

**Playing God, God of the Gaps and Passive Euthanasia**

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**RUNNING HEAD: God of the Gaps**

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### **Abstract**

The phrase “humans should not play God” has been used by certain people to argue against the use of “extreme” biotechnologies such as cloning and genetically-modified food. The core notion of this argument is that humans must respect natural processes and thus interference is inappropriate. The same kind of reasoning has been used by other authors to argue for the use of “extraordinary” life-prolonging medical equipment. Some say that humans are not in a position to “pull the plug” on a patient who is in a coma. Because life-and-death decisions belong to God and thus we must try everything humanly possible to sustain life. The objective of this paper is to evaluate whether the approach of “doing everything technologically possible” is a valid counter-argument against “playing God.” By drawing an analogy from Christian apologetics, opponents regard “doing everything humanly possible” as nothing more than treating God as the “God of the gaps.” This article will examine the applicability of the concept of “God of the gaps” in apologetics to bioethics in the context of passive euthanasia.

## **Playing God, God of the Gaps and Passive Euthanasia**

### **Introduction**

Whether a “hopeless” patient has the “right to die” or removing life-prolonging medical equipment from that patient is unethical remains an unresolved controversy. In October 2003 the case of Terri Schiavo recharged the debate regarding passive euthanasia. Schiavo, who has been in a coma for eleven years after suffering a heart attack in 1990, depends on a feeding tube to survive in a Florida hospital. Schiavo’s husband requested that the hospital remove the life-prolonging equipment and let his wife die with dignity, but her parents insisted on keeping the life-support system active. In attempt to resolve this dispute, the two parties confronted each other in the court system. Pinellas County Circuit Court Judge George Greer favored Schiavo’s husband’s wish, saying that Schiavo's parents did not provide sufficient proof that Schiavo might recover meaningful functions. Although both the Florida and United States Supreme Courts had refused to intervene, Florida Governor Jeb Bush rushed a new law through the Legislature to save Schiavo. By invoking the new law, Governor Bush was able to order that the feeding tube be reinserted into Schiavo.<sup>1</sup> Similar cases, such as the Quinlan case in 1975<sup>2</sup> and the Cruzan case in 1990<sup>3</sup>, have occurred throughout the last several decades since sophisticated medical equipment has become capable of sustaining patients who are in a persistent vegetative state or who have lost all cognitive functions.

In 1986, the American Medical Association’s Council on Ethical and Judicial Affairs issued a controversial statement regarding the treatment of terminally ill patients. It announced that physicians may ethically withdraw artificial feeding and hydration from terminal or permanently comatose patients under certain conditions: the diagnosis is definitely accurate, the probability of

recovery is zero, and the patient expressed his/her wish not to receive life-prolonging therapy when he/she was conscious. Nonetheless, several pro-life religious groups, especially in the Jewish community, have questioned whether the practice suggested by the AMA is ethically justifiable.<sup>4</sup>

Various arguments surrounding passive euthanasia have been thoroughly analyzed in the past few decades. This article is not intended to settle the controversy of passive euthanasia once and for all. Rather, the focus is to evaluate whether arguing against “playing God” in favor of “doing everything technologically possible” in the context of passive euthanasia is a valid argument. For the simplicity of illustration, this approach is referred to as the “Doing Everything Technologically Possible Argument” (DETPA).<sup>5</sup>

The phrase “humans should not play God” has been used by certain people to argue *against* the use of “extreme” biotechnologies such as cloning and genetically-modified food. The core notion is that humans must respect natural processes and thus interferences are inappropriate.<sup>6</sup> It is fascinating that the same kind of reasoning has been used by other authors to argue *for* the use of “extraordinary” life-prolonging medical equipment. The argument is conceived as the following: God is the one who has the sovereignty to decide when a patient should die, even if the patient has lost all cognitive abilities and the probability of recovery is absolutely zero. We should not be playing God by “pulling the plug,” rather we must do everything technologically possible to make sure that a patient stays alive until God takes him/her. If all of our efforts fail, then we can assert that it is truly the will of God for the patient to leave this world.<sup>7</sup>

### **What is “playing God”?**

As mentioned before, when certain ethical positions are construed as arguments against “playing God,” it is possible to come to contradictory conclusions. To be specific, A and B in the following are both derived from the same premise:

Argument A

- Humans are not in a position to play God.
- Natural processes belong to the realm of God alone.
- Conception is a natural process, thus, humans should *not employ extraordinary biotechnologies*, such as cloning and In Vitro fertilization, to alter the natural process of birth.

