

The Gift of a Broken Body¹

Bill's condition had noticeably worsened during the last few days. John, one of Bill's two sons, realized that they must come to some kind of decision very soon, while Bill was still able to think and communicate clearly. John knew that this might be his father's final chance to have some control over his own destiny. Not surprisingly, however, Bill had insisted that all of the adult members of the immediate family discuss the issue before he made his final decision. As these discussions unfolded, it had become clear to John that the family hoped that Bill would change his mind. After all, it was bad enough that the husband and father they so dearly loved would die all too soon. The thought of not being able to bury him for a year was becoming too much to bear.

As John headed toward his father's bedroom, he again let his mind sift through the blur of events of the past three months. John not only had to clarify the issues for his father. He also hoped to adequately prepare himself to accept whatever his father's decision might be.

Because they lived 800 miles away, John and his family had not witnessed the earliest stages of Bill's illness. However, from what his mother, Katherine, had told him since he arrived home, John could easily picture his father's reaction to this ordeal.

He could imagine the scene in the doctor's examination room less than three months ago. He could see Bill stride into the room, firmly grasping Katherine's hand, determined to lick whatever it was that had invaded his body and sapped his energy. But the news the young doctor delivered that morning had confirmed their worst fears. Bill suffered from cancer of the pancreas and liver.

John imagined how his father had received the news. He could see his parents still holding hands. He could read his father's body language that spoke of courage and strength. But he also saw in his mind's eye the glistening eyes and the slight tremor of the hand that betrayed Bill's fear and deep sadness.

According to his mother, Bill immediately asked the doctor to explain how he might have contracted this disease, and what kind of future he could expect. He challenged the doctor to tell him the whole truth about his condition. He wanted to know and understand what was happening to him, and why.

The doctor had proceeded to tell them that cancer of the pancreas was one of the most unpredictable and devastating forms of cancer. It was a disease that medicine knew little about--both in terms of what caused it and how to successfully treat it. By the time serious symptoms appeared, like the dramatic change in blood sugar and the subsequent debilitating tiredness that Bill had experienced, the cancer had inevitably spread to other organs, especially the liver. Therefore, in the vast majority of cases, surgery and many radiation and chemical therapies that might otherwise be used with some success were generally ineffective in battling this form of cancer.

As he imagined the scene from his mother's description, John could almost hear his father's next words. "Well doctor, you're the expert, what do we do now?" The doctor then had explained that the only treatment that might give some relief from the symptoms, and which might extend Bill's life for a brief time, was a form of chemotherapy. There would be side-effects, but at least Bill might temporarily get some of his energy back.

John felt himself flinch as he imagined what his father asked next. "How long do I have?" Katherine had told John that this question was followed by a long, deliberate silence. The doctor finally had looked Bill in the eye and said, "Bill, I can't make any promises. You might live for a year, and this might end in two or three months." Before the doctor could even take a breath Bill had asked him, "What's your best opinion?" Another long silence was followed by a very quiet, "I think you have maybe six months left." Later that same week Bill began chemotherapy.

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Just eight weeks later Bill could no longer work, even at home. He did not have the energy to walk more than a few steps at a time. Therefore, when John and Katherine took him back to the doctor's office following his latest session of chemotherapy, he had to be moved by wheelchair.

To no one's surprise, the doctor reported that the chemotherapy had failed to curb the spread of the disease or its symptoms. Bill sat uncomfortably in his wheelchair. Caught up in his own thoughts, Bill's wrinkled brow added to the appearance of advanced age and frailty. John wondered what thoughts or dreams now played through his father's imagination.

The first thing out of his mouth was predictable. Bill looked up at the doctor and again asked, "How long have I got?" Knowing Bill well after these two months of intensive therapy, the doctor did not hesitate, though his voice dropped almost to a whisper. "I think you have maybe a month."

It was the next part of the conversation that surprised John and Katherine. Bill struggled to lift his head to look at the doctor. He again raised the issue which seemed to be growing in importance to him as he approached death. "We've talked a lot about what might have caused this disease, and the bottom-line seems to be . . . nobody knows. I have no history of cancer in my family. I'm only sixty-one years old, and just had one of the best annual physicals in my life. Why does such a devastating disease attack a body that is not that old, and which, for its age, is in pretty good shape?" The rhetorical question hung in the air for a long moment, seeming to cast a spell over everyone in the room. Bill broke the spell when he asked, "Would it do medical science any good if I gave my body for research? Maybe this body holds some answers."

After pondering the question for a moment, the doctor replied, "I don't know right off hand of any local research that might be interested in your specific case. I know that the medical school is always glad to accept donated bodies for teaching and research. Let me get some information that I can give you at your next visit."

Soon after they returned home from the doctor's office, John plopped down on his father's bed. In the lighthearted manner they usually began significant conversations, they began to chat about what John's wife and their two children were doing that day. After a few minutes of this comfortable banter John said, "OK, Dad, when did you start thinking about giving your body to science?"

"It just came to me this morning as I was trying to think of a way to respond to the doctor's news," Bill replied. "I keep asking myself 'why me?'" John knew that for his father, this was not just a question of why does a bad thing happen to an innocent victim. He was also sure his father did not see his illness as some kind of punishment from God. John knew his father was struggling with the meaning of his situation. He also deeply felt his father's sense of powerlessness, which was building into a quiet sort of desperation. Bill whispered to his son, "I'm just sad that this has happened. If I could . . . in any way . . . save someone else, or someone else's family, from suffering like this . . . my death would not be in vain."

