

LOVING BEYOND DIFFERENCES

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I Corinthians:10-25 - One in Christ, wisdom of the cross
John 13:34-35 - A new commandment

These two passages of scripture that I chose for today are not from the lectionary, but they relate to a really large question or an array of questions with which we are struggling in our world and in our church today. So this morning's preaching is a little bit of a departure, and in a little bit of a different direction. The larger range of issues is simply the moral or ethical issues that are before us as a culture today. We need in some way to step back from those very difficult questions about what is right and wrong, and to reflect a bit upon how we approach those questions, because it seems to me that we are approaching the questions today in some very unhealthy ways.

I'm sure you can think of a whole array of these question, but one part of that array has to do with questions about life and death--bio-ethical issues. I want to focus specifically on one particular case, not because it is close or all that pertinent for us (although it is in a way) but because it has some distance that I think is helpful. The case out of which my concern has really arisen is the recent one of Terri Schiavo in the United States, and the question is the choice to end life. As I said, it's not particularly pertinent to us, and it has some distance, so when we look at some of the issues that arose around this case, we see issues illustrated about how we make choices of right and wrong together as a culture--choices that apply, I think, to the entire range of very difficult choices we have to make in our society today.

I'm sure most of you are familiar with the case but just briefly in case someone is not, Terri Schiavo was a person who was brain damaged by an accident in the treatment of a heart attack in 1992. She was in a coma, came out of the coma but never regained consciousness, and over a period of some seven years beginning a few years later a continuing legal battle went on in the state of Florida. The question was whether her feeding tube should be removed inasmuch she was brain dead. As it happened, the feeding tube was actually removed and then ordered replaced, removed and then ordered replaced again, and removed a third time this past month. So it's one of those issues that have kind of just gone right onto the fence, right into the middle, on so many questions about how we make choices of right and wrong. And so it's a case that illustrates many of the issues with which we have to struggle, not the specific questions of right and wrong, but as we step back and ask how we make those choices it illustrates many of the factors that determine how we make choices of right and wrong.

The first question that arises, and I think it is the most fundamental in a way, is simply to ask what was Terri's choice. In some ways it seems very simple because people look at it and say she didn't have a living will or personal directive. (Many people have these today, and this case has obviously spurred many people to take that step and get a living will--"personal directive," in Canada--in place so that their wishes are known.) One of the very difficult questions was, therefore, to determine what Terri really wanted. Her husband Michael was appointed legal guardian by the state of Florida, and he claimed that her wish, expressed not in writing but verbally to him, was to have life support withdrawn in this type of condition. In this case the life support was only a feeding tube. She was breathing independently, so that cuts the issue even finer onto the fence. But her parents, the Schindlers, disagreed and so the legal battle was

between her parents and her husband. So here is a situation where the person's wishes are not clearly known.

On one level it looks like the matter could be resolved with a personal directive, but there's a lot more to the question. On one level there is the question of the extent to which an individual's wishes should be regarded. Some of those who were arguing against removing the feeding tube were not merely saying that in this particular case they believed Terri would have wanted to continue to live; they were saying on a much deeper level that removal is wrong--it is always wrong not to sustain life at all costs. So we have those questions, but even beyond that, even when we say here's a person who is legally brain dead and her wish is to die, beyond that comes the next question which is only slightly different.

That next question raises the issue of assisted suicide. There is at least one state in the United States in which it is legal for a doctor to prescribe a lethal dose of medication to an individual who is in a terminal situation. This means that a person has the choice when to end his or her own life. Now that's in our near future, that matter will be before us soon, and it's not all that different from the personal directive question. So that's a very difficult aspect of the individual's own choice whether to live or die, whether that choice is made by a lucid person who can act on his or her own behalf, or whether it is made in writing so that it is carried out on that person's behalf when he or she is incapable of making it.