Argument B

- Humans are not in a position to play God.
- Life-and-death decisions belong to God.
- Human *should employ extraordinary medical technologies*, such as respirators and defibrillators, to delay death until God unquestionably demands it.

The fundamental problem with the preceding approaches is the vagueness of the meaning of “playing God.” If we grant that the realm of the natural processes and life-and-death decisions belong to God, then what is the role of God in these processes and decisions? Did God set a demarcation line, “this is natural and that is unnatural,” or “I take care of such and such, so you can do only so and so”? The argument that “humans should not be playing God” carries a hidden assumption: We know what the will of God is and how His will should be implemented. Interestingly enough, based upon different interpretations of God’s will, it is possible to come to the opposite conclusions of A and B.

Argument C

- Humans are not in a position to play God.
- Whether we have children or not is God’s decision.

- Humans should employ all available biotechnologies, such as cloning and In Vitro fertilization, to create life until it is doubtless that God refuses to allow pregnancy.

#### Argument D

- Humans are not in a position to play God.
- The death of a terminally-ill patient is imminent; God has His own timing.
- Human *should not employ extraordinary medical technologies*, such as respirators and defibrillators, to interfere with God's timing.

In Schiavo's case, both parties supporting and opposing removal of the life-support system imply that God is on their side. After Governor Bush ordered the hospital to reconnect the feeding system, Schiavo's father said, "It's restored my belief in God." On the other hand, Senate President Jim King made this comment, "I keep on thinking, 'What if Terri didn't really want this done at all?' May God have mercy on all of us."<sup>8</sup> Obviously, DETPA may be problematic when it is framed in the context of "respecting God's will," because the same premise can lead to opposite conclusions when the will of God is interpreted differently.

#### **God of the gaps**

Verhey compared DETPA to the notion of "God of the gaps" (GOTG):

It is an old and unhappy story in Christian apologetics that locates God's presence and power where human knowledge and strength have reached their (temporary) limit.

Newton, for example, saw certain irregularities in the motion of planets, movement which he could not explain by his theory of gravity, and in those irregularities he saw, he said, the direct intervention of God. When later astronomers and physicists provided a natural explanation for what had puzzled Newton, "God" was no longer necessary.

And there is the old joke of the patient who, when told that the only thing left to do was

to pray, said, “Oh, my! And I didn’t even think it was serious.” The God of the Gaps is only invoked, after all, where doctors are powerless.<sup>9</sup>

Similarly vein, Drees illustrated the attitude of our faith in technology rather than in God by telling the following story:

A surgeon stands by my bed. She explains what she intends to do tomorrow. When she left for the next room, the man in the bed beside me begins to talk. “You know, my son was in medic al school with her. When she had to do her exams, the professor said that she should have failed but he would let her pass so as to get rid of her.” I am down. A pastor stands beside my bed. She reads Psalm 139...When she left for the next room, my neighbor begins again. “You know, my daughter was in seminary with her. When this chaplain had to do her exams, the professor said that she should have failed but that he would let her pass so as to get rid of her.” It does not bother me at all.<sup>10</sup>

Drees elaborated his point by saying that we depend on the professional knowledge of the surgeon, the pilot, and the engineer. In the previous example, “surgeon is, to speak religiously, a mediator who stands between me and my salvation.”<sup>11</sup> But when dealing with religious matters, it is no longer expected of the pastor to meet certain professional standards. In daily life trust is not put in prayer and in pious words. Some people go for faith-healing if and only if regular medicine fails. Drees concluded, “Antibiotics and contraceptive measures have contributed more to secularization in Western cultures than Darwin did; practices are more important than ideas. This God who is pushed to the margin is a God of the gaps...”<sup>12</sup>

