

A Modern Question: How Long to Fight off Death?

Hospital chaplains who share the last hours of many patients must comfort the families of the dying. They often must advise those who agonize over the problem of whether to urge the doctors to prolong life or to accept inevitable death in an apparently fatal case.

Father Daniel Torney, chaplain in Rochester's Northside or General Hospital, here discusses the question of the medically "hopeless," contending that there is a "very real chance that your family might be confronted with such a situation."—The Editor.

By FR. DANIEL P. TORNEY

You are standing in the center of the Intensive Care Unit of the hospital reflecting on the patients around you. Before you is a TV-type monitor screen recording a continuous pattern of every heart beat in the room.

In cubicle #1 is a 78-year-old widow who five days ago suffered a stroke. Her breathing is maintained by a respiration machine supplying oxygen through a tube inserted directly into her throat. There has been no recognition, no words, no sounds, in these five days. Only a daughter and son-in-law with whom she lives keep vigil at the hospital.

In #2 is an 18-year-old college student. Despite the helmet he always wore while driving his Harley-Davidson, he is the victim of a growing number of motorcycle accidents. Numerous fractures are his most apparent injury, but brain damage and internal injuries have kept him perilously close to death.

The man in #3 is a 42-year-old father of four children. A childhood victim of rheumatic heart disease, his weakened heart has given out again. Twice last evening resuscitation procedure brought his "stilled heart" back to life.

In #4 is a 56-year-old doctor whose heart and lungs both labor in pulmonary edema. He has saved many lives by his skill; now with only his will he fights for his own life.

These men and women—and let us think of them as CVA's or MI's or just "cubicle #3," but as real living human beings with a past, a present, and we believe, a future—offer the greatest medical-moral challenge of our decade. Which of these are hopeless?

Which of them will the medical team resuscitate in case of cardiac arrest? And how often will they do it? Which of them would profit from a heart or lung transplant? And which of them should be the donor?

Who has the right, or the competence to make this decision?

And if all these people were to die today would we as Christians think of one as "a blessing" and another as a "tragedy"? Would we say, "it is God's will," or could we say, "it is not God's will—we should have done more"?

The problems connected with this fictional hospital unit are receiving great coverage in medical journals, theological papers, and the Sunday supplement.

It is vitally important that people consider these questions thoughtfully for the chance is very real that your family, in the next few years, will be confronted with such a situation.

The final answer is beyond our knowledge now. But as religious people we should have something to add to the discussion. It is important to state some basic Christian axioms on the value and integrity of the individual.

We must speak from Divine Revelation, and from our own reflections on human experience about the value of life, the meaning of death (not just a definition); the dignity of man, and the supremacy of God; man's right to live, and man's right to die.

There are various answers offered to all these questions. In 1957 Pope Pius XII defined life and death this way: "Human life continues for as long as its vital functions, distinguished from the simple life of the organs, manifest themselves without the help of artificial process".

But this spring, after the first successful heart transplant performed by Dr. Christian Bernard in Capetown, Msgr. Ferdinando Lambruschini, a moral theologian of Rome, tightened up this rather loose definition of the Holy Father when he said:

"How are we to determine the exact moment of death? A clinical decision of death based upon the cessation of heart beat and breathing, which comes within the competence of the doctor and which is ascertainable by empirical observation, can no longer be regarded as sufficient in the light of the process of science and the technique of resuscitation. . . . Recourse must be made to a whole series of tests among which the most important is the encephalogram which confirms the absence of electrical impulses in the brain in which are found specifically human functions of thought, consciousness, and free will. But does this exclude the possibility of the return of such impulses?"

In the Journal of the American Medical Association Drs. M. Martin Halley and William Harvey proposed the following definition of death: "Death is irreversible cessation of all the following—a.) total cerebral function; b.) spontaneous function of the respiratory system; c.) spontaneous function of the circulatory system."

But beyond the precise theological or scientific definition it is certain we have to measure the value of life in more than physiological or biological terms. We must see man in the totality of his life situation, the imperfections of the present state of man, and his ultimate stake in the Kingdom of God.

