you
ought to respond." (Col. 4:5-6)



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- **Dominic Manganiello**, D.Phil., Professor of English, U of Ottawa
- **Edward Tingley**, D.Phil., Professor of Philosophy and Art History, Augustine College
- **John Patrick**, MRCP, MD (London), CMDS Director of Education and Public Policy

Some of the workshops include:

- **David Dawson** – Pluralism
- **Dan Reilly** – Prenatal ethics
- **Margaret Cottle** – Patient advocacy
- **Jonathan Sherbino** – Cross-cultural ethics
- **Larry Worthem** – Politically Correct Practice
- **Chris Brooks** – AIDS in Malawi
- **Shermeen Chan** – Student Spiritual Health Primer
- **EFC** – Speaking to elected representatives

Registration

To register for this conference,
call the *CMDS National Office*
or register on-line, **after**
October 15 '06 at:
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