Bioethics Programs for

by Rena M. Yocom

The Village Presbyterian Church in Prairie Village, Kansas, had a year-long emphasis on bioethics which was entitled "Do We Play God?" The program was based on a report of the Panel on Bioethical Concerns for the National Council of Churches of Christ, USA. This report was made into a study document which was used in a four-week class, "Genetic Frontiers."

In the fall, we presented a seminar in three parts. A Sunday afternoon symposium entitled "New Forms of Healing — New Issues, What Responses?" included a chaplain, a professor of philosophy, and a specialist in transplant surgery. The following Wednesday evening session was titled "Get Ready, Get Set, Decide." This was a panel discussion moderated by a physician, and including as panel members an attorney and a minister. Following the panel, there was a video presentation of a case study, and small group discussion of the case study. Each small group had a trained leader from the field of medicine, religion, social work or mental health.

At the last event, on the next Sunday, the church welcomed an ethicist who presented two lectures entitled "Human Life: a Biblical Perspective" and "Science and our Troubled Conscience."

The winter series presented "Genetics and Medicine: Decisions for Parents and the Public" by a geneticist and "DNA — What is it?" by a biologist.

The spring season was opened with a Sunday morning six-week class "Covenant of Life" led by a former pastor and hospital executive. That class was followed by a two-part seminar — the first, on agrigenetics, was presented by two biologists. The closing event of the series featured two lectures, "New Wine and Old Wineskins: Genetics and the Judeo-Christian Tradition" and "Genetics and Free Enterprise." The last session was closed with a meditation, "Our Bravery in a New World", which looked at healing and wholeness in a radically changing world.

In the series, we attempted to introduce people to the state of technology and provide an awareness of what the issues are, bringing an "out there" subject within the walls of the church. Our goal was to help people to consider the ethical dimensions of an issue before they had to make a personal decision. Several people have commented that since the sessions, unexpected situations came up for them, and they were more prepared to deal with the problems after attending the series.

The program was very successful, and I would recommend it for other groups. It was valuable for us to include the legal aspect of these problems. In addition, it is essential for anyone planning a similar series to have trained persons leading small groups. The case study we used turned out to be rather intense for some persons, and the group leaders were instrumental in dealing with the feelings that arose.

The general conclusion which resulted from the series was that technology is simply technology, and can be used as a force for good or for evil. Our task is to make use of it as God would have us do.

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by Charles R. Holt

As a minister, I have been a part of the agony which many families encounter in dealing with sick and dying family members. Advances in medical technology have increased the number of options available to families when accidents, disease and aging take their toll. In many cases, family members are suddenly confronted with the necessity of making choices in matters about which they have no experience or training. The difficulties they face are not so much with the technical aspects of choices, but with the moral and ethical concerns they have for all who may be affected by the consequences of their decisions.

When I became acquainted with the programs of the Midwest Bioethics Center, I recognized an opportunity for Saint John's United Methodist Church to add a new dimension to its ministry, not only to its members but to others in the community, by presenting a series of seminars on medical ethics issues. I felt we could do something for our church and perhaps provide some experience which other United Methodist churches and other denominations could utilize. For this reason, it is our desire to share our experience about presenting these seminars.

Personnel from the Midwest Bioethics Center met with our Council on Ministries to investigate possibilities of such a seminar. The church became an institutional member of the Center, and established a task force to develop programs dealing with bioethics issues that would involve both our own members and others in the community.

This task force drafted a mission statement and invited Saint John's members of the medical community to be involved in the planning process. Their response in numbers and con-

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structive suggestions was encouraging. The mission statement is as follows:

> "We believe that a key aspect of the growing and maturing Christian life is the development of a meaningful theology, a personalized understanding of how God relates to humankind and works in the world. We believe that this theology should be manifested in a personal system of ethics, a set of principles to guide decisions and actions. We believe that a primary function of the Church is to assist people in developing their own ethical systems. We believe that one way the Church can accomplish this goal is by systematically considering the major social institutions of our society. In this context, we believe that it is appropriate, if not essential, that Saint John's Church consider some of the key issues in contemporary healthcare from a uniquely Christian perspective."

There was an interest from the very beginning in Saint John's hosting a seminar or a series of seminars for the general public. However, it was decided that in order to gain some experience, a series of seminars for our membership would be conducted during our regular church school hours. Three topics were selected, "Living Wills and Organ Transplants," "Paying for Health Care" and "Doctor, Nurse, and Patient Relationship." The first Sunday was devoted to an overview of the general field of bioethics. Next, panels conducted concurrent sessions on each of the three subjects, repeating the panels for the next two Sundays. This provided our members with the option of participating in two of the three topics. Each panel consisted of three presenters and a moderator, with all except two of the participants being members of our congregation.

The seminars were publicized through the church newsletters and announcements in church services and other meetings. Publicity outside our membership consisted of a news release developed with the assistance of NKHW Marketing Communications. This news release was mailed to both broadcast and print media in the area, and in response I received several calls from hospitals and others concerning dates and topics.

Feedback from those who attended indicated that the sessions were informative and practical. Several of the professional medical people who served on the panels expressed that they felt it was a worthwhile learning experience for them. Overall, the experience was very helpful to the staff and lay leadership of the church, and we plan to offer other topics and other formats in the future.

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Brophy Case

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Arguments for providing food and water:

First is the belief that food and water are not medical treatment, but routine comfort care that "preserves the life of the embodied human being" (9) and that maintaining the dignity of the patient requires giving food and water even when other care is withdrawn. Some point out that the expectation of receiving food and water is essential in maintaining trust in a physician-patient relationship, and to do otherwise is to violate that basic trust, undermining the relationship.

In some jurisdictions, withholding food and water would be considered a willful act of "killing" (9) and might result in criminal prosecution. The argument here is that withdrawing food and water would cause death that is independent of the underlying illness, whereas the illness can run its own course if food and water are given.

Some feel that withdrawing food and water would cause a paintful death, and are concerned about the effect on those around the patient of watching him/her "starve to death."

And finally, there is concern that withholding food and water "may bear the seeds of unacceptable social consequences" where "undesirable and unproductive" persons may not receive adequate care. (10)

Arguments for withholding food and water:

Another point of view, however, holds that if the tube does not offer any hope of benefit to the patient it is extraordinary care, and there is no moral obligation to use it. (12) This view stresses that food delivered by tube is similar to air delivered by respirator, since both are mechanical means.

Some are concerned that the dignity of patients is compromised if they have to be sedated or tied down to prevent them from pulling out their tubes (15) and that death can be seen as comfort in some terminal circumstances (17). In those cases, then, continuing artificial feeding may be seen as "cruel" when death is being postponed. In this view, "at the end of a long downhill course, not eating is a natural letting go of life." (15)

There has been considerable discussion about the question of suffering while not being fed. Some feel that thirst and dry mouth are the only serious and common symptoms caused by dehydration in terminally ill patients and may be relieved by maintaining moisture in the mouth or by small amounts of oral fluids. (16) Others add that hand feedings, even if they provide inadequate nutrition may

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