

INTRODUCTION:

"A child is born with a medical condition that will take her life in a matter of days. She requires a feeding tube and oxygen to survive that long—without them she will die in hours. A man has discovered that he has a debilitating disease that will result in the gradual loss of all of his physical abilities in the next three years. He will be mentally alert but trapped within a body that no longer works, unable to speak, to walk, to swallow, even to breathe. A woman discovers she has an inoperable brain tumor. She worries that she will be a burden to her husband and children as her conditions worsens. Eventually she loses all ability to care for herself and requires her family to clean her, feed her, and carry her. A teenager has lost her battle against heart disease. She slowly slips into a coma. As her heart weakens she is sustained only with the help of a respirator and other life support. Another man has been told by his physician that he has a rare form of cancer that has attached itself to his bones. Not only is there no cure but the process of dying will be extremely painful" (Adam Hamilton, Confronting the Controversies, 2001, p. 65).'

Technology gives rise to some difficult moral questions. Medical technology gives rise to some of the most difficult moral questions.

I've been asked to preach this lesson. What I've discovered in my studies is that the heart of the issue is not as much how we should apply medical technology to human life as how we should view human life to which technology is being increasingly applied. This morning I want to give you the Biblical view of life and then make applications to our lives.

BIBLE PRINCIPLES:

1. **God gives life.** Genesis 2:7; Ecclesiastes 12:6-7; Acts 17:25B, God "gives to all people life and breath;" 1 Timothy 6:13, "God ... gives life to all things."
2. **Regardless of our circumstances, as long as the breath of God is in us, we must honor the will of God.** Job 27:2-6; Philippians 1:20B.
3. **Since God gives life, it is His place to take life.** Deuteronomy 32:39; Job 1:20-22.
4. **Man cannot give life and, absent God's authority, man must not take life.** Genesis 9:5-6.
5. **Man can take life actively and passively.** Genesis 4:8B; James 2:15-16.
6. **God did not design our bodies to live forever.** "There is an appointed time for everything. And there is a time for every event under heaven – A time to give birth and a time to die ... He has made everything appropriate in its time." (Ecclesiastes 3:1-2, 11); Hebrews 9:27.
7. **We should want to depart this life and be with God, but we can't take our life and be with God.** 2 Corinthians 5:1-2, 8.
8. **We don't want to be a burden, but we must allow others the privilege of service.** Galatians 6:2; 1 Timothy 5:4, 8.
9. **We don't want to suffer, but we must not shorten suffering by taking life.** Job 2:9-10.
10. **We must not extend life at the expense of honoring God.** Revelation 2:10. Daniel 3:13-18.

APPLICATIONS:

1. **Our world decreasingly values the sanctity of life.**

Culturally, we are becoming increasingly secular, "denoting attitudes, activities, or other things that have no religious or spiritual basis" (New Oxford American Dictionary).

We are quickly moving from protection of the sanctity of life to the protection of the quality of life.

The former is rooted in the belief that life is a precious gift of God. The latter is rooted in the belief that life is merely a consequence of evolution. The former says, "Since God gave us life, He alone can take it." The latter says, "Since nothing gave us life, nothing stops us from taking it" or, as someone else has said, "If nothing is forbidden, then anything is possible."

Starting at least with the legalization of abortion, our culture has been sliding down a slippery slope to might makes right. We are now increasingly performing euthanasia, "the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma" (New Oxford American Dictionary). If people in our culture get the right to end their own lives, it won't be long before our culture, on the same basis, will start taking the lives of its own people.

One explained it this way, "When euthanasia becomes law it will start out on a strictly voluntary basis for the terminally ill. Then it will become available to anyone who wants it, and finally it will be involuntary, practiced on anyone who is a strain on the system: the elderly, the handicapped, the unemployable - potentially anyone who doesn't benefit the system."

Francis Schaeffer, in his 1979 book, Whatever Happened to the Human Race?, explained it this way, "Will a society which has assumed the right to kill infants in the womb - because they are unwanted, imperfect, or merely inconvenient - have difficulty in assuming the right to kill other human beings, especially older adults who are judged unwanted, deemed imperfect physically or mentally, or considered a possible social nuisance? The next candidates for arbitrary reclassification as non-persons are the elderly. This will become increasingly so as the proportion of the old and weak in relation to the young and strong becomes abnormally large, due to the growing antifamily sentiment, the abortion rate, and medicine's contribution to the lengthening of the normal life span. The imbalance will cause many of the young to perceive the old as a cramping nuisance in the hedonistic lifestyle they claim as their right. As the demand for affluence continues and the economic crunch gets greater, the amount of

compassion that the legislature and the courts will have for the old does not seem likely to be significant considering the precedent of the non-protection given to the unborn and newborn.”

