EXPLORING DEATH AND DYING WELL
THROUGH PATHOLOGY AND BIOETHICS

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PART I: ENLIGHTENMENTS ON DEATH FROM PATHOLOGY

1) Medical Science does not know what Death is

Medical Scientists can only describe the changes in the human body before and after death, but cannot define what death is. To say that death is the absence of life is essentially saying nothing. Even the exact point at which death occurs is uncertain and constantly changing. Previously, death was defined as absence of heart beat or breathing, but this is no longer valid with availability of cardio-respiratory resuscitation measures. The current criteria for death of a person are those indicating death of nerve cells in the brain stem which control the vital physiological functions. The death of brain stem cells are confirmed clinically by demonstrating total lack of response to stimulation of cranial nerves which are also controlled by these cells. These criteria explain why complete destruction of bilateral cerebral hemispheres may result in a comatose, “brain dead” or “vegetative state” of an individual without actually being dead.

Practical Insights:

Death is a phenomenon that is beyond (transcends) scientific studies and belongs to the realm of religion and philosophy. Most faith systems believe that at death, the “soul” separates from the body; this cannot be proved or disproved by empirical scientific methods. Medicine deals with the diagnosis of treatment of diseases, however, the medical training and practice experience of doctors do not render them more cognizant about what death really is. For thousands of years, they have been taught: “First of all, do no harm”; most definitely, they are prohibited to perform any act that causes premature death of their patients. Euthanasia constrains doctors to decide and to act on a phenomenon that they know no more than any other person, namely, death.

2) Irreversible Failures of Cells and Organs occur when Death is Inevitable

During early stages of cell damage, the cell swells up from influx of fluid, and the changes are still reversible. But when the cell membrane is disrupted allowing cell contents to leak outside, the cell damage is irreversible and the cell inevitably dies. Likewise, the damaging effects of diseases can reach a stage when most organ-systems of the body fail to perform their physiological functions. When this happens, if nutrients are given directly into the patient’s stomach, they are not utilized to benefit the body; if fluid is given into the patient’s veins, their kidneys cannot handle the fluid and edema results. In other words, the usual methods of maintaining life are no longer of any value to the patient.

Practical insights:

There is a stage in the dying process at which no human means can improve the state of health of the patient or alter the inevitable outcome, which is death. Prolonging the dying process only adds to the suffering of the dying and his/her loved ones without achieving anything of real use to the dying.

3) Two Different Types of Death

Death Associated with Decay

This is the type which is referred to by the word “death”. Death of cells from diseases is Necrosis. The dying cell ruptures and releases enzymes and other toxic chemicals which digest the dead cell as well as the surrounding healthy tissues and excite an inflammatory reaction. The
decomposition of dead cells result in a dirty foul-smelling semi-liquid mess (as seen in pus). When the whole body dies, all cells undergo necrosis with marked overgrowth of micro-organisms throughout the dead tissues, producing the terrible decay and odour in cadavers.

*Practical Insights:*

Death with complete decay is the ultimate fate of the body of every human being, and is the result of Sin. Whatever happens in the afterlife, a person will not experience it in the same fashion when he/she was in the body. This great unknown is what instils fear when one considers death, and why people will try to do anything to delay death, especially those who have enjoyed smooth and prosperous lives. Believers transcend such fears because of the Biblical promise of resurrection when Jesus comes again; this resurrection implies a second creation of our bodies.

**Death Associated with Renewal**

Perhaps this is the first time you hear that there is another type of death which occurs continuously during life and which brings about constant renewal of life. This is *Programmed Cell Death* or *Apoptosis.* Through this process, in the mother’s womb, the structures of a human fetus are chiseled out from a constantly growing sphere of cells; in the adult, the cells of the blood, the skin and the inner lining of the gastrointestinal tract, the uterus and urinary tract are constantly renewed. During apoptosis, the cell that has reached the end of its life-span activate intracellular mechanisms that kill itself off. The whole dying process is orderly, clean, with no leakage of enzymes or toxic chemicals into surrounding tissues and leaving no debris; it is not associated with inflammation or decomposition. The dead cell is replaced by a new cell which continues its function. This is the interplay of death and life in health.

*Practical Insights:*

Apoptosis is the type of death that features prominently in the Gospels and Epistles: a believer’s voluntary dying to sin, the world and self. The words of Jesus to His disciples to “deny oneself, take up the cross and follow Him” is contained in all four Gospels and summarize what discipleship means. With this voluntary “dying”, new spiritual life is constantly unleashed. The disciples experience the reality of new life and Holy Spirit inside them which assures them of eternal life with Christ. They accept physical death as part of God’s plan for their lives, and understand that victory over death is not a hollow “moral” victory, but a real one in that death has no hold on them – they have eternal life in Christ and their bodies will rise again to live for all eternity.

