

THE INHERENT VALUE OF HUMAN LIFE

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His head had hit the windshield with such force that it caused his brain to slam into the front of his skull. Now his brain was swelling, without any room to expand. This young man already had received emergency surgery to repair several internal organs that had been injured in the car wreck, but now all eyes were focused on his rising intracranial pressure. If the brain were to swell too much, vital areas like the respiratory center could be compromised. While I did not know the young man's name, I later learned that he was only twenty-two, and had been involved in a serious MVA (multiple vehicle accident). For as long as I walk this Earth, I never will forget standing in that room in the surgical intensive care unit (SICU) of Vanderbilt University Medical Center, watching his intracranial pressure monitor display numbers that could only mean the worst. Then I watched quietly as the young man drew his final breath—my first close-up experience with death.

Over the next couple of years, I would watch literally hundreds of individuals draw that final breath. There was always an odd feeling, knowing that just moments earlier the individual was alive, and that now their eyes never again would see a beautiful sunrise or sunset. In a final act of respect and dignity, we placed the dead bodies carefully into white plastic shrouds, and then we gently loaded them onto special gurneys and rolled them down into the cold, dark morgue. Each time we affixed toe tags and zipped the body bags closed, I was compelled to consider the value and importance of human life. Did it matter if the person was old, or young? Had the manner in which they died altered the importance of their death? What, exactly, was the value of a human life? And was it changing?

During my tenure in the SICU and the Emergency Department, I watched as life was cut short over such trivial things as a name-brand sports jacket or a bag of potato chips. I observed physicians hastily attempting to obtain a court order against a pregnant mother in an effort to deliver a baby via cesarean because it was in fetal distress (the mother's excuse for refusing the procedure was that she did not want to have scars on her body). Contrast that with those countless scenes of couples who were forced to realize that their pregnancy had been cut short by an unavoidable miscarriage. For many, that single embryo—no longer attached to its "lifeline"—represented years of trying to get pregnant. Arm-in-arm, with tears blinding their path, those couples would make their way toward the parking lot.

On more than one occasion I listened as individuals, both young and old, begged doctors and nurses to just let them die. Some even asked for help to end the pain and misery they were experiencing. I watched as the cost of keeping someone alive was weighed against the failed likelihood of a good prognosis. The Hippocratic Oath to which physicians subscribe contains the statements:

I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary [a medicated vaginal suppository—BH] to produce abortion.

However, those words apparently hold little meaning to many physicians who have graduated from medical schools in the last twenty years. In light of the changes that are taking place in our society, it hardly is surprising to discover that only eight percent of doctors pledge to forswear abortion, and only fourteen percent promise not to aid patients in acts of euthanasia (Smith, 2000, p. 20).

The pressure within the medical and scientific communities to excel (and to publish!) has caused these respective fields to move forward at full throttle, often with little regard for the cost in human lives. This "forward progress," however, has waged an all-out assault on the area of medical ethics—so much so that we now have medical ethics committees in all major colleges and universities, and the President of the United States felt compelled to form a National Bioethics Advisory Commission. For, you see, death

is not occurring just as the result of drive-by shootings of drug dealers on street corners. Oftentimes, death comes at the hands of clinicians, in what easily could be viewed as cold-blooded murder. The value of human life has been so cheapened by our culture that the loss of those individuals—who no longer are autonomous—frequently is viewed as beneficial to society, and therefore life is ended across the entire spectrum of the human life span. Old people are choosing to end their lives prematurely so they will not become a burden to their families and friends. Young women are entering abortion clinics because they have been reared in a society that views an abortion as nothing more than a routine medical procedure. Families are making decisions on whether or not to “pull the plug” without either the facts or sufficient knowledge of what those facts might mean—often ranking finances above their loved one’s prognosis. In the past, most physicians felt duty-bound to keep their patients alive for as long as possible, and this surrogate decision was not even a significant issue. But children are growing up today with little or no self-esteem, no respect for others, and no recognition of God as the Creator of human life—which they wrongly attribute to millions of years of organic evolution. Thus, young people today have a different attitude entirely regarding the value and sanctity of human life.

HAVE WE FORGOTTEN GOD?

