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# Moral Decisions: A Clinician's Perspective

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Tomorrow is the third Sunday of the Lenten season — the period of the year during which the Church reflects especially on the central Christian mystery — the Paschal mystery of Christ's death and resurrection. The liturgy of tomorrow's Mass is full, as all the reflections of Lent have been, of Old and New Testament prophecy and fulfillment of promise of the Lord. He is portrayed as One Who brings to life; One Who renews, heals, saves; One Who brings us to hope for new life beyond death. We are called to reflect on those beautiful words of Ezekiel where God says, "I will prove my holiness through you. I will gather you from the ends of the earth; I will pour clean water on you and wash away all your sins. I will give you a new spirit within you, says the Lord." And further on we pray, "God of all compassion, Father of all good-

ness, to heal the wounds our sins and selfishness bring upon us, you bid us turn to fasting, prayer and sharing with our brothers. We acknowledge our brokenness our guilt is ever before us; when our weakness causes discouragement let your compassion fill us with hope and lead us through a Lent of repentance to the beauty of Easter joy."

It seems to me very fitting and symbolically important that our discussions of last evening and today are occurring during this time of the year when, as Christians, we reflect on the mystery of Our Lord's suffering and death, and His rising to new life. This central Christian mystery of the Cross is essential to our comprehension and ministry of healing to the sick; to those suffering *disease* of any kind — physical, emotional or spiritual. Everywhere in scripture that God speaks with man regarding suffering, weakness and need of healing, He speaks kindly, and with compassion; at times, even with great tenderness. He uses words such as "shepherd," "mother" and "healer." He speaks of care, life, hope, light, healing and wholeness. In our weakness He does not come down hard on us, as judge, full of recrimination and a harsh unbending kind of

justice. Instead, He saves this judgmental stance for those who freely choose evil and wickedness; for those who make themselves gods and declare ownership over their brothers. He can be stern, yes, as He calls man to a life of repentance, but as the Good Shepherd, seeking the lost, strayed, wounded sheep, He is gentle and full of compassion.

It is the attitude of compassion — a “suffering with,” or a “being exposed with” as the root Latin word “cum patior” indicates — that Jesus, as the Divine Physician, sets the tone for all of us who follow Him as healers of whatever kind.

I am here, as a physician and a clinician, to share my experience and my convictions with you as we probe more deeply and look more critically at the theological-sociological implications for medical-moral issues. At best this is a difficult subject to discuss adequately from any single specialist's viewpoint in the short time we have. Further, its complexity requires that we speak from many basic assumptions which all of us understand and accept. Obviously we do not have time for all of this to happen sequentially. So, we shall have to clarify as we go along, making certain general statements that could easily lead to misunderstanding. It is for me at least, and I feel this would be so for any clinician, difficult and risky to generalize from particular cases and circumstances, or to particularize easily from

simple guide lines developed around a particular issue or value. (For example, it would be as false to assume that I believe in abortion on demand, because I counsel a patient who decides to have an abortion, as it would be to say that I would never put myself in the position of accepting a patient's decision to have an abortion, if I basically disapprove of abortion as a value.) I hope to avoid both pitfalls, so that somehow the *actual struggles and complex agonizing* that patients and their families go through regarding life/death complicated moral decisions may come through to you. There are many times that I feel moral discussions degenerate to such a level of minute, intellectual nit-picking, divorced from the *lived agony* of the patient or his loved ones, that I become thoroughly disenchanted with the logic of our humanity. We need intelligence; we need logic, yes! But more than ever these days we need to temper these with *compassion and human warmth* in our ministry.

#### Establishing Definitions

It seems to me quite important early in this discussion to spend a few minutes defining myself as a physician. In this way I hope to give you some idea of how I see myself as I discuss a clinician's viewpoint. In my opening remarks I spoke of God's healing power with men and alluded to His Son, Jesus, as the Wounded Healer. I believe a

physician is one who seeks first of all to “do no harm” (“*primum non nocere*”), as Hippocrates counselled. More importantly, I believe a physician is a healer; one who heals. I am aware certainly that my own perspective in this healing ministry has been kept sharp and clear in proportion to my reflection on Jesus as Healer. At times of overwhelming oppression from the burden of suffering I have had all around me, Jesus has been the model for me, full of compassion and reconciliation, bringing hope out of all the agonizing life/death polarities and moral complexities. This has been true during my twenty years of general practice and psychiatry in far away places and here in the United States.

