The Ethics of Living and Dying Today

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Two summers ago, some friends of ours lost their 14-year-old son. He slipped while clambering around on a family picnic at the seaside—so innocuous in the sunshine!—and three days later they were told that he would never recover consciousness. It was explained to them that he could of course be kept 'alive' indefinitely if that was their wish? Had our friends been Catholics, would they have found it any easier to make the decision to turn off the machine? I doubt it.

Yet I feel it should have been. Recent work on bereavement records the regularity with which the bereaved are prey to feelings of guilt over negligences to the dying person or the inevitable feeling where an illness is long-drawn out, that the sooner death comes, the better. What is likely then to be the psychological effect on those bereaved *by their own decision,* and how badly do they need the moral support and comfort of a caring but clear-headed church in this predicament? Outsiders accuse the autocratic Catholic Church of still issuing rule-of-thumb directives on all moral questions, and since, alone of the Christian churches, she still maintains an absolute stand on the taking of life (as those with experience in the abortion field well know), it would amaze them to learn that in such an agonising decision as this, the Church appears to have so little positive help to offer. Why? One can of course suggest reasons: positive ones, such as the one of which my father constantly reminded us in our days of youthful revolt, that a Church which claims to speak to all peoples and for all ages must exercise a wise conservatism and not rush into rash statements; and the corollary: that the Church prefers to avoid rigid statements where the situation is uncertain and still in the process of developing—as is clearly the case with topical medical techniques. But one cannot ignore the negative possibilities: that the internal ferment in the Church since Vatican II has distracted us from such studies: clergy, laity, women—we are all guilty of over-concern with the examination of our own identity and the establishment of our own positions, perhaps at the cost of deeper issues. Within the actual field of medical ethics, similar obsessions with more superficial aspects have distracted us from the heart of the problem. (Not for nothing did the joke go round that The Tablet was changing its name to The Pill.) And, alas! this preoccupation has not yet ended: the study group on medical ethics set up last year has announced that contraception will again be their initial subject for study. (No medical-

https://doi.org/10.1111/j.1741-2005.1975.tb02165.x Published online by Cambridge University Press

moral issue can ever get out of the pelvis, says Dr F. R. M. Walshe.) Lay voices are raised periodically in letter-columns,—'lay' in the fields both of medicine and of ethics—usually after some 'case' in the headlines has called attention to the problem—such as the death a couple of years ago of the American woman who had lain unconscious for something appalling like twenty years after an accident in girlhood, or the case last year where an American court upheld the right of a hospital to operate on a badly-deformed child against the parents' wishes. But although I have been on the alert for any authoritative or guiding statements from the Church since first I became concerned about the problem some years ago, very little has come my way. Oh, I may be wrong: theologians may be burning the midnight oil, poring over the problem. Or it may be that the Catholic press is failing us, by not reporting adequately the discussions that *are* taking place. (Now and again one can isolate an instance of this. For example, I have just acquired the text of the 1973 conference called 'The Hour of Our Death' and discovered much of value in Cardinal Heenan's summing up of the moral position. Yet from the press reports at the time I imagined that the Cardinal's biggest contribution was in quoting a Victorian poem, whose full text I ran to earth in a book of humorous verse, on how we 'need not strive officiously to keep alive'.)

