

ISSUES IN PERSPECTIVE

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25 February 2012

Dr. Lawrence Egbert: The New Dr. Kevorkian

A retired anesthesiologist, Lawrence Egbert is an 84-year old doctor, who is in some ways the current public face of doctor-assisted suicide as a movement. He has replaced Dr. Jack Kevorkian as the symbol of this controversial practice. He has also served as a campus Unitarian Universalist minister and has been visiting professor at Johns Hopkins University. His method of assisting people who wish to end their life is what he calls the “exit hood.” Connected to two helium tanks, the hood is placed over a person’s head, the helium is released and within minutes the person is dead. Using this hood, typically, a person loses consciousness in 30 to 60 seconds and is dead within 5 to 10 minutes. Egbert estimates that he has been present for 100 suicides over the past 15 years using his method. As reporter Manuel Roig-Franzia states, “Egbert sees his work as a calling, a vocation aimed at ending suffering. But he says he provides only guidance and support.” As the medical director of Final Exit Network (created in 2004), a loosely knit group that claims 3,000 dues-paying members, he has approved applications for about 300 suicides. He has approved people who are struggling with depression as well as those suffering from cancer and other life-threatening diseases. He has been indicted in two states—Arizona and Georgia. Although acquitted in Arizona, the Georgia case is still pending. Egbert instructs his patients where they can buy the helium tanks and recommends two suppliers for the hood—one which sells an adjustable sweatband neck and the other an elastic neck for the hood. The cost of the hood is \$60. Egbert often asks permission from someone who is about to die, if he can reuse their hood once they have died. When Roig-Franzia asked Egbert about life after death, he said that “he’ll go into the ground and rot.” He does not believe in an after-life, saying, “I don’t think it’s worthwhile to worry about what happens to you when you’re dead.”

How should we think about this provocative man and about doctor-assisted suicide, a form of euthanasia? A believer in Jesus Christ has a very different view of death than one who is not. Death in Scripture is clearly the judgment of God upon sin. God told Adam that if he ate of the tree in the garden, he would die. When he and Eve ate, they both experienced the separation from God that resulted from sin and eventual physical death (Genesis 2 and 3). Sin gains authority over humans, therefore, and results in separation from God--death. The death, burial and resurrection of Jesus Christ dealt the death-blow to sin and rendered death inoperative in the believer’s life. Because Jesus conquered death through His resurrection, the believer need not fear death. Although that person may die physically (the soul separated from the body), it is not permanent because of the promised resurrection. Hence, Paul can write in 1 Corinthians 15:54-55, “Death is swallowed up in victory. O death, where is your victory? O death, where is your sting?” Nonetheless, the believer in Jesus Christ still faces death with tension. Paul gives us a window into this tension when he writes, “For me to live is Christ, and to die is gain.” Death means to be with Jesus and to have all the daily struggles, both physical and spiritual, over. Although inexplicable, death is the door Christians go through to be with Christ. There is no

other way, barring Christ's return for his church, for the believer to be with Christ. There is, therefore, the constant pull of heaven matched by the constant pull to remain and serve the Lord on earth. Death remains in the sovereign hand of God and when it comes, the believer, although anxious and perhaps frightened, trusts the words of Scripture, "To be absent from the body, is to be present with the Lord" (2 Corinthians 5:8).

At the same time, the Bible teaches that every person, believer and unbeliever, is inherently dignified and worthy of respect. It is always proper and ethically right to fight for life, because men and women are created in the image and likeness of God (Genesis 1:26-27). Human life is sacred (Genesis 9:1-6) and no one should be demeaned or cursed (James 3:9-10). To treat a human, who bears God's image, in an undignified manner, to wantonly destroy life or to assume the position of authority over the life and death of another human, is to step outside of God's revelation. The Bible affirms the intrinsic worth and equal value of every human life regardless of its stage or condition. In a word, this is the Judeo-Christian view of life. What are some implications of this high view of life? First, it seems logical that life is so valuable it should be terminated only when highly unusual considerations dictate an exception. Dr. Egbert has helped over 100 people commit suicide, including those struggling with depression. It is difficult to justify such actions from Scripture. Such practices cheapen life and treat a human as of little value and with no dignity. In short, to allow widespread euthanasia is to foster a culture of death.

Another implication of the Judeo-Christian view of life is that personhood is defined in biological terms. A human is a person whose life begins at conception, not at birth. "Personhood" is not defined according to I.Q., a sense of the future, a capacity to relate to other humans or any other such criteria (more about these criteria later). The point is that God creates the life, which He defines as beginning at conception, and He sustains that life. Humans who believe His Word will maintain the same view and always fight for life. To end life in a pre-meditated manner, as does Dr. Egbert, violates the Bible's high view of life.

Over the last several decades in western civilization, especially in medicine but through the entire culture, a new ethic is replacing the Judeo-Christian ethic articulated above--the "quality of life" ethic. At its vital center, this new ethic places relative, rather than absolute, value on human beings. This new "quality of life" ethic is frightening. Rejecting any claim to ethical absolutes, this system flees to subjective criteria to define life's value. It violates all aspects of life's value as defined by the image of God concept and places humans in the seat of the sovereign God. Using subjective criteria, the quality of life ethic empowers other humans to decide who lives and who dies.

What does a Christian do when a loved one is diagnosed with a terminal disease? What does one do if someone dear develops Alzheimer's disease or Huntington's disease? What if extremely painful cancer develops and the only promise is months or years of pain only to be followed by death? There is no easy answer but the Christian hospice movement offers a powerful alternative for Christians today. Sometimes in an assisted care facility or sometimes by providing care within the patient's own home, care for the dying patient is provided. It involves managing pain with drugs, giving loving comfort and providing daily service to meet all human needs, whatever the specific situation. The care is complemented by spiritual encouragement

from God's Word, mixed with prayer and edifying opportunities as reminders of God's goodness and of eternal life. Death is not easy but, as mentioned earlier, the Christian approaches death differently than the unbeliever. The loving, empathetic, nail-scarred hands of Jesus are outstretched to welcome His child home to heaven. Hospice care provides the dignified alternative that honors God's creation--life--all the while preparing the dying saint for the promise that awaits them. It preserves the dignity of life that the mercy killers and Dr. Egbert promise but cannot deliver.

See Manuel Roig-Franzia in the *Washington Post* (23 January 2012) and James P. Eckman, *Biblical Ethics*, pp. 33-38.