Early in my medical career I became aware of two myths that appear to be the most prominent occupational hazards of physicians. I shall call these the myth of omnipotence and the myth of immortality. Every human person is, I realize, caught up to some extent in the myth of immortality especially. But it becomes a special snare to doctors as we not only have to deal with our own and our loved ones' mortality, but regularly with that of our patients. For a physician, the constant impact of illness, and the loss of a patient through death from any cause, can spell devastating failure over and over again, more or less consciously. It is a fact of our professional life that has to be faced early in our career unless very unhealthy

coping strategies are to provide a screen of false protection.

Hospital personnel are well-acquainted with the fact that doctors are rather infrequently present at the bedside of dying patients. In fact, until the recent work of Dr. Elizabeth Kübler-Ross, the matter of the dying patient was seldom given attention in most medical schools. Death and dying were considered by the physician the province of the minister, rabbi or priest. Being a physician myself, I am well aware that at least one major reason for this role assignment grew out of the extreme discomfort with the fact — the failure? — that death, and the helplessness of the deathbed scene caused the physician. Probably if it were not for my combined missionary and medical orientation I, too, would have missed many of the priceless, though sometimes painful, moments and days with my dying patients.

#### Discomfort of Helplessness

If you have ever been at the scene of an accident, or sat with a dying patient, I am sure you have experienced the acute discomfort of your own helplessness. It is a comfort and relief to oneself to be “doing something,” when very often the best we can do is to sit quietly with the dying, touching the person gently. Another factor in facing my own mortality has been a major illness and injury, both of which I consider valuable and significant in my developing attitude

toward death — and life. In facing critical illness and death with a patient, our own attitude is without question crucial to the patient's acceptance and response. I believe we communicate a healing power to them only when we ourselves, as physicians and medical personnel, can dare to face death and share with them the hope for life that lies within and beyond our groanings and struggles with illness and death. This we can do only if we believe in the fact of our mortality and are hopeful enough to face it with our patients. Has it ever occurred to you that we in the United States, while rushing madly to our deaths through automobile accidents, high risk sports, indiscriminate eating and drinking, abuse of drugs and so on, nevertheless deny death more than any other fact of life?

The second myth is one that is probably believed more thoroughly by people in helping professions than any other group. And probably second only to lawyers and ministers on a scale of one to ten, physicians would rank first in their tendency to live out the myth of omnipotence. Our "savior" fantasies are a special temptation. While we come by this myth naturally, it is well-nurtured by our patients, and protected carefully by our technical language — far too complicated to communicate with the ordinary layman! Our esteem within the community further fosters this myth. It is true that the ministry of healing

is a sacred function, but it is a gift and science to be used for service and not for the power of control. The kind of authority and trust that are implicit in a patient's literally "putting his life in the hands of his physician" is not to be taken lightly. Many physicians fortunately go of this myth gradually as their professional maturation occurs. But I mention it here for two reasons. First, to encourage all people in their transactions with doctors, to trust them, yes, but not blindly or without question. The physician's authority is one of special knowledge and service and has nothing to do with the power of manipulative control over his patients' lives. This reference to a physician's authority seems to me a major factor in our discussion of the physician's role in moral decision-making. The doctor owes the patient, or the patient's family, an honest response to every question posed, within his capacity to do this. He owes the patient all the truthful facts that will help the patient and/or his family to make necessary decisions. Only rarely does a physician have to make the decision for the patient. There is no medical problem that can be put into technical language that cannot also be translated into language that any non-medical person can understand and respond to intelligently and responsibly. The myth of omnipotence is often encouraged by a patient who is overly passive and diffident in dealing with his doctor. Also, society often ex-

pects answers from doctors that have no real bearing on his medical expertise.