I find myself comparing the apparent lack of public concern today with the amount of time we spent in my student days discussing the 'then' problems—the mother and baby controversy (now happily outdated), whether the end justified the means, and the principle of double effect in relation to difficult childbirth, ectopic pregnancies, cancer and birth control. The comparison may be false in that my father, a doctor, did at the time lecture on medical ethics and we lived next door to a university chaplaincy, run by Dominicans, so no doubt such subjects were more discussed in my immediate circle than in the world at large. But at the time, the problems were likewise largely confined to people 'in the business'—and, for the most part the moral situation was much more straightforward. When my father heard that my friend had been given the address of a doctor who would rid her of an unwanted pregnancy, he pressed her to divulge it so that he could be reported to the G.M.C. and struck off the rolls. My first encounter with euthanasia shocked me (particularly since I recognised the doctor concerned as a very nice girl I had met at university parties) but the moral issue was quite straightforward. 'Mrs Smith still hanging on, is she?' the doctor asked my sister as they made ward-round in a T.B. hospital, 'Hmm. And with three admissions tomorrow, we're going to be short of beds. Double her morphia tonight, Nurse'. When my sister said hesitantly that, surely that would do for Mrs Smith? she shot her a quick glance. 'You a Roman Catholic, Nurse? Never mind then, I'll speak to the other night nurse'.

From the ethical jungle of the seventies, such problems look like open country. Today the layman is daily involved. Today the layman needs help. And if it appears to the likes of me that the Church is *not*

https://doi.org/10.1111/j.1741-2005.1975.tb02165.x Published online by Cambridge University Press

providing guidance, then this is significant, both because in this instance I represent the 'average educated Catholic' and because I belong to that generation and group within society who is being asked to take moral decisions of the enormity of the one my friends had to take—and that, out of the blue, without any time or opportunity to study the problem, or seek help. Most Catholic moral theologians are celibate. It is I, not the theologian, who will have to decide how long to lie up, allowing the household to get into a shambles, in order to prevent a miscarriage. He will not stand by his injured son's bed and make the fatal decision. He is even unlikely to watch a parent (over days or months or years) gradually losing one faculty after another until all life appears to be one raging bedsore: he will not be called until the very last, to administer the rites. As medicine and society is today, I am the one who will have to carry these decisions.

If the practical problem is unlikely to be presented to the Catholic moral theologian, the intellectual challenge must surely be met with almost daily. I quote as an example three statements from a recent interview with Ivan Illich:

'When a mortally ill man is forced to stay alive whether he wants to or not, his freedom is being interfered with in a direct and physical way. . .'.

'A high infant mortality rate allows a congenitally sick infant to die whose continued, artificially preserved existence could only be a travesty of a full human life. . .'.

'Babies who would have died in infancy through some congenital and incurable weakness will be kept artificially alive by the most elaborate means as the grotesque and tragic victims of society's fear of death. . .'.

Cases quoted in the press take up the challenge. Recently *The Times* carried a report on the new book by the surgeon, George Mair, recording his many acts of 'mercy-killing'. Clearly a new push for the legalisation of euthanasia is immanent, but who has taken up Cardinal Heenan's warning, years back, that unless Christian opinion gets itself organised, we will lose out here as we did on the Abortion Act'. A professor of genetics has made a statement that scientists working in this field are in a situation as explosively dangerous as that of the man evolving the atom bomb. The panic after Professor Beavis' announcement that a test-tube baby is actually growing up somewhere in this country, rattled the headlines and then immediately died away. I have not met anybody else who so much as noticed a recent ominous warning from David Steele (who introduced the Abortion Bill into Parliament with the backing of ALRA who are in turn linked with the eugenics society) that the Christian churches should give urgent consideration to their attitude to AID. Even if we dismiss as sensationalism reports of experiments where a dog has had a second head grafted on, or where an exchange transplant of two monkeys' heads has taken place, I would have thought there is quite enough here to alarm the Church authorities into a radical consideration of the meaning of 'life' and 'death' for

us today and of the powers of control over life and death which modern medical technology gives to man. 'There is a growing realisation in medical schools that the traditional ethical attitudes need further thought in the face of modern therapy', says Edward Shotter in his introduction to a book of papers given in 1963 under the auspices of the London Medical Group—the most practical and positive consideration of the subject I have yet found. He goes on: 'The prolongation of life in unconscious patients, the choice of recipients for renal dialysis or transplantation, developments in genetics and surgical advances all pose new and pressing problems both for the medical profession and for society'. He notes that 'traditional moral theology is often ill-fitted to deal with these new and sophisticated issues'.