Joseph Fletcher, the Episcopal priest who popularized "situational ethics" the 1960's, made the following argument for euthanasia in 1973, "It is ridiculous to give ethical approval to the positive ending of sub-human life in utero as we do in therapeutic abortions for reasons of mercy and compassion but refuse to approve of positively ending a sub-human life in extremis. If we are morally obliged to put an end to a pregnancy when an amniocentesis reveals a terrible defective fetus, we are equally obliged to put an end to a patient's hopeless misery when a brain scan reveals that a patient with cancer has advanced brain metastases" ("Ethics and Euthanasia," American Journal of Nursing, 1973).

Do you see how the classification of human life is being cheapened? A fetus is considered sub-human because the world says it doesn't become human until it's born. Now, the world is saying that a patient with terminal brain cancer is considered sub-human because he or she no longer enjoys the quality of life that makes one human. Brethren, this is the very road that led to the horrors of the holocaust in Nazi Germany.

No way, you say? Schaeffer continues, "The thinkables of the eighties and nineties will certainly include things which most people today find unthinkable and immoral, even unimaginable and too extreme to suggest. Yet – since they do not have some overriding principle that takes them beyond relativistic thinking – when these become thinkable and acceptable in the eighties and nineties, most people will not even remember that they were unthinkable in the seventies. They will slide into each new thinkable without a jolt" (Whatever Happened to the Human Race?).

Yes, these quotes are old, but they aren't dated. "Wisdom is vindicated by all her children" (Luke 7:35). We should all be able to see that the things described in these older quotes are now coming to fruition. The really scary question is, "What's next?"

C. Everett Koop, "The moral question for us is not whether the suffering and dying are persons but whether we are the kind of persons who will care for them without doubting their worth."

As another has said, "How we treat the sick and the unborn is not a measure of their humanity but of OUR OWN."

2. **We must be in the world, but not of the world.**

My whole life I've heard the following: "What effects the world, effects the church." I've heard it because it's absolutely true. That is why the Bible warns us against worldliness over, and over, and over again.

We must not be deceived. 1 Corinthians 15:33; Colossians 2:8.

We must be transformed, not conformed. Romans 12:1-2; 1 Peter 1:14-16.

"Religion tends to be captured by its culture. Rather than standing in judgment of the world around them, most religious people find ways to give divine sanction to their society. I have no difficulty in seeing that in other people. Having spent a lifetime being a religious historian, it is all too obvious to me that the religious beliefs of most people are thinly veiled rationalizations for their conduct rather than a transforming influence upon it. While I see that in others, I fear it in me ... I have ... a brooding fear that I fall into the same ease in my culture as those around me. Few themes in the Bible recur more often than the plaintive plea 'come out from among them, and be ye separate' (2 Corinthians 6:17). And few things trouble me more than seeing churches filled with good people being sucked into the maelstrom of a decadent culture—listening to the world, reading its books, watching its television and swallowing its values. They go to church and I see them there. But their message has become 'Christ and Culture' [instead of Christ not culture, *tdn*]. In the gravest terms I tell you—that cannot be. Let us purify our minds and walk circumspectly" (Ed Harrell, Christianity Magazine, June 1988, p. 11).

James 4:4.

3. **Applying Bible principles to the frontiers of medical technology.**

- A. With the advance of technology, we face painful and heretofore largely unknown situations – brain death; life support; refusal or suspension of treatment; resuscitation; etc.
- B. It is better to think about these situations from a moral perspective long before we face them, and given the rise of technology, the chances are highly likely that we will face them.
- C. With the proliferation of living wills, legal documents in which people make known their wishes regarding life prolonging medical treatments, people are thinking about these situations, but we must approach them from a Biblical, sanctity of life perspective. The question is not, "Do I want death." Rather, "Is God saying it is time to die."
- D. We must be consistent. Some examples. Isn't taking insulin just as much a form of life support as using a breathing machine? If we refuse to nourish those who can no longer nourish themselves, don't we justify refusing to nourish those who will never be able to nourish themselves? Etc.
- E. We must be faithful. Our goal in prolonging life is not to merely live as long as we possibly can, but to glorify God as long as the breath of God is in our nostrils. Philippians 1:22-26. One of the greatest ways we can glorify God is honoring the sanctity of life by the way we die.
- G. We must be conservative. When in doubt, be safe, not sorry.
- F. Our task in such matters is to teach and apply what the Bible says; to teach and apply its inescapable conclusions; and to share, when appropriate and so labeled, our wise judgment. But, we must never be self-righteous.

CONCLUSION: This is the first lesson like this that I've ever preached. I know that there is more that could be said, and likely more that needs to be said. But, I need to study more before I say more from the pulpit. If I can help you individually, please don't hesitate to ask.