

Ethics and Morals, Life and Death

This morning, I would like us to consider how we decide about what we believe is better or worse and right or wrong. Joseph Fletcher, in Situation Ethics, can be summarized as saying that ethics are about better or worse, and morals are about right or wrong. Flanagan and Nichols propose that:

Ethics are the beliefs an individual or group maintains about what constitutes correct or proper behavior . . .the standards of conduct an individual uses to make decisions. The term morality involves the judgment or evaluation of an ethical system, decision, or action based on social, cultural, or religious norms. . . . derived from the Latin word *mores*, which translates into customs or values. (Alice Flanagan and Michele Nichols, "Ethics for Social Work," 2021-2022 Continuing Education for New York Social Workers, pg. 25)

The Rev. Richard Gilbert wrote:

The word morality comes from the Latin word *mores* which refers to customs and practices at a given time. . . . The word ethical comes from *ethos* the Greek word meaning character, and applies to principles of behavior, such as the Ten Commandments. . . .But most people use the two terms interchangeably. (Richard Gilbert, Preface, Building Your Own Theology:Ethics, pg.i)

In short, "ethical" is about principles and "morality" is about rules society recognizes. Ethics come into play when we must choose between two courses of action, and reflect upon our guiding principles to decide. These principles express an individual's understanding of human obligations and can be summed up as "character." For example, an old family friend described how her 92 year old husband of over 60 years was bedbound and hooked up to a morphine drip. He had heroically saved her and her family from Hitler's armies and they had served in America's diplomatic corps for decades, but his body had finally broken down. She told my wife, Sarita, and me: "I knew he didn't want to live that way, so I

just turned the wheel on the morphine tube and that was that.” She decided she cared enough about his not suffering that, regardless of hospital policy, she let him go.

For another example, last year Sarita and I had a one year old child and his mother living with us when the little boy suffered a very high fever and a seizure. He was limp and (very) barely breathing. We put the boy and his mother in our car and I sped to the hospital, but as I was passing someone on the way they turned into us and grazed our back fender. The rules say you are supposed to stop at red lights and—as with any fender bender--exchange information. I kept going. Once the medical emergency was resolved I knew I had to follow the law and called the police. They sent a middle aged policewoman (perhaps a mother herself) to figure this out. She listened to my story and responded: “I would have done the same thing.” She finessed the legal issues. I made an ethical decision to get that little boy help and resolve the legal issues in light of the emergency.

Theologians like to refer to an ultimate ethical authority. Is there a God whose directives we refer to, or is there a universal and absolute principle without involving a deity? Do we need an absolute, universal reference point to be fully ethical? You certainly have the right to start there. I was recognized as a conscientious objector in Nebraska on the basis of my profoundly humanistic Ultimate (Ethical) Way to Be. Today is about applying ethics.

You have heard me describe values and values clarification before. Perhaps this is what seminary professors mean when they say “ministers only have one sermon” but I would add that we have to cut values clarification into bite-size pieces to make them understandable. Flanagan and Nichols describe two categories of values, starting with:

the desired end-goal (or values) for a person’s life; they are identified as happiness, inner harmony, wisdom, salvation . . . family security . . .a world at peace, a comfortable life . . .[etc.] Instrumental values are those that help a person to achieve their desired [ultimate] values, such as love, cheerfulness, politeness, responsibility . . .helpfulness and forgiveness. (Flanagan and Nichols, op.cit, pg. 24)

This sermon is about the struggle for end-goal values of freedom and equality, using the instrumental values of love and responsibility.

I faced a conundrum when I had to decide if I would facilitate my mother's death. My mother was pretty sharp, and sharp-tongued, into her nineties. She was determined (some would say stubborn), resilient, and loving. She had a powerful will to make her way in this world. She had been orphaned in a car crash when she was eight years old, and pretty much on her own in a struggle with poverty. She was determined to do life her way, because she didn't expect much help from others. When Mom reached her mid-nineties she realized she might decline slowly and wished to avoid the suffering of slowly declining health and being helplessly bedbound for a long time. She witnessed other people lingering painfully for a long time with no hope of recovery but no release either, so she went to a lawyer and had him draw up a detailed directive of how much morphine and Ativan (an anti-anxiety medication) would be administered to her if her children decided she was in a state of helpless limbo. She sent copies of this signed and notarized medical directive to me, my sister, and my brother and made my sister the health care agent with me as the secondary on her health care proxy. This goes far beyond most legal medical directives, which only describe procedures to be withdrawn or withheld in the case of an irreversible condition that is likely to cause death in a short period of time. Mom's medical directive was an active intervention, as opposed to the rules stipulating the more passive intervention of "withdrawn or withheld" procedures.

