

## **What Do You Want From Your Doctor?**

### **A “Conversation & Cuisine” Evening from Xenos Christian Fellowship**

**Facilitated by Dónal O’Mathúna (domathuna2@hotmail.com)**

#### **Handout with My Teaching Notes**

Please read each of these cases slowly. Each presents a situation where a decision must be made. Some will decide one way, and others another. What I would like to do tonight is go beneath the surface question to issues underlying how we would decide. I do not wish to diminish the pain and agony experienced in trying to make these decisions. Some of you may already have had to make decisions like these, and my heart goes out to you. However, if we go beyond the immediate decision to underlying issues, we can learn a lot about ourselves and our values. It is only as we clarify these that we can better understand the ethics of our decisions. Please feel free to share your views on these issues, or to just listen.

I’d like to hear from different people. This is a small group. I hope you feel comfortable. Those of you who love to talk, please leave time for others to share their ideas.

I will conclude the evening by suggesting how the teachings of Christianity can offer real help in the midst of these dilemmas. My desire would be that you see that it provide practical guidance that needs to be seriously considered as a viable alternative.

#### **Situation 1**

Although you and your two sisters live within an hour of your mother, it seems that it’s only on holidays that you get together and chat. You and your mother are sitting around after Christmas and she tells you that she has not been feeling very well. Her arthritis has been causing her more pain. It’s getting harder for her to get up in the mornings because of the stiffness. “I’m getting fed up with my doctor,” she tells you. “He gives me some pills, but the arthritis isn’t getting better. I went to another doctor for a while, but she was useless too. What’s the point of all this modern stuff if they can’t cure my arthritis? What are all these doctors here for anyway?”

- a. How would you respond to your mother’s questions?
  
  
  
  
  
  
  
  
  
  
- b. Is the role of medicine different in cases of chronic illness compared to acute illness?  
(for example, arthritis versus strep infection?)
  
  
  
  
  
  
  
  
  
  
- c. Do we ourselves need to respond differently to these two types of illnesses?

Issue of learning to accept ourselves with limitations, versus perfect. Do so without “depression.” On the other hand, it is okay to pursue reversible conditions aggressively.

## Situation 2

Things have not been going well. You and your spouse rarely communicate, except to moan and complain. Life seems to have lost its excitement. At least you have your job, even though it takes up most of your time. But now you hear that there’s a good chance your contract won’t be renewed at the end of the year.

On top of all this, you have this pounding headache that will not go away. Your doctor can find nothing wrong with you. One of your friends tells you that an MRI scan revealed the cause of her headaches. You tell your doctor that you want one. After a complete examination, he claims there is no reason to think that an MRI would show anything in your case. He says that the small chance of it helping you would not justify it’s cost: \$1,300 to 1,500. You remind him that you have insurance, and insist on getting one.

a. Do we have a right to whatever treatment we want? Does everyone?

Distribution of payments in 1993 (*USA Today*, Jan 13-15 1995, p. 1A):

private health insurance: 34  
out of pocket: 18  
Medicare: 17  
Medicaid: 13  
other government programs: 13  
other private sources: 5

b. Do we ever go to our doctors with inappropriate expectations?

c. Where do inappropriate expectations come from?

d. How is the issue of personal responsibility involved here?

Lloyd-Jones (1973): “It is quite clear that the attacks upon us as human beings that come from the outside have in the main been mastered and can be cured--I mean infections and such like things. These can be dealt with by antibiotics and other remedies. But increasingly, the real problem confronting medicine will be those disease that arise from inside: the whole question of stress and its related problems.”<sup>1</sup>

Lloyd-Jones (1972): “The disease which are not under control, and which are going to constitute the main challenge to medical men in the future, are the internal and

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<sup>1</sup>D. Martyn Lloyd-Jones, M.D., *Healing and the Scriptures* (Nashville: Oliver Nelson, 1982), 128.

degenerative diseases. Most of them are on the increase. They are such disease as the various forms of malignancy, coronary thrombosis, arteriosclerosis, raised blood pressure and the life.”<sup>2</sup>

e. Should cost ever be a factor in determining treatment?

C. Everett Koop: “I’ve come to conclude that Americans have three incompatible demands for health care: We want immediate access to health care; we want the latest high-technology medicine; and we expect all this at a limited price. We can provide any two of these, but it may not be possible to get all three.”<sup>3</sup>

Clinton Plan (from J. of Christian Nursing article): 40% would get less benefits but pay more for them.

