HEALTH, LIFE, and DEATH: a Christian Perspective

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I. THEOLOGICAL UNDERSTANDINGS

A. Our Particular Perspective

1. The life sciences and the various medical disciplines seem to have outrun theology, Christian ethics, and traditional pastoral wisdom. Even so, it would seem advisable not to abandon the Christian perspective as hopelessly outdated. Traditional approaches to the questions of birth, illness, and death may have more flexibility than we sometimes acknowledge; therefore it is important to find ways to restate the task of Christian ethics and to recover the resources within the Christian tradition for fulfilling such a task.

2. What distinguishes this Task Force from other groups concerned about ethical issues and human medicine is that institutionally we are accountable to The American Lutheran Church to provide some guidance for its health professionals, pastors, and lay people; and that individually we see that the horizon or framework within which we do our task is theological. We affirm that God calls people into healing professions to work and to care for the ills of humankind. We also affirm that through caring people, as instruments of grace, God seeks to accomplish God's purposes as to what can and what should be done to bring healing.

3. The theological framework of the Task Force implies that the scope of our task, while confined to the ethical dimensions of human medicine, will necessarily range from the highly personal and pastoral aspects of individual decisions affecting life and death, to the broader issues of human justice as it relates to public policy.

4. Indispensable for our reflection and study will be information about scientific developments related to delivery of health care to those who need it, and especially the actual ethical dilemmas arising out of these developments, dilemmas which may be best set forth by typical case studies.

B. Our Core Affirmations

5. The theological framework of our Task Force does set certain limits. Those limits are the realities of our Christian faith, realities which are, for Christians, nonnegotiable but whose definitions have to be reexamined. For example, for us the deepest reality of life is that its beginning, continuing, and ending are in God.

6. Specifically, we will be faithful to our identity as a task force of the church only if our interpretations of the above matters are compatible with the theological implications of historic Christian faith, and if our proposals or prescriptions are likewise compatible with the deepest intention of the church's historic creeds. Thus, we intend to inquire about the ethical implications of modern medical advances, but to conduct our inquiry within the boundaries of such Christian affirmations as the following:

a. Within the structures of the world and of all living things, there is a goodness that is derived from God as creator, a goodness that can evoke a universal reverence for life, a reverence for all that can sustain life, and a reverence for the human skills that can heal the hurts of life. *(Creation)*

b. Whatever gains can be made toward alleviating illness, it is not within the power of humans to eliminate the condition called sin or to control by good intention either the power or the effects of what is called evil. *(Fall)*

c. However problematic or obscure the presence of God in human affairs seems to be because of illness, sin, and evil, we confess that the suffering of Christ on the cross is our warrant for affirming that God not only works through the healing professions in their particular joys and sorrows, but also suffers with and understands those who are afflicted in body, mind, and spirit. *(Atonement through suffering)*

d. All of life is sustained by the Spirit of God and all of life is loved eternally by the God who called it into existence; nevertheless, scripture testifies that God calls us to be the stewards of creation, implying that God has trusted us to foster and nurture the quality of life on the earth. The implication here is that all life is valued (it has sanctity) by virtue of God's creative and atoning work in Christ. Furthermore, the sustaining work of the Spirit implies that all living creatures are thereby interre-

lated and interdependent so that no single life can be valued apart from all other life. *(The Spirit)*

e. Decision making for Christians will imply both making approximate judgments about the quality of life, and relying on the mercy of God for guidance and forgiveness. The ambiguity of all human judgments is not sufficient reason for refusing to be specific as to what counts as "the quality of life." Just as we make human judgments about what counts as dangerous behavior by evildoers who must be restrained, and about what counts as innocent behavior by those who deserve to be protected, we can also make approximate judgments about what counts as that quality of life for which we strive on earth. *(Evangelical ethic)*

f. Christians have a commitment to a just and fair distribution of the finite resources of the earth and human society, including the distribution of health care. Christians can share in the search for justice and equity in health care with all persons through those structures and institutions which are governed by laws and policies justly arrived at and justly administered. Christians, however, ought not confuse these goals of justice for all with the good news of salvation by grace through the faith of individual believers. *(Law and Gospel)*

II. HEALTH CARE

A. God's Re-Creation of Life

1. Christian faith regards life and health as good gifts from God. "Health" is the total well-being of persons; it is more than the absence of disease. Health encompasses the integration of each person's spiritual, psychological, and physical dimensions. It includes the harmonious interrelationship of environmental, nutritional, social, cultural, and all other aspects of life.