### **Psychological dimension of GOTG**

Both examples cited by Verhey and Drees emphasized that people do not take God seriously. Does this attitude affect the validity of DETPA? The answer is no. There is no empirical evidence that most doctors and patients really use God to fill the gaps out of ignorance, that they pray only

after all technologies have failed. Many people start praying immediately when they or their friends or relatives are hospitalized. Would DETPA be acceptable if God is taken seriously at every stage of therapy and the physician is so humble as to pray in the following manner, “God, our creator, thanks for giving us intelligence so that we can invent medical technologies. Please give us guidance on how to choose the best therapy to treat the patient. If it is your will to call him back to heaven, we respect your will.” A doctor who has tried everything humanly possible could still hold the humble attitude that technology is viewed as a gift from God. Hence, if GOTG is treated as an attitude, it does not seem to be a convincing argument against DETPA.

Secondly, the so-called GOTG attitude may not be entirely negative. It is true that when I get a headache, the first thing I may do is to take a pain-killer rather than pray to God, but I may start to pray if my condition gets worse. However, does it mean that in this case I treat God as the “God of the gaps”? Consider this metaphor: If my son consulted me about everything, including simple addition and subtraction problems in his homework, would I appreciate this kind of “respect” by saying, “Son, I love you. You don’t view me as the ‘father of the gaps?’” On the contrary, I would likely ask him, “Haven’t I shown you how to do this on your own? Try your best to solve these simple problems. Come back to me if you still have difficulties.” Similarly, my wife, a dedicated Christian, questions the Western custom of saying “Bless you” whenever a person sneezes: “Should we really expect that God would interfere with our sneezing? If I don’t take care of myself first, such as wearing more clothes and taking medicine, how could I expect God to take care of me?” Thus, psychologically speaking, taking action first and praying later to a sort of “God of the gaps” does not necessarily imply disrespect. Rather, it is exactly what a mature adult should do.

Thirdly, the attitude towards God described by Verhey and Drees could have another interpretation; Most people facing a terminal disease devote more effort to exploring various

therapies than to praying, but this practice still does not necessarily imply a disrespectful attitude toward the GOTG. In response to Drees's comments on GOTG, Joan McGregor, a prominent philosopher on bioethics, pointed out that religious matters are thought to be more mysterious and complicated than medical science.<sup>13</sup> Scientists are capable of dissecting the chemical components of viruses, altering the structure of DNA, manipulating gamma radiation, and fine-tuning the precision of ultra-sonic scanning, but it is still not known exactly what God's will is and how it works, as discussed in an earlier section. Hence, spending resources on projects that may be understood by no means indicates disrespect toward what cannot be understood. In short, taking all three preceding aspects into consideration, viewing GOTG as a disrespectful attitude does not seem a convincing argument against DETPA.

### **Intellectual dimension of GOTG**

Besides the psychological aspect, there is an intellectual dimension to GOTG. Conventionally, invoking God is said to be an appeal to ignorance – “If doctors cannot do anything more, no matter whether they view technology as a divine gift or not, then the consequence is explained by God's will. If the patient survives, it is God's will. If the patient dies, it is also God's will.” In the field of bioethics, the charge of GOTG is borrowed from the same notion in Christian apologetics. However, GOTG in apologetics is not as simple as most people think. For example, Siemens regarded the Intelligent Design (ID) hypothesis promoted by William Dembski as appealing to ignorance, and argued that if Dembski's version of ID is successful, then we need two different kinds of science, namely, naturalistic science and theistic science.<sup>14</sup> Nevertheless, Dembski emphasized that his reasoning is based upon computing the probability of divine design: If the probability that the universe could spontaneously occur is extremely remote, then he favors the ID hypothesis.<sup>15</sup> These different views of apologetics are germane to our discussion when we compare GOTG in apologetics to that in bioethics. The main point is that apologists who appear to

invoke GOTG do not take a passive strategy. “God of the gaps” is a pejorative phrase given by the opponents of apologists. But in the article entitled “Is there anything wrong with ‘God of the gaps’ reasoning,” Larmer countered this by arguing that it is historically naïve to view apologists as ignorant people who employ God as an easy explanation for everything; rather, they seek positive evidence for the Christian faith.<sup>16</sup> According to Larmer, the fallacy of the stereotypical GOTG is its appeal to ignorance. The argument takes one of the following forms:

Form A

- There is no proof (or you have not proved) that p is false. Therefore, p is true.
- There is no proof (or you have not proved) that p is true. Therefore, p is false.