4) **Apoptosis in Metamorphosis: an Illustration of Bodily Resurrection**

An extreme example of apoptosis is seen in the metamorphosis of a caterpillar into a butterfly. The larva inside its cocoon undergoes almost complete apoptosis and is dissolved into a greenish thick fluid. However, some residual living cells proliferate tremendously until a new creature, which bears the same DNA as before, emerges with colorful aerodynamic wings of flight. This illustrates the real Christian hope of bodily resurrection in the mode of Christ’s, when a glorified body is re-created for those who died in Christ when He returns.

*Practical Insights*

For the saved, death is the gateway to eternal glory and is no longer be feared. When believers die according to God’s will, they are like larvae being dissolved inside cocoons by apoptosis. The Bible does not reveal much about what happens during this “intermediate
In 2 Corinthians 12: 1-10, Paul knew exactly what occurred in this state, as he was taken to the “third heaven” (which is Paradise), but God did not allow him to say anything more about that state by placing “a thorn in his flesh”. The only thing we need to know is that we will be with Christ. The bodily resurrection of believers is the hope that enables them to go through difficulties and sufferings in the here and now (1 Corinthians 15). It is the responsibility of the church to proclaim this glorious hope constantly.

**PART II: BASIC PRINCIPLES OF CHRISTIAN BIOETHICS**

Christian Bioethics is not about people of authority in the Church declaring “do’s” and “don’ts” on matters of life, sex and death. It involves decisions and actions at four levels:

1) **Absolute values (Doctrines or “laws”)**

   Evangelical Christianity insists on the Bible as the final authority in faith and ethics. Fundamental doctrine must be obeyed and not compromised in any way. Christians, especially those in ministry, need to be educated as to the differences between these absolute values and those that form the basis for moral decisions by non-believers. They need to live according to Biblical values and not inadvertently follow the value-systems of the world in their own affairs or in administering the affairs of the church.

2) **Wisdom in discerning whether an option is ethical**

   This involves wisdom in implementing absolute values in particular situations, giving full attention to relevant details that render each case unique (no sweeping generalizations), and securing a prudent judgement wherever the values underlying the laws conflict with one another. Jesus faced ethical dilemmas on numerous occasions, and how He made His decisions are good examples for us. Christian ethical reasoning is not related to a person’s IQ or EQ, but develops by the continual renewal of their minds by following the guidance of the indwelling Holy Spirit in their daily lives. With progressive transformation of our minds to be in line with those of Christ, we become moral persons making decisions which are moral, and are not hypocrites or judgemental Pharisees.

3) **A personal act of faith**

   Often it is not lack of wisdom that prevents individuals to make moral decisions, but lack of faith in choosing to follow the way of the cross. It cannot be emphasized strong enough that it is the testimony of those who have followed through in faith their difficult moral choice that shuts down the arguments of non-believers, and not the wise words of Christian leaders/scholars.

4) **Support by the faith community**

   While ensuring believers make ethical choices is an important function of the church, even more important is the compassionate support offered to those faced with difficult decisions in implementing the moral decisions. In the image of God Himself, the church acts not in judgement but in love.
**PART III: CHRISTIAN BIOETHICS IN END-OF-LIFE ISSUES**

1) Biblical principles in end-of-life issues

*Imago Dei*

Every human being is created in the image of God, and this confers dignity upon the person. The dignity is not due to any intrinsic qualities of the individual, and transcends all physical, mental and spiritual deficiencies of the person. (Example of $1,000 bill – its value is conferred by the Central Bank, and it maintains its value even if dirtied and crumpled). The man at Gerasene who was possessed by legions of demons is a good illustration of this understanding. The dignity depends, therefore, not on the personality or achievements of the person, but on God’s good will alone.

**Limits to Human Autonomy**

Life, including its beginning and end, is entirely a gift from God; the person is but a steward of the gift. God alone determines the times of birth and death of the individual, and there are definite limits to self-determination regarding these matters. The anthropological fact of the total dependence of the newborn and the dying on others and on God underscores this concept. Scripture prohibits killing (Gen 9:6, Ex 20:13, Dtn 5:17), which includes suicide, assisted suicide and “mercy killing” of anyone, especially the defenceless (infants, the marginalized, the elderly, the sick). If there were a “right to die”, it would be applicable to everybody, not just to the terminally ill or disabled; therefore the assertion of a right to die does not make sense.

**Suffering according to God’s Will**

Suffering is a fact of life in the here and now. Jesus himself suffered horribly, but the suffering does not diminish his deity and dignity. Scriptures repeatedly call Christ’s disciples to willingly suffer for Christ’s sake and the Gospel’s sake. Christians must accept suffering according to God’s will (e.g. obstetrical pain), just as we accept our lives and our many blessings, as God’s will for us. The triumph of Christ must not be misunderstood as smooth sailing and no more disease or suffering in this life for believers.

2) Wisdom to Know the Difference between the Various Options

**Active Euthanasia**

It is the *intentional* inducement of death by a toxic agent, administered either by a doctor through injection (medical or “mercy” killing) or taken orally by the patient (assisted suicide). In both methods, it is the toxic agent that causes the individual's death and not the latter's illness, which has not advanced to the stage when death is inevitable or impending.

