Healthcare and End-of-Life Choices

by Herb Silverman

"If God had decreed from all eternity that a certain person should die of smallpox, it would be a frightful sin to avoid and annul that decree by the trick of vaccination." So said **Timothy Dwight**, president of Yale University from 1795 to 1817. He was speaking passionately against **Edward Jenner**'s new medical invention called vaccination.

It was not then a particularly extremist view. Vaccination and inoculation, though highly successful, were denounced by many religious leaders. Today, during the pandemic, religious fundamentalists will not say that God changed His mind and no longer condemns medical interventions that can save lives. Most, but not all, will simply find interpretations of their holy book that oppose those of previous generations. It isn't hard to do. You just focus on one particular passage and ignore a contradictory passage.

There are religious reasons to decline a vaccine, there are valid reasons to decline a vaccine, but there are no valid religious reasons to decline a vaccine. I think an adult should have maximum decision-making freedom on issues that involve him or her alone. However, since most viruses are contagious, ethical considerations demand taking into account how declining a vaccine may affect others. This includes COVID-19, should a legitimate vaccine be found.

During this COVID-19 pandemic, it makes sense to discuss how to decide who gets what kind of healthcare. We generally accept that people with more money can afford more things. I don't have a problem with this, except when we treat a necessity like quality healthcare as if it were just a consumer product. I wish all Americans would recognize the need to make healthcare both a moral and financial priority.

I stand with progressive people of faith who want to expand healthcare coverage, though I don't need biblical justification. If I did, I could quote from the Genesis 4 myth. After Cain murders Abel (interestingly, the first murder in *The Holy Bible* follows the first religious act), God asks Cain where Abel is. Cain resorts to the familiar tactic of answering a question with a question, "Am I my brother's keeper?"

God did not respond to Cain, but had I been God I would have said, "Damn right you are your brother's keeper. That's an integral part of my post-garden healthcare plan."

I feel the same about separation of church and healthcare as I do about separation of church and state. People have the right to follow the god of their choice, and denominations have the right to make rules for their flocks. A religion need not accept government funds, but any money a religion receives from our secular government should only be used for secular purposes.

Under current law, people may have some "spiritual care" covered by Medicare and Medicaid, including Christian Scientists who are prayed for when they are sick. Numerous children have died while receiving this "spiritual care" when modern science could easily have saved their lives. Placing the government stamp of approval on non-scientific practices such as "spiritual care" risks lives.

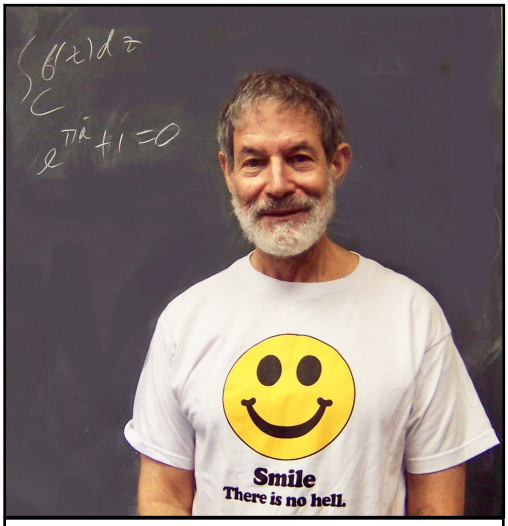
Society has a special duty to protect children from abuse and physical harm, without regard to religious motivation. If a child dies from a burst appendix because parents neglected to seek effective medical care, it makes no difference to me whether the parents preferred instead to pray or watch television. I don't doubt the sincerity and concerns of most religious parents. However, abuse by any other name is still abuse, and that includes incurring illness that could have been avoided by a vaccine.

For financial reasons, some secular hospitals have merged with church-affiliated hospitals. If they don't publicize what they offer (or, more likely, what they don't offer), patients probably won't know. I'd like to see truth in advertising where all hospitals are required to prominently display what religious restrictions they place on healthcare. Perhaps we would see signs like: "We are more likely to pray over you than give you a blood transfusion." or "Exorcism is among our psychiatric services" or "Our sexual advice to couples comes from celibate priests."

Given the limited amount of money our government is willing to spend on healthcare, I think we need to stop devoting so much of our resources to the last few months of life. Regardless of age, if a very ill person has a chance to recover and live a life with quality, then by all means go for it. Yet many people never have the opportunity to become old because they lacked the financial means to obtain adequate healthcare. If a re-allocation of resources can transform a few expensive brain dead weeks into a combined hundred years for others, I would call it "rational rationing." If it is clear there is no hope for recovery, we should put no more public money into it.

A few years ago, there was a license plate war in my home state of South Carolina. The legislature wanted to authorize our Department of Motor Vehicles to distribute, at no additional cost, license plates with the anti-abortion motto "Choose Life." When Planned Parenthood objected, a state representative from my county suggested that Planned Parenthood sponsor a "Choose Death" plate. Though not what the legislator intended, choosing death can sometimes be a good idea when it comes to end-of-life decisions.