2. This understanding of health provides an important perspective on the nature and importance of health care and health care delivery. "Health care" in its popular sense refers to medical services. In a broader sense health care should include all services which contribute to the total well-being of a person, as a spiritual, psychological, physiological whole. Health care is preventive or sustaining as well as curative.

3. We believe that "we are by nature sinful and unclean" and so hold that no one is exempt from the condition of sin and uncleanness. Sin can be forgiven but it is not thereby eradicated. Likewise while all life comes from God, no life is exempt from the pervasiveness of disease and illness. An illness can be treated and sometimes cured but a disease-free world is not a human possibility.

4. We affirm God's sustaining and restorative purpose for the cosmos, including the overcoming of illness and other dysfunctions in life. In Jesus Christ, God makes clear God's will for humanity, which is salvation, wholeness, and total well-being. Health care, accordingly, is one of God's instruments for sustaining and restoring life.

B. Toward More Adequate Health Care Delivery

5. We affirm that all persons have a dual responsibility, to care for their own health and to exercise stewardship for the use of medical resources. Access to essential health care of both curative and preventive nature is a matter of social justice. No one should be excluded from these resources simply by reason of inadequate financial resources, nor should costs of catastrophic illness threaten persons with total loss of their financial resources.

6. We are concerned for the just distribution of an adequate number of health care providers—especially primary care physicians, hospitals, specialists, and others. We encourage the establishment of basic standards of curative and preventive health care, and the adoption of effective control measures for cost and quality of such care. We believe that government and private agencies together should exercise imagination and creativity in developing innovative health care systems.

7. We recognize that medical resources are not unlimited. As Christians we recognize the limitations as well as the potential of the medical resources currently available in the United States. We also recognize the balance of those resources among various countries of the world and are concerned for a just distribution of those resources within the world community as well as in our own nation. Thus, while medical services should be available on an equitable basis for all, a sense of Christian stewardship must guide our demands upon and our usage of these services. Americans should remember that health care by itself cannot insure a life free from suffering and death. We affirm the importance of health care education offered by health care providers, educational institutions, and the church. Such education should serve to increase the public's understanding of the conditions of healthful living. It should also increase our sense of responsibility and sense of stewardship in the use of health care resources.

C. The Providers and Consumers of Health Care

8. The essential responsibility of health care providers is to provide quality, dependable care, to maintain professional competence, and to exercise restraint in the cost-management of health care. Health care providers must remain sensitive to the interrelationship between medical care and the attainment of total well-being. We also urge con-

tinued and improved cooperation among private, public, governmental, and voluntary agencies, and among medical, paramedical, and nonmedical personnel in efforts to promote the nation's health.

9. Health care consumers have a responsibility to maintain their own physical, mental, and spiritual well-being. They have the further responsibility for appropriate use of medical resources in care and cure. This responsibility includes the timely and wise use of appropriate screening and preventive measures. Health care planning, particularly for the equitable distribution of limited health care resources, must include consumer participation.

D. The Church's Involvement in Health Care

10. The church has a unique responsibility in the areas of total health and medical care. The church affirms God's restorative purpose by continuing to bear witness to the Lord of Life and to the divine intention for health and wholeness in all persons and in society. The church also is actively involved in the healing ministry of Christ through pastoral care, personal and corporate prayer, and through its sponsorship of medical and health care institutions.

11. We encourage the church to give renewed attention to Christ's healing ministry. We affirm the witness of church members who are professionally involved in health care and those who serve on boards and committees of health care agencies. The church should continue to identify religious and theological resources which address the issues of health care and quality of life. The educational ministry of the church should give increased emphasis to the meaning of health or wholeness in life as a dimension of salvation. Above all, the church must aid its members in discovering the power and presence of God the Holy Spirit as healer and integrator of life who wills Christ's healing ministry to all.