Several years passed, and one summer I was on vacation when my sister, Lois, said that Mom had gone into the hospital. I didn't think much of it because that had happened often enough to not raise an alarm. Four weeks after that, Lois called to say that Mom was stable but not getting any better and, at 98 years old, could not take care of herself at all. The nursing facility had taken steps to revive her, despite her medical directive in her chart, and Mom was furious. We jumped on a plane to Nebraska and found on arrival that this was the desperate situation Mom had feared.

Our choices raced through my mind and my sister was uncharacteristically passive, as she tended to great anxiety, but she was also very relieved when I said we did not have any choice, really, but to follow Mom's instructions. We demanded an immediate meeting with nursing home administrators in order to activate Mom's medical directive. I deny that this was a contentious meeting; but I was firm and insistent. Mom's steely determination to get her way had been passed down to her children.

I felt conflicted, because my instrumental values of responsibility and love for Mom were limiting her suffering, but this was my mother. I was instrumental in enforcing her wishes, for her care as ethically understood, but contrary to the conventional hospital policies and moral standards of Nebraska. I acted on the responsibility she had given her children.

Mom's care was transferred to hospice the next day, within the nursing home. My brother arrived, having driven 1,200 miles, and Mom visibly relaxed knowing that all three of her children were present for her. Her 1938 picture of a blue-eyed, Nordic Jesus was on the wall where she could see it. She repeatedly asked: "Why hasn't Jesus taken me?" Sarita reassured her that Jesus was coming but was a little delayed. The minister visited and prayed for her. The hospice nurses began administering morphine and Ativan to keep her comfortable, but we didn't know we had the right to turn off her oxygen so there was a two-hour delay until the hospice social worker turned it off herself. I felt guilty about not understanding that right. My sister had left, saying we should let her know what was happening, and my brother left the room. Sarita and I read Mom's favorite Psalms and said The Lord's Prayer aloud until she simply stopped breathing, and was still.

My sadness was tempered by my knowledge that this was the loving thing to do. I was discharging a responsibility she had asked me to take. Like most ethical decisions, there was an interplay of painful feelings with a reasoned decision about my responsibility and love.

Lawrence Kohlberg's stages of moral development are relevant here. He thought that everyone progresses through moral developmental stages

toward increased comprehension of equity and compassion; as part of his research he posed a hypothetical dilemma to test subjects and evaluated their reasoning for what they would do. He posed a hypothetical situation--and asked questions--about a scenario that was very similar to the real-life dilemma I faced. We can use very similar, parallel questions to the one he used to understand how we reason about our principles:

- 1) Should medical personnel give serious drugs like morphine and Ativan to a patient?
 - 2) Is it right or wrong to give a patient drugs that hasten death? Why is it right or wrong?
 - 3) Should a patient have the right to make this final decision? Why is it right or wrong?
 - 4) If it is against the law to give her those drugs in those quantities, does that make it ethically or morally wrong? Why or why not?
 - 5) In general, should people try to do everything they can to obey the law? Why or why not? How does this apply to what the nursing personnel did?
- (see Ruth Linn, "Appendix 1: Kohlberg's Form B Test," Not Shooting and Not Crying: Psychological Inquiry into Moral Disobedience, pgs. 149-150)

These questions are perfect for a seminar on ethics and if you are interested, we can do just that.

Obviously, we should all have a medical directive and health care proxy in place. We should all review these documents every couple of years to be sure we still intend what they say. You don't have to have the same kind of directive as my mother's in order to have a responsible one but you should explain your reasoning to your health care proxy and write it down for them to refer to when stressed.

These decisions could appear to be all about intellect, but the end-goal of, say, inner harmony, wisdom, or happiness is reached by the instrumental value of love. Only a profound love for another person and a deep commitment to principle can motivate someone to take the emotional risk inherent in highly conflictual circumstances. I have used my real-life

experience to illustrate how ethics interact with morals and regardless of your own decisions about end-of-life issues, pay attention to the difference between principles and rules. Can we love enough to do what is necessary? Can we love ourselves truly enough to forgive ourselves for sometimes failing? We can all fail to live our ethics and values, but it is in that struggle to love that character is reinforced. Let us commit to that turmoil of conflicting needs and values so that we love more fully.