Clearly then, the average parish priest to whom the average Catholic goes to ask advice in such a dilemma, is still less fitted. The advice given will likely take one of two lines. The more traditional priest will remind his parishioner that the giving of life and death is a Divine prerogative, not to be usurped; our business is to accept the will of God. But developments in medicine have made a nonsense of such advice: doctors today can frequently control when both life and death occur. A more progressive priest will probably reply that, since we are all laymen in this bewildering field, we must in the last analysis, accept medical advice. I cannot accept this advice either, for several reasons.

In the first place, it is a long time since all doctors were required to take the Hippocratic oath and swear to work to preserve life. (It is encouraging that groups of doctors in recent months have been evolving a new form of oath to take.) Even a cursory knowledge of the abortion scene reveals doctors who recommend abortion as 'routine' in certain cases (e.g. german measles in the first eight weeks of pregnancy), sometimes without any investigation of the actual risk of damage to the foetus. Again, we are within sight of testing for mongolism and other forms of congenital handicap, but it will be many years before genetic tinkering has reached the stage where it can eradicate the extra chromosome or fault-carrying gene: all medicine can do at present is to eradicate the baby by abortion.

In the second place we must accept that to many doctors today, however much they may be men of goodwill and believe themselves dedicated to the service of humanity, the moral question simply does not occur—some do not even know what we are talking about when we speak of 'right' and 'wrong' in this context. 'Life' experiments, genetic tinkering and even surgery can become dangerous in the hands of men who view the human being as a mechanism which it is their business to learn (by any research and by technical skill) to control. Although Thomas Aquinas teaches that it is always right to seek knowledge, for all knowledge is ultimately knowledge of God, we have here a dangerous zone of half-knowledge gained by men who have no philosophic framework within which to place it, no moral values against which to judge it and seek a balance, but who are, none the less, putting it into practical use. Think of that American baby, 'saved' by medical skill for

a life of severe mental and physical handicap. We had a similar traumatic experience in our own close family circle when it was discovered that a baby girl (lovely, it had seemed at birth some hours earlier) had developed pneumonia. Tests revealed that the baby had been deprived of oxygen for a long period (at least a week) before birth, inevitably causing severe brain damage. Where in a former age the baby would have died of pneumonia almost at once ('God in His mercy took her', we would have said) doctors can now cure pneumonia with anti-biotics, and this they proceeded to do, simultaneously running tests which revealed further damage. In such an emotional situation it is easy to misinterpret the actions of the medical authorities; possibly they were aware that the baby was so damaged she could not live and wanted to use the situation to gain knowledge which might prevent a recurrence of this condition. Nevertheless it illustrates the half-powers that medicine has, and the total powerlessness of those at the consuming end of medicine if we rely on the doctors as the final arbitrators.

Finally, as R. F. R. Gardner points out in *Abortion: the Personal Dilemma,* the decision is often primarily a moral one—a decision about relative values (as for example where a gynaecologist decides for or against abortion, or the choice of which patient to put on a kidney machine) and doctors are not qualified to make such decisions.

Thus neither parish priest's rulings would give me much help or comfort. When I ferret in my own mind for what scraps of wisdom the Church may have at some time given out, and I may perchance have taken in, I find a more assorted rag-bag than, I imagine, the average Catholic would, due to my having an unusual doctor father with a philosophical turn of mind who made characters like Aquinas or Havelock Ellis such regular presences at our supper-table in my youth that we virtually laid places for them. I recall that St Thomas would not commit himself on whether or not a monster has a soul. Has any medico-theologian since then gone further in clarifying what is meant by 'monster'? I recollect that St Thomas followed Aristotle in using 'soul' in the wide sense of 'the first principle of life in living things around us' and distinguishing three levels of soul: the vegetative, the sensitive (animal), and man's 'rational soul' characterised by his greater powers, notably of thinking and choosing freely. We could, I think, explore this definition in relation to the woman, lying for so many years, powered by machines (a 'cabbage' we call her in common speech), and question whether we can still truly say she has a human soul or only a vegetative. But if we do so, we must bear in mind that this principle could be applied to some congenitally deformed infants, and even, as the pro-abortionists do, to the foetus up to six weeks, the earliest time when brain activity can be recorded.