12. The church makes significant contributions to personal health and wholeness through the ministries of sensitive lay persons and professional clergy. Specialized clergy, trained for professional service in clinical settings, as well as parish clergy should continue to be recognized as members of the health care team. These clergy have a unique calling to minister to the total well-being of persons through pastoral care, which includes teaching the meaning of life and the stewardship of life and health, and encouraging persons to seek needed medical care. Pastoral care of persons who are ill should include compassionate support and sensitivity, appropriate use of Word and prayer, and sacramental resources, all of which serve to communicate the assurance of forgiveness and the care of the healing Lord.

13. The church has legitimate concerns for health care policy in the United States. It should continue to work for the wise stewardship of our national resources, the adoption of adequate and just health care organization and delivery, and for the common good of all. It continues also in the midst of illness, suffering, and death to proclaim God's restorative purpose to recreate and restore life.

III. STEWARDSHIP OF HUMAN GENETIC RESOURCES

A. The Current Scene

1. The biblical admonition, "Be fruitful and multiply, and replenish the earth and subdue it" (Gen. 1:28, KJV), has special relevance to our time in history. Human reproduction and fertility had been taken largely for granted until this century. The change from a pastoral-rural to an industrial-urban society, the emancipation of women and change of sex roles and stereotypes, the development of effective birth control methods, the changing patterns of sexual behavior and values, and the increasing awareness of world-wide and regional population pressures have been prominent among the factors causing changes in attitudes and practices relative to human reproduction.

2. Looking at the present and toward the future, a thoughtful Christian must acknowledge certain realities: The legality of abortion on demand, the fear (reality not determined) of reproducing lives not worth living, and the recognition of the legal, moral, and religious problems implied by future-oriented issues such as sperm and ovum banks, surrogate gestation, and genetic engineering.

3. As each human being is the sole trustee and proprietor of his or her own genetic resources, typified by sperm and ova, he or she is then the steward of that genetic material, and is responsible to God and society for its use. Thus, while "be fruitful and multiply" still expresses the collective human obligation to reproduce and thereby perpetuate the human species, procreation is not an obligation of sexual intercourse. Rather, it is a privilege and gift from God to be used responsibly, appropriately, and as a good steward.

B. Responsibility in Procreation

4. We deplore the dualism in our culture that allows a separation of body and soul, belief and practice, self-image and behavior. Such dualism facilitates hedonism and sex without commitment. It too frequently leads to sexual activity without insight and without contraceptive protection. Effective birth control methods facilitate responsible procreation and greatly enhance the ability to exercise stewardship of genetic resources. Enjoyment of

sexual intercourse without fear of unwanted pregnancy is appropriate. Men and women are equally responsible for contraception and procreation. Sexual intercourse is the privilege of mature persons acting responsibly within the context or a commitment known in the Christian community as marriage. However, contraceptive information and assistance should also be available to all sexually active persons, regardless of age or marital status. We affirm the primacy and sanctity of procreation and human life in the context of responsible stewardship.

5. In defining the acceptable limits of contraceptive practice, we acknowledge voluntary sterilization as usually appropriate, but we view abortion as a fundamentally inappropriate means of contraception. Indeed, abortion – the sacrifice of a fetal life – is always an offense against the human spirit. There are, however, some circumstances under which abortion, other than as a method of birth control, may represent a course of action that is more responsible than other options. The Christian deplores this act of sacrifice, laments the conditions leading to the act, and stands in need of the forgiving grace of God.

6. Conception occurs under a wide variety of human circumstances. The ideal remains a married couple free from serious genetic defects, both of whom desire a child, who are able to provide for such a child emotionally, spiritually, physically, and socially. Implicit is the understanding that both parents are willing to accept the risks and sorrows as well as the benefits and joys of parenthood. Conception must be regarded as inappropriate under some circumstances: for example, when without intent to carry the child to term, when a grossly defective infant is probable, when neither of the couple wants a child, when the parents are incapable of nurture, when the result of rape or incest, or when induced by societal pressure.

7. Artificial insemination, conception in which only one of a couple (the woman in present circumstances) provides genetic material and the other genetic material comes from an anonymous donor, may be perceived as appropriate for some married couples. There are, however, both moral and legal ambiguities that must be taken into consideration. Questions of artificial insemination and the larger issues posed by sperm banks, surrogate gestation, and genetic engineering are in need of critical study and discussion to determine propriety and to resolve ambiguities.

