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"Christianity and Medical Ethics,

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Association at Nottingham, and the needs of technical colleges. It also suggested we should look for full-time chaplains. Despite such remarks, however, the prominent feature in the denomination's attitude was reflected in the title of the report: the question we wanted answering was how we could continue to give pastoral care to Baptist young people who had left home for higher education.

Was this, however, the best way to frame the question? As it is still often asked in this way, it becomes important for the members of our churches to eavesdrop on the continuing conversation among chaplains. That the question should be asked—and answered—is right: that it should be asked by those with an informed group of the structures of life is integral to its rightness. I would argue for some form of chaplaincy in the institutions of higher education on the ground that there should be someone with theological insight who can *listen* to those already at work in them—as teachers and administrators as well as students—and who may try to interpret to the whole Church what is happening there. Two or three years ago I heard a distinguished Vice-Chancellor giving an acute perspective analysis of some issues to be considered in a university today. In the course of it he said this: "A good many people think that the first and essential function of the Chaplaincies is pastoral, i.e concerned with the care of the individual." (Note the definition of "pastoral". There we see ourselves as others see us.) But he went on: "I would not dispute that work of that kind is essential, but I cannot really be concerned about the care of individuals without being concerned about the nature of the community in which they live, and the strains and stresses within it."

That dual concern, with neither element overplayed at the expense of the other, is the way our chaplains have come to understand their pastoral role. The next noteworthy stage to which reference can be made was their first conference, which took place in 1960. It was called a *Conference of Chaplains to B.S.F. Societies.* The nomenclature was factually correct. Chaplains, after all, were appointed by a tri-partite agreement between the B.S.F., the local society and the Baptist Union; and nearly all of them held pastoral charge of a central church in a university city. What time they could give to student affairs had to be squeezed out of a calendar busy enough already. Yet at that conference they dared to raise the question whether they could share in the responsibility for the whole academic community and not just for a small section of it labelled Baptist. A memo was sent to the B.U. on this subject.

The question was destined to assume increasing significance. There is no doubt it grew out of the experience of team-work with chaplains of other denominations. Within two years another conference was convened. (During the interval a Secretary for Student Work had been appointed in Baptist Church House.) This one was called a *Conference of Baptist Chaplains to Students.* the field of work was getting bigger! But we were not in it alone. As an endorsement of the partnership of the denominations an Inter-Church conference

was soon to be held. Nor would it be a once-and-for-all gesture.

It is the way our chaplains have come to understand their role. But not they alone: 23 of them recently sent in replies to a questionnaire, and 15 of them reported that they had been recognised by the academic authorities. It is therefore not surprising that the most recent Baptist conference, held in September 1969, was for *Baptist Chaplains in Higher Education.*

In March 1968 the B.U. Council approved the appointment of a group to examine matters relating to student chaplaincy. Its eventual report was accepted by the Council in November 1969, including its recommendations that there be a Standing Committee of the Union associated with the Secretary for Student Work. So another decade has been summed up. But the growing points for the next ten years are more numerous than ever.

In Britain we are a small denomination with limited resources. We do not claim to hold a monopoly of the Gospel, so we shall not be ashamed to learn from others, and sometimes to receive from them too. But without arrogance we may also claim we have a contribution to make for the cause of Christ. This article began with statistics. There is room at the end, I hope, for one more, even if it is muffled in a generalisation. It is my opinion that whatever other pressures make their demands on the Home Work Fund we ought somehow to release a greater proportion of it for ministry in the area of higher education. I would add the area of industry too; but that is another story.

MAURICE WILLIAMS

CHRISTIANITY AND MEDICAL ETHICS

"To die or not to die?"

Within living memory, how things have changed. Most of us remember the picture of the bewhiskered, frock-coated, benevolent doctor at the bedside of the sick child. He exhibited great confidence, and that was about all he had to offer. How different today! The doctor has a great armamentarium of very potent medicines and a backing of the most elaborate diagnostic apparatus. The expectation of life has about doubled in the last 100 years and today the commonest complaint is senescence.

