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Intolerance for Suffering

. . . because we know that just as you share in our sufferings, so also you share in our comfort.
--2 Corinthians 1:7

It was either compassion or the 27,000 emails that moved Florida Governor Jeb Bush to call for a timeout in the controversial "mercy killing" of 39-year-old Theresa (Terri) Schiavo. Terri is a brain-injured disabled person with a husband who is trying to "put her out of her misery" by starving her to death. Last month, he almost succeeded.

Although Governor Bush and Florida legislators came to Terri Schiavo's rescue on day six of her involuntary "fast," she is not out of the woods yet. Dubbed "Terri's Law," the last minute legislative maneuver to save her life is only a temporary stay. A lawsuit filed earlier this week to overturn the stay may force doctors to remove her feeding tube once again.

At the national level, George W. Bush expressed support for his brother's efforts on behalf of Terri Schiavo while Howard Dean, his likely opponent next year in the presidential sweepstakes, blasted the younger sibling. Claiming that Florida Republicans should be embarrassed for interfering in a private matter, he said, "I'm tired of people in the legislature thinking that they have an M.D. when what they really have is a B.S." ¹

Some background.

Following a mysterious collapse on February 25, 1990, Terri Schiavo, then 26, was presented at an emergency room with an "extraordinarily rigid neck" described by one physician as "consistent with attempted strangulation." A 1991 bone scan report suggested she had a history of trauma including apparent injuries to the ribs, thoracic vertebrae, both sacroiliac joints, both ankles, and both knees.

Michael Schiavo, Terri's husband, subsequently sued for medical malpractice and was awarded \$1.2 million after introducing to the jury, a rehabilitation expert with a plan to help his wife get better, and promising he would provide her care for the rest of her natural life. No sooner, however, was the money in a medical trust fund for Terri before Mr. Schiavo refused to allow any rehabilitative treatments whatsoever. He quickly put a "do not resuscitate" order on her medical chart and began to refuse treatments such as antibiotics for infections and even routine dental care.

By 1998 when it became clear that Terri was in no immediate danger of dying, Mr. Schiavo suddenly remembered something. Claiming that Terri told him during a casual conversation a year before her injury she would not want to be kept alive through artificial means, he filed a request with Circuit Judge George Greer to allow her feeding tube to be removed. But Terri has no written directive on the matter and never mentioned such concerns to her parents, siblings, or close friends who have known her all her life.

More to the point, Terri Schiavo is not dependent on mechanical devices for survival. Although cognitively disabled and unable to speak for herself, she is not brain-dead,

not in a vegetative state, not terminal, and not connected to a respirator. She needs only food and water—like any human—and a guardian who is not interested in her demise.

That Michael Schiavo stands to gain if his wife is put to death should be plain to all. He has a girl friend. He refers to her as his fiancé, has lived with her for nearly eight years, and has sired two children with her. Only one person stands in the way of their future marriage and the pot of money remaining in a certain medical trust fund.

Mr. Schiavo has spent more than \$440,000 in legal fees trying to end a life that a number of professionals say could be improved with proper therapy. While Terri smiles in response to her mother's voice, laughs, and follows moving objects with her eyes, some neurologists believe she could learn to eat by herself and become even more responsive.

But talk of rehabilitation may be too late for Terri, not only in the eyes of presidential contenders, but also within the medical community—and more importantly—the court of public opinion.

Wesley J. Smith, a senior fellow at the Discovery Institute believes that health care policies have gone well beyond euthanasia at the request of the sick person. In his book Forced Exit, The Slippery Slope from Assisted Suicide to Legalized Murder, Smith says doctors and families are routinely taking the life-and-death decision into their own hand and purposely withholding food and water to kill the patient. Noting that patients who are conscious like Terri Schiavo can feel hunger and thirst, Smith quotes Dr. William Burke, a neurologist who describes the agonizing process.

“A conscious person would feel it (dehydration) just as you and I would. They will go into seizures. Their skin cracks, their tongue cracks, their lips crack. They may have nosebleeds because of the drying of the mucous membranes, and heaving and vomiting might ensue because of the drying out of the stomach lining. They feel the pangs of hunger and thirst. . . . Death by dehydration takes ten to fourteen days. It is an extremely agonizing death.”

Another term being tossed about by some in the bioethics community is “futile care.” This refers to a doctor who decides on his own when a patient's quality of life is not worth living and further medical care would be futile. Wesley Smith warns that protocols being developed are already designed to “stack the deck” against the patient and his family if the doctor or hospital wants to refuse treatment.

For what it's worth, former Surgeon General C. Everett Koop finds it ironic that at a time when we can alleviate the unbearable in life better than ever before, euthanasia is gaining acceptance. But authors Norman Geisler and Frank Turek are not surprised—contending that only a culture with a strong biblical perspective sees value in those who suffer. They believe that important lessons can be taught and learned by enduring suffering, even if it is the last lesson learned.

Virtues such as “courage and perseverance,” says Geisler, “can only be developed and expressed through difficulty. So even if the sufferer passes on, he can set a moral example for others to live by and can provide inspiration to his family and community by not giving up on life. In other words, suffering can have value, both for the dying patient and for those around him.”²

Something for Howard Dean and the rest of us to consider!

Rick Forcier

Executive Director

¹ Dean 'Appalled' That Florida Lawmakers Saved Schiavo, www.townhall.com/news/politics/200311/POL20031107a.shtml

² Dr. Norman Geisler & Frank Turek, Legislating Morality, 1998, Bethany House Publishers, Minneapolis, MN., pg. 188