3. The Executive Council shall call upon appropriate national instrumentalities concerned with education, leadership and resource development, and publication to implement Goal 3 above, and shall request reports on such programs to be evaluated by the Executive Council.

The Moderator recognized the Rev. David R. Royer (WASH) who moved to table the entire report on the Task Force on Women until all materials are available in writing for the delegates. The motion was seconded and it was voted to table the report.

5. The Rights and Responsibilities of Christians Regarding Human Death

Moderator Colwell recognized Chairman Smith of the Executive Council who moved the adoption of the Pronouncement on "The Right to Die" as mailed to the delegates of the United Church of Christ. The Moderator recognized the Rev. Douglas G. Fowler (NY) who moved to amend the motion to adopt alternative 1 which includes changing the title to "The Rights and Responsibilities of Christians Regarding Human Death." The motion was seconded and there was discussion. Motions were made and adopted to modify language, insert phrases, and add an additional paragraph at the end of the alternative.

It was

73-GS-36 VOTED: The General Synod adopts as amended the statement on "The Rights and Responsibilities of Christians Regarding Human Death."

"A Statement of Christian concern addressed to the Churches from the Ninth General Synod"

Medical science has made tremendous progress in the last half century. Killing epidemics are virtually unknown in this land. The life span has been lengthened with new medicines and treatment for famous killers such as heart failures and pneumonia. Diseases normally producing death in a short time have been replaced by long chronic illnesses such as cancer, heart diseases and emphysema. Means have been found to keep the body functioning through resuscitation, intravenous feeding, stimulants, oxygen tanks, respirators, heart pumps, drainage tubes and similar devices.

We are grateful for enhancement of God-given life. Sometimes, however, patients irreversibly and terminally ill have been made to continue functioning organically for a substantial period of time through artificial and very expensive means. Often such patients have suffered pain and loss of dignity and sometimes are semi-conscious or even comatose. These technical abilities have raised serious questions for medical ethics. We must now struggle anew with such questions as: What is death and how can we determine when it has occurred? Are there distinctions to be made between prolonging life and artificially delaying death? Are there occasions when affirmative steps should be taken to hasten death as a way of relieving suffering? To whom and where do we turn for answers?

The Religious Perspective

Theology is necessarily a being theology. It intends to relate our tradition to present and changing concerns. It searches for the will of God known and to be made known to us.

We are a people of the living Word and we address our words to issues which living persons face both similar and dissimilar to those experienced and envisioned by earlier pioneers in the faith. We are searching for a way to "fulfill the law" not to destroy the law. Living theology and fulfilled law emerge from a community of believers striving together to know God's will both in life and in death.

This statement of Christian concern is addressed to fellow believers in the churches. Death is a universal experience in which inevitably we will all participate. The event poses anxiety not only for the person dying, but also for those who are bound together by ties of love, community and professional relationships—families, congregations and others.

While we may and do learn from suffering, we do not believe it to be the intentional will of God that persons must be so tested.

Informed by our Hebrew-Christian tradition, we affirm God as the source of all life. In creating us, He has endowed us with privileges as well as responsibilities; we are both creature and creator. In embracing our full humanness we acknowledge our limitations and seek to exercise our freedom responsibly. With the increase in medical technology, we recognize that we must always guard against abuse of our knowledge and power.

At the same time we recognize that our religious heritage has always stressed great reverence for human life as it is found beyond biological vitality. Thus the enhancement of life—responsible stewardship of our role as creator—requires equal regard for both body and spirit. Accordingly, overregard for the body, without proper concern for the needs of the person, or the human spirit, can become a kind of biological idolatry. What is required is a balanced appreciation of the whole person.

The basic tenets today are to have faith in God's word, a belief in Jesus Christ and the way of life which He taught. This means that we try to have love and respect for each other—for our well-being, quality of life, personality, dignity, self-possession. We are concerned with each other's mental and physical health, comfort and personal growth. This includes growth of a healthy body but does not necessarily mean that the body must be kept alive as long as scientifically possible, regardless of the circumstances. That depends on what is best for the person, on his or her well being.

The supreme value in our religious heritage is derived from God the giver of personal wholeness, freedom, integrity and dignity. When illness takes away those abilities we associate with full personhood, leaving one so impaired that what is most valuable and precious is gone, we may well feel that the mere continuance of the body by machines or drugs is a violation of the person.

The Christian views death in the context of resurrection. Jesus said, "I am the resurrection and the life, and because I live, you, too shall live." There is deep meaning in death, being the necessary experience through which one passes in order to experience the fulfillment of life that is eternal. We affirm the meaning and beauty of birth, growth and fullness of life in Christ and we equally affirm the meaning of death and the acceptance of death as the Christian's witness to faith in the resurrection of Jesus Christ (Romans 8). We can rejoice in this.