Some religious fundamentalists use biblical justification to condemn those who don't use all possible scientific technology to extend the lives of sick people who never will, regain any quality of life. Such views didn't exist 1,000 years ago, when



Herb Silverman is a retired math professor and the author of two books, *Candidate Without a Prayer* and *Stranger in a Strange Religious Land*. If interested in making a purchase, please order through the Amazon Smiles program to benefit the Freethought Society. Silverman is also the founder of the Secular Coalition for America.

most believed that the terminally ill were in "God's hands." With scientific breakthroughs the terminally ill are often in technology's hands. It's up to humans to decide the extent to which that technology should be used. For me, regardless of age, the bottom line is about quality of life, not just length of life.

Patients and their families who seek information about end-of-life care should certainly be provided with available options so they can make informed decisions. But I would also like doctors to make this information routinely available, whether requested or not. Some patients are ignorant or afraid to bring up these kinds of unpleasant matters. Contrary to the cliché, ignorance is not bliss in this case.

The time to start planning for end-of-life care is now. Advance planning involves making thoughtful choices, putting them into a written advance directive and discussing those choices with others. Such choices are not just for the elderly, because we don't know when our time might be up. Actions taken now can preserve autonomy and dignity later.

Medical aid in dying empowers terminally-ill patients with the choice to die on their own terms, at the time and place of their choosing, and in accordance with their conscience and beliefs. Seven states (California, Colorado, Hawaii, Montana, Oregon, Vermont, and Washington) and the District of Columbia have authorized medical aid in dying: the ability for a terminally ill, medically competent adult to request and receive prescription medication to bring about a peaceful death. An excellent resource for information and documents to help in end-of-life planning is available at the organization Compassion & Choices. Below is a link to the website:

www.compassionandchoices.org/end-of-life-planning

I certainly wish more states had such provisions, but I have a problem with one feature. I think I would like to stay alive as long as I am able to communicate effectively, but if I develop some form of dementia like Alzheimer's then I may be unable to request a peaceful death. I told my wife Sharon that if she won't then kill me, she should hire a hit-man or a hit-woman who would. One sign to pull the plug on me would be if I said "I believe in God!"

I know that COVID-19 is particularly hard on older people. I'm seventy-eight and Sharon is eight-two. Fortunately, we are both in good health. I also take comfort from this **Mark Twain** quote: "Do not complain about growing old. It is a privilege denied to many." ❑

The Advantages of Being a Freethought Society Meetup Member

The Freethought Society (FS) has maintained a Meetup page for almost five years. The current FS Meetup membership is a over 1,500 people. The Meetup page has been used to promote events that are both announced in the FS ezine/newsletter and those organized with no chance of appearing in print due to time constraints. Only members of the FS Meetup group receive the meeting notices. We urge readers of *The Freethought Society News* to become members of Meetup in order to stay informed on all the interesting online upcoming events. Join the Meetup group at:

www.meetup.com/Freethought-Society-Meetup/

Listed below are the Zoom online Meetup events that FS conducted during the last few months.

May 16

Thanks to the Zoom expertise and co-hosting skills of FS Southern California supporter **Michael Steven Martin**, FS hosted a virtual Trivia Game Night. Martin designed five trivia games that were played during the two-hour session. The games included visuals and sound effects!

Trivia game winners were awarded their choice of books from the FS library. The winners and their book choices were **Brian Anderson** (*Out of God's Closet* by **Stephen Uhl**), **Patti Butcheck** (*Overkill: When Modern Medicine Goes Too Far* by **Dr. Paul Offit**), **Marjory Goldman** (*River Out of Eden* by **Richard Dawkins**), **Christy Jacobs** (*The Lord Was Not On Trial: The Inside Story of the Supreme Court's Precedent-Setting* by **Dannel McCullum**), and **Greg White** (*My Name is Stardust* by **Bailey Harris**).

May 23

FS hosted **Dr. Paul Offit** via a Zoom broadcast. Dr. Offit talked about his new book *Overkill: When Modern Medicine Goes Too Far*, provided COVID-19 updates, and entertained questions. The session lasted 90 minutes and included a beautifully-presented slide show that traced the history of medicine, the development of medicines, and so much more. FS thanks Dr. Offit for volunteering his time to be our very first Zoom guest.

June 13

FS hosted authors **Bailey Harris** and **Elle Harris** via Zoom. The almost two-hour session included the young ladies talking about what motivated them to write their books. The presentation included an entertaining and lovely PowerPoint presentation. Their father, **Doug Harris** read the forward to *My Name is Stardust* written by Dr. **Richard Dawkins** and their mother **MacKinzie Harris** read the forward to *Elle the Humanist* written by **Daniel Dennett**. The ladies read their books aloud, then answered questions from Zoom audience members.

There will likely be more Meetup events that fall between publication dates of the FS ezine/newsletter. Please sign up to become a Meetup member so as to not miss any educational and social opportunities FS provides. ❑