Larmer pointed out that the above forms of GOTG in apologetics are rare. Rather, in using the so-called GOTG, theologians usually employ the following logical structure:

Form B

- If P were true, then we should have been able to find evidence for its truth.

Larmer gave this example: If his son tells him that there is a Great Dane in the bathroom and he finds no evidence of a Great Dane there, he can conclude that the statement that there is a Great Dane in the bathroom is false. His lack of evidence for there being a Great Dane in the bathroom is good evidence that there is not a Great Dane in the bathroom. In short, the so-called GOTG could be re-constructed from a negative form (lack of evidence for P) to a positive form (good evidence for  $\sim$ P).

Nonetheless, P and  $\sim$ P are not rivals. To be specific, when statistician R. A. Fisher proposed testing the null hypothesis, the two available options are to reject the null hypothesis (P) or not to reject the null hypothesis ( $\sim$ P).<sup>17</sup> It would be illusory to say that researchers have two rival hypotheses when there is a dichotomous outcome derived from a single hypothesis. The following

joke could illustrate why choosing between  $P$  and  $\sim P$  does not provide real alternatives: Once a man went to a restaurant. He found that there was only one item on the menu. He asked the waiter, “Do I have other choices?” “Yes,” the waiter answered, smiling, “You can either eat here or leave.” A statistical test can have truly rival hypotheses only since Neyman and Pearson introduced the alternate hypothesis, which has a different distribution to the null distribution.<sup>18</sup> Nevertheless, Larmer made a significant contribution to GOTG reasoning by at least stating the hypothesis in a positive and testable fashion.

It seems Form B has another important contribution: limiting the testing criteria. It is possible to rewrite Form B in this fashion:

- If  $P$  were true, then it should have been possible to find pre-specified evidence  $A$  for its truth.

In Larmer’s example, he searched for a Great Dane within the bathroom only, but not the kitchen or the living room. His son could argue, “Dad, you didn’t look in the kitchen or the living room. The Great Dane might have left the bathroom and gone somewhere else in our house.” If not limited to the bathroom, Larmer might search every corner in the house and so calm his son by saying, “Son, I have carpeted the entire house. There is no Great Dane.” His son might then say, “Dad, the Great Dane might have left the house today. But it will come back tomorrow. Could you look for it tomorrow night?” Without limiting the search to the current day, Larmer, being a loving father, might conduct a thorough search of the house the next day but still find nothing. His son could then say, “Even if you cannot find it now, it doesn’t mean that you can never find it. Could you search the whole house for the Great Dane every day from now on?” Needless to say, these demands are unreasonable given his son’s original statement that there is a Great Dane in the bathroom.

Opponents to GOTG often use this argument: “Science may not be able to explain certain ‘gaps’ today, but it doesn’t mean that science can never explain them. Five hundred years later those so-called gaps might be fully unveiled by science.” This argument, indeed, carries some merits. While arguing against Dembski, Siemens pointed out that scientists once held organic compounds to be produced by living things only. This view was demolished after Wohler synthesized urea from its isomer, ammonium cyanate in 1828. The history of science is replete with unbridgeable gaps later bridged.<sup>19</sup>

Nevertheless, it is still scientifically sound to say that until better evidence for  $\sim P$  is obtained, the evidence says about P should be tentatively accepted. If an assistant professor, for example, defended the gaps in his/her theory by saying, “Perhaps five hundred years later, these holes in my theory could be closed by more advanced methodology,” it is doubtful that he/she could earn tenure. In short, Form B not only states the hypothesis in a positive manner, but also limits the scope of evidence collection in order to bring the hypothesis to a tentative conclusion.

