

## Editor's Note

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Like termites in an oak stump, articles on euthanasia continue to reduce to dry powder the humbled remnants of biblical precepts in medicine. The April, 1993, issue of MD magazine published a short story by Daly Walker, a general surgeon in Columbus, Indiana, in which he tells how he injected IV morphine into his friend suffering from terminal cancer. These renditions are a developing genre in medical literature. The story must be told with skilful sensitivity, since our culture now celebrates behavioral style above biblical substance. Dr. Walker is a sensitive writer, though he is selective as to what he will be sensitive. It is not the law of the Lord. Another necessity in the formula for telling tales of euthanasia-while-it-is-still-illegal is that the author be coy about his actions. Did he really intend to kill his friend? What was the dose of the morphine. Was he merely giving a dose sufficient to relieve pain and accepting the small risk that death would result, or was the dose one that was expected to be lethal? Dr. Walker doesn't tell us. He is more than usually vague. He doesn't even tell us that his patient died. When euthanasia falls into the hands of the crass, we can expect such artful reluctance to disappear. It will probably even be lamented by the sensitive ones. Euthanasia without sufficient premonitory agonizing is bad form, and bad form is as close to mortal sin as many humanists can get. Weighty matters such as killing a friend in the name of mercy must be done with feeling

Dr. Walker's friend was reported to be a Presbyterian minister. He'd been in Selma, Alabama, with Martin Luther King, Jr., prized a piece of correspondence with Paul Tillich, and cherished his 'God Loves You' sermon above all his others. Clearly, ideas do have consequences. His wife doesn't "know" what happens to people after they die. His friend apparently loved "witnessing." He asks Dr. Walker to kill him. His wife agrees to the request. Dr. Walker at first refused. Thoughts of loss of licensure or jail restrained him for a while as did the Hippocratic oath he says he once took.

Quite honestly, he did consider that he might be a pagan. One wonders more about his minister-friend. He has "witnessed" to Dr. Walker, all right. All of our actions constitute our "witness" and our last actions have special weight. They are a kind of summative witness of our life. Dr. Walker took it in and took it to heart. He used his friend's "witness" in his decision-making. One features is, "... if it is wrong ... why has [he] asked me to do it?" What? Do ministers never make wrong decisions? Another "witness" that stuck with Dr. Walker is his friend's wresting of Philippians 1:22 so that Scripture is misused to suggest euthanasia as an option.

The solid oak of biblical precepts that once sheltered and nurtured our nation lies rotting on the ground. Termites infest the stump. What should a Christian physician's response be to articles that gnaw at the pitiful remnant? Do we boycott such physicians and the companies that pay for such publication? The article appeared close to ads for Cardizem by Marion Merrell Dow, for Prilosec by Merck, and Advil by Whitehall Laboratories. Surely, these companies would maintain that their advertisements are divorced from editorial policy -- that they cannot control magazine content. Just as surely, editorial policy would change if ads were withdrawn and the reasons cited to the publisher. Do we lobby for laws against euthanasia? The story contains evidence that the doctor was restrained at least for a time by legal considerations. Perhaps if they were enforced he would have desisted. It was only months ago that a similar tale provoked threat of legal action. Do we offer alternatives? The dying minister was already in hospice care. Once hospices become identified with euthanasia and "assisted suicide" their witness will be as clouded as was that of Dr. Walker's patient. Hospices that don't will be a different from those that do as crisis pregnancy centers are from abortuaries.

All these responses may be considered, but they aren't likely to set the matter straight. None of them alone will stimulate that stump to sprout a new tree. We must get at the wrong ideas, the wrong beliefs, that support such behavior. They must be challenged. We need to begin with ourselves before we turn to pagans. Do we have a theology of death and dying, a real one, not Bible verses poured over Kubler-Ross? Do we consider how to be as convincing to persons such as Dr. Walker as those who convinced him have been thus far? Do we care enough about physicians such as him to challenge him? Are we captured by the same dead elements in our culture that glorify tender sensitivities above biblical revelation?