### Myth of Omnipotence

A second reason for my alluding to this myth of omnipotence associated with physicians is the all-out attempt of malpractice suits and propaganda to destroy not only the myth — which needs to die — but the real authority and respect that is integral to the art and science of healing, of medicine. This authority is, to my knowledge, central to the healing tradition of every culture, as long as the history of tribes, races and nations has been recorded. We, as physicians, need it in our ministry of healing, but we safeguard the privilege of it only as we demythologize it. A physician who is able to face his own limitation and weakness as well as his strength is in a most realistic, truthful and wise position. I urge you to help us physicians arrive at and maintain this truthful authority in our ministry.

Why, you may ask, have I spent so much time talking about myths when you want to hear about moral decisions from a clinician's perspective? I hope the reasons are clear. Moral decisions are basically good human decisions made with and in behalf of human persons within a deeply human context. The decisions a clinician makes or helps to make are likely to be as moral, as truthful, as really human, as he is. Most physicians I know are

worthy of their ministry when they have given up, or are at least humbly chipping away at their two most deadly myths — that of omnipotence and immortality. Once these are shed from his personality and belief system, a physician is at last free to make really good moral decisions.

Certain assumptions are important to mention as basic to any moral decision-making process. My own personal framework for making such decisions is based on the principle of fundamental option for God; in other words, that the overall direction I choose for my life is to live within His plan for me, and for His world, for the most responsible human interactions I am capable of with other human persons. Though at times individual choices I make may not fully respond to the fundamental direction of my choice, nonetheless the direction of my life remains constant. This means also that I strive earnestly to relate to people and things — to the use of all God's gifts with reverence, respect and love. I believe that life is a gift to be lived reflectively, meaningfully, and that death is an integral part of life to be lived with dignity as the final stage of growth. Birth and death remain for us the unique experiences of life, filled with mystery!

My experience has been that unless a physician operates out of some kind of theological and ethical framework in all of his clinical attitudes, transactions and decisions, his professional

behavior easily degenerates into technology. We can become simply technicians. Though physicians, as most people, operate more or less consciously from some kind of ethical perspective, no matter how ill-defined, these perspectives vary widely from person to person, group to group, culture to culture, belief system to belief system. For example, a doctor functioning in a tribal system in a Samoan village will certainly make very different life/death decisions with his patients than I will, operating out of an urban setting in mainland U.S.A.

### Technology Dimmed Perspective

Indeed even within our western society and within the continental United States, our behavior indicates a wide range of belief and practice. I am more and more concerned that as our technology increases, our moral consciousness and decision-making operate by default rather than from any positive, though varying belief system or moral imperative. I believe that technology has dimmed our perspective — call it, perhaps, our sense of humor — to the point where we really take our myths of omnipotence and immortality seriously. Far too seriously! In generalizing this way, I do not intend to imply that we are all going the way of immorality or technocratic impersonalism, but I believe we are all very much part of a system which puts us under heavy pressure to con-

form. I personally have found relief from this infectious pressure through consistent reflection and simple prayerfulness, asking for an ever opening Faith to probe the meaning of life, the meaning of suffering and life's absurdities. What are some of the absurdities that happen daily? Well, for example we are all concerned with the excessive permissiveness of legislation for abortion on demand. What, how are we to comprehend when the legal sanctions that delay the death of a Karen Quint?

We are all too familiar with the meager resources offered to the elderly welfare patient, or even worse, the non-welfare, not-on-welfare patient who has to pay for whatever he gets. At the same time, I know an 81-year-old man whose meaningful life is clearly done, who is being kept alive, at great daily hospital costs, on a respirator. Consider how our pendulum of concern for the health and welfare of the children of our country swings from zero to feverish interest faster than we can open and close health and educational programs for them. Yet, I have in mind dozens of children being kept alive at extraordinary cost, in remote hospitals for the handicapped, despite their clearly vegetative state. We expend huge monies on special by-pass surgery for chronic alcoholics, yet quietly acquiesce while young and old race to their deaths in automobile accidents on the highway. We — you and I — read and hear