While we have not yet reached a point in which we are throwing live individuals into crematoriums like the Nazis did during the Holocaust, an indifferent and apathetic attitude toward human life nevertheless has quietly taken root—the seeds of which were first sown in the act of violence against human life as recorded in Genesis 4:8. This murderous act of Cain firmly established the roots of violence amidst humanity. The evil fruit of death that we see daily in newspapers and on the evening news is the result of generations of humans who have forgotten God. Thus, man’s perspective of the inherent value of human life has plummeted.

It is worth noting that one of the warnings Moses issued to the children of Israel before they entered that land of milk and honey was not to forget God.

When thou hast eaten and art full, then thou shalt bless the Lord thy God for the good land which he hath given thee. **Beware that thou forget not the Lord thy God**, in not keeping his commandments, and his judgments, and his statutes, which I command thee this day: Lest when thou hast eaten and art full, and hast built goodly houses, and dwelt therein; And when thy herds and thy flocks multiply, and thy silver and thy gold is multiplied, and all that thou hast is multiplied; Then thine heart be lifted up, and **thou forget the Lord thy God**, who brought thee forth out of the land of Egypt, from the house of bondage (Deuteronomy 8:10-14, emp. added).

Have we, in our own land of milk and honey, “forgotten God”? It appears that our prosperity is causing us to strive for an “ideal” human population in which the old, sick, disabled, and unwanted often are discarded like yesterday’s trash.

Is science to blame for this radical shift in our attitudes? Hubert Markl, writing as president of the Max Planck Society, stated:

The German president, Johannes Rau, was right to warn us scientists to uphold ethical values.... But we must categorically distinguish between the atrocities of scientists in a regime of terror, and the procedures used in research and medicine for pre-implantation genetic diagnosis, therapeutic cloning and development of treatments for serious diseases using cell cultures from embryos. Equating the one with the other is totally wrong and belittles the suffering of the Nazis’ victims. Everyone agrees that these victims were misused and humiliated human beings, whereas **there is no biological reason to attribute complete personhood to a few-celled embryo simply because, in interaction with a mother organism, it has the ability to become one** (2001, p. 480, emp. added).

Indeed, Johannes Rau was right to warn scientists! No one disagrees that the victims of the Holocaust suffered immensely. But not everyone agrees with Markl’s comment that “there is no biological reason to attribute complete personhood to a few-celled embryo simply because, in interaction with a mother

organism, it has the ability to become one.” Scientists can use sterile terms like “mother organism” and “embryo,” but that does not change the fact that a human mother and a human child are involved. Lives are at stake—just like those of the Jews who were herded into boxcars.

In a prophetic article in the July 14, 1949 issue of the *New England Journal of Medicine*, Leo Alexander, a man who had worked for the Chief Counsel for War Crimes after World War II, examined the initial causes of the Holocaust. The beginnings, he stated, were merely a subtle shift in emphasis in the basic attitudes of physicians. It started with the belief—which is common today in the euthanasia movement—that there is such a thing as “life not worthy to be lived.” The Nazis often described the patients that they were killing as “useless eaters.” Among those doctors who helped start the Nazi killing mentality was Ernst Wetzler who, ironically, was the inventor of an incubator for children born prematurely. In commenting on his gruesome acts, Dr. Wetzler called his participation in the murder of disabled infants in Germany “a small contribution to human progress” (as quoted in Smith, 2000, p. 43). It hardly is surprising, in light of recent attitudes here in the United States, that just before his death in 1984, Leo Alexander warned that these same lethal attitudes were taking root in this country. Biomedical ethicist Amil Shamoo agrees. He stated:

We in the United States don’t have systemic atrocities, we have compartmentalized atrocities. But the intellectual underpinnings are the same as they once were in Germany: for the good of science; for the advancement of knowledge; for the benefit of society; for the national interest (as quoted in Smith, p. 47).

In his book, *Man’s Search for Meaning*, internationally renowned psychiatrist Viktor E. Frankl wrote about his years of witnessing unspeakable horrors in Nazi death camps. In discussing the value of human life, he wrote:

Under the influence of a world which no longer recognized the value of human life and human dignity, which had robbed man of his will and had made him an object to be exterminated (having planned, however, to make full use of him first—to the last ounce of his physical resources)—under this influence the personal ego finally suffered a loss of values. If the man in the concentration camp did not struggle against this in a last effort to save his self-respect, he lost the feeling of being an individual, a being with a mind, with inner freedom and personal value. He thought of himself then as only a part of an enormous mass of people; **his existence descended to the level of animal life** (1984, p. 70, emp. added).