Are we prepared to sacrifice? 91% said everyone has a right to health care. When asked if they would pay an extra \$125/year for this, 90% said No (Munson (p. 580).

Survey in Dec. 1994 on NPR: only 7% of the people said that the poor should even be a *factor* in health care reform.

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<sup>2</sup>D. Martyn Lloyd-Jones, M.D., *Healing and the Scriptures* (Nashville: Oliver Nelson, 1982), 43.

<sup>3</sup>C. Everett Koop and Timothy Johnson, *Let's Talk: An Honest Conversation on Critical Issues: Abortion, Euthanasia, AIDS, Health Care* (Grand Rapids: Zondervan, 1992), 90.

### Situation 3

You are in hospital with lung cancer that has now spread throughout your body. Your doctor estimates that you will live for a couple of months, at most. She asks you if you would want CPR attempted if your heart would stop. All the studies show that CPR for someone in your condition inevitably leads to the person dying shortly afterwards in intensive care. You insist that everything be done to save your life, which includes CPR.

a. Why do people insist on everything being done? Fear of death is an issue.

Larry Dossey: “Countless numbers of people who pray for diseases to go away would be utterly baffled and stunned should this actually happen. As Susan Ertz put it, “Millions long for immortality who do not know what to do with themselves on a rainy Sunday afternoon” (p. 35).

b. Does your doctor have to give you everything?

c. What would be appropriate goals for your medical care in this situation?

d. Is it relevant that a day in ICU costs about \$10,000?

#### Situation 4

You have finally gotten your life in order. Having been basically drunk since you were sixteen, you have now been dry for three years. You have restored your relationship with your spouse and college-age son. However, you have been extremely tired for a few weeks. Your doctor diagnoses leukemia. You have three options.

(i) You can undergo intensive chemotherapy, with all its side effects (nausea, vomiting, hair-loss, etc.). This will require many short hospital stays over a six-month period. A painful bone-marrow transplant will follow, requiring up to two months in the hospital. All this has a 25% chance of curing your leukemia.

(ii) If you choose to have no therapy you will most likely die within a couple of months. During that time your life will be relatively normal, except for bouts of weakness and periodic infections. In the end, you will be so weak that you will be completely dependant on others. You will also experience some pain.

(iii) You want no therapy, but you also want a large dose of barbiturates. You will use these to overdose when you decide to die. You don't want to die in pain, nor as a burden on your family. In addition, to avoid embarrassment for your family, you want your doctor to state on your death certificate that leukemia caused your death.

- a. If a treatment is there, must we pursue it?
- b. Option (iii) is seen as a way to keep control over your life while dying. Is this a realistic expectation?
- c. Why are we often reluctant to be a burden on others?
- d. In what ways should we expect our doctors to help us in these situations? What role is appropriate for them?
- e. Where can we find guidance for making these decisions?

## A Christian Perspective

1. The Bible gives principles.

2. Life is a gift - it is not ours to do with as we please. Responsibility to take care of ourselves. Not right to kill ourselves.

3. However, life is not absolute. There is a time to live and a time to die, a time for laughter and a time for tears. We have finite bodies, and we have to acknowledge that death comes for us all.

4. In spite of death, there is purpose in our lives: to serve others. We need to sacrifice for others. Willing to not know what's wrong because that would waste resources.

Also, there's nothing wrong with being a burden. Allows others to serve us. We need to acknowledge our dependence and welcome it: allows building of true relationships and community.

5. When we nurture relationships, we are better able to face death. Example of Kevorkian's first patients. But the one relationship that will help us most, is that with God. Because he promises us life after death, as a free gift through Jesus Christ.

What are we going to look to for help in our lives and our deaths?

Will we look only to the truly incredible abilities of modern medicine to sustain and repair our physical bodies?

6. Medicine is a human enterprise. It can do some amazing things for us. But, like all other human enterprises, it has weaknesses and problems. It makes mistakes. It is limited. It treats some lavishly while others starve. It cannot offer purpose for our lives or salvation from death. Only God can.

It cannot offer forgiveness.

*WE NEED TO BE:*

*THANKFUL FOR WHAT MEDICINE CAN DO*

*REALISTIC ABOUT WHAT IT CAN'T DO:*

*AND WILLING TO INVESTIGATE IF GOD CAN MAKE UP FOR WHAT MEDICINE LACKS.*