TV news reports of automobile and plane accidents and deaths each day without altering our internal physiology to the slightest degree, I am sure. When we stop to reflect on it, it is incredible how insensitive we have become to the issues of life and death under certain circumstances. (I might add that the media have "helped" considerably to dull our sensibilities.) And yet many hospital scenes and law courts are filled with a suffocating, morbid preoccupation with delaying biological death. We have, I believe, taken it upon ourselves to be gods within the medical and legal arena (with the rest of the nation looking on). We are busy legalizing who shall live and who shall die; who shall be saved and who is not worth it; who shall be held accountable and who shall go free. (We physicians, by the way, have found gods more powerful than we; they are called lawyers, and from them come all manner of malpractice inventions.) As we assume all these god-like, immortal postures we close off the search for the presence of God in life, in death; we forget that we are not our own creation, nor our own masters. We no longer talk of the meaning of life, but become morbidly obsessed with breathing lungs, electrically active brains, functioning kidneys, and biological life. We become unable to accept the Christian meaning of suffering in our lives. Instead, we vacillate between inhuman suffering imposed to delay death, and mercy killing to avoid the suffer-

ing of a meaningful life.

In all of this absurdity and inconsistency where am I, as a physician? What is my center of gravity, my reference point? My view of life for me and that of my patients is one that is God-centered. I believe that life, wonderful and imbued with potential as it is, is destined for goals greater than our body, mind and spirit can encompass in one lifetime. Whether we realize it or not, we are always reaching far beyond our grasp. If the experience of my life has any validity at all, then I have to state this fact as most significant in my belief experience. Generally speaking, my contacts with patients everywhere I have been in the world reflect a similar experience. I cannot recall ever meeting a person, patient or not, who deliberately, fully, consciously, made a choice against meaning, life, happiness, goodness — God — from whatever frame of reference. It seems to me that as I have listened to patients — in the myriad verbal and non-verbal ways they speak — I have heard their plea for life; their acceptance of death; their resolution of life/death issues as they collaborate in many different ways with me in the struggle to live or to face death. In the face of such awesome mystery, I believe we need much more silence; much more listening; much more searching with our patients; to come to resolution. I have repeatedly discovered that if I am as dedicated to scientific knowledge as possible, seeking adequate consulta-

tions, etc., as needed; if I am humbly aware of my role as one who serves, one who listens, one who heals, as I am called to be as physician, then I am in a reasonably confident, peaceful position to respond and collaborate with a patient in his decision-making process. What I am trying to say is that with adequate communication and knowledge of a patient's circumstances, he (or his family) are in a position to make good human decisions regarding medical care, or the cessation of it, and all of this within the context of a meaningful life which God gives and God takes in His own time.

As I have lived, I have learned especially two lessons — not to take myself too seriously and to listen to the validity of my experience with the beginnings, the healthy stirrings, the agonies, and the dyings of my patients and their families. I have come to see in a way that I cannot ignore, nor can I prove, that our problems in professional, technological advancement today are not that God is hiding from us, but that we no longer listen to His Truth within us as carefully as we ought. If you will permit me, I would like to share with you another reading from tomorrow's liturgy in which Paul speaks very much to us, especially to those of us who are called to teaching and healing professions.

1 Corinthians, verses 19-22 (Jerusalem Bible)

As scripture says: I shall destroy the wisdom of the wise and bring to nothing all the learning of the learned. Where are the philosophers now? Where are the scribes? Where are any of our thinkers? Do you see now how God has shown up the foolishness of human wisdom? If it was God's wisdom that human wisdom should not know God, it was because God wanted to save those who have fallen through the foolishness of the message that we preach. And so, while the Jews demand miracles and the Greeks look for wisdom, here we are preaching a crucified Christ; to the Jews an obstacle that they cannot get over, to the pagans a madness, but to those who have been called, whether they are Jews or Greeks, a Christ who is the power and the wisdom of God. For God's foolishness is wiser than human wisdom, and God's weakness is stronger than human strength.

In the light of this scriptural statement of life, I would like to summarize my experience and my hope. I believe that our capacity for moral decision-making will grow as we let go of the manipulative power we exert over other men's lives. And as we face our own mortality in this age of super technology, I believe we are in the best position to reconcile the life/death conflicts of our present century. To the degree that we choose this route, we shall recreate a ministry of Christian healing for our future, whatever that may be.