Animal life—isn’t this what many scientists tell us gave rise to humans?

Are humans nothing more than “higher animals,” as some would have us believe? Sadly, the questions revolving around the value of human life are found at both ends of the spectrum. On one end, there are individuals who consider embryos tucked safely away in the wombs of mothers who are eight or nine months pregnant to be nothing more than “tissue.” Interestingly, this “tissue” is known to have well-developed internal organs, possesses active brain waves, responds to light and sound, and occasionally will suck its thumb. On the other end of the spectrum are aged individuals who argue that they already have lived a full life, and therefore their death should be facilitated and hastened by the medical community via euthanasia (literally, “good death”). Lying in between these two extremes are those heart-rending cases in which families must decide whether or not to remove life support from a comatose individual who is lying in a bed and connected to a respirator. And then there are the cases where terminal illnesses have invaded the lives of those far too young to battle these wretched afflictions. Although very rarely discussed aloud—and certainly never admitted publicly—there are also those cases in which the medical establishment often “trades off” a human life after comparing the high cost of medical treatment in a complex cost-benefit ratio. But what is the **real** cost?

HOW DO WE DEFINE HUMAN LIFE?

What **is** the value of human life? As Christians, what is our obligation, and what should be our attitude, in such matters? In order to better investigate these moral dilemmas, we first need to define life and death. According to *Stedman's Concise Medical Dictionary*, life is: "vitality, the essential condition of being alive; a state of existence characterized by active metabolism. The existence of organisms" (see McDonough, 1994, p. 567). Death is defined as:

cessation of life. In multicellular organisms, a gradual process at the cellular level, with tissues varying in their ability to withstand deprivation of oxygen; in higher organisms, a cessation of integrated tissue and organ functions; in man, manifested by the loss of heart beat, by the absence of spontaneous breathing, and by cerebral death (p. 253).

On occasion, physicians will specify that someone has reached a state of brain death or cerebral death. This is defined as:

in the presence of cardiac activity, the permanent loss of cerebral function, manifested clinically by absence of purposive responsiveness to external stimuli, absence of cephalic reflexes, apnea, and an isoelectric electroencephalogram [EEG] for at least 30 minutes in the absence of hypothermia and poisoning by central nervous system depressants (p. 253).

But not everyone agrees with such definitions. When does life truly begin, and when is someone truly considered dead? Our society is finding ways to "bend" these definitions in order to accommodate specific situations as they arise. As our knowledge of science has increased, so have the ways in which we define human life. Consider the following views on when human life actually begins.

The metabolic view. As soon as metabolic processes start, then the organism is considered living.

The genetic view. A new individual is created at fertilization when genes from two parents combine to form an individual who possesses unique properties.

The embryological view. In humans, identical twinning can occur as late as the twelfth day after conception—a process that is able to produce two look-alike individuals, each with a different personality. Even conjoined (i.e., "Siamese") twins can have different personalities. Thus, individuality sometimes is not fixed earlier than day 12. (In religious terms, the two individuals have different souls.) Some medical texts consider the stages before this time as "pre-embryonic." This view has been championed by various scientists (such as Grobstein, 1988), and also has been endorsed by theologians (e.g., Shannon and Wolter, 1990, and McCormick, 1991, among others). (Such a view would allow contraception, "morning after pills," and contragestational agents after two weeks, but not abortion.)

The neurological view. Our society has defined death as the **loss** of the cerebral EEG (electroencephalogram) pattern. Conversely, some scientists have suggested that the **acquisition** of the human EEG (at approximately 40 days) should be defined as the point when human life begins.

The ecological/technological view. This view sees the human life as beginning when it can exist separately from its maternal, biological environment. The natural limit of viability occurs when the lungs mature, but recent impressive technological advances now permit a premature infant to survive after about 25 weeks of gestation. [Currently, this is the prevailing view in certain states in America. Once a fetus becomes potentially independent, it cannot be aborted except in those instances where it is deemed by a physician to pose a direct threat to the mother's (physical or mental) health.]