### Form C

Similar to Larmer, in an article entitled “In favor of God-of-the-gaps reasoning,” Snoke expanded Form B and construed GOTG as a point-counting scheme between two rival hypotheses, as shown in the following<sup>20</sup>:

- If there were two rival hypotheses, P & Q, we should examine the evidence for and against both hypotheses.
- If there is a gap in hypothesis P, P loses one point and Q gains one point.

Common sense tells one not take into account the failure of one of two rival theories to explain things. As a physicist, Snoke said that contrary to this, it is perfectly normal in scientific inquiry to point out the weaknesses of rival theories in order to strengthen the position of one’s

own theory. Snoke said that in the normal discourse of his scientific research, he often discussed his proposed models with his colleagues. In one instance, he conjectured that a special part of his system could be perceived as arising from a certain type of electron motion, and another scientist challenged his theory by pointing out a failure of explanation. Snoke said that if he replied, “You are pointing out a gap of explanation in my theory. That’s a ‘gaps’ argument and therefore invalid.” He would not survive long in the academic arena. Actually, scientists argue with each other by pointing out “gaps” all the time, and everyone accepts this as proper practice. If a theory is perceived to have too many gaps, alternative theories are strengthened. Following this line of thought, Dembski’s approach could be conceptualized as Form C of GOTG; by computing the probability of a random formation of the universe, the gaps in the naturalistic theory could be said to enhance the theistic explanation.

Nonetheless, the purpose of this article does not lie in apologetics. Rather, the main point is that although in bioethics certain authors have charged that DETPA is like GOTG in apologetics, GOTG, according to Larmer and Snoke, is not entirely negative. Form B turns the passive form of appealing to ignorance into a positive form of collecting evidence to examine a testable hypothesis within admitted evidence, while Form C uses failure of explanation (gaps) to evaluate the explanatory power of rival theories. Hence, even if DETPA is a form of GOTG, as Verhey and Drees implied, DETPA as an argument for employing life support systems may not be problematic when GOTG in bioethics could be construed in Form C or Form B. In the following examine, in reverse order, the applicability of each form to the case of passive euthanasia.

### **Applications of GOTG in apologetics to DETPA in bioethics**

#### Form C

If the DETPA is framed in Form C, the argument is the following:

- There are two rival hypotheses, namely P & Q.
- P: It is God's will that a patient, who is in a vegetative condition or has lost cognitive functions, should die in peace.
- Q: It is God's will that he/she should continue to live.

Technology is a gift from God (given that the psychological issue of GOTG as discussed in the preceding section has been settled); if knowledge has been exhausted in medical technology and the patient still dies, the observation favors P, otherwise, it favors Q.

Here the analogy between GOTG in apologetics and that in bioethics falls apart. When the theistic camp and the naturalist school debate about the ID hypothesis, Darwinism, and the origin of the universe, both sides collect evidence to support their arguments. Theists such as Dembski are allowed to develop a mathematical model in favor of a theistic explanation, and simultaneously anti-ID researchers are free to collect fossils and other geological relics to make their point. In the case of facing a vegetative patient, only one party, the one that supports Q, is allowed to collect evidence: "I can keep trying every piece of technology until I fail. Then it is your turn to say that P may be right. But now you just sit there, do nothing, and don't think about pulling the plug." Obviously, evolutionists would not appreciate a theologian telling them, "I can keep trying mathematical models to develop a supernatural explanation for the origin of life until I fail. But you cannot do anything."

### Form B

In Form B, DETPA could be conceptualized in the following fashion:

- If it is the will of God for the patient to live, we should be able to find evidence.

