

# **THE 2003 KUYPER LECTURE**

## **Response**

By Hessel Bouma, III, Ph.D. ©  
Calvin College

In Response to  
Congressman Vernon J. Ehler's lecture

**Protecting & Enhancing Life**

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# “Protecting and Enhancing Life”: A Response to Congressman Vernon J. Ehlers

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Let me begin by thanking Congressman Ehlers for sharing his insights and convictions as a Christian legislator with a distinguished record of public service. I resonate strongly with what he has presented, and deeply appreciate his willingness to grapple with the complex moral, legal, social and public policy issues on protecting and enhancing life. He has chosen to limit his address to protecting and enhancing *human* life, though I am keenly aware and appreciative of his many efforts to protect and enhance all life through environmental awareness and sensitivity.

It's a strange world we live in here in the United States. Most of us take for granted our food, clothing, housing, transportation and good health. To many Americans, enhancing our lives focuses on sports and entertainment. In the arena of healthcare, Rogaine, Viagra, and the cosmetic surgeries of breast enhancements, face lifts, and tummy tucks occupy a special, profitable niche, even as the tens of millions of uninsured and underinsured Americans increases. Our culture exudes messages emphasizing a selfish “Me first” mentality, sexuality and sex. Daytime talk shows entertain audiences with theme shows on “Whose Your Daddy?,” featuring socioeconomically disadvantaged and morally-challenged young adults undergoing DNA testing for disputed paternity. The leading sitcom in prime time television, “Friends,” entertains and holds its audiences with complex webs of “hooking up.” Sex sells; sex entertains. But we have a sad ambivalence about sex education and gender equality. When an actor-turned-politician is accused of groping women, his reluctant public apology begins with the caveat, “If I have offended anyone...”!

Given our culture, are any of us surprised that one-half of all pregnancies are unwanted pregnancies and abortion ends 1 in 4 pregnancies annually in the United States? For 30 years, much of the public focus has been on pursuing legal resolutions, while less conspicuously, many have worked through social programs to encourage women to complete their pregnancies. We face two vexing issues:

- What is the moral status of the unborn? Even among people of the Judeo-Christian faiths, there are sincerely held, multiple viewpoints based on differing authorities and interpretations of scripture.<sup>1</sup>
- On what basis, then, do we create laws and regulations favoring one or another of the views on the moral status of the unborn in our pluralist society?

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<sup>1</sup> See, for example: National Bioethics Advisory Commission. Chapter Three Religious Perspectives. *Cloning Human Beings, Vol. I*, Rockville, MD: National Bioethics Advisory Commission, 1997, pp. 37-58; National Bioethics Advisory Commission. *Ethical Issues in Human Stem Cell Research, Vol. III, Religious Perspectives*, Rockville, MD: National Bioethics Advisory Commission, 2000; President's Council on Bioethics. *Human Cloning and Human Dignity*. New York, NY: Perseus Books Group, 2002; Waters, Brent, and Ronald Cole-Turner, eds. *God and the Embryo: Religious Voices on Stem Cells and Cloning*. Washington, DC: Georgetown University Press, 2003.

Americans have come to view reproductive choices as guided by only two ethical principles—freedom and utility—to be paramount from the perspectives of the adults involved, though the consequences often fall upon the child-to-be. In the United States alone, fertility clinics have become a largely unregulated, nearly \$3 billion/year industry.

- Is infertility a disease to be fought on a par with cancer, without regard for the consumption of precious resources, and concern for additional moral values?
- Are God's words in Genesis 1:26-27, for humankind "to be fruitful and multiply," to be understood as a mandate for God's people, or as a cultural commission and a blessing?
- Should scientific research with human embryos (e.g. cloning, fetal tissue transplantation, embryonic stem cells, new forms of assisted reproductive technologies) continue to be permitted with private funding—a scenario which allows research to proceed, but without the regulatory oversight of institutional review boards, ethics committees, and peer-reviewed scientific publications, and potentially driven by profiteering?