The immunological view. This view sees human life as beginning when the organism recognizes the distinction between self and non-self. In humans, this occurs around the time of birth.

The integrated physiological view. This sees human life as beginning when it has become independent of the mother and has its own functioning circulatory system, alimentary system, and respiratory system. This is the traditional "birthday" when the baby is born and the umbilical cord is cut.

WHEN DOES LIFE BEGIN?

In writing his lengthy opinion for the court in the infamous *Roe vs. Wade* case, Justice Harry Blackmun stated: “We need not resolve the question of when life begins.” With those few words, the lives of millions of tiny babies were cut short, sending their souls heavenward. The Centers for Disease Control in Atlanta, Georgia, report that over 1,200,000 abortions were performed in the United States in 1995 (see CDC—*Abortion Statistics*, 2001; remember that these are only the ones that were reported). In fact, the United States has averaged well over a million abortions per year since 1977. The CDC estimates that 55 percent of legal abortions occur within the first eight weeks of gestation, and that 88 percent are carried out within the first twelve weeks. According to the views of some, this short span of time makes a big difference. Prior to the twelfth gestational week, many people view the embryo as “nonliving”; thus, life is not “terminated” in an early abortion. However, the facts indicate a totally different picture, as James Drummey has noted:

Though it may still surprise some, **there are few things more certain...than that the unborn are human beings. It is a biological and scientific fact that human life begins at fertilization**, when the sperm cell of the father penetrates the egg cell of the mother. That unique genetic package, something that each of us once was, contains everything that a person will become—the color of her eyes, the size of his feet, even whether he or she will contract diabetes at age fifty.

We know that its heart begins to beat eighteen days after fertilization, that brain waves can be recorded by the fortieth day, and that all body systems are present at eight weeks and working by the eleventh week. Technological advances are such that more and more babies are surviving births after only 20 to 24 weeks of the normal forty-week pregnancy. And yet, the Minnesota Supreme Court ruled last month that an 8½ month-old unborn child was not a human being under Minnesota law (1986, p. 22, emp. added).

As Christians, we cannot afford to remain indifferent when it comes to resolving the question of when life begins! Our actions (or lack therefore) will stand in judgment one day. The Word of God is crystal clear on such matters. James wrote: “To him therefore who knoweth to do good and doeth it not, to him it is sin” (James 4:17). Human life undoubtedly begins at conception. Beginning even as early as Genesis 4:1, we read: “And Adam knew Eve his wife; and she conceived, and bare Cain, and said, ‘I have gotten a man from the Lord.’ ” Some forty times the Scriptures make reference to women conceiving. It certainly is no accident that the inspired writers mention this extraordinary moment in which the sperm and egg come together—for it is at that very instant that their chromosomes join to form the full complement of chromosomes that is capable of producing human life. James wrote: “The body apart from the spirit (*pneuma*) is dead” (2:26).

But the opposite of that statement also must be true; if the body is living, then the spirit must be present. Thus, upon conception—when that full complement of chromosomes is actively metabolizing and living—God already has placed a soul within the embryo. Consider also the fact that the prophet Jeremiah stated that the word of the Lord came unto him, saying: “Before I formed thee in the belly, I knew thee; and before thou camest forth out of the womb I sanctified thee, and I ordained thee a prophet unto the nations” (1:5). The prophet Isaiah confirmed it this way:

Listen, O isles, unto me, and hearken ye peoples, from afar; Jehovah hath called me from the womb; from the bowels of my mother hath he made mention of my name.... And now, saith the Lord that formed me from the womb to be his servant (49:1,5).

Jehovah not only viewed Isaiah as a **person** prior to his birth, but also **called him by name**. It is obvious from the text that God does not consider life as beginning at birth, but rather at conception.

In commenting on the Supreme Court justices’ January 1973 decision to allow abortion, professor Eugene Diamond lamented: “...either the justices were fed a backwoods biology or they were pretending ignorance about a scientific certainty.” In *Roe v. Wade* [410 U.S. 113 (1973)], the United States Supreme Court held that the U.S. Constitution protects a woman’s decision to terminate her pregnancy.