The next question is: What observation could be admitted as evidence? In this case, the observation is the outcome of exhausting all available medical technologies. Again, the link

between GOTG in apologetics and that in bioethics is broken because apologists such as Dembski never conduct tests by exhausting all possible distributions. Instead, by applying Fisher's significance testing, Dembski tested only one distribution and made a decision based on a specific cut-off.<sup>21</sup> While testing too few distributions may be disputed by other methodologists, it is still a better practice to withhold the conclusion until all distributions have been tested. In other words, there must be certain limits of testing criteria to bring the issue to a conclusive closure. For the proponents of DETPA, the final cut-off is death! This is problematic. Consider the following argument: If it is the will of God that civilization should use superconducting, it should be possible to find evidence by exploring all available technologies. Currently superconducting works when 3 million United States dollars are spent to keep the temperature of superconductor at -234 degrees. This is an exaggerated scenario, but it is possible to see why basing evidence on exhausting all available resources is biased towards supporting the hypothesis. Take a more realistic scenario as another example: I would like to know whether it is God's will for me to study at Arizona State University (ASU). I apply for the graduate program at ASU three times. In the first attempt I am rejected because my GPA, GRE and TOEFL scores are not high enough. In the second attempt I improve my GPA, but my GRE scores and TOEFL scores are still low, and thus the door at ASU is still shut to me. The last time I increase my GRE scores but face a Waterloo in the TOEFL exam again. My friend tells me, "Don't give up. You haven't tried hard enough. There are some more things that you can do. Spend 80 hours a week to prepare for the TOEFL. Rule out this possibility until you have used up all resources." There are *always more things* that I could do in virtually every situation. If I don't set limits, I will spend the rest of my life detecting God's will in just one or two situations. In short, to prove or disprove God's will by committing all resources is questionable.

One may make this counter-argument: Conducting research on superconductors and applying

for graduate study are not life-and-death decisions; in the context of bioethics, it is legitimate to devote endless resources to sustain life. A moderate Jewish philosopher, Brody, argued that the social obligation to provide life-prolonging interventions should not be unlimited, even when additional interventions are available. Brody cited the Babylonian Talmud to support his claim that life is not so absolute that it must be saved at any cost. The Babylonian Talmud explicitly states that captives should not be redeemed for more than their value in order to prevent abuse. Brody argued that healthy captives, if redeemed, would usually live a regular life span while those dependent on expensive life support often would not. If the economic burden on the community is a sufficient justification for not redeeming the captives, it should also be justified not to maintain those patients on life support.<sup>22</sup>

At first glance this approach seems very cruel, but indeed the same approach is also adopted in the modern era. During the Reagan administration, the US government set a policy that there would be no negotiation between the US government and terrorists. In the mid-1980s there was a rash of kidnapping of Americans in Beirut and though some of them were killed, the Reagan administration insisted that no demand from any terrorist group would be granted in exchange for hostages.<sup>23</sup> So, on some occasions, life is not regarded as possessing absolute value to the extent that it must be redeemed at any cost. In the light of Brody's Talmud approach, the way that DETPA collects evidence at any price is based upon a controversial assumption that life is absolute.

### Form A

If Form C and Form B cannot be applied well to DETPA, Form A is the only candidate. Form A is the simplest form of GOTG. In the case of using life-prolonging systems, it takes the following form:

- While connected to a life-support system, the patient continues to live.

- There is no proof that the patient should be let go. Therefore, it is God's will that he or she should live.

This approach has a major shortcoming: If the consequence that the patient lives is said to be an indication that it's God will for him or her to live. Then basically we infer from "what is" to "what ought to be." In a broader view, the argument could be further expanded to this form: Many patients who are connected to life-prolonging systems continue to live for years. There is no proof that God disapproves of the use of these technologies by calling the patient back to heaven instantly. Therefore, God approves of the use of life-support systems and patients should continue to live under life support. However, could the same logic (if successfully done, then God approves it) be applied to justify the practices of cloning, stem cell research, and genetically-modified food?

### **Concluding Remarks**

"Playing God" is a vague notion and thus using "doing everything technologically possible" as a way to counteract "playing God" does not seem to be employing sound reasoning. Certain critics have mocked that "doing everything medically possible" is a psychological state in which God is treated as the God of the Gaps. However, this psychological shortcoming could be easily defended by supporters of DETPA if they treat God seriously and view medical technology as a gift from God. Further more, proponents of DETPA could even turn this around to defend their position by saying that the attitude of so-called GOTG should be adopted by mature people who accept responsibilities. In addition, this attitude may not arise from disrespect as some suspect; rather it could simply be due to a belief that God's will is mysterious.

