

Doctors – providers of medical services or professionals with conscience?

Notre Dame University: Medical Law – lecture 15 Sept 2010.

What does this mean for the euthanasia debate in WA?

Is Professor Dr David Watson right in threatening to quit medicine if the euthanasia bill in WA is passed into law?

Will law-makers listen to rational argument?

How the law threatens the very foundations of medicine in Australia.

Compassionate care means much, much more than simple acquiescence to patient demand.

Killing must never be seen as a solution for misery.

Killing must never be seen as a solution.

It is one thing to pass a law that permits evil but it is something more to pass a law that *compels* evil.

Legislation has never been successful in limiting euthanasia to those capable of informed consent.

Any legislation permitting physician-assisted suicide sends a wrong message to the community about the legitimacy of suicide as a solution for distress.

We will not comply with any directive that compels us to participate in or facilitate abortion, embryo-destructive research, assisted suicide, euthanasia, or any other act that involves the intentional taking of innocent human life (from the *Canberra Declaration* www.canberradeclaration.org.au 23 July, 2010).

We assert our right and obligation to practice medicine according to our conscience. We will not engage in or facilitate procedures or practices that we believe are inconsistent with the above manifesto (from *Manifesto of Human Life for the 21st Century* www.medicinewithmorality.org.au March 2006).

We, the undersigned, seek to maintain the ethical independence of the medical profession and the liberty to practice medicine according to our conscience. We believe it is in the patient's best interests for doctors to adhere to a code of ethics that is independent of any standards set by governments or practices that may be permitted by legislation. We believe that as health professionals we have a duty to educate and inform fully so that best management decisions can be made and that such may include a refusal to comply with patient demand where such is inconsistent with good medical practice. We further believe there are times when the patient request cannot be complied with because it conflicts with our integrity and ethical stance.

It is our right and obligation to practice medicine according to our conscience. We will not engage in or facilitate procedures or practices that we believe are in conflict with our conscience (*Liberty of Conscience in Medicine – a Declaration*). www.conscienceinmedicine.net.au (up in) November 2010.

Where are we going?

Ludwig Minelli head of *Dignitas International* claims that suicide and assisted suicide are human rights and then argues

If the Right to Suicide is a Human Right... we must accept that, in order to make use of this right, there must be no legal requirements other than that the person has the mental capacity needed to decide to end his or her own life. Any conditions which insisted that somebody must be terminally or severely ill would interfere with the essence of that Human Right. Human Rights are, inherently, unconditional.

[Assisted Suicide Backers Mislead the Public](#) by Wesley J. Smith August 11, 2008, Life News.com

Dr Philip Nitschke argues that anyone – even troubled teens – should have the right to kill themselves:

...all people qualify, not just those with the training, knowledge, or resources to find out how to "give away" their life. And someone needs to provide this knowledge, training, or recourse necessary to anyone who wants it, including the depressed, the elderly bereaved, the troubled teen.

National Review Online, 5 June 2001 <http://www.nationalreview.com/interrogatory/interrogatory060501.shtml>

Unfortunately there are those in high places who say that doctors who are not prepared to do that which is legal should not be doctors.

If people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors. Professor Julian Savulescu, Oxford Uehiro Centre for Practical Ethics, *BMJ* 2006;332:294-297 February 4

Lachlan de Crespigny and Julian Savulescu in the *Medical Journal of Australia* argue

moral objections to beneficial, desired, legal and just medical interventions... cannot compromise patient care. Crespigny L and Savulescu J. Pregnant women with fetal abnormalities: the forgotten people in the abortion debate. *MJA* Vol 188 No.2: 21 January 2008

Clearly there are different views on what may compromise patient care. Good and beneficial medicine involves much more than that which may be desired and legal. Further, that which may be considered legally permissible should never compromise the ethical independence of the medical profession. We have been down that track before and must never go there again.

How bad can it get? Where could we be going? Imagine this...