Only after the fetus is viable and capable of sustained survival outside the body of the mother (with or without artificial aid) may individual American states ban abortion altogether. Abortions necessary to preserve the woman's life or health still are being allowed, however, even after fetal viability. [Viability is defined as being able to survive (given the benefit of available medical therapy) to the point of independently maintaining both heartbeat and respiration.] If a fetus is viable after delivery, it then is called a premature infant. In the past, physicians have tried to define viability in relation to gestational age. According to evolutionist Elie A. Schneour:

During development, the fertilized egg progresses over 38 weeks through what is, in fact, a rapid passage through evolutionary history: From a single primordial cell, the conceptus progresses through being something of a protozoan, a fish, a reptile, a bird, a primate and ultimately a human being. There is a difference of opinion among scientists about the time during a pregnancy when a human being can be said to emerge. But there is a general agreement that this does not happen until after the end of the first trimester (1989, p. V-5).

Today, incredibly, biology students still are taught the idea, first set forth by German embryologist Ernst Haeckel, that the embryo moves through "evolutionary stages"—even though we have known for almost 150 years that it does not (see our two Web articles on this at www.apologeticspress.org/rr/rr1994/r&r9409b.htm and www.apologeticspress.org/rr/docsdisc/2001/dc-01-06.htm). Insurance companies and physicians have struggled to determine exactly when an embryo actually is living (and thus viable). For many years, they drew the line at 28 weeks. However, in 2000, a baby at only 24 weeks gestation, and weighing only 14.3 ounces, was born in Laguna Hills, California. On June 10, the child—weighing 3.5 pounds—was released from the hospital. Just a few years ago, this baby—according to most viability data—would have been considered "non-viable" and thus "not alive." In *Planned Parenthood of Central Missouri v. Danforth* [428 U.S. 52 (1976)], the U.S. Supreme Court recognized that judgments of viability are inexact and may vary with each pregnancy. As a result, the court granted the attending physician the right to ascertain viability on an individual basis. In addition, the Court rejected as unconstitutional fixed gestational limits for determining viability. The court reaffirmed these rulings in a 1979 case, *Colautti v. Franklin* [439 U.S. 379 (1979)].

In April 1981, U.S. Senator John East presided over extensive hearings covering a period of eight days, in which 57 expert witnesses gave testimony, concerning Senate Bill #158, the "Human Life Bill." In the final report of the Senate Subcommittee on Separation of Powers, prepared for and presented to the Senate Judiciary Committee of the 97th Congress, the following conclusion can be found:

Physicians, biologists, and other scientists agree that conception marks the beginning of the life of a human being—a being that is alive and is a member of the human species. There is overwhelming agreement on this point in countless medical, biological, and scientific writings (see East, 1981).

On pages 7-9 of the report prepared by the subcommittee headed by Senator East, thirteen medical textbooks were listed, each of which stated categorically that the life of an individual human begins at conception. On pages 9-10 of the report, the testimony of some of the preeminent witnesses who appeared before the subcommittee was listed. Professor Jerome Lejeune of Paris (often referred to as the "father of modern genetics," and the scientist who discovered the chromosome pattern of Down's Syndrome), is quoted as stating: "Each individual has a very neat beginning at conception." Accompanying Dr. Lejeune was professor Micheline Matthews-Roth of Harvard University's School of Medicine, who said: "It is scientifically correct to say that an individual human life begins at conception." Professor Hymie Gordon, the distinguished chairman of the department of medical genetics at the renowned Mayo Clinic in Rochester, New York, testified: "It is an established fact that human life begins at conception." Dr. Alfred Bongiovanni of the University of Pennsylvania concluded: "I am no more prepared to say that these early stages represent an incomplete human being than I would be to say that the child prior to the dramatic effects of puberty...is not a human being."

GENETIC MANIPULATIONS

One of those giving testimony during that hearing was Landrum Shettles, often called the “father of *in vitro* fertilization.” Dr. Shettles noted: “Conception confers life and makes that life one of a kind.” And regarding the Supreme Court ruling in *Roe v. Wade*, he stated: “To deny a truth [about when life begins—BH] should not be made a basis for legalizing abortion.” Interesting words from a man who helped fill *in vitro* fertilization clinics with embryos—embryos that already have been fertilized and thus, in all aspects are human.