For many, death is postponed but has life been extended? For some, the process of dying has been made longer but possibly more difficult.

In another article which recently appeared in this journal, Dr. Michael Ramsey discussed the shortcomings of a humanist doctrine to explain the modern dilemma of man. The humanist ethic is also inadequate and only appears to work because it assumes a Christian way of life. The humanists are working on

borrowed capital and the "ought" of their ethics will have little effectiveness on the next generation of "post-Christian civilisation" as it has been called.

No-one denies that there are different codes of ethics and that some are better than others. The humanist is certainly better than the cannibal. The modern tendency, however, is to make all codes equally valid and to replace the moral law by the dicta of scientific experts of all kinds. The well-known scientist is able to get off with all sorts of patently inaccurate diagnoses of the moral state of affairs and ineffective cures, because he is a so-called 'expert'. His scientific training and knowledge does not rescue him when it comes to his own personal conduct. He is just as selfish as the next man and often far more proud.

Conduct can be influenced by selfish desires and also by the pressures and taboos of society. The Christian should look basically to the Bible for guidance.

1. *The Creation accounts* in Genesis make clear:
   (i) The value of human life—because it is made in God's image.
   (ii) Man is given dominion over every living thing—not only plants and animals but ourselves also.
2. *The Mosiac codes* obviously have relevance:

"You shall not kill" has a clear import for us, but also Exodus 21:22 outlines the code to follow in cases of miscarriage which are not accidental. If no harm comes to the woman—then there is a fine, but if harm comes to the woman —life for life, etc. It indicates the value placed on the unborn child as well as on the mother.

3. *The New Testament Writings* record the words of our Lord as well as of the apostles and Dr. Luke, of course.

Matthew 19 deals with the husband and the wife, single folk and children. Jesus taught men to love God first and then to love their neighbours, i.e. those who are in need. If we all truly loved, there would be no necessity for laws. Laws are needed to check the unloving, we hope without restricting the loving too much.

What are these laws?

1. Many people, Christian and non-Christian, are prepared to say that there is a built-in moral law which guides men. Even those who will not recognise it for themselves, expect others to respect it.

2. Sometimes the Christian is chided for attempting to make Christian laws apply to non-Christians. "Let us make our own mistakes" they say, forgetting that no-one lives in a vacuum and others will almost certainly be affected by their mistakes.

3. Lastly, we live in a democracy. Thank God for it. The Christian minority has every right to be heard and to influence legislation in the interests of all.

Fundamental to all our thinking on this subject is the Biblical doctrine of man.

"Seed for Sowing and Bread to Eat"

(Isaiah 55:11. N.E.B.)

The Annual Report of the Baptist Missionary Society with the above title has been sent to your missionary secretary, together with new B.M.S. leaflets.

Further copies of the Report can be obtained, price 2/- each, and supplies of the leaflets are available for free distribution.

The Society appreciates your advocacy of its work and will be grateful if you continue to mention its opportunities and needs in your prayers and your preaching.

Please encourage your missionary secretary to obtain and use effectively the free literature which is available.

Inquiries will be welcomed and information supplied by the General Home Secretary:

REV. A. S. CLEMENT,
BAPTIST MISSIONARY SOCIETY,
93 GLOUCESTER PLACE,
LONDON, W1H 4AA

God created man in his own image. God is Spirit and so man has spirit too. Whether the spirit is put into him at conception, or at birth when he becomes independent of his mother, can be debated. Because man is spirit, death is not the end of man and part of his personality goes on living after physical death. What is more, God is a communicating God —unlike Baal and so many other of the so-called gods. Man too can communicate and by speech which is a human characteristic.

In summary: My dog at home is body with mind, a man is body with mind plus spirit, but the born-again man—the Christian—is body with mind plus spirit plus the Holy Spirit of God.

