

Occasional essay

God, medicine and ethics

In my formative years I was a committed member of the Presbyterian Church. I became disillusioned with this and at that time a friend who was a Presbyterian Parson told me that I was a Scientific Christian Agnostic. When I was in the military and informed them of my religion, I was informed that I could only be Church of England, Roman Catholic or Other Denominations. For the period of my very undistinguished Military service, I was a Roman Catholic because they got morning tea after church parade. I then returned to being a Scientific Christian Agnostic.

In the euthanasia debate in State Parliament some years go, Peter Baume put forward the view that anyone who was opposed to euthanasia was a religious bigot. This was answered by the speaker for the opposition, who informed him that the two most vocal opponents of voluntary euthanasia in NSW were Colleen McCullough who is an atheist and Professor Malcolm Fisher who "is a self-confessed born again heathen". There are many references to the "self-confessed born again heathen" throughout that debate. I am glad my mother never saw them. I recently changed from a born again heathen after reading an excellent book called 'McCarthy's Bar'. I am now a Jehovah's bystander.

I work in an intensive care unit. People who work in intensive care units are the medical equivalent of the circus worker who follows the elephants with a bucket and shovel. Fifteen percent of my patients die and 80% of those who die, die when we are trying to make them comfortable rather than cure them.

Evolution, guided or otherwise, has programmed us to survive to a certain degree. When we become very sick, or very old, we are programmed to die. My colleagues and I have the audacious privilege of trying to stop or delay death in those so programmed. But that is not all we do. A very wise person named Professor Dunstan from the London School of Economics once said "You should not judge an intensive care unit by the number of lives restored or saved. You should judge it rather by the quality of lives restored, the quality of dying in those in whose best interests it is to die, and the quality of the relationships surrounding each death".

Of all the people I know who practice intensive care there are only four whom I would regard as devout. They are a Mormon, a Jewish Buddhist, an Orthodox Jew and a Roman Catholic. But all who work in Intensive Care would agree that patients who come into

an intensive care unit should be treated in their ethical, cultural and religious context. That is, that their wishes should be ascertained and respected. If their wish is, when informed, not to avail themselves of treatment, those wishes should be respected and efforts made to provide a dignified death. Whatever that may be.

I think most people who work in Intensive Care are not religious because of the things that they see and deal with every day. There was a lovely piece in Lloyd Douglas's book "The Big Fisherman". In a storm on Lake Galilee, Andrew falls from the boat and is rescued by Peter. Andrew thanks God for his rescue. Peter informs him that he should thank Peter for rescuing him and thank God for the storm. We have a tendency to share that belief. There is also a lovely poem translated from the Gaelic by James Stephens called "What Thomas an Buile said in the pub" which illustrates my perceived view.

I saw God. Do you doubt it?
Do you dare to doubt?
I saw the almighty man, his hand
Was resting on a mountain, and he
Looked upon the world and all about it.
I saw him plainer than you see me now,
You mustn't doubt it.

He was not satisfied: his look was all dissatisfied.
His beard swung on a wind far out of sight.
Behind the world's curve, and there was light
Most fearful from his forehead, and he sighed,
"That star went always wrong, and from the start
I was dissatisfied."

He lifted up his hand,
I say he heaved a dreadful hand
Over the spinning earth. Then I said, "Stay,
You must not strike it, God; I'm in the way
And I will never move from where I stand."
He said, ' Dear child, I feared that you were dead.'
And stayed his hand.

I think many intensivists see themselves in this way. The devout intensivist may choose to weight religious beliefs above ethnic or cultural beliefs. Indeed, these beliefs are often difficult to separate. The Jewish prohibition on eating pork, for example, may or may not come from God, but is a very useful practical means to prevent trichinosis. Muslim patients like their head turned to the right when they die. Chinese patients don't wish to be in bed number 3. I am unsure whether some of these wishes are ethnic, cultural or religious, but we respect them all equally.

Indeed, the dangers of a devout intensivist may be greater than the dangers of a heathen. My orthodox

Jewish friend for example is very devout and believes that his own religious beliefs are more important than those of his patient. Thus, according to the orthodox Jewish view, treatment may be withheld but never withdrawn. His patient's right to refuse treatment is not respected. Many of the patients in his unit will be what we call 'the warm cadaver': people whose life is being supported, but will never have any capacity to participate in life as we know it. Daniel Callahan tells us "An inappropriate intervention is the best way to turn a peaceful death into a wild death."

I believe it is important for the Church to have a public voice on ethics, both medical and non-medical, in spite of the fact that the church is not an ethical body. Let us consider the four major principles of ethics. The first is doing no harm. The Church cannot claim that. The second is doing good. Even David Marr would have to concede that good is done. The third is autonomy. The church is enthusiastic about its punters following the churches rules rather than their own. The fourth is justice. Justice is what you get in the next world. In this world you get the law, the church, and the government.

But our society today has a disturbing tendency to use what is legal as the metre stick of acceptable behaviour. We live in a society where what is honourable, moral and decent is undervalued. We may use the laws which have been written to protect the rich to justify unethical behaviour, just as a misguided sense of equality and political correctness is used by groups to promote behaviour that was once unacceptable. More than ever, there seems to me an increasing need for a group to represent the good side of the force. It is important that there is a group who say 'wait a minute'; for the prevention of HIV, for example, to state that abstinence may be better than contraception. Indeed, they are right, even if it doesn't work very well. The principle is correct. We need someone to remind us that needle exchange programs and injecting rooms are compassionate, but an admission that they provide acceptance of drug addiction. Someone needs to say that drug addiction is not in the best interests of our society. Or needs to say that the evidence of evolution suggests that it is in the best interests of a child to have two parents of the opposite sex.