In their 1998 *National Summary*, the Centers for Disease Control reported that 61,650 cycles of artificial reproductive fertilization occurred in the United States (see CDC—*National Summary*, 1998). On average, 5-12 eggs were fertilized in order to facilitate embryonic transfer, although it is not uncommon for some individuals to have at their disposal 20 or more embryos after artificial reproductive procedures. The CDC reports that on average, physicians implanted only 3.7 embryos into women hoping to become pregnant. This would result in a minimum of 2-8 embryos being unused and therefore frozen, which means that every year in the United States alone we are plunging somewhere between 123,300-493,200 embryos into the freezing depths of liquid-nitrogen canisters. At that rate, it will take only a few years to reach the one million mark.

Sadly, one of the chief reasons such embryos frequently are discarded is strictly financial. The high price of transporting these fertilized embryos to a long-term cryogenic center, combined with the yearly expense of maintaining the embryos in liquid nitrogen, eventually weighs heavily on those involved in this reproductive technology. Other factors play a part as well.

But it is not just the unborn whose lives have become fodder for medical experimentation. Consider what happens **after** a baby is born. Researchers at the University of Oklahoma carried out research on babies suffering from spina bifida (Smith, 2000, p. 49). They hoped their research one day would assist clinicians in determining which babies should receive treatment for their condition, and which should go untreated because of the perception that their lives would be of “insufficient quality” to be worth living. So the researchers established standards that children would have to meet in order to be treated. However, if the researchers deemed an infant’s potential for life or quality of life to be “subpar,” then his or her parents were strongly advised against medical treatment. Of the 69 children included in this study, 36 received aggressive treatment, while the other 33 received only “supportive” care. None of the aggressively treated babies died, but 24 of the babies who received only supportive care died. Interestingly, four of the six babies who were recommended for “supportive care only” lived, thanks to the care they received outside the boundaries of the study.

In 1953, James Watson and Francis Crick announced the elucidation of the DNA molecule, and with one giant step hurled scientists into the Genetic Age. Unfortunately, their discovery of the molecular structure of the gene now has come at the expense of **human** subjects. No longer are scientists content with atomic experiments of the past Nuclear Age. Now, living “subjects” are required. And our attitude toward those “subjects” has shifted in an effort to view them as less human and thus to allow more experimentation. After receiving his Nobel prize, James Watson stated: “No one should be thought of as alive until about three days after birth,” adding that parents then could “be allowed the choice” of keeping their baby or “allowing” the child to die (1973, p. 13). The other Nobel Laureate of that famed partnership, Francis Crick, stated:

No newborn should be declared human until it has passed certain tests regarding its genetic endowment, and if it fails these tests it forfeits the right to life (as quoted in Smith, p. 55).

So now we find ourselves arbitrating who should “forfeit their right to life.”

EUTHANASIA AND THE ELDERLY

What happens when the elderly members of society no longer feel loved and begin to think of themselves as a “burden”? Consider the eighty-year-old grandmother with multiple medical

complications who does not want to be a bother to her children or grandchildren. Society sometimes places very little value on the disabled and elderly, and therefore many are taking their own lives prematurely either through euthanasia or suicide. Diane Coleman, founder of Not Dead Yet, commented:

There is a great revulsion against disabled people that is visceral. This disdain is masked as compassion but many people believe that in an ideal world, disabled people wouldn't be there (as quoted in Smith, 2000, p. 28).

An Oregon report on assisted suicide for the year 2000 showed that more patients than ever before **took their lives because they felt they had become a burden to friends, family, and caregivers**. In Oregon, where assisted suicide was legalized in 1994, doctors prescribed deadly drugs to 39 patients—and yet when local newspapers ran headlines bemoaning the state's soaring suicide rate among adolescents, nobody connected the dots. Of those 39 cases, at least 27 were reported as having died from a deliberate lethal overdose of controlled substances under Oregon's assisted-suicide law. Additionally, the median time between a patient's initial request for assisted suicide and his or her death went from 83 days in 1999 to a mere 30 days in 2000.

Interestingly, all of the patients who died in Oregon took barbiturates, which are regulated by the federal government. The 1970 Controlled Substance Act specifically states that drugs may be used only for "legitimate medical purposes." Does assisted suicide fit that definition? The American Medical Association (AMA) is on record as supporting abortion, yet this same professional organization has taken a firm stand in defense of life in the area of doctor-assisted suicide. In a medical brief, the AMA stated:

There is, in short, compelling evidence of the need to ensure that all patients have access to quality palliative [reducing the severity of or alleviating the symptoms without curing the disease—BH] care, but not of any need for physician-assisted suicide... (see AMA: *Anti-Euthanasia, Pro-Pain Control*).