The real challenge to GOTG comes from the intellectual weaknesses of GOTG. No matter whether DETPA takes Form A, B, or C, it does not seem to be a sound argument to support the thesis that patients who are in a coma or who have lost cognitive capabilities must be sustained by

life-prolonging systems at any cost. Unlike the competition between the theistic and the naturalistic schools of apologetics, the two rival hypotheses pertaining to passive euthanasia in Form C do not compete on fair terms. In Form B, the way of collecting evidence suggested by DETPA is biased, in favor of the hypothesis, because use of resources is unlimited. The worst case is Form A since the conclusion about what ought to be is inferred from the outcome.

There are numerous arguments for and against passive euthanasia, and this article addresses just one of many those arguments. It would be misleading to affirm that passive euthanasia is totally justified just because DETPA is not valid. The Schiavo case will likely not be the last case of its kind, in spite of the new law introduced by Governor Bush. The debate on passive euthanasia will certainly continue.

## Notes

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<sup>1</sup> J. Halifax, "Florida Governor Enters Right-to-Die Battle: Jeb Bush Orders Woman's Feeding Tube Reinserted," ABCNews [database on-line] available from URL: <http://abcnews.com> (accessed 21 October, 2003).

<sup>2</sup> J. Bleich, "The Quinlan case: A Jewish Perspective," *Jewish Bioethics*. Eds. F. Rosner, and J. D. Bleich (New York: Sanheorin Press, 1979), 266-276.

<sup>3</sup> Cruzan v. Director, Missouri Department of Health, Supreme Court of the United States, 1990, 497 U.S. 261, 110 S Ct. 2841, 111 L.Ed.2d 224.

<sup>4</sup> F. Rosner, *Biomedical Ethics and Jewish Law* (Hoboken, NJ: KTAV Publishing House, 2001), 257.

<sup>5</sup> DETPA is more align with ultra-Orthodox Judaism than the Catholic theology. According to classical Orthodox Judaism, only God who gives life may take it away. Every life is of equal and infinite value, that even a moment of life is equivalent to longer periods of life, thus we dare not deliberately extinguish even a brief moment of life, no matter how unworthy this life appears to be. On the other hand, the Catholic Church is not opposed to passive euthanasia. Please see D. M. Feldman, and F. Rosner, eds. *Compendium on Medical Ethics* (New York: Federation of Jewish Philanthropies of New York, 1984); S. Glick, "The Jewish Approach to Living and Dying," *Jewish and Catholic Bioethics*, ed. E. D. Pellegrino and A. Faden (Washington D. C.: Georgetown University Press, 1999), 43-53; The Catholic Church distinguishes between "ordinary" and "extraordinary" measures employed by physicians. Both Pope Pius XII and John Paul II respectively declared that it is not mandatory to use "heroic" measures such as respirators and defibrillators to save dying patients. John Paris, a Jesuit priest and expert in bioethics, stated that artificial feeding for terminally ill, like other medical treatments, should be evaluated on the basis of its efficacy and benefits to the patient. Please see F. Rosner, "The Jewish Attitude toward Euthanasia," *Jewish Bioethics*. Eds. F. Rosner and J. D. Bleich (New York: Sanheorin Press, 1979), 253-265; T. Scully & C. Scully, *Playing God: The New World of Medicine* (New York: Simon and Schuster, 1987), 286. K. D. O'Rourke, & P. Boyle, *Medical Ethics: Sources of Catholic Teachings* (Washington, D. C.: Georgetown University Press, 1999), 148-149.

Due to the diversity of Protestant denominations, it is very difficult to summarize a general standpoint taken by Protestants regarding passive euthanasia. The following is one of many Protestant viewpoints: Protestant theologians Scott Rae and Paul Cox asserted that Christ has conquered death and thus death is not the ultimate enemy that must be fought at all cost; doing everything possible to delay death is not required. Please consult S. B. Rae, & P. M. Cox,

*Bioethics: A Christian Approach in a Pluristic Age* (Grand Rapids, MI: William B. Eerdmans, 1999), 229-230.