- abortion on demand for any reason at any stage of pregnancy
- “de-selection” of embryos, mature foetuses and late term unborn babies for reasons of eugenic selection of all disease or defect
- the imperfect newborn is also “de-selected” before self-awareness (“personhood” a la Peter Singer) up to about 4-6 weeks of age
- organs are taken from mature cloned foetuses bred for the purpose of transplantation (permitted by law in New Jersey)
- harvesting organs from patients with catastrophic cognitive impairments
- physician assisted suicide is routine and expected
- euthanasia is readily available, even for existential distress in teenagers, and extended to the involuntary
- funding will be limited (as it is in Oregon) for palliative care treatment
- upon reaching a certain age assessments are made of usefulness to society
- doctors will be forced by law to participate in abortions, physician assisted suicide and euthanasia
- doctors will not be able to access training positions in obstetrics or anaesthesia unless they agree to participate in abortions
- doctors will not be able to access training positions in paediatrics, aged care, palliative care, or oncology unless they agree to euthanasia as part of that care
- doctors will become un-insurable by medical defence organizations unless they agree beforehand to participate in these things
- doctors will be de-registered and unable to practice if they refuse to perform such procedures that become legal
- clinical disciplines of paediatrics, O&G, anaesthesia, geriatrics, and oncology will be taken up only by doctors who are prepared to compromise on the value of life
- infanticide will be legalised for “abnormalities” (as below)

Some babies that are aborted because of suspected abnormalities are in fact completely normal and have been aborted “unnecessarily”. This of course is regarded as being undesirable and so it has been said that banning infanticide unfairly discriminates against the normal child by forcing an abortion when major abnormality is suspected but not proven. The logic is that if infanticide was legal then we could allow the baby to be born and be properly examined before making the decision to terminate it. So there are two reasons for supporting the legalization of infanticide – we can then be sure of the diagnosis and the baby gets the benefit of anaesthetic. Yeah, right...

But indeed we have a new infanticide here in the land of Oz. In Victoria according to figures from the state gov't for 2007, 54 aborted babies were “accidentally” born alive and then left to die.

Three threats to the future of medicine have been brought into sharp focus in the last 8 years:

- What it means to be human; when does life begin; what determines its value (of course that should be evident with abortion anyway but some of us Christians pussy-foot around with relativism)
- Consumerism and unchecked autonomy vs professional with high ethical code independent of legality
- Overriding of conscience

2002 ESCR and destructive embryo research - What it means to be human; when does life begin; what determines its value.

(Extracts from previous papers.)

Issues relating to the beginning of life, the quality of life, and the ‘worth’ of life are critical to our thinking with respect to abortion, embryo research, eugenics and euthanasia. There is good reason to believe that what we are facing in the attempted manipulation of life and death is more sinister than any other evil we have encountered; that this evil eclipses in its potential and significance wars and genocide and immorality and corruption.

When does human life begin? Even Jeremy from *Zits* knows that. You remember that wonderful cartoon when he is playing *Stairway to Heaven* on his guitar and his mother comments that he was conceived to that tune? His guitar strings all snap as he struggles to grasp the significance of this gratuitous comment.

And the ‘designer child’ knows: “Mummy, what would have happened to me if my tissue match had not been right?” *But you were just a clump of cells, dear.* “But Mummy it was still me, my hair colour was determined and my eye colour was determined.” *But you weren’t really a ‘person’ then, dear.* “Mummy, even the shape of my smile was determined – that was me!”

Though not yet expressed, individuality is inherent and real in the genetic programming from the time of fertilisation!

Biologically human life begins when cells possessing the ability to replicate and differentiate have human chromosomes. They are uniquely and unequivocally human with individual chromosomal patterns that determine unique adult characteristics. We may argue when life has 'value' but we may not argue when it begins.

And once we get into the question of when life becomes of value and when is that value lost, then we have lost the battle of what it means to be human.

Concepts of value and worth and disability and personhood and self-awareness are too arbitrary and subject to the opinions and whims of the day to base decisions regarding life and death. Nations may decide that certain states of mental and physical capacity determine that individual's right to exist or not exist, and then it may be re-defined to include or exclude varying physical characteristics that are deemed acceptable or of worth to society. That *should* sound terrifyingly familiar. So many arguments and rationalisations for embryo selection can be made in the name of compassion that sound good but however much we like to think that compassion is 'enough' in these matters we still have to consider the implications openly and freely *without this being labelled as condemnation or lack of compassion* – such accusations stifle proper consideration and proper debate.

The real question we have to grapple with is *when does human life become of intrinsic value?* Our position is that it has intrinsic value from the time of fertilisation and it continues until life ends naturally.

