

Care when there is no Cure

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Care when there is no Cure

Value of human life is basic to us today
Consequences when shortcomings evident
Expressed within “duty of care”
Euthanasia = Physician-assisted suicide
Where did the idea of the value of caring for
human life come from?

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“It is ridiculous that a Supreme Being cares about human affairs. . . . Suicide is the greatest advantage he has given a man amidst all the great drawbacks of life.”

Pliny the Elder (23-79 AD)

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Ancient Greece & Rome

No uniformity – autonomy important

Life a station (?enclosure) from which the soul could be released in death

No view of life itself having intrinsic value

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Hippocratic Corpus “Oath”

Prohibits poisoning, abortion and surgery

Physicians often accused of all three!

Physicians to relieve sufferings of the sick;
reduce the violence of disease; refuse to
treat those overwhelmed by their disease

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Ancient Judaism

Man is in God’s image, blood is precious

God alone gives life and death (Dt 32:39)

Man urged to choose life as one of God’s
many blessings to his people (Dt 28)

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OT & death as a way to escape suffering

Abimelech, Samson & Saul - fighting

Ahithopel, Zimri, Judas

Many asked to die (Moses, Elijah, Job,
Jeremiah, Jonah), but none chose suicide

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Jesus – a different view of death:

says do not fear those who can only kill
the body (Mt 10:28)

assures life after death (Jn 11:25-26)

holds his followers secure (Jn 10:28)

promises he will return in future (Jn 14:3)

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Christians, starting with Paul:

death cannot separate us from Jesus,
he gives us the victory (Rom 8)
away from the body, at home with the Lord
but does not take any short-cut (Phil 1)

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Ambrose:

to the just, death is a harbour of rest;
to the guilty, it is counted a shipwreck

Chrysostom:

we can take joy in death of the righteous

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Suffering & martyrdom

Advised to flee (cf. Mt 10:23)

Endure like Job (Jas 5:10-11)

Entrust self to God (1 Pet 4:19)

Confront in faith if no other way out possible

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NT Experience of illness

Jesus heals, sickness as result of evil

Care for brothers and sisters, as for Jesus

Yet good people not healed – Paul's thorn
was given to him

Both physical and spiritual factors on view

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Christians in the Roman Empire

C3 plagues – care for all affected

C4 hospitals, orphanages organised

Care provided until life's natural end,
even when cure not possible

Augustine – suicide no way out

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Middle Ages

Aquinas – live to life's natural end

Lateran IV – anathema to assist dying

Physicians organised into guilds

Duty to care first appears, not to desert
hopeless cases

Ars moriendi – how to die well

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Renaissance & Reformation

Old classics rediscovered

Luther: affliction the best book in library

Calvin: stay at post until he calls us away

Baxter: the sick teach the well how to live

Suicide made a crime, heirs penalised

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Enlightenment

New learning – physiology, pharmacology
improve physicians' ability to care

Rationalists (e.g. David Hume)

“life of a man is of no greater importance
to the universe than that of an oyster”



HOPE
HEALTHCARE



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Evangelical Revival

Watts – suicide easier with atheism

Wesley – removes repentance for ever

Newton – experience of severe depression
in his friend Cowper

Blackstone – a double offence, both
spiritual and temporal

bringing
hope to life



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C19 era

Surgery, washing, opium, chloroform

Nursing practice

Voluntary societies, church women's
ministries and homes for the dying

Theology of suffering and relief – Hodge,
Spurgeon

bringing
hope to life

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Institutions in NSW

Sacred Heart, Darlinghurst 1893

Home for Incurables, Ryde 1901

Home of Peace, Petersham 1907

For those homeless after hospital care

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Hope from 1907

Eversleigh Cottage at first

Deaconesses, nurses & volunteers

Local GPs & parish ministers

Post-war optimism & depression

Eugenics & voluntary euthanasia

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Hope from 1927

Hospital buildings, public funding support

More paid nursing staff, chaplains

Blood transfusion, cancer surgery

Involuntary sterilisation (proxy consent)

Legalised euthanasia in Germany

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Hope from 1947

Three public hospitals

Multi-bed wards (4 or 6 beds)

Situation ethics – Fletcher & Robinson

Personhood related to reason and choice

New orthodoxy – Barth, Henry, Schaeffer

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Cecily Saunders & modern palliative care
Oxford pre-war – C. S. Lewis & D. Sayers
Nurse & Social Worker during the war
Physician, with aim to care for terminally ill
St Christopher's Hospice 1967
Concept of holistic care; depression at root
of requests for euthanasia

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Hope from 1967
Specialist units, medical & nursing staff
Choices in patient care, away from the home

Rise of life-prolonging technology –
ventilators, dialysis, powerful drugs
Quinlan - Right to turn off life support and
stop prolonging suffering is established

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Hope from 1987

Aged care residences & community care

Four sites; Rehabilitation, Palliative & Aged
Care Psychiatry Multidisciplinary teams

Durable Power of Attorney for care

WHO pain & symptom control standards

Good drugs for depression, nausea

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Final euthanasia goal – right to be killed,
physician-assisted suicide (PAS)

Oregon referendum & Kevorkian publicity

NT legislation (no Pall Care service then)

1997 – No constitutional right to PAS, laws
upheld, given availability of Pall Care

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Palliative care choice well established in
progressive incurable disease

What of non-cancer diseases?

Alzheimer-type dementia

Multiple strokes

Large numbers of frail, dependent elderly
with high-cost care

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Death in the Netherlands

Euthanasia & assisted suicide both illegal

1973 – Leeuwarden exception

1984 – Alkemaar guidelines


1995 – >50% doctors practise euthanasia
many episodes involuntary

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Palliative Care a clear option for care of cancer, MND etc in Australian culture

What about the dependent elderly?

Netherlands church-run NHs are the only ones that do not allow euthanasia

Critical that Christians are in this place 

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Questions?