The purpose of “mercy” killing or assisted suicide is to avoid suffering through the last journey of life by inducing a painless death at a time when the patient’s disease has not yet taken its course. It is an act of defiance or disobedience to God’s will for which no repentance on the part of the deceased is possible. It is opposed to the Biblical concept that human beings are created in God’s image with their dignity preserved despite all gross functional defects or deformities. It crosses the limit of human autonomy in assigning authority to mere humans (doctors or the patients themselves) to take an innocent life.
Terminating Life-Support

It is sometimes referred to as Passive Euthanasia and is a decision made by the loved ones of the dying. The patient is already in an irreversible course of dying; the life-support measures do not lead to the eventual recovery of the patient and are administered simply to delay death and to demonstrate that everything humanly possible has been done.

The act of removing the patient from life-support measures is not the cause of the patient’s death, the underlying disease is. It simply allows the irreversible dying process to complete its course. The patient is at a stage that he/she cannot utilize the nutrients or handle the fluids provided and may suffer more by undue prolonging the dying process. It is an act of courage and acceptance of God’s authority over the death of the patient.

Palliative Care

It means the patient refusing treatments that may prolong his/her life by a short period but which cannot prevent recurrence and fatal outcome of the disease. It includes accepting an earlier death due to the absence of specific therapy, as well as possible complications arising from a higher dosage of drugs that relieve symptoms, such as pain relievers.

Its purpose is for the patient with terminal incurable disease to journey through the dying process with dignity and have maximum contact with his/her loved ones in more homely surroundings. Instead of focusing on medical treatments which will eventually be proved futile, the goal is to add life to the remaining days, and not merely days to the remaining life. The decision for palliative care must be made by the patient having been fully informed of, and have considered, all options available to manage his/her disease, including positive and negative aspects. The cause of the patient’s death is his/her disease and cannot be blamed on lack of treatment, as the treatment would not cure the disease.

3) Personal Act of Faith

“No” to Active Euthanasia

Commitment against any consideration or act of active euthanasia (whether or not it is legal) and to go through the dying process courageously in obedience to God, accepting and surrendering oneself in faith to any suffering and deterioration in physical and mental capacities along the way.

Preparing well to Meet Christ rather than Postponing Death at All Costs

Instead of focusing in vain to try to get cured from one’s disease, commit in faith to die well in Christ, seeking God’s forgiveness of sins, sharing love and forgiveness with family, friends and acquaintances, and bearing witness of Christ’s salvation to unbelievers who visit him/her.

Completing Earthly Tasks for the Final Transition in Life

Committing oneself to complete as much as possible the necessary tasks to implement End-of-Life decisions (the Will, the Advanced Directive, funeral/burial arrangements, personal messages to individuals, etc.) and communicating these decisions to the next of kin, other family members and the pastor. These tasks should be done as soon as possible and before any significant deterioration of mental capacities.

These attitudes and actions combine for a good death in Christ.
4) Role of the Church in End-of-Life Issues

Support for the Individual and Family

- In the body of Christ, those that are weak, sick, vulnerable, poor and dying should be given extra care and attention (1 Corinthians 12: 21-25). This biblical value system must be upheld by the Church and not replaced by the worldly system of catering towards the rich, the powerful and the talented.

- Those who seek active euthanasia are in fact testing how much they are valued by others. Dying believers are not only created in the image of God but are the beloved children of God bought with the blood of Christ. The faith community must not abandon them to die a lonely death but realistically provide comfort and support physically, mentally and spiritually.

- Undertake individual and organizational practical means to help the family who probably suffer as much as the patient throughout the dying process. Support should be extended to the medical/nursing professionals as well.

Teach Christians on Death, Dying and End-of-Life Issues

- The Church used to be front and centre in services to the sick, the dying and the bereaved but has now been marginalized by governments, healthcare professionals and institutions, insurance companies and funeral homes. Reclaim those functions that rightfully belong to the Church.

- Instruct believers regarding the biblical teachings on death and dying a good death; this is as essential as ministries directed towards children, youth, families, women and men. The hope of bodily resurrection is part of the Gospel of Jesus Christ and must not be limited to one message on Easter Day.

Stand Up Against Active Euthanasia

- Proponents claim active euthanasia is win:win:win for the dying, the family and the healthcare givers, yielding maximum benefits for most people, that one should do what one feels right for the situation, and to follow the established ways of advanced countries. Their arguments are all based on the assumption that there is no God and human beings have unlimited autonomy. The Church must not only counter these arguments with biblical teachings of God, but must demonstrate in their practices in seeking and obeying God's will rather than relying on human wisdom and the majority’s decision.

- The Church must argue strongly against legalization of active euthanasia, as once it is legalized, the practice will inevitably go out of control and soon involuntary euthanasia will occur regularly. Society must not step on a slippery slope because of a few extreme cases (as with the case of abortions). In countries where active euthanasia has been legalized, there is mounting pressure on the sick, the poor and the elderly to consider this action whenever financial or human resources for their care are stretched, and they have to justify their continual survival. Euthanasia is implemented, not because they are tired of living, but because others are tired of their living, and must not be allowed to be the law of society.