Peter Singer is an Aussie expatriate and Professor of Ethics at Princeton University. He understands very well where the battle line is. Talking about the relative value of human life compared with animal life he said in an interview 2-3 years ago:

The major religions are an obstacle because they teach that humans alone are made in the image of God, humans alone have an immortal soul, God gave us dominion over the animals, and those ideas are an obstacle to treating the animals as we may treat humans.

Disregard of consequences of crossing the Rubicon of what it means to be human.

2002 reality of slippery slope.

Senator Kay Paterson – when challenged that destructive research on spare embryos would lead to creation of embryos for this purpose said

“it is *wrong to create* human embryos solely for research. It is *not morally permissible* to develop an embryo with the intent of truncating it at an early stage for the benefit of another human being”.

And further:

“I believe it is disingenuous to suggest that approving this research will open the door to further killing of living human beings.”

but 4 yrs later she moved exactly that with the cloning bill that was passed nationally.

Cloning for destructive research is now legal except in WA.

2008 Good Medical Practice: A Code of Conduct for Doctors in Australia.

There were two huge problems with the draft code – the emphasis on consumer demand and no provision for doctor's conscience – fortunately completely revised owing to excellent effort by AMA but highlighting the danger to the future of medicine posed by arguments from Savulescu and De Crespigny.

<http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/02/ResponsetoCodeofConduct.pdf>

<http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/05/Medical-Professionalism-MWM-letter-no-sigs.pdf>

Crystallising this for the future of medicine:

Are doctors to be simply providers of medical services on client/consumer demand, providing all that which is legal whether or not it is consistent with our ethical base

OR

Will we be able to preserve the traditional doctor/patient relationship with practitioners acceding to a code of ethics that is way higher and independent of that which is legal and able for instance to say no to amputations on request.

2008 Vic abortion law and conscience: It is one thing to pass a law that permits evil but it is something more to pass a law that *compels* evil.

This Victorian government has done some extraordinary things in recent years. In 2002 it passed the [Victorian Charter of Rights](#) – a charter or “bill of rights” based on the 1948 [Universal Declaration of Human Rights](#). But even though the latter speaks of the inherent dignity and rights of all human life, reinforced by the 1959 UN [Declaration of the Rights of the Child](#) that spells out the rights of the child *before and after birth*, the Victorian charter has included the end-note that none of it will apply to abortion. This explicit exclusion from the protection of the charter of that stage of human life that should have our utmost protection – the child before birth – would be like excluding groups based on ethnicity or disability.

2008. In Victoria we have unrestricted abortion right through to term by any method which for mid-trimester abortion may mean simply pulling the baby apart with forceps – carefully reassembling it later to make sure bits are not missing – and for very late abortion may mean delivering it as a breech and then puncturing the base of the skull

and sucking the brain out so as to collapse the skull thus allowing delivery of the head through an incompletely dilated cervix, and all of this without any consideration of anaesthesia for the baby. As there are no restrictions for reason there is effectively state approval of eugenic selection of anything regarded as less than perfect through to birth, including readily correctable abnormalities such as cleft lip. And – worse still – in Victoria we have legal compulsion of doctors to act against their conscience. Doctors are compelled to refer to a doctor they know will support a request for abortion.

Up to 24 weeks it only requires the mother's request and a doctor to do it. Over 24 weeks it only requires one doctor in addition to the abortionist to agree with the mother. And written into the legislation is the [Section 8](#) provision to force doctors – even when such is against their deeply held convictions and conscience – to refer for abortion when asked by a patient. It is the first time in the Western world since Hitler's Germany that doctors have been forced by government legislation to participate in evil.

We live in a world that has forgotten how to shudder. That phrase *forgotten how to shudder* is from Leon Kass writing in *The Wisdom of Repugnance* in 1997 when he says “repugnance may be the only voice left that speaks up to defend the central core of our humanity. Shallow are the souls that have forgotten how to shudder”.

The Victorian abortion legislation owes much to the influence of Emily's List. Founded in 1996, Emily's List aim was to get Labor women into parliament and from its beginning it was to be pro-choice. This extremely pro-autonomy (seemingly at the expense of any consequences to society), pro-choice (read [pro-abortion](#)), pro-euthanasia organisation boasts of the [great victory](#) of the Victorian abortion legislation with unrestricted abortion through to term “free of harassment”. This legislation was introduced by MLC [Candy Broad](#), a founder of Emily's List and all amendments were defeated. The webpage also boasts of having helped elect 139 Labor women in parliament. At this point in time 29 of 41 federal Labor women are members of Emily's List and 63 of 118 state Labor. Total 92 of 159. Now please note that our PM Julia Gillard is also a founder of Emily's List and wrote its constitution.