The next question that this whole situation raises for us has to do with the issue of brain life. At what point do we consider a person to be dead? We define "brain death" to exist when the brain has died even if the body is still able to breathe whether on its own or with a respirator. Now, is that person to be considered alive or not? I remember a case study in our ethics course at theological college in which the issue was cut very finely. It was a case in which an individual--a police officer--had been shot and was brain dead. The body was being kept alive, and the question was, in a way, what difference does it make. He was dead for all intents and purposes, so why not pull the plug? If the plug were pulled, the courts would have to decide whether the withdrawal of life support killed the person, or whether the person was already dead. If he were already dead, the shooter was liable for murder and that made a huge difference in how the shooter would be treated legally. This occurred in a state where he would be executed for murdering a police officer. So the question was not merely academic. It made a huge difference to how the legal process proceeded.

In the case of Terri Schiavo, in 2003 the Florida court appointed a group of five doctors--actually, only one doctor because two were appointed by the husband and two by the parents--to examine her and then to testify in court. The judge concluded that there was insufficient evidence to support the claim that there was hope of recovery, and ordered removal of the feeding tube. It was removed, but on the basis of an appeal a couple of days later it was reinserted. So once again we have an issue that is so finely cut as to how we determine exactly when human life ends.

Now that's a conversation we must have, and have entirely apart from any particular application. The reason I'm going through this is to show how one question breaks down into so many other questions, and if we're not dealing with these other questions--the separate questions--then our argument goes nowhere. As one person is arguing a position on this aspect, another is arguing a position on another aspect, and we get nowhere. In a sense it's that tendency to try to simplify issues, to oversimplify them, and these issues are not going to be dealt with responsibly by oversimplification.

Another factor which wasn't much talked about but is nevertheless a factor in this particular case is just plain economic. Years ago when I was in Sherwood Park my ethics professor from the Vancouver School of Theology, Terry Anderson, was visiting in Edmonton as a guest speaker at a forum on medical ethics, and so I attended. I thought this would be a great opportunity to see

him in action, and he was speaking to a group of doctors and nurses and others at the University Hospital. He said one of the factors in medical care was deciding who gets what kind of care, especially when we are dealing with expensive medications and expensive equipment, and with a government that is limiting its funding of medical care so that we have limited resources. Because not everybody can receive the treatments, we must make decisions about who will get them. We have to make those choices, and so we must develop our criteria such as a person's condition or whatever other factors should determine who receives medical treatment that is in short supply because of a scarcity of beds or staffing or equipment or medication.

One of the doctors stood up and challenged him, challenged him furiously. He said that is not a question; when somebody needs medical care they get it, and that's the basis of our system and our culture. He was really defensive about that, and of course one can understand why. Our medical system is committed to universal medical care. And so it is very challenging, very painful especially for those who are committed to health care, to admit that we are in a situation of scarcity and have to make those awfully difficult choices.

In the Terri Schiavo case, when the lawsuit was launched after her initial brain damage, it was a malpractice suit and she was awarded \$750,000. for her care. Over the next twelve years or so that amount had dwindled to about \$50,000. If you do the math, more than \$50,000. a year was being spent on her care--medical bills and legal bills directly related to her case. The funds were managed by her husband Michael, and his lawyer confirmed that they were managed appropriately and entirely for her care. So if he was spending more than \$50,000. a year on her care, and the money had almost run out, is that a pertinent factor? In other words, if the court ordered that her life be sustained, who would pay for it? Her husband isn't a person who could do that.

Now that's a hard question for us to face or to raise. We like to think that we merely decide whether a person's life will be sustained or not, and if it's to be sustained it will be--period. But who pays for it? In the United States, of course, there is more of a private medical care system. In Canada it is public, but the question is just as relevant. How much are we willing to pay as a society for supporting people in those extreme situations? Another ten years of her life under those conditions might have cost a million dollars. Whom else could that million have been spent on, perhaps saving the lives of more than one person? Isn't that a difficult question? Isn't that an awfully hard question to have to deal with? And yet it's part of the issue. I think it's a part of this one; I don't think it's just a coincidence that the Terri Schiavo case finally came to an end when the money ran out. Maybe it was, maybe it wasn't; I don't know. But it's a factor.