C. Genetic Counseling

8. Evaluation of a pregnancy-in-process by currently imperfect and imprecise methods (mainly amniocentesis) is appropriate under some circumstances. This is the case with families with increased genetic risk or with existing children suffering from metabolic or developmental abnormalities. Amniocentesis will help provide data on which to decide for or against abortion, to assuage parental fears, and to facilitate adequate medical treatment. It must, however, be questioned as a routine screening procedure, as a means of assuring the desired sex of the offspring, when used against the wishes of a parent, or when abortion is the only option offered. There are two key questions that are not easily answered: (1) Is there such a thing as a life not worth creating? (2) Is there such a thing as a life not worth living? Decisions about abortion and the minimum acceptable quality of human life must evolve from answers, or partial answers, to these questions.

9. The benefit of expert genetic counseling is potentially very great; and a subsequent relationship of prospective parents with a thoughtful pastor is perhaps of even greater value. As an endorsement of responsible parenthood, the church has an obligation to foster genetic education of youth and young adults, to assist older mothers, families with a history of genetic defects, and families with abnormal children in obtaining adequate expert genetic counseling.

10. There is no hard scientific evidence presently available that would indicate that the world's human gene pool – the collective genes of the four billion persons currently inhabiting our earth – can be either improved or degraded by restricted or unrestricted human reproduction. The size of the human gene pool and the rate of naturally occurring mutations guarantee continued human variety and diversity. In the past, legal and societal sanctions in the name of eugenics have usually degenerated into racial, ethnic, economic, and social criteria of human worth. This must be deplored by all.

D. A Social Policy Caveat

11. No thoughtful person can deny that there is real necessity to retard the excessive growth of the world's population. However, social policy should not mitigate against personal decision regarding family size. Restraints on population growth and personal procreation are best achieved through education, heightened awareness, and example rather than through legislation.

12. It remains to be proved that human worth, dignity, or quality of life may be enhanced by any scheme of procreation at variance with God's plan for a man and a woman to make commitment to each other in love and literally join their flesh sex-

ually to merge their genetic resources to create a unique combination of genes and to bring forth a new human life. Christians are called to live within constraints of propriety and stewardship more stringent than those of the general society. Their exercise of the gifts and privileges of sex and procreation responsibly and appropriately fulfills the biblical admonition to be fruitful and multiply and replenish the earth and subdue it. This stewardship witnesses to our Christian faith.

IV. PERSONS WITH HANDICAPPING CONDITIONS

A. The Challenge

1. Being handicapped implies abnormality and may be defined as a lack of competent power, strength, or physical or mental ability: an incapacity. There are vast numbers of people whose handicap is of a permanent and serious nature. In the United States there are 7,000,000 children and at least 28,000,000 adults with mental or physical handicaps. For this population Public Law 93-516 was passed, authorizing the White House Conference on Handicapped Individuals to "develop recommendations and stimulate a national assessment of problems and solutions to such problems, facing individuals with handicaps." Handicapped persons are those whose disabilities place them at a disadvantage in comparison with others in the population.

2. Handicaps are seen in a wide variety of forms, due to a wide variety of causes, some of which are known, some unknown. Blindness, mental retardation, epilepsy, arthritis, deafness, paralysis, mental illness, loss of limb, and even advanced age are illustrative of handicaps that can isolate persons.

3. A handicap varies in its severity and scope of incapacitation for any given person. Thus, while many factors, including the social milieu, contribute to a disability, so also the individual contributes something to his or her own limitations in a negative or a positive way, by either adding to or coping with the problem. For the handicapped person and his or her family there are many adjustments to make so that they can cope with life effectively. The handicapped person may—but need not—have feelings of dependency, depression, self-pity, and very little sense of self-worth.

4. The presence of a handicapped family member affects everyone in the family. Such persons themselves, or members of their families, understandably may wonder why they have been thus stricken. One of the most common questions asked is: "Why did this happen to me, to us?" Feelings of guilt frequently underlie such questions. Christian faith rests on the goodness and mercy of God. Disability raises the question of God's will and intention for those who are handicapped and how one might square their suffering with faith in God's goodness.