Do you see that there are two levels of evil here? One is to permit killing of the unborn child for no reason other than that the mother-to-be chooses not to be pregnant and for uncontrolled eugenic selection in our society but the other, more sinister and greater, evil is to compel medical participation in this process. Medicine, justly, has the highest level of ethics in the world. It must. And yet, here we have a government that has legislation – quite unnecessarily in fact because there is no restriction on a pregnant mother going straight to abortion providers that advertise widely – punitively forcing doctors to act against their conscience and participate in this process.

For the sake of civilisation and democracy we must win the conscience battle, not just for medicine but also for economics, finance, law, teaching. All codes of ethics must transcend legality. See my talk at the Melbourne “Conscience Laws and Healthcare” Conference of July 2009. <http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/02/TheCoercionofDoctorsMelbourne.pdf> and the video link <http://vimeo.com/7809169>

Conscience

The exercise of conscience in medicine is everything. It has been truly said "The obligation to practice conscientiously is the obligation on which all other medical ethics are built." Dr Farr Curlin, MacLean Centre for Clinical Medical Ethics, University of Chicago

It is conscience that must compel doctors to refuse to participate in treatments they believe to be un-ethical or that they consider not to be in the best interests of patients. To do otherwise would undermine the very foundation of good medicine.

The liberty to not be involved or complicit in matters considered to be unethical or inadvisable is critical for individual doctors and for the integrity and independence of the medical profession as a whole. It is critical for individual doctors as it lies at the very heart of who we are – our integrity and self-identity. To leave our conscience at the door and just become service providers is to turn us into soulless doctors. For the medical profession to sacrifice conscience and be at the behest of a health bureaucracy concerned with service provision only is to turn us all into a soulless, mechanistic society.

It is obvious that I consider infringement of conscience to be the greatest challenge facing modern medicine. Codes of conduct – *medical* conduct in particular – must transcend legality. Medical care must never be subject to degradation by governments in this age or any age to come.

Part of the doctor's traditional role is to educate and inform and if, at the end of the day, the patient insists on a course of action considered inadvisable or unethical by the doctor – whether this be an inappropriate investigation or mutilating surgery or assisted suicide should this become legal – then the doctor must be under no obligation to cooperate in such a demand.

We need support from MDAs and Medical Boards. This is a battle we *must* win. And we need support from ethical lawyers

'Legalise euthanasia and I quit': SJOG Clinical Dean

St John of God Hospital Subiaco's Clinical Dean Dr David Watson will quit as a medical practitioner if the Voluntary Euthanasia Bill 2009 passes through WA Parliament.

http://www.therecord.com.au/site/index.php?option=com_content&task=view&id=1923&Itemid=30

National funding of abortion by Medicare – see Submission

http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/02/Submission_item16525.pdf

Rights Charters introduced by states, the threat of a national charter and relationship to UDHR.

<http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/02/HumanRightsSubmission.pdf>

Also see www.thepeoplescharter.net.au for why we should *not* have a national bill of rights

And also once again www.canberradeclaration.org.au

What do we do?

Repeal Section 8 www.repealsection8.net.au

Canberra Declaration www.canberradeclaration.org.au

How do you change the minds of politicians with set minds and agendas? You throw them out. Hence my involvement in politics.

I am not an ethicist, but what are the ethicists doing to help change our culture? It seems not much in the public square.

I am thankful for Christian schools and NDU to influence and set high ethical and moral standards as a benchmark for other learning institutions.

I am thankful for a strong Catholic Archbishop

“Recent atrocious laws about abortion and embryonic stem cell research only passed by one or two votes. Will the same happen with euthanasia, assisted suicide and cloning? Why wouldn't it? If we do not encourage people with strong Christian values about life, marriage and family to enter parliament, nothing will change. The church cannot be involved in politics but it can encourage Catholics and other Christian people to enter parliament, bringing with them their own personal convictions formed by the church upbringing. Is anyone listening? I sincerely hope so.”

Archbishop Barry Hickey to Kelmscott parishioners Nov 8, 2009 reported in The Record Nov 25, 2009.

http://www.therecord.com.au/site/index.php?option=com_content&task=view&id=1434&Itemid=30

Euthanasia

In Western Australia we are facing a vote for euthanasia with debate occurring in the Legislative Council between Tuesday 21 September and Thursday 23 September.