Another question, the one that really--as one of the writers in Time magazine said--slapped the American people in the face, is that this issue went not only to the courts, but also to the legislators at the federal level. The House of Representatives and the Senate were involved, and so the issue became a national debate and therefore a political debate which means it became politicized. The debate began on the basis of simplistic ideologies of the left and the right--of the liberal and the conservative. Not only political ideologies, but also religious ideologies of groups like Pro Life and Traditional Values-- people who have taken religious and political ideals and packaged them into simplistic packages of positions on issues called ideologies.

We need ideologies to guide us in our culture, of course, but when moral issues start getting dealt with ideologically we all lose big time because ideologies are much too blunt an instrument to deal with the subtleties of the moral issues that we must confront. And so it was a shock to many people that this very private issue which given the circumstances might legitimately have gone to a state court, went far beyond that to an appeal to the Supreme Court with the support of the House and Senate. It thus became a national debate and the kind of fiasco that we saw on television. It is a question of who decides. Quite apart from the substance of the decision--

what's right or wrong--who makes the choice? That's called procedural justice, and those are important questions for us to deal with, too.

Now, what is the church's contribution to that conversation? Well, I want to say that the church's contribution is not the hard line, rigid, moralistic, conservative kind of position. When the media talk about the "Christians" involved in these moral issues, that's often the position to which they are referring. I think hints about what the church has to contribute to this conversation, what the Christian tradition really has to contribute, are to be found in today's scripture readings. The one from Corinthians addresses divisions within the church which was becoming organizationally divided around its structures, its doctrines, and its beliefs. Paul challenges that, saying that's not what the church is about. The church is about Christ and him crucified. Our unity, in order words, is not based on agreement on some kind of morality or doctrine. Rather, it lies in a person and an event--Christ, and him crucified. That shatters all the wisdom and all the power games of our world, and that's what we need. We need something to shatter the intellectualizing and the power games of our world. Paul says it's Christ and him crucified; that is the centre point allowing us to move past all of those divisions and disagreements to a genuine unity.

In John's gospel we find the very familiar, simple, statement of Jesus that beyond all the rules and the commandments he was giving a new commandment--to love one another. What that says to me in relation to moral issues is that when we're confronted by them we need to look at the specific components and deal with them one at a time so that we can identify our disagreements. There will be differences, but we need to identify them precisely and then to move through them. Is there disagreement about who gets to decide? About whether Terri wants to end her life? About whether she has a right to end her life? We must make that identification, and then love one another. That's not just a sentimental thing. It means respecting one another so deeply that when we hear someone else saying something with which we disagree we don't come back with some hard line, derogatory, response like we heard on the news with the Terri Schiavo situation. Rather, we respect and love one another enough to keep on listening, to keep on opening, to come together with the humility that allows us to admit that maybe neither side has the whole answer. As we talk together respectfully, trusting that there is one truth beyond all our differences, the power of Christ and the power of love can lead us through that nuanced conversation.

It's the power of Christ who is crucified and risen. This Easter season we celebrate our resurrection faith. The crucifixion and resurrection pattern of life happens when we struggle with moral differences because ultimately we are all broken by it. We have to let go of whatever is rigid, whatever is partial, whatever is driving us in some compulsive way. Every one of us has something to relinquish in order to move through to a new life. It's a kind of death and resurrection. That is what it means to truly follow Christ to the cross. That is what it means to let ourselves engage those nuanced conversations in a way that is both ongoing and sufficiently deep so we can all find the courage to let go of what is partial, to let go of our rigidities. Only then can we let Christ lead us through our differences into the real truth that lies beyond. That is the way of life for us, the way of life for our culture, and perhaps one can say the greatest gift and the most important contribution that our church has to offer to our culture today.

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