At the other end of life's spectrum, as Americans face their dying and deaths, three fears predominate: 1) a fear of dying with significant pain and suffering, 2) a fear of dying abandoned and alone, and 3) a fear of a dying which exhausts our physical, emotional and financial resources. Many of us still hear tales regularly of friends and acquaintances whose final days and weeks were filled with pain and suffering, and we silently think, "I never want to die that way." Our reluctance to face our dying and deaths, and our emphasis on freedom, creates a strong urge for physician-assisted suicide and voluntary euthanasia. If healthcare costs continue their dramatic increases, there is likely to be a new push towards allowing, perhaps even encouraging physician-assisted suicide in the next two decades. Good hospice care is an excellent alternative, and an antidote for assisted suicide. By addressing patients' medical, psychological, social and spiritual needs, and allowing patients and their families to choose whether and when to forego treatments, patients' dying and deaths can occur with profound dignity and grace. Consider four means of improving end-of-life care:

- Can we better balance our approach to controlled substances? The tight DEA regulations on level I narcotics to prevent drug abuse leads to physicians being reluctant to prescribe the medications sometimes needed to control patients' pain, and patients being reluctant to take such medication. (Oxycontin ought not to be vilified; talk to people with otherwise incapacitating pain, and you'll hear the accounts of a miracle drug which restores human flourishing, though they come under a cloud of suspicion and are made to feel guilty for doing so.)

- Can we broaden access to hospice care?<sup>2</sup> Instead of asking a physician whether—to the best of her knowledge—her patient is expected to live less than six months, might we ask whether she would be surprised if her patient were still alive one year from now? Broadening access to hospice care will enable education to occur sooner, perhaps make doctors less reluctant to talk about hospice care earlier, and will certainly allow patients with terminal conditions and their families access to better palliative care which has repeatedly been demonstrated to be very cost-effective.
- Can we increase the per diem hospice care benefit and mandate Medicaid coverage by the states? Over the last ten years, the hospice benefit linked to Medicare has increased by only a small percentage of the increases in healthcare costs as a whole.
- Why cannot bans on assisted suicide include clauses which recognize the ethical principle of double effect, encouraging physicians to practice good medical care utilizing morphine and its analogs to address moderate to significant physical pain, recognizing that in some unpredictable instances, it may arrest a patient's respiratory system? If carefully and appropriately prescribed, such instances are rare. Assisted suicide bans which fail to include this provision have a chilling effect on physicians, making them less likely to appropriately address patients' pain at the end of life.

We have focused our attention of enhancing human life in the United States, but enhancing human life ought to be a global concern. Imagine a world in which every child is wanted, has access to basic health care, clean water, sanitation, and never goes to bed hungry. A world in which girls and women have access to education, are cherished not as objects but as persons created in God's image, and develop self-esteem apart from their reproductive capacities and accomplishments. A world in which males rightfully assume their moral responsibilities as men, husbands, and fathers, and call other males to this oft-overlooked task. A world in which persons are respected without regards to their nationality, race and ethnicity; their level of education or socioeconomic status; their sexual orientation; or their religious faith. Imagine a world in which war is only a measure of absolutely last resort—a world in which the deaths of combatants and civilians in Iraq, Afghanistan, Bosnia, or the Congo, are as tragic and evil as the deaths of Americans in war, the victims of the World Trade Center or Laci Peterson and her unborn son. A world in which the alternatives to abortion are so much more attractive than abortion—a world in which abortion is safe, available, and so very rare. A world in which our children-to-be are valued as we value ourselves. A world in which science and religion work together to more fully reflect the same Creator and Sustainer of the universe. A world in which our dying occurs with dignity and grace, free from fears of pain, suffering, and abandonment. A world in which Americans are not hated more

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<sup>2</sup> See, for example: Jennings, Bruce, True Ryndes, Carol D Onofrio, and Mary Ann Bailly. Access to Hospice Care: Expanding Boundaries, Overcoming Barriers. **Hastings Center Report, Special Supplement** (March-April 2003) S1-S60.

than people love life itself. Such a world will be well on its way to protecting and enhancing human life.

As the late Dr. Lew Smedes pointed out in his commencement address at Calvin College in 1998, and in his book *Keeping Hope Alive For a Tomorrow We Cannot Control* (Thomas Nelson, 1998), if we can imagine something good, we can hope for it, and if we can hope for it, we should work towards it. If we can work towards the world we have just imagined, we will be working towards a world in which we “let justice roll down like waters and righteousness like an ever-flowing stream” (Amos 5:24). It will be a world which exemplifies the vision of Abraham Kuyper nearly a century ago, and boldly proclaims, “there is not a square inch in the whole domain of our human existence over which Christ, who is Sovereign over all, does not cry: “Mine!””

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