So a Jehovah's bystander who wishes to behave ethically and is concerned about a decreasing tendency of people in society to do so, welcomes the voice of decency. And is saddened by a society where a talk back radio host may indeed have more clout over both the populace and the politicians.

So, are you are safe with a Jehovah's bystander looking after you? I believe you are. I believe the only time when a conflict is likely to arise is when the religious beliefs of an individual may mean a disadvantage to other people.

Recently, a report of a case was sent to the British Medical Journal. It described a young, Jewish child, who fulfilled all the legal requirements for brain death. The Chief Rabbi of London became involved in the case and said that according to the Jewish religion the concept of brain death was not recognised and that this child needed to have ventilation maintained. Antibiotics were discontinued, but she was maintained on a ventilator for four days until her heart stopped. The doctors and the Chief Rabbi involved in this case wrote it up as being an example of compassionate tolerance of the religious views of others. My colleague, Dr Raper, and I were sent this report by the editors to comment on. We made a number of points.

Firstly, that in a country such as Australia, particularly during winter, continuing to treat this patient would deny the bed to someone else who may have to be subjected to a hazardous transfer to another hospital where facilities may not be as good. Secondly, it is demoralising for busy nurses who have to care for someone under these circumstances, particularly if it is because of religious views they do not share. If someone could not become brain dead they could not become an organ donor. Was it therefore reasonable that individuals of a particular cultural, ethical or religious group who were unable to be organ donors should be able to avail themselves of the organs of others? And, if not, who should be responsible for the greater cost of alternative treatment they would need?

This case is an example of how the poor doctor standing at the crossroads in trying to respect the religious respects of others may be subject to problems due to God's word being interpreted by man. After the article and our views were published, the first letter to the editor was from the Chief Rabbi from Jerusalem who pronounced that the Chief Rabbi from London was incorrect in his beliefs.

We are happy to not transfuse the Jehovah's Witness even if it leads to death, but it is a serious issue for the children of Jehovah's Witnesses or for Jehovah's Witnesses who may have views that differ slightly from the mainstream. Perhaps the biggest mistake one can make, as we try to learn about the ethnic, cultural and religious needs of patients is to assume that any group is homogenous. Often we may be faced with a religion of one. A person whose views conflict with anyone or everyone else's. Again, we would honour these beliefs unless they interfere with the rights, happiness, or opportunities of others.

In another interesting case we were confronted by a young woman who was very close to her father. They were both devout Roman Catholics. He was not going to survive and we wished to make him comfortable. The lady informed us that we were not to give him pain relief as the more he suffered on earth the closer he

would sit to the right hand of God the Father Almighty when he went to Heaven. While this view may sound outrageous, her views have some support. The Jesuit philosopher Ivan Illich in his book 'Medical Nemesis' castigates the medical profession whom he believed reduced people's dignity as human beings by interfering with their pain and suffering. I still have his book at home. Written in my handwriting in the flyleaf it says, "this person has never had a cricket ball in the testicles". Unnecessary suffering has not been shown by scientific data to increase one's stature as a human being. The daughter told me I was a heathen. She told the priest I involved he was too. In the end we overrode the daughters wishes.

So I would say to you that you are entitled to have your ethic, cultural and religious beliefs respected in hospitals. You should be cognisant that those beliefs might be challenged if they are going to affect other members of the population adversely.

I would add that there are two arenas in which we need to work together. The first is in the desire of the legal and judicial professions in this country to turn end of life decisions into billable hours. At a public meeting some years ago people from New South Wales from all walks of life, and from virtually every group with a vested interest were adamant that they did not want lawyers involved in end of life decision making.

You will be aware of the recent case when Justice O'Keefe directed the doctors to treat a patient in whom they believed further resuscitation in intensive care was not indicated. The sensationalised press castigated the doctors showing pictures of this patient who was substantially recovering function. "The doctors got it wrong!" The doctors did not get it wrong. He is unable to respond to his environment and sits in a nursing home completely out of touch with his surroundings.

But we need to accept that doctors, in determining whether patients will or will not survive, do not always get it right. I believe very strongly that it is in the best interests of our society to accept that it may be that we will not always get a correct answer, but that it is certainly in the interests of our society that we are committed to do, as we do now, our best for our patients in consultation with their families.

Years ago John Berger, an art critic, wrote a book called "A Fortunate Man" after living with a country doctor in the UK. Berger was asked by his editor to

address the questions, "What is a human life worth?", and "What is a doctor's value to society?" His answers: "I do not know what a human life is worth. I only know the answer is not to be found in a hospital but in the active creation of a more humane society." and, "when a doctor has passed the stage of selling cures, either in Temples of Welfare or commercial institutions, his value to society is immeasurable."

So although I do not share your asset of a personal God, I share your own and your church's desire that our society should be decent and moral. The best way to create that society is for individuals to so be. And we Jehovah's bystanders do not worry of a life to come, but when we do contemplate it, our hope lies in the possibility that our secular lives gain us admission. I close with another poem, a Victorian one by Leigh Hunt.

Abou Ben Adhem (may his tribe increase)
 Woke one night from a sleep of peace
 And saw, within the moonlight in his room,
 Making it rich, and like a lily in bloom,
 An Angel writing in a book of gold;
 Exceeding peace had made Ben Adhem bold,
 And to the Presence in the room he said,
 "what writest thou?" the Vision raised its head
 and with a look made all of sweet accord
 Answered, "The names of those who love the Lord."
 "And is mine one?" said Abou. "Nay not so,"
 Replied the Angel. Abou spoke more low,
 But cheerily still; and said, "I pray thee then
 Write me as one that loves his fellow men."
 The Angel wrote, and vanished. The next night
 It came again with a great wakening light,
 And showed the names whom love of God had blessed,
 And, Lo! Ben Adhem's name led all the rest!

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