Although the Ultra-Orthodox Jewish attitude towards life-prolonging is regarded by supporters of passive euthanasia as suffering-prolonging, this strongly pro-life mentality results in saving more lives in other situations. To be specific, when Shimon Glick was a visiting lecturer at the University of Manitoba School of Medicine in the 1960s, the chairman of the Department of Medicine told him that the Jewish physicians tried much harder in treating their patients and gave up much later in the struggle for saving lives than did their Christian counterparts. Glick contributed this kind of behavior to the strong emphasis on life in the Jewish tradition. Thus, when arguing against the Ultra-Orthodox Jewish viewpoint in the context of passive euthanasia, we should use caution against bringing about certain negative effects to other medical practices and weakening emphasis on the value of life. Please see Glick, "The Jewish Approach to Living and Dying," 44.

<sup>6</sup> W. B. Drees, "Playing God? Yes! Religion in the Light of Technology," *Zygon*, 37 (2002), 643-654; C. S. Prakash, "The Genetically Modified Crop debate in the Context of Agricultural Evolution," *Plant Physiology*, 126(2001): 8-15.

<sup>7</sup> J. J. Paris, & M. Poorman, "Playing God and the Removal of Life-Prolonging Therapy," *Journal of Medicine and Philosophy*, 29 (1995), 403-418.

<sup>8</sup> J. Hallifax.

<sup>9</sup> A. Verhey, "Playing God and Invoking a Perspective," *Journal of Medicine and Philosophy*, 20 (1995): 347-364, p. 353

<sup>10</sup> Drees, "Playing God? Yes! Religion in the Light of Technology," p.643-644.

<sup>11</sup> *Ibid*, 644.

<sup>12</sup> *Ibid*, 652.

<sup>13</sup> J. McGregor, Personal Communication, 2003 November 25.

<sup>14</sup> D. F., Siemens, Jr. "Naturalism: An Overview," *Naturalism: Its Impact on Science, Religion and Literature*. Eds. H. S. Choi, D. F. Siemens, Jr., and S. E. Williams (Phoenix, AZ: Canyon Institute of Advanced Studies, 2001), 7-18.

<sup>15</sup> W. A., Dembski, *Intelligent Design: The Bridge between Science and Theology* (Downers Grove, IL: InterVarsity Press, 1999), pp.238-245.

<sup>16</sup> R. Larmer, "Is There Anything Wrong with 'God of the Gaps' Reasoning," *International Journal for Philosophy of Religion*, 52 (2002), 129-142.

<sup>17</sup> E. L. Lehmann, "The Fisher, Neyman-Pearson theories of testing hypotheses: One theory or two?" *Journal of the American Statistical Association*, 88 (1993): 1242-1249; R. Hubbard, R., & M. J. Bayarri, M. J. "Confusion over measures of evidence (p's) versus errors (alpha's) in classical statistical testing," *American Statistician*, 57 (2003): 171-178.

<sup>18</sup> *Ibid*.

<sup>19</sup> Siemens, Jr., "Naturalism: An overview," 17.

<sup>20</sup> D. Snoke, "In Favor of God-of-the-Gaps Reasoning." [database on -line] available from URL: <http://snoke2.phyast.pitt.edu/gaps.pdf> (accessed on 23 November, 2003).

<sup>21</sup> Dembski, W. A., *The Design Inference: Eliminating Chance through Small Probabilities* (Cambridge: Cambridge University Press, 1998), 41-42.

<sup>22</sup> B. A. Brody, "Jewish Reflections on Life and Death Decision Making," *Jewish and Catholic Bioethics*, ed. E. D. Pellegrino and A. Faden (Washington D. C.: Georgetown University Press, 1999), 17-24.

<sup>23</sup> S. Yaqub, *The United States and the Middle East: 1914 to 9/11 Part II* (Chantilly, VA: The Teaching Company, 2003), pp. 98-99.