B. Christ's Response to the Challenge

5. Striking features of the earthly ministry of Jesus were his personal identification with suffering and his inclusive concern for people regardless of their physical, social, economic, or spiritual condition. Indeed, a large part of his ministry was to the outcasts of his time: lepers, beggars, the blind, prostitutes, cripples, the insane, the deaf, criminals, and the poor. He was invariably kind and compassionate. It can be inferred from Jesus' life and teachings that he regarded no human being as entirely whole physically, mentally, or spiritually. His message was that the grace of God is without limit: no measures, no quotas, no barriers.

6. Jesus regarded each human life as sacred and valuable: each person made ugly by sin but made beautiful by redemption. He was concerned with the person, not the disability.

C. The Christian's Attitude Toward Persons with Disabilities

7. Our primary concern is for the person and not for the disability. However, the handicap that an individual struggles with may be more obvious and visible than is the person. Whether another's handicap is a physical deformity, a mental problem, or an obvious delay in development, it may attract so much of our attention and emotion that we find it difficult to see the person. Subsequently, we fail to respond to the person.

8. Indeed, we may wonder whether or not a person with handicaps even has a meaningful life and thus question the quality of his or her life. Though quality of life is an important issue, it is neither our Christian prerogative nor our responsibility to judge the quality of the lives of others. It is our responsibility and our privilege, however, to respond to each human life in Christian love and concern.

9. Attitudes toward handicapped individuals are learned behavior, influenced and shaped by past experience. Many people have distorted beliefs about handicapped people based on old wives' tales, hearsay, and perhaps their own specific experiences. Handicapped persons may be considered strange and frightening by some while to others they are little different from nonhandicapped individuals. Positive beliefs obviously will promote acceptance and affection. Negative beliefs will lead to a dislike of handicapped people or contempt for them. For most people there is a combination of positive and negative feelings, thus ambivalence. Superstition

and misinformation need to be replaced by knowledge and fact in this area.

10. Accepting handicapped individuals (either ourselves or others) as persons, and specifically as persons redeemed through Christ, is the first step in moving toward such individuals and in responding to the challenge of the handicap. Reaching out to others, regardless of need, involves some kind of communication.

11. Reaching out is a two-way street: both handicapped and nonhandicapped individuals must be involved as they are capable of interacting. During this interaction, we will find that often it is far from being one-sided with the handicapped among us the only recipients. Rather, their perspective of suffering, their understanding of the interdependence of all human beings, and their resolution of their personal struggle with loneliness have often brought them a close sense of God's caring. Sharing these insights, the handicapped can bring a special strength which enriches the quality of their relationship with other people. Every person has something to contribute to society, and every person ought to have an opportunity to make his or her life count for something.

12. Reaching out to others should also translate this acceptance into some kind of visible action. For those who are mentally and physically well it may be difficult to appreciate the daily battles fought by those who do not enjoy similar mental and physical fitness. Awareness of the presence of barriers can lead to planned interaction of handicapped with nonhandicapped persons in various situations. This can include interaction in the neighborhood, at work, at school, in church, and in leisure-time activities. Working together to change the social and physical environment can help to eliminate architectural, social, and legal barriers that prevent handicapped persons from engaging in the same activities as the nonhandicapped.

D. The Church's Ministry

13. A primary obligation of the Christian church is to interpret and make meaningful the life of Christ in each time of history and human society. In respect to the disabled and handicapped, the church itself, and its multitude of individual members, should act as Christ did and constantly affirm the personhood of each human being, disabled or not. The opportunities for the church so to act are numerous. In the very least the church must make clear that personhood is an absolute and may not be quantified. There are no degrees of personhood. Our challenge is to enable each person to communicate with others and to achieve realization of all his or her potential.

14. Christianity gives special meaning to each human life as well as to the suffering of each individual. For the person who strives to overcome a handicap, faith in God provides strength when faith in self and humans is not enough: self and fellow humans often can not or will not be able to overcome some handicaps and disabilities. The Gospel announces to each person, handicapped or not, his or her self-worth and importance.

15. Through pastoral care and counseling church workers have an unequalled chance to serve and to help the handicapped and disabled. Often they are the only ones who can maintain contact with such persons over an extended period of time. By personal interest, wise counsel, example, and leadership, clergy and other church workers can be catalysts for responsiveness to the handicapped person. Theological education and post-graduate education for full-time church workers should recognize this. The Lutheran Church has a long history of service to the handicapped, particularly in custodial and institutional settings. Rehabilitative and training programs, particularly at the congregational and community level, need also to be developed to complement this history of service.