Father Kiernan Nolan, O.S.B. has written: "The Christian concern must be to provide for human survival, and not mere biological preservation. One does not give much help to the living sick by threatening him as though he were about to die. Neither does one honestly provide the dying with the assistance he requires by treating him as though he were going to get well."

If there is a process of birth, a normal and necessary commitment to life, where the human person emerges after months of slow bodily development, and where in one climactic moment emerges into the cold world outside the womb, can we not also accept a process of dying, a gradual slowing down and deterioration of the same human body?

And is it an attack on the dignity of man, and the supreme dominion of God to allow this process to continue without obstructing it, or prolonging it? Doesn't a man have the right to die? and thus passing through the "portal of death" attain the fullness of life?

Or, on the other hand, do we honor God more in His magnificent and continuing work of creation by using the knowledge and skills of science (many still unknown) to perfect and sustain man in a still more perfect world for a longer time than he has ever known?



A surgical team fights against Death in a daily hospital drama.

From a Biblical point of view As man, in the course of history, figure grew less and less. Then, in the fullness of time, the longevity of the ancient fathers grew more selfish and independent. Then, in the fullness of time, the indication of Abraham is seen as a sign of God, and drew away from the source of life itself. Jesus united His Divinity to this sick human nature with the promise "I have come that they may have life, and have it more abundantly."

Perhaps as man turns again to his Creator, through Jesus Christ, and the "face of this world is renewed" then men will again enjoy "long life upon this earth".

Jesus made His healing, miraculous signs of the Redemptive action on mankind. He brought man back to life precisely because sickness, disease, suffering, and death are the signs of man's alienation from God.

The Apostles continued the healing miracles as witness to Christ's presence; and the Church has continued in every age the care and healing of the sick.

The whole process of sickness to health, of death to life, is the very essence of the Paschal Mystery, the action of Jesus among us.

The right of a man not to be the object of experimentation could possibly conflict with the duty of a man in charity to serve his fellow man, and better the world for his descendants.

The distinction long made in the beginning of this article concerning the four cases in the

Intensive Care Unit cannot be answered because the cases are fictional. Only in the real life situation when far more factors, from the skill of the surgeon to the medical record of the patient, can be studied could any effective answer be proposed.

Traditional moralists such as Father McFadden, and Father Ford all agree that the "extraordinary means" which we—patient or physician—are not bound to use, may be readily available and commonly used, but in this or that case are called "extraordinary" because they do not offer "reasonable hope of benefit to the patient".

Once it has been prudently judged that the irreversible process of dying has begun we might well question whether the medical assistance is directed not to preserving life, but to prolonging death.

It seems there should be a sincere Christian acknowledgment that the person is actually dying (beyond all reasonable hope of recovery) and a desire then to act in a Christian manner in accord with the fact.

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Father Nolan offers a practical counsel: "Those who would use of all means in his power to sustain life, applying any remedy that offers hope of cure or relief, should also be willing to support a physician's professional judgment that a particular patient is dying, and therefore, to provide further medical assistance is actually to prolong the dying process". But let the questions be asked, and hope that the Church is not a generation too late in speaking to them. In a society which speaks of the dead in Viet-Nam in terms of a "kill-ratio", or where anxious physicians sometimes interpret death as their own personal failure; when technical control over both the beginning and the end of life is ever increasing, it is well past time for men to face fearlessly and honestly the sacredness and grandeur of life, and to think through the positive reality of death.

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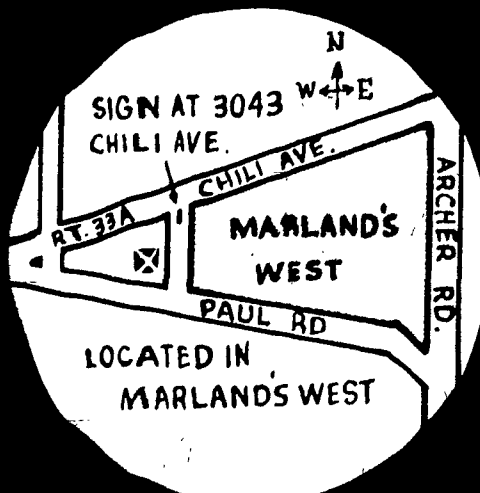
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