The Ethics in Life-Death Decisions

In this statement we will address ourselves to two areas of decision-making. We will consider the individual faced with an imminent death from terminal illness and yet in

possession of his/her capabilities for decision-making (area 1); the individual faced with imminent death from terminal illness but not possessing capabilities for decision-making (area 2). We are only considering cases where terminal illness is involved.

(1) Consider the ethical decision involving the patient who decides that he or she does not want the drugs or treatment recommended by the doctor as a requisite to continued life. Generally a patient has the right to refuse operations and treatments, even if the refusal is expected to lead to death. (Normally written consent is required.)

Nothing in Jewish or Christian traditions or in medical ethics presumes that a physician has a mandate to impose his or her wishes and skills upon patients for the sake of prolonging the length of their dying where those patients are diagnosed as terminally ill and do not wish the interventions of the physician. People who are dying have as much freedom as other living persons to accept or to refuse medical treatment where that treatment provides no cure for their ailment. Thus the freedom of the patient to choose his/her own style for the remainder of his/her life and the method and time for dying is enhanced. Here the illness, or, depending on one's theology, God, has already made death imminent.

Some people realize that when the time comes for a specific decision in their terminal illness they may be comatose and unable to make their wish known. To prepare for this contingency while still in good mental health, they may sign a "living will," or a document like a will in its formalities, or a formal direction to a guardian or committee appointed to represent them while non compos mentis, expressing their desire or stating their orders that they may not be kept alive by artificial means or "heroic measures" and requesting that drugs be administered to alleviate terminal suffering even if they hasten the moment of death. While not legally binding under present law, such a document is a responsible act to the family, the attending physician, and clergy.

We believe it is ethically and theologically proper for a person to wish to avoid artificial and/or painful prolongation of a terminal illness and for him or her to execute a living will or similar document of instructions. It must be recognized, however, that such a document, at times, may work to the harm of the patient.

(2) In another situation the patient may be in an irreversible terminal illness, perhaps with substantial pain or physical distress, but in no condition to give instructions and without a previously made living will or document of instructions. Again, life or death itself is no longer a question. The only question is "when." These are patients who would die reasonably soon if given only painkilling treatment but whose body could be kept alive, or at least with functioning organs (heart, lungs) by artificial means. The question is whether extraordinary measures should be used or whether the patient should be allowed to complete his or her natural death.

Every day in hospitals across the land, these decisions are made clinically. Too often they are made covertly. Too many hospitals, doctors and relatives feel vulnerable when facing the issue and so refuse to have the decision-making process open. Some are torn over their own motivation. Some fear they may be violating the will of God. Some fear malpractice suits by a money-seeking heir or ambitious prosecuting attorney.

We believe there comes a time in the course of an irreversible terminal illness when, in the interest of love, mercy and compassion, those who are caring for the patient should say: "Enough." We do not believe simply the continuance of mere physical existence is either morally defensible or socially desirable or is God's will.

A Challenge

The progress of medical technology has developed new possibilities and new problems contained in the care and perpetuation of human bodies. New conditions inevitably raise new ethical and religious questions. As in both areas above, they call for fresh deliberations and possibly new answers.

We call upon the members in the United Church of Christ to recognize the new problems, consider the principles set forth above, and to seek to determine, with tolerance and prayer, the Will of God in today's world. We encourage the Church, pastors and lay persons, to stand with those who face these decisions and accept responsibility for their participation in these decisions.

We call for greater and stronger emphasis on consultation between relatives and the attending physicians with members of the clergy when death approaches; and we urge that a group be appointed by the Executive Council in consultation with the President of the United Church of Christ to make contact with the American Medical Association to consider the development of guidelines for clergy and physicians in counseling a patient facing death and the family of a patient facing death.

Christians can and do affirm the miraculous acts of God; hope and pray for such acts and yet also know that God's will does not involve suffering beyond limits of human endurance. God's miracles are beyond human power to control.

6. Evangelism Issue

Moderator Colwell recognized Chairman Smith of the Executive Council who referred the delegates to the report and recommendation on Evangelism, page 49 in *Advance Materials*, Section III. On behalf of the Executive Council Mr. Smith moved the adoption of the recommendation and there was a second. A motion was made to amend the motion to adopt alternative 1 on Evangelism proposed by the small group. The amendment was seconded and there was discussion.

A motion was made to amend the motion by adding at the end of the two proposed paragraphs the following: "The Ninth General Synod affirms the valuable work of the present Inter-Instrumentality Committee on Evangelism, but recommends that the committee be expanded and renamed ______, and to include persons representing other Instrumentalities, Conferences and local congregations. That such persons be appointed by the President of the Church and be encouraged to study, evaluate and share models of how congregations, agencies and institutions of our own and of other denominations are involved in evangelism and to act ecumenically." The motion was seconded. Upon being put to a vote, the motion was lost.

A motion was made to amend the motion by adding at the end of the two proposed paragraphs the following: "The Ninth General Synod recognizes the ecumenical opportunity we have through Key 73 to introduce every person in the United States and Canada to the Gospel of Jesus Christ and we encourage national and local participation to achieve this