16. The challenges and opportunities are many: religious education, worship, and sacramental ministry for the mentally retarded, emotionally disturbed, multiply handicapped; provision of various materials for the blind and the deaf, surrogate parenthood for estranged and disturbed youth; meaningful ministry to the aged; creative help for the physically handicapped for the enrichment of life and recreation; help and support for the terminally ill and dying; and finally, surveillance and attention to the community to identify other individuals and groups in need of help.

17. Thus, the basic challenge for the church continues to be to influence the attitudes and life-styles of its members to see and treat each human being as a person and to participate actively in the helping and healing ministry of Christ. Many handicapped and disabled people are members of our own churches and long to be included as full members of our Christian communities. Part of their own personal healing may be in helping in the habilitation or rehabilitation of others who have similar or different handicaps. The church must continually identify individuals and groups estranged from the human community by one or another kind of handicap. It strives to inspire, urge, prompt, and compel Christians to reach out to these brothers and sisters in personal and innovative ways. Then the church will be bridging the gap between Christ's teaching and example and the individual Christian's behavior, attitudes, and actions.

V. DEATH AND DYING

A. Facing Death

1. Death is a natural event in the course of human life. However, we experience a paradox about death. We have the technological means to make dying easier, yet may have arrived at a time in life when we overlook the meaning of persons. Our society has the technology to keep people alive biologically until life becomes an intolerable burden. Therefore, moral problems exist with respect to death and dying in a technological society.

2. Earlier societies respected death through ritual and customs that gave meaning to the personal aspects of death. Most often death occurred at home. Surrounded by family and friends, dying people were invited to repent of their sins, bless the children present, ask forgiveness, bid farewell, and make recommendations. Death occurred as a natural experience, expected and understood. Yet death, then as now, remained the most stressful of all human events.

3. Death seems to have lost its public, social, and spiritual character in a new style of dying. What has become important is that one dies in a manner that can be accepted and tolerated by a surviving family, friends, medical personnel, and the church. Today people often experience death in the sterile environment of hospital or nursing home. One may die alone, surrounded by people who often abandon the dying person for multiple reasons. Often the dying person plays the role of the one who does not know, or want to know, that death is imminent. "Shielded," isolated, and sedated, the dying person experiences death as a tragic comedy, supported by a cast of actors and actresses playing deceptive roles in a conspiracy of silence.

B. Affirming Life—and Death

4. We believe in the sanctity of life. This means that life is to be celebrated in the spirit of creative Christian living since life has worth, meaning, and purpose both in its living and in its dying. Christ's work of redeeming and transforming people begins in baptism, yet is directly related to death. For baptism points in two ways—to creation and to eternity. The one who is baptized dies with Christ and is raised with him. Baptism binds together the believer and Christ within one body, the church. Our baptism is into the death and resurrection of Jesus and is our own journey through death to life, death of the sinful self and the birth of the new self with all that it implies for the meaning of human life. In the Lord's Supper we experience repeatedly the real presence of Christ in a reaffirmation of life, dignity, forgiveness, and promise. Faith in Christ affirms the fact that his death and resurrection are meant for all persons on this earth.

5. We affirm that death is a personal matter. Strong ambivalent feelings toward death make for our difficulty in communicating with each other about this event. We are both fearful and yet curious about death. Our own personal feelings, personality, hopes, and experience of faith are major factors in our personal fear and denial of our acceptance of death. Coping with our own death and the death of others is further colored by society's attitude toward life. Contemporary society, with its emphasis on youth, affluence, and technology is preoccupied with fun morality. This confuses the wisdom of the ages, affecting values of life as well as of death.

6. We affirm the human right of individuality which allows us to die our own death within the limits of legal, social, and spiritual factors. Death is a personal experience. Our relationship with the dying is a relationship with a person. Persons have the right to die peacefully – respected, cared for, loved, and inspired with hope. Those who care for the dying, namely family, physicians, nurses, and the clergy, merit our high regard for this serious task.