See submission by *Medicine With Morality* <http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/05/AA-MWM-Euthanasia-WA-2010-no-sigs.pdf>

Why a law permitting euthanasia can never be introduced that won't result in a slippery slope.

Now the euthanasia lobby will of course argue that we can have a safe law that only applies to the terminally ill but we know this is not true and in my comments here I borrow from the work of stalwart anti-euthanasia campaigner Dr Brian Pollard of NSW.

The reports of five government-sponsored inquiries in England, Canada, USA and Australia into the consequences of legalising euthanasia have been published, where oral and written evidence had been taken from a wide range of community and professional sources. While debates on euthanasia seldom achieve anything approaching a conclusion, all these inquiries reached the *same* conclusion. This was that such law would *always* be unsafe, because it could *never be made free* of the possibility that the lives of some others who did not wish to die would be endangered. In other words, the promise of control is an illusion. More astonishing still, this was decided *unanimously* by three of those committees, each of which included members, who in Tasmania were a majority, who supported the concept of euthanasia.

These inquiries and their published reports are:

U K Select Committee on Medical Ethics, House of Lords, January 1994. (Unanimous)

New York State Task Force on Life and the Law, titled *Euthanasia and Assisted Suicide in the Medical Context*, May, 1994. (Unanimous)

Senate of Canada, June, 1995, titled *Of Life and Death*.

Community Development Committee, Parliament of Tasmania, titled *The Need for Legislation on Voluntary Euthanasia*, 1998. (Unanimous)

So given the failure of all legal restrictions governing the extension of euthanasia why do so many MPs who are supposed to be informed still push it? I think once again it's a push for personal autonomy and a "I don't care about the consequences to others or to society – I want what I want."

This is a watershed on which each MP must make a decision and should be judged harshly if they fail their responsibility

Also see MLC Nick Goiran submission – copy available from <Michelle.Jack@mp.wa.gov.au>
Advancing the Culture of Death: Euthanasia and Physician-Assisted Suicide by Peter Tran from the LJGoody Bioethics Centre here in Perth.

Over the Edge: Individual Autonomy and Flat-Earth Ethics Fr Joe Parkinson, 2009 Curtin Annual Ethics Lecture Nov 18, 2009.

Brilliant recent article by Margaret Somerville *Both sides of the euthanasia debate claim to be advancing the cause of human dignity* http://www.mercatornet.com/articles/view/the_puzzle_of_human_dignity/

To receive my ethics emails (maybe 2-4 per month) write me at lachlan@dunjev.name

Inquiry into Suicide in Australia

<http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/02/Inquiry-into-Suicide-in-Australia.pdf>

The doctors of *Medicine With Morality* have been very concerned with moves by the states to include physician-assisted suicide in pro-euthanasia legislation thus sending a wrong message to the community about the legitimacy of suicide as a solution for distress.

Proposed legislations have included terms such as 'existential' and 'intolerable' suffering and could thus legitimise suicide where living itself is considered intolerable. As the excellent public education campaigns such as *Beyond Blue* point out, depression can lead to a perception of intolerability but if recognised is very treatable.

Given the present tragedy of suicide in Australia such legislation would lend 'state' approval for suicide as a valid option and therefore undermine the good that is being done on so many fronts to combat this. It would give approval for the young to consider what they would otherwise not consider.

As a nation we must not go down the path of suicide approval. We should make all efforts not to add to the philosophy already apparent in our society: *if things get too hard, I'll just kill myself*.

In light of the fact that the moves in the various states have come astonishingly close to passing physician-assisted suicide, we believe that the [National Suicide Prevention Strategy](#) has a role to play in advising state governments not to go in this direction. Even with strict "safe-guarding" definitions – which have not been evident thus far – the message that it is OK to opt-out if things get too tough is inescapable. If state governments fail to heed such advice then we believe the federal government should explore all possible avenues for national legislation to prohibit assisted suicide.