God the Holy Spirit is part of the Christian. When the Christian's conscience warns him of a doubtful action, contemplated or performed, the Holy Spirit gives him the power to choose and to do what is right in God's sight. Only then can he have a conscience which is without offence to God and man. Moreover, the Bible makes it very clear that man of himself finds it very difficult to choose and to do the right things because each of us has a built-in bias to do wrong—the "original sin" of the theologians—the "ordinary nature" which we all know as ourselves. The Biblical view is the foundation for all our belief and conduct.

So much for the basic principles in outline. What of some practical applications.

I. A most interesting, and worrying, biological phenomenon is the population explosion, the present increase in the birth-rate and in the number of people reaching adolescence. Some of the problem, of course, is due to the fact that after World War II, the Governments put money into medical effort and not into agriculture. It is all very well saying "if we farmed better, we could feed them all", but the hard fact is that we just cannot get enough food into the right mouths. Let us not forget that about a quarter of the grain crop of India is eaten by rats and other vermin which the Hindus will not exterminate. They got rid of the mosquito and malaria, but not the rat.

There are frequent Scriptural injunctions about responsible parenthood and there is certainly no commandment against planned and spaced children. Nowhere is it implied that the sex act is *only* for procreation of children. Husband and wife are told to be "one flesh". Here the Roman church's interpretation and ruling differs from that of the Protestant church. That is why I have tried to outline Biblical principles and not ecclesiastical interpretations and dictates. Methods of family planning which prevent fertilisation cannot be said to kill human life.

II. However, what about abortion? In the Mosaic codes, abortion was punishable if brought about deliberately. But we also saw that man was given dominion over every living thing, and this includes the babe in the womb. As Lord Fisher of Lambeth has pointed out, only when the babe is separated from its mother is it at all capable of an independent life; only then does it become a person with full rights. Protestant doctors are usually prepared to put the mother's life before that of the unborn babe. They would say that for them to stand by and do nothing to help the mother would be wrong. Doctors are legally protected when, on medical grounds, they advise and procure an abortion. The mother's health is something which they are capable of judging. Some of our Roman colleagues, however, would not take this action. We all know that medical states can be influenced by social conditions, such as the size of the family, the size of the house, etc. The oft-repeated pregnancy and blood as thin as water are good medical reasons. But the New Act brings social reasons in as a primary cause. Of course, if a student becomes pregnant, it is inconvenient and may cause some mental distress, but for many doctors this is not a valid reason for abortion. For the young person who has had repeated abortions, as many have had in Eastern European countries, there is a very real risk of a prematurely born babe when eventually a baby is desired. Even a simple operation has its risk and complications, even death of the woman.

III. There are problems of treatment and research. Man has been given the Universe to enjoy and to subjugate. The world at the beginning was said to be good, but never perfect; man is not perfect either. So in an imperfect world, disease and ageing have to be grappled with and all efforts made to overcome them. Our Lord's healing miracles make it quite clear that it is not the will of God that we stand by and just watch. The doctor's first concern must be for the welfare of his patient as an individual. Today there are dangers of depersonalising medicine. The patient, a number, gets lost amongst a large team of doctors and technicians of all sorts. It is the Christian doctor's duty to keep contact with the patient. Christian nurses obviously have an even bigger part to play here in befriending and encouraging the bewildered one.

A very real difficulty concerns the treatment of patients with advanced degenerative disease such as cancer. So often, in their weakness, pneumonia develops. What does the doctor do? Give antibiotics which will cure the pneumonia? If the patient is capable of further useful life, yes, give the antibiotics but if it is just going to prolong the act of dying then probably withhold the drug.

> "You shall not kill, but should not strive
> Officiously to keep alive".

Research must go on and some is directly related to medical treatment. The efficacy of drugs and the methods of testing them can raise some problems. As long as the welfare of the individual patient is put as a prior responsibility, above the research, all will be well. A very fatalistic or materialistic doctor may have different ideas, however, and put his research first.