Leaping the centuries from Aquinas, the next clue to a guiding principle I can pick up, comes from Pius XII in our own century, when he ruled that we are not required to take 'extraordinary' measures to preserve life. This was very helpful until the wonders of science made daily occurrences out of what are, undoubtedly, extraordinary mea-

sures. Thirty years ago, the woman who was to be my mother-in-law died of kidney disease, leaving four small children. Yes, it was tragic, but at least she and her husband were spared the modern agony of deciding whether or not to pursue and beg for a kidney machine, knowing that if she got one, another would die without. Artificial replacements like pace-makers or plastic joints for arthritics are everyday, transplantation is progressing so rapidly that there looms the possibility of our eventually being able to transplant not mere functional organs but gonads and possibly even brains which 'carry some of the constituents of what we call "personality" ' (—Prof G. R. Dunstan). I have had four rhesus-factor affected babies, two of whom would undoubtedly have died had not their contaminated blood been syphoned off and replaced by blood free of antibodies; this technique of blood exchange recently saved the life of the French family who ate poisonous fungi. Again, we know intimately two people who have died of leukaemia. One, the mother of six children decided with her husband not to go into hospital for treatments which would have prolonged her life by some weeks. 'She will die in the bed in which she bore her children', said her husband, and she did, eleven days later. The other was a child of three whose mother was convinced that the cure was just round the corner and that at all costs she must keep her little one alive to benefit. He lived for a year, in and out of hospital, subjected to more and more treatments as gradually the drugs reduced his immunities to other types of infection; at the last, one arm was poisoned up to the armpit and had to be lanced and drained every second day. Which relative was right? I only know that when my own small son developed a mysterious complaint last year, and my pessimistic mind immediately flew to the worst I could think of, I decided that if it should prove to be leukaemia, I would ask to bring him straight home to die. Thankfully, I was not so tested, for I am not sure that I would not have been wrong: leukaemia, I have now read, is now curable in 25 per cent of childish cases —presumably by technique evolved through trying out the sort of treatments suffered by that little boy.

We have been talking of extraordinary measures which have become everyday procedures. The Cardinal has said that giving nourishment can never be considered an extraordinary measure. Was he referring to feeding by mouth or intra-venous feeding? While intra-venous feeding is a marvellous nursing technique which can keep a patient alive during a period of weakness until vigour is recovered, it becomes a questionable procedure for those in their last illness. I remember my father in old age speaking of the 'iniquitous practice' of making old people pass their last days on earth pinned to the bed with a drip-feed. A Catholic midwife told me she found 'immoral' the practice in some hospitals of laboriously forcing nourishment into an anencephalic (a baby born with no brain—one of St Thomas' monsters?) and thus delaying its inevitable death. Could not here the same principle be said to operate as that which most of us would accept with regard to operating on spina-bifida babies: that the operation should not be pursued if there

https://doi.org/10.1111/j.1741-2005.1975.tb02165.x Published online by Cambridge University Press

was no chance of restoring the child to a life other than one of extreme disability. Clearly here we are making a decision not on the strength of the extraordinaryness of the measures taken, but on their chance of success. Our criteria have changed with the development in medicine.