States like Oregon already allow euthanasia, and it is only a matter of time before other states adopt their own versions of this murderous legislation.

So down the slippery slope we go. But we are not alone. Other countries are "leading the pack" so to speak, and have been ending human life prematurely for years. On November 28, 2000, the lower chamber of the Netherlands' parliament became the first such group to vote in favor of legalizing euthanasia (see Comiteau, 2000). In 1996, Australia's Northern Territory legalized medically assisted suicide for terminally ill patients. Elsewhere (such as in Colombia and Switzerland), governments have ruled that it is not a crime to help a terminally ill person die as long as they have provided clear and precise consent. While the Swiss have outlawed active euthanasia, there is leeway for doctors to assist in suicides where they provide patients with lethal drugs but then leave them alone to administer those drugs on their own.

Other countries, such as Denmark, Singapore, Canada, Australia, and portions of the United States, give patients the right to refuse life-prolonging treatment. One study (from pro-euthanasia researchers) reported that euthanasia in the Netherlands continues to increase, and that now doctors not only are killing the terminally ill, but also those with chronic, non-life-threatening conditions (Smith, p. 110). As late as 1995, 1 in 42 deaths in Holland was determined to be an assisted suicide. Even more alarming is the fact that 1 in 4 doctors **admits** to killing patients **without the patient's request or approval** (*Washington Post*, 11/28/96, citing the *New England Journal of Medicine*).

SUICIDE—YOUNG AND OLD

The experience of the Dutch makes it clear that legalization of assisted suicide and euthanasia is not the answer to the problems of people who are terminally ill. The Netherlands has moved from assisted suicide to euthanasia, from euthanasia for people who are terminally ill to euthanasia for those who are chronically ill, from euthanasia for physical illness to euthanasia for psychological distress, and from voluntary euthanasia to involuntary euthanasia (Hendin, 1996).

Groups now even advertise on-line various types of “death products” (like the “Exit Bag”—see Deathmart). For just a few dollars, you can order an “infoPAK” that provides detailed information on the latest killing devices. Is it any wonder, then, that suicide took the lives of 30,575 Americans in 1998 (11.3 per 100,000 population) [see “statistics” at www.cdc.gov]. As incredible as it may seem, the fact is that in the United States more people die from suicide than from homicide. In fact, **in 1998 the CDC reported that there were 1.7 times as many suicides as homicides.** Overall, suicide is the eighth leading cause of death for all Americans, and is the third leading cause of death for young people aged 15-24. More teenagers and young adults die from suicide than from cancer, heart disease, chronic lung disease, AIDS, birth defects, stroke, pneumonia, and influenza combined! What is happening all around us? What has warped our mentalities so much that we find ourselves contemplating whether life really is “worthy to live”?

Furthermore, suicide does not stop with young people. It affects the elderly as well. On average, eighteen elderly Americans take their own lives each day, with the highest rate coming from white American males who are 65 years old or older (see the United States Department of Health and Human Services, 1999). Disabled seniors who do not take their own lives often inadvertently cause their families to have to wrestle with an entirely different moral dilemma. Consider the following paradox. We imprison individuals for not feeding or taking care of animals, and yet our society now deems receiving nutrients via a feeding tube and/or IV in the case of humans as a “medical procedure” that can be withheld, depending on what the patient’s power-of-attorney says. Is it “humane” to withhold food from a horse? The courts say “no,” and will send you to prison for doing so. Yet that same judicial system will allow you to withhold life-saving nutrients and water from the individual we lovingly call “grandma.”

Have we forgotten that with each death a soul steps into eternity forever, never to walk this Earth again—a soul that one day will be judged by our Creator. Leon Kass, who, in August 2001, was appointed by U.S. President George W. Bush to chair a national advisory committee on bioethics, stated: “To regard life as sacred, means that it should not be violated, opposed, or destroyed, and that positively, it should be protected, defended and preserved” (1990, p. 35).

