Abstract: Brierley et al argue that in cases where it is medically futile to continue providing life sustaining therapies to children in intensive care, medical professionals should be allowed to withdraw such therapies, even when the parents of these children believe that there is a chance of a miracle cure taking place. In reasoning this way, Brierley et al appear to implicitly assume that miracle cures will never take place, but they do not justify this assumption and it would be very difficult for them to do so. Instead of seeking to override the wishes of parents, who are waiting for a miracle, it is suggested that a better response may be to seek to engage devout parents on their own terms, and encourage them to think about whether or not continuing life sustaining therapies will make it more likely that a miracle cure will occur.

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When They Believe in Miracles

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Brierley et al. consider instances where it becomes apparent that further treatment of children receiving intensive care is medically futile, but where the children’s parents hold that treatment should not be withdrawn because God may intervene and provide a miracle cure. The authors suggest that, when reasoning this way, these parents are not always taking the best interests of their child into account, especially when medically futile treatment causes on-going pain and discomfort. They draw an analogy to the case of some Jehovah’s Witness parents whose religious beliefs often lead them to refuse to allow their children to receive blood transfusions. As Brierley et al. point out, in such cases it is now standard practice in paediatric medicine to override the parent’s religious objections to blood transfusions, so as to protect the welfare of the children in question. Just so, they argue, children who are in situations of medical futility should be protected from their religiously fervent parents, who are willing to allow those children to experience pain and discomfort while waiting for a miracle to take place.

There are two important disanalogies between the blood transfusion case and the miraculous cure case. The first is that the objection to blood transfusions is an idiosyncratic view of one minor religious group. By contrast belief in divine intervention is extremely common across many religions. America is a land of very diverse religious beliefs and 76% of Americans believe in miracles.[1] This should not be surprising. There is good evidence to suggest that a disposition to be religious has evolved in human populations and ordinary religious believers of many stripes believe that God or other supernatural beings can and do intervene in the natural world.[2] The second disanalogy is that in most instances where a court order is sought, the Jehovah’s Witness parents in question are knowingly allowing a harm to occur to their child because of their religious belief that blood is
sacred.[3] Perhaps some of the parents might be concerned that a child who receives a blood transfusion will be refused entry into Heaven at the time of his or her death. However, it is not specified in publicly available statements of Jehovah’s Witness doctrine that God will refuse to allow unwitting recipients of blood transfusions into heaven, and a child who has not freely chosen to have a blood transfusion has not committed a sin, from the Jehovah’s Witness point of view. If the parents consented to a blood transfusion taking place then they would have committed a sin, and their own salvation would be in jeopardy, but that a matter of what is in their best interests rather than what is in the best interests of the child. What is in the best interests of the child in need of a blood transfusion is not really in dispute. However, it is not specified in publicly available statements of Jehovah’s Witness doctrine that God will refuse to allow unwitting recipients of blood transfusions into heaven, and a child who has not freely chosen to have a blood transfusion has not committed a sin, from the Jehovah’s Witness point of view. If the parents consented to a blood transfusion taking place then they would have committed a sin, and their own salvation would be in jeopardy, but that a matter of what is in their best interests rather than what is in the best interests of the child. What is in the best interests of the child in need of a blood transfusion is not really in dispute. What is really in dispute is the answer to the question ‘what is the right thing to do, all things considered?’ By contrast, in typical instances of the miraculous cure case, the parents in question sincerely believe that they are acting in the best interests of the child. What could be more in the interest of a dying child than being miraculously cured?

Brierley et al. seem to take it as obvious that if we are to act in the interests of the dying child then our concern to prevent pain and discomfort will invariably outweigh the possibility of a miracle cure taking place. One problem with their reasoning is that some of the children under consideration will not be conscious and will not therefore experience any pain and discomfort. From their point of view any chance of a miraculous cure is a chance worth having, no matter how small that chance is, as long as it is above zero. Another problem is that Brierley et al. do not demonstrate, even in cases where pain and discomfort is present, that the dis-benefits of such pain and discomfort outweigh the possible benefits of a miracle cure occurring. But it seems plausible to think that even a relatively small chance of a miracle cure taking place, and a healthy life being lead as a result, should be held to outweigh a lengthy period of pain and discomfort.

I suspect that Brierley et al. do not attempt to demonstrate that it is not in the interests of dying children to endure pain and discomfort in order to allow the possibility of a miracle cure occurring because they are in fact convinced that miracle cures never happen. But they are in no position to insist that miracle cures never happen. They do not demonstrate that miracles are impossible; and indeed this would be very difficult for them to do given there are significant scholarly arguments for the conclusion that miracles are possible.[4-5] Furthermore, it is sometimes argued that, if the right sort of evidence were to be located and possible naturalistic explanations of that evidence legitimately ruled out, then it would be rational to conclude that a miracle had occurred.[6] Distraught parents may routinely overestimate the chance that a miracle cure will occur – sometimes even expecting that these will occur – but we cannot and should not rule out the bare possibility of a miracle occurring.

Medical professionals might respond to the above reasoning by attempting to conduct the cost-benefit analysis that Brierley et al. appear to presume to be unnecessary, attempting to estimate the chance that a miracle will actually occur in a given situation and attempting to weight the resulting benefits against the expected costs of continued pain and discomfort, so as to determine how much pain and discomfort it is worth allowing a child to suffer while waiting for a miracle. However, I suggest that this is not the right response. Medical professionals have no particular ability to determine the actual chances that a miracle will occur, so they will not be able to carry out the relevant cost-benefit analysis.
A response which may be of use is to try to engage with the devout parents of dying children on their own terms. Unfortunately religious leaders may often only be of limited assistance in facilitating this engagement as many ordinary religious beliefs, including the belief that miracles occur reasonably frequently, are not ‘theologically correct’ beliefs.[7] Devout parents who are hoping for a miracle may be able to be persuaded, by the lights of their own personal (often ‘theological incorrect’) religious beliefs, that waiting indefinite periods of time for a miracle to occur, while a child is suffering, and while scarce medical equipment is being denied to other children, is not the right thing to do. One point to put to them is that God, who is usually regarded as all-knowing, will be aware that they are very distraught and will have heard their prayers. God will already have made a decision about whether to intervene or not. It is very hard to see why waiting longer will lead to a change of decision.[8] They may have some reasons to think that God, who has chosen not to intervene yet, will decide to intervene at a later time, but it is also possible that they will come to accept that God has decided not to intervene on behalf of their child. A second point to make is that God is not restricted to miraculously healing only those children who are in intensive care. It is possible that God may intervene and initiate a miraculous cure after treatment is withdrawn. It is even possible that God will decide to bring a child back to life after it has died. Indeed there are evangelical Christians who hold that God has brought dead children back to life.[9] Engaging with devout parents on their own terms and asking them to consider the point of waiting for a miracle, when there is no obvious reason to think that waiting will make it more likely that a miracle will occur, may prompt devout parents to reconsider their opposition to withdrawing treatment, or encourage them to agree to a limit on the period of continued medically futile treatment.[10]

References


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