Some research is into fundamental biological processes. Growth, senescence, reproduction, all have a bearing on the problems of cancer. Most, if not all, of the big steps forward in medicine have been made with animals in the laboratory. We think of insulin in the treatment of diabetes as a very

obvious example. The heart/lung machine was devised as a research tool to circulate and aerate the blood in an animal preparation. This machine is now standard equipment in most big hospitals where heart operations are performed and, of course, it can be used in the intensive care units where people, who have had heart attacks or are terribly shocked, are treated. The benefits received from basic research are very great and the work should be encouraged, not stifled. But again we have to be sensitive to hear the alarm bells of conscience.

IV. What about transplants? For years we have had blood transfusions which are obviously life saving to those in need. "The life is in the blood" as Leviticus says. Why so many of the splinter groups such as Jehovah's Witnesses deny blood transfusion to patients when their own unborn children get their very life from the mother's blood is a puzzle. Grafts of the window part of the eye have given sight to countless men and women with scars and opacities of the window. Kidney transplants now save many lives and prolong usefulness. The eye can be removed at death, or as the result of an accident to the eye before death. Most of us have two kidneys and could get by with only one. But what about the single organs, the liver and the heart? If a heart is taken, the person would be dead. There are legal problems concerning consent and responsibility, and medical problems concerning the definition of death. The time of death can have very obvious legal repercussions. The dilemma is that to be of much use the organ (kidney or heart) must be technically living, but it should only come out of a dead person. What principles guide the doctors?

(i) The doctor's prime duty is to his patient, to get him well again. The doctor must do nothing which will expedite the patient's dissolution, even though he is a potential donor

(ii) The doctors in charge must be convinced that the patient is incapable of recovery to an independent existence. Sometimes there is very obvious brain damage and life is only kept going by the machine. This is a common occurrence these days and at some time the machine has to be switched off.

(iii) The doctors in charge of the potential donors *must not* be those in charge of the recipient.

The Christian has a duty to both recipient and donor so he will walk always circumspectly and with love.

V. The last problem I want to mention concerns Voluntary Euthanasia. The person concerned will have to sign a document at least thirty days previously, giving him time to change his mind! This has been called "suicide by proxy", or self-murder with the help of another. It is an obvious breach of the sixth commandment "You shall not kill". Recently there has been a great deal written on this topic. I want to deal first with three misconceptions:

(i) Relief of pain is now possible with drugs (other than morphia) which do not depress respirations so that the patient dies. The giving of these pain killers is *not* euthanasia.

(ii) The patient on a heart/lung machine who is totally dependent on the machine, cannot be said to be very 'alive' though not technically 'dead'. If damage is so great that it is decided to stop the machine, then that is not euthanasia either. It is to leave to natural processes the outcome of a situation where medical intervention can no longer help.

(iii) Few doctors are so arrogant as to think themselves infallible. Attempts to estimate the chances of life are not easy and wide margins must be left. Nature has still many secrets to reveal and she often surprises us with the unexpected reversal of some process. Spontaneous regression of disease does occur.

The Voluntary Euthanasia Bill, however, would make it possible for the doctor, nurse or attendant to set about the *deliberate dissolution of an adult innocent of any criminal action worthy of death.* This is a new principle in the United Kingdom; I cannot see many doctors applying for the post of local authority executioner! In passing, it seems odd that the anti-hanging lobby seems to be largely made up of the same people who want the Voluntary Euthanasia Bill to be passed.

What is the answer? The Christian doctor must do his best to relieve all suffering and to give the patient a purpose for living (such as helping others) even in the last few days of life. In places like St. Christopher's Hospice in South London, the folk can live peacefully and die with dignity. The Christian Church throughout history has led with hospitals and infirmaries. The Christians must see that the State gets its priorities right and that money is made available for research, treatment and shelter for terminal illness.

Round the doorway into the library at the S.N. Medical College at Agra, under the shadow of the Taj Mahal, were three marble plaques; on the left, the Hindu code, on the right, the great Hippocratic code and across the top, the British. Each was in English. The Hippocratic code had statements about loyalty to colleagues, keeping professional secrets and, of course, taking care of your teachers and seeing that they are not in need! The long Hindu code had a portion removed the black marble letters had been picked out but the grooves remained. It was political dynamite, absolving all doctors from the necessity of treating those who were unable to pay fees. The British statement was very simple, "Do, as you would be done to". This golden rule was paraphrased by Lord Lister, the father of modern surgery: "The one rule of practice is you put yourself in the patient's place". He was a great Christian and was much respected.