John's throat contracted so tightly that he wondered if any sound would come out when he tried to respond to his father's words. The impact of his pride in his father and a sense of the mindless tragedy of his illness left John literally speechless. When he felt able to speak, he replied, "I'll tell you what Dad, I'll do some calling around to see what I can find out about donating your body for research. Then we can talk about it." Bill seemed very pleased, and father and son continued to talk about their favorite TV show, what the grandchildren were going to do that day, and other things fathers and their grown sons like to talk about on a summer afternoon while on vacation.

John first called the doctor who had found the appropriate phone number at the local medical school, one of the largest and most prestigious in the nation. The staff person at the medical school briefly outlined the procedure for donating one's body to the school. She was very pleasant to talk with, and made John feel like this was a very worthwhile action to take. However, she was clear that this procedure was quite different from those followed by a funeral home. She briefly described the very exact steps that had to be taken for the body to be useful to the school.

In answer to John's specific question about whether his father's body would be used for cancer research, the staff person gave virtually the same response as the pathologist had. If Bill did donate his body, it would probably

not go to cancer research. Rather, it would go to benefit medical education. However, there was a slim possibility that, given his condition, his body might be used by someone specializing in the treatment of cancer. If this happened there was a real chance that a future doctor might come to a better understanding of this disease.

When he got the brochure from the medical school later the same week, John felt like he understood the procedure pretty well. There was a phone number the family was to call after the death. The medical school would send a team to the hospital or home to pick up the body. It would go through a special embalming method, which was different from those used in funeral homes. Because of these special requirements for preparing the body, no one could view the body once it left the hospital or home. The body would eventually be cremated, and the ashes returned to the family, if they wished, about one year later.

No one could view the body after it left the hospital or home This thought plagued John. He began to ponder the implications of this fact for the mourning process he and the rest of his family, as well as his father's friends, would go through during the next few weeks.

During the next few days John began to raise this issue with the other members of his immediate family--his mother, his wife Hope, and his brother and sister-in law, Alan and Beth. Under normal circumstances, they would have all discussed such an important matter together until reaching a family consensus. But Bill's condition had deteriorated to the point where he could no longer function effectively in a group discussion. Since he was most familiar with the situation, John accepted the role of family representative in any subsequent conversations with his father.

They all agreed that the desire to donate his body was yet another example Bill's heartfelt concern for others. They also saw how it was a way for him to deal with his sense of helplessness and pain. Alan and Beth, both of whom were nurses, also echoed the importance of such donations for medical education.

But all of them believed that, if Bill's primary wish to provide his body for cancer research could not be fulfilled, they wanted to have a traditional funeral and burial process. This would provide them and other friends and family a chance to say good-bye to Bill with some sense of a physical presence. After all, many of his closest friends did not even know he was sick. Many people would be shocked by this news, and would need help in grieving this loss. John's discussions with his family, both individually and as a group, always ended with the idea, both voiced and unvoiced, that John should try to talk his father into having a traditional burial.

In a final attempt to clarify these issues for himself, John called Rev. Richard Charles, the pastor at his home church and his father's longtime friend. He wanted to discuss not only the specifics of his father's situation, but broader questions of theology and religious practice as well. Rick listened carefully to John. The pastor gave John his opinions about the role of the body in Christian funeral and burial rituals. He also suggested that donating the body for medical education was a "noble" offer.

However, Rick's most important comment came at the end of the conversation. He and Bill had become extremely close friends during the thirteen years Rick had served this church. Bill had been not only a loyal member of the congregation, but also the head of Rick's pastor-congregation relations committee. Bill had shared many of the ups and downs of his ministry with great compassion, love, and support. Rick's parting words to John had been, "You ought to take his final decision, whatever it is, very seriously. Your father is a very good man, and I will support whatever decision he makes."

As he grasped the doorknob to his father's room, Rick's words rang in John's ears.

Teaching Note

A. Goals

The general goal of this case study is to explore and critically engage issues of science, technology, and faith. More specifically, the goal is to create a means (use of the case study) by which persons might:

1. Became aware of their own experience of these issues.
2. Be able to critically analyze the nature and implications of living faithfully in an age of science and technology.
3. Develop skills for and participate in theological and ethical reflection on issues of science, technology, and faith.
4. To serve as a means for eliciting response to these issues as they are encountered in our lives.

This case attempts to elicit examination and exploration of the SCIENCE-FAITH interface. In this case, science is involved in the decision of a terminally ill cancer patient to provide his body for use in medical education or research. Faith is involved in decisions concerning the mourning process of family and friends, and, in particular, the role of Christian funeral (memorial service) and burial practices and the physical presence of the body in these ritual activities. Both science and faith are also involved in the question of the responsible stewardship of our bodies after death. The dilemma that the patient and his family face is that needs of science and faith may be incompatible in this case.

B. Key Issues

Several interrelated issues can be explored using this case. The case was written with the idea that, with respect to each of these issues, the interface of science and faith might be more fully engaged theologically and ethically.

1. Explore the various meanings/functions of funeral and burial rituals, and the function of the physical presence of the body in these rituals. This exploration can emerge from the perspective of:
 - a. theology.
 - b. practical ministry.
 - c. psychology.
 - d. anthropology