Appendix 1: extracts from articles on euthanasia

With respect to active vs passive euthanasia see three brief articles written for Baptist Contact in WA in 2001

http://members.ozemail.com.au/~liznlach/Contact1_0501.htm

http://members.ozemail.com.au/~liznlach/Contact2_0501.htm

So let us be clear and talk about

- **purposeful killing by lethal injection** - deliberate administration of an injection in a definite lethal dose with the object and certainty of death which would otherwise not take place at that time or as soon as desired by the person or those responsible for that person - this is an *interference* in the natural process. This is what is commonly known as euthanasia and this is what the pro-euthanasia lobby wants as a right.
- **withdrawal of futile medical treatment** which may or may not result in acceleration of death which is deemed to be inevitable and shortly following - this is a *withdrawal of an interference* in the natural process (and was dealt with in the preceding article)
- **relief of pain and distress** by *normal* doses of narcotic medication which may inadvertently hasten death when such is inevitable and imminent

The difference between the first process and the other two processes is enormous, from both ethical and religious viewpoints. The latter two are part of good palliative care as practised in Western Australia. A lot of the arguments that are used to support euthanasia e.g. 'the method used is not in itself important' or 'the consequence is the same in both cases' are flawed when considered in the context of the above distinct processes.

http://members.ozemail.com.au/~liznlach/Contact3_0501.htm

With respect to physician assisted suicide see

<http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/02/MWMPhysicianAssistedDyingVic.pdf>

It is apparent that many from the euthanasia and PAS lobby will not be content with death just for terminal or incurable illness. They want to extend the time before death to a time of their choosing and to extend the definition of illness to include readily treatable diseases and existential suffering. The proposed Victorian legislation supports an advancing culture of death, adding to the philosophy already apparent in our society and in our young people – *if things get too hard, I'll just kill myself*. In response all doctors and all Australians have an obligation to actively promote and honour a culture of life.

With respect to Advance Care Directives see

<http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/06/ACDs-LD-Sept-20071.pdf>

The difficulties with advance care directives have been clearly defined by others and are recognised by any medical practitioner concerned with primary care. These relate to

1. The impossibility of true informed consent in planning treatment recommendations for unknown circumstances
2. The problems for doctors in obtaining such informed consent and in certification that the consent was truly informed
3. The difficulty for treating doctors in interpretation when instructions have been too specific or not specific enough and where there is disagreement over that interpretation, either between doctors or between doctor and relative or agent
4. The legal implications for the doctor in these instances particularly when treatment options for significantly enhancing quality of life or preservation of life are available and also when a request is made for treatment to be withheld in the context of the patient not actually dying
5. Changing social and medical circumstances for the patient
6. Decisions made in the context of depressive illness
7. Changing patient views as perspective on sanctity of life changes
8. Changing medical practice with improving outcomes that can alter treatment decisions.

Submission to state parliament this year <http://www.medicinewithoutmorality.info/wp-content/uploads/downloads/2010/05/AA-MWM-Euthanasia-WA-2010-no-sigs.pdf>

Although we have compassion for those who are dying and who want euthanasia, true compassion means much more than simple acquiescence to any patient demand. Proper medical and *compassionate care* will help them get past that desire. The option of very good palliative care in this country makes euthanasia unnecessary. *Relief from pain and distress is increasingly achievable and obtainable*. Killing should never be seen as a solution for misery.

and talk to Catholic young people at New Norcia Monastery Dec 2009

<http://www.chooselifeaustralia.org.au/life/killing-must-never-be-seen-as-a-solution-for-misery/>

And on what do we base our involvement?

- We are created in the Image of God. We have intrinsic value because of this.
- We are to be salt and light in the community.
- We are to be the watchmen Ezekiel 33:6,7. But if the watchman sees the sword coming and does not blow the trumpet to warn the people and the sword comes and takes the life of one of them... I will hold the watchman accountable for his blood.
- We are to go down to the palace and proclaim this message “Do what is just and right. Rescue from the hand of his oppressor the one who has been robbed. Do no wrong or violence to the alien, the fatherless or the widow, and do not shed innocent blood.” Jeremiah 22:1-3.
- We are to be girded with the belt of truth
- In loving God we are to seek for Him to be glorified in our land and for our laws to honour Him.

In loving our neighbour we want to protect him from harm, to seek the best for now and the future, to see meaning in both life and death, and if we see evil being perpetrated against him to stop it, loving justice and hating evil (Micah 6:8; Amos 5:15).

Lachlan Dunjey MBBS FRACGP DObstRCOG

Medicine With Morality convenor.

September 2010.

Also at <http://www.adf.com.au/wordpress/?p=277>