As a doctor, I have a duty to the patient, but as a Christian I have also a duty to God and will be answerable to Him for my conduct here.

"To die or not to die" is still often a difficult question but

WEST HAM CENTRAL MISSION

409 Barking Road, Plaistow, London. E13 8AL

My dear Brother Minister,

ORCHARD HOUSE EXTENSION FUND: The builders have made reasonably good progress on the extension to Orchard House and we have every hope that it will be finished by the time you read these notes.

I am delighted to tell you that we have had a splendid response to the Extension Fund Appeal, and at the time of writing we have received over £11,500 out of the total of £12,000 for which we asked. This amount includes the Home Office grant of £6,000.

It is a great encouragement to me and my colleagues here at West Ham, that we are backed by the affectionate and generous interest of so many people in our churches, and we thank everybody who has made this result possible.

ASSISTANT WARDEN AT ORCHARD HOUSE: We had a very heartening response to our advertisement inviting applications for the post of Assistant Warden at Orchard House, and the calibre of the people applying was very high. We have appointed Mr. R. F. Whitwell of Stanground, Peterborough, and he will be taking up this appointment with us on September 1st next. We shall value the prayers of you and your people for him and his wife as they start this very important piece of service.

OUR COLOURED FILMSTRIP: Our coloured filmstrip has received a tremendous welcome from people in many organisations in our churches, and I would like to commend it to you as one way of getting across to your people the kind of work the Mission is doing in the name of the whole denomination. We are anxious for the filmstrip to be used to the utmost capacity and we invite applications from Sunday Schools, Women's Meetings, Young People's Fellowships, and any other groups. If you run a Church night, this filmstrip makes a very good evening.

We make no charge for the filmstrip but we put it on record that we have never yet refused a donation or a collection! Please ask whoever writes to me about the filmstrip to give me alternative dates if possible.

With warmest good wishes for God's blessing on you and your own ministry.

Yours very sincerely,

STANLEY TURL.

Superintendent of West Ham Central Mission.

I hope I have helped you to see something of the modern "doctor's dilemma" and how a Christian can find some answers.

J. T. AITKEN.

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Further information may be found in the publications of the Christian Medical Fellowship and its journal 'In the service of medicine'.

JEW AND ARAB IN THE HOLY LAND

The crucial problem in the middle east is Jew-Arab co-existence. It is one thing to look on the situation from afar and form an opinion; it is quite another to spend a while among those concerned with the problem, discover their reactions and note the facts in the situation. Even a short visit makes nonsense of much that is poured out by the popular press; several visits, enabling comparison of one time with another, are valuable.

Looking at the Jewish position first, three facts emerge: first, their desire for peace. The customary greeting in Israel is "Shalom", peace, a greeting which is taken seriously. On a recent visit President Zalman Shazav welcomed our party with an address on 'Shalom' because, he said, what more can anyone wish? This desire for peace finds expression in Israel's relations with her Arab citizens, for example, in the freedom which is given to all Arabs within her territory. The bridges over Jordan are open, anyone can pass either way; no oath of loyalty is demanded; there are no armed guards (with the understandable exception of the temple area); local law prevails in the occupied areas and teaching continues as before the occupation. As one staff officer remarked, "We know what life in a ghetto means. We don't want to turn the areas under our control into a ghetto." General Dayan has repeatedly declared "No matter what happens, we shall keep the bridges open". It is worthy of note that there is almost no migration from the West Bank, though any may emigrate at any time; on the other hand a large number of persons move every month from Eastern Jordan into the West Bank, settling there of their own free will. Many concessions are made; income tax, always heavier in Israel than in Jordan, is allowed to remain at the Jordanian rate (Jerusalem excepted), law courts are staffed by Arab lawyers; school is free until the