C. Defining Death

7. We seem to need a definition as to when death occurs. Medical technological advances in supportive therapy and resuscitation measures have given hope to many, but also clouded the issue of when death occurs. No exact biological, legal, or theological determinants are clear. Medical and legal bodies have been seeking new guidelines for consideration on this issue. One resolution calls for a legal definition of death as the "irreversible, total cessation of brain function." Another definition discusses the irreversible cessation of the functioning of all vital organ systems.

8. We affirm that definitions of death consist of more than biological facts. They must also consider the personal and the spiritual dimensions of life. Since the dimensions of biology and personhood are present in every instance of life and death, both deserve equal consideration in any serious attempt to render definition.

D. Sustaining Life

9. When death is judged to be certain and imminent, we affirm that grave injustice to the respect and memory of persons is rendered if extraordinary technology is applied. Our highest concern is for the total person rather than technological curiosity and mechanical performance. We are confronted with values of human and personal life in the face of every death.

10. Wherever life support systems can be used to improve the quality of personal and biological life, we heartily affirm their use. We respect medical advances as marvelous instruments for serving others. Social justice, charity, potential health, and the respect of personhood usually determine the reasons for continuing artificial support systems. We affirm the person's right in these situations to reasonable health care for maintaining and sustaining personal life, if one so chooses. When people consciously will life, experiencing existence with meaning and purpose, suffering is not in vain. Hope, comfort, and love should be shared with those suffering.

11. Christianity has long taught that suffering can have meaning. Through it God can work the gift of grace for the one who suffers and for others. Redemptive suffering is meaningful pain. This is markedly different from the dehumanizing and mindless suffering of the artificially-maintained terminally ill.

E. Allowing Death

12. We affirm that in many instances heroic and extraordinary means used to prolong suffering of both the dying person and the loved ones is unkind. Wherever personality and personhood are permanently lost, artificial supportive measures often are seen as unfair to the dignity of the person and an extreme cost that is burdensome to the family. Families in these cases need not feel a burden of guilt for refusal to try unusual, heroic, and extraordinary life support. Where physicians have determined the irreversible phase of a terminal illness, we affirm that the person, young or old, has a right to a peaceful death. As life draws to an end, with no hope for health restoration, permitting death is often the most heroic, caring, and charitable rendering of stewardship.

13. We affirm that every situation, in the context of dying persons, deserves consideration and decision on its own merit. We affirm that life is to be respected. Respect for the patient requires acceptance by others of that person's desires for life and death. Wise counsel by physicians, the clergy, and members of the health care team should be made available to every family and person facing the crisis of death. Wherever possible, the dying person has a right to be informed of the nature of the illness and the likelihood of imminent death. One should be so informed in love.

14. We affirm that direct intervention to aid the irremediably deteriorating and hopelessly ill person to a swifter death is wrong. While direct intervention in many cases may appear "humane," deliberate injection of drugs or other means of terminating life are acts of intentional homicide. This deliberate act is far removed from decisions which allow people to die — like shutting off a life-supporting machine or even withholding medication. Permission for the normal process of death is an act of omission in the spirit of kindness and love within limits of Christian charity and legal concerns. Direct intervention to cause death, known as direct euthanasia, can not be permitted. We affirm there is a distinct moral difference between killing and allowing to die.

F. Living under the Gospel

15. Christian faith teaches us the duty of preserving health, but it does not hold life to be the absolute value. While we are often helpless to contend with death, we are not helpless in the acceptance of death. We should accept it with all of its devastation to our earthly hopes and values and, in so doing, affirm the ultimate victory we gain in Christ. Our hope is the hope of the resurrection. As Christ affirmed his own death, so can we our death. As he affirmed his death as an event that glorified God, so can we affirm our death. Christ's victory over death makes our death the climax of life, an end to which we have been continually moving.

16. Christians live under the Gospel. In our lifetime, we are called to be good stewards of all that we are and have. Stewardship of life, even our death, is filled with crucial moments of tension, joy, and anguish. We affirm the fact of our faith that death, too, has meaning, as life has meaning. We affirm that to the Christian, dying can be the summit from which one can view the totality of one's life, an accounting of personal stewardship. In grace, we can boldly claim the promises of God about life and death. The promises are everlasting.

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