And so we come to death itself, which again medicine has increasing power to bring about or to hold off with the sharp stake of technique. With the humanist lobby gathering support for the legalisation of euthanasia, it seems to me vital that Christian principles should be established which can guide us as to our duties in this matter in how far we must work to preserve life, and at what point the right to death becomes of equal importance as the right to life. I am not concerned with the problem of pain; the Church has made it quite clear that action may be taken (for example, by drugs) to alleviate pain in the incurably sick, even if by so doing the end may be hastened. My concern is with the greater problem of knowing when death has occurred—indeed, what we today mean by death. How long must we preserve and protract life, and on what must we base a decision to let it go? People do still straightforwardly collapse and die, both on and off the screen; the bystander slips a hand inside the jacket, feels for a pulse in the wrist, holds a mirror to the mouth to see if any breath clouds it—then straightens up, shakes his head and covers the face. But many people who collapse in this way can today be revived if skilled staff are at hand. Not merely ambulance men but boy scouts are taught mouth to mouth resuscitation techniques; the wife of a cardiac patient is taught how to pull her husband from the bed and pummel him on the floor to restart the heart. A surgeon who did not bother to try to restart a heart which had stopped during operation would be at risk of a manslaughter charge. Yet even here, our half-skills, our half-knowledge make things far from simple. A recent case concerned a little boy who lived for three years as a spastic due to brain damage sustained from cardiac arrest in the course of a minor operation for infant hernia. Where the heart has stopped long enough to cause brain damage, is it wise—or moral—to restart it? Or is the truth that it is impossible for a surgeon to tell whether brain damage has occurred? A middle-aged friend was rushed into hospital at expiry point during a flu epidemic last winter. The Pakistani doctor took off his coat and worked on her for five hours. 'You realise that your wife was dead for fifteen minutes at one stage'? he told the husband. Our local vicar, who has a heart condition, will disarmingly introduce the phrase 'When I died . . .' into a discussion. What is death? A recent scandal hit the headlines when a kidney transplant donor, fatally injured in a road accident, started to move and cough when the surgeon was operating to remove the kidney. He had not breathed for over an hour previously and had been certified dead. The fact that the heart was still beating is, apparently, no longer taken as an indication of life, any more than the fact that the heart stops beating provides incontrovertible evidence that death has taken place; and organs for transplant are ideally removed within fifteen minutes of death, the natural heart-beat being taken up by machine,

so that the blood never actually stops pumping round the body to the organs. Another of the modern indications of death, a flat encephalograph, was in this instance not useful because the brain damage suffered in the accident had already produced an abnormal graph. So was the man actually dead, in modern terms? And was there no occasion for the theatre sister to get upset when she saw his foot twitching and heard him cough, nor for the surgeon to stop operating, sew the patient up and send him back to the intensive care unit until he died a second time some hours later?

Many people would say he was already dead. Professor Camps of the London Medical Group postulates this definition of death: 'The final cessation of the vital functions as shown by irreversible changes in the central nervous system'. As a layman, I have no way of knowing whether doctors can with certainty recognise that changes are irreversible. One nurse told me an alarming story of a patient with an abnormal brain-wave and dependent on a heart/lung machine who recovered even to the point of taking up his normal duties. It happened that the patient had, before the accident, been their boss—a consultant in the brain unit, and although they were all agreed that his case was hopeless, none of them, when it came to the point, had found themselves capable of switching off their chief. It is interesting that at the inquest on the kidney-transplant donor mentioned above, one witness appeared to think that there was no certain way of identifying death other than by the onset of rigor, possibly some twelve hours after the moment of death.

Clearly, the kind of work I would like to see undertaken by the medical ethicists must include some new examination of the nature and practical appearance of death—not a new definition, for definitions of death have always been couched in terms of the absence or loss of life, and so are circular. I suspect that what would emerge would more usefully be some sort of a countdown system of indications—heart, pulse, breathing, brain activity, etc.—which would have to be checked out before we can be satisfied that the rocket is truly launched. Clearly, too, the work I am asking for could not come from either the medical world nor that of theology in isolation: it must come from both together. If the instances of the problem I have cited in this essay help in any way to focus attention on the matter, I have done what I set out to do.

https://doi.org/10.1111/j.1741-2005.1975.tb02165.x Published online by Cambridge University Press