PRICE OF HUMAN LIFE

So what value does society place on human life? One way to calculate the worth of humans is to look at what employers pay out as a result of workplace accident or illness. An examination of Occupational Safety and Health Administration (OSHA) enforcement records of inspections that were completed during the period January 1, 1988 through October 21, 1994 indicated there were 5,929 fatality investigations where one or more willful, repeat, or serious violations were discovered (see OSHA data). These companies were required to pay penalties of \$25,244,430.88. The total number of victims was 6,162. This corresponds to an average penalty per victim of \$4,096.79. It is an interesting statistic to observe that, assuming the average man weighs about 175 pounds, the value of human life according to OSHA is roughly equal to \$23 per pound—or about the price of cheap Russian caviar. Of course, this value is much higher than the value placed on human life in other countries. It is little wonder, then, that we have people like Jack Kevorkian roaming the country, willing to extinguish life for just a few hundred dollars. Nicknamed “Dr. Death,” Kevorkian estimated the number of people that he helped in their suicide to be around 130 since 1990 (see Kevorkian, 2001).

This total lack of disregard for human life likely plays a major role in why we have young people growing up today who have no future plans and who see no value to their existence. Children around the country watch as we kill our unborn and our elderly, and then listen to news reports that describe how gunfire was exchanged over a pair of tennis shoes. These individuals witness other teens and adults waste their lives on alcohol and drugs. Then add to that the fact that these same young people have been inundated with evolutionary theory—which teaches them that humans evolved from an ape-like ancestor—and one can understand why they place so little value on human life. The ice-cold words of

the late philosopher Joseph Fletcher attest to this radical line of thinking. In discussing the human worth of the mentally ill and individuals born with birth defects, Fletcher remarked:

Idiots are not, never were, and never will be in any degree responsible [because they cannot understand consequences of action]. **Idiots, that is to say, are not human.** The problem they pose is not lack of sufficient mind, but of any mind at all. No matter how euphoric their behavior might be, they are outside the pale of human integrity. Indeed, sustained and “plateau” euphoria is itself *prima facie* clinical evidence of mindlessness (1975, p. 20, bracketed comment in orig.).

Christians need to reaffirm to society that God does exist! Ever since the last shells exploded from World War II, children have been receiving a steady diet of evolution and humanism in public schools. Many junior and senior high classrooms still have a poster spread across the top of the chalkboard with an ape-like creature at one end and a human at the other—and every “ancestor” in between. People like the late Stephen Jay Gould have taught thousands of people that

...human existence occupied but the last geological millimicrosecond of this history—the last inch of the cosmic mile, or the last second of the geological year....If humanity arose just yesterday as a small twig on one branch of a flourishing tree, then life may not, in any genuine sense, exist for us or because of us. Perhaps we are only an afterthought, a kind of cosmic accident, just one bauble on the Christmas tree of evolution (1989, p. 44).

Why believe in a god if we are nothing more than just an “afterthought, a kind of cosmic accident”? Robert Reilly remarked:

The problem is that, by denying the possibility of a relationship between God and man, atheism also denies the possibility of a just relationship between men.... Human life is sacred only if there is a God to sanctify it. Otherwise man is just another collection of atoms and can be treated as such (1988, 24:15).

But human beings are more than just a collection of atoms! **It is time for us to re-establish the foundation that there is a God and that the Bible is His inspired Word.**

The next time you find yourself contemplating the value of human life, remember:

And God said, “Let us make man in our image, after our likeness: and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and every creeping thing that creepeth upon the Earth.” So God created man in his own image, in the image of God created he him; male and female created he them (Genesis 1:26-27).

Every child today needs to have these words reinforced in his or her mind so that he or she will know that personal existence is not just happenstance.

Think of the changes in attitudes we would see in our young people if they grew up with those words scrolled across the top of classroom chalkboards for them to read every single school day. As humans, we must recognize that life is a gift from God—the Giver of life (Acts 17:28). We also must realize that by devaluing human life, we also are reducing the value of God sending His only begotten Son. The famous verse that so many children learn before they enter school says: “For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life” (John 3:16). If human life has little to no value, then what does that say about the gift of Christ? Why did Christ suffer and die on the cruel cross of Calvary? What is the value of a human life? **Considering Who the Giver of life is, the value of that gift is immeasurable!**

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