“FUTILE CARE”, ANOTHER ASPECT OF EUTHANASIA

Once it is conceded in society that human life may be taken in abortion, in euthanasia, or in the IVF process, there are no limits where the carnage must stop. A recent article in the *Chronicle* by Lyle Shelton (4/1/03), assessing the Raelian claims about cloning, claimed that the IVF industry failed to tell us that its techniques meant the creation in Australia alone of between seventy and eighty thousand “left-over” human embryos in cold storage. Those embryos not destroyed for research will be thawed and tipped down laboratory sinks, he said, and asked, “Is this an ethical problem?” We recall that last August Canberra politicians were deceived into voting for the embryo destruction bill. There is the hope, which has not yet been proved, that cloned embryo stem cells might cure diseases. Wraps were kept on the truth that stem cells can be safely obtained from adults without the destruction of embryos. We must lament the detachment of what scientists do and want to do from basic questions of right and wrong.

Now we have to add another expression to our vocabulary, “futile care.” On January 14 Charles Colson published an article about this. For example, in the Netherlands a doctor made up his mind that he would do something “nice” for an old grandfather by finishing him off. He did not consult the family, but ordered nurses not to give him food and water, but to administer overdoses of morphine. He told the family, “I was just helping him out.”

“Futile care” may soon be a concept that all families with elderly relatives may have to worry about. This will not do much for people’s confidence in doctors. Wesley Smith of the Discovery Institute explained that the basic idea is that if a doctor thinks that the quality of a patient’s life is too low to justify further treatment, he is entitled to refuse care, just calling it “inappropriate.” If this concept were endorsed by society or the medical profession, the patient’s wishes and the family’s wishes would not matter, even if treatment is available that can prolong life. We should be clear about what is called “futile.” It is not the medical treatment, but the patient. We may soon face the serious prospect that doctors or other people will decide whether elderly people deserve to live longer. Add to this the fact that funds for medical care in a country with an ageing population are scarce, and we can expect more advocacy for the concept of “futile care.”

Society has already conceded that abortionists may play God. There is merely an extension of it.


Christians take seriously God’s protection of all human life in His commandment, “You shall not kill.” They hold, although many in our society do not, that God created human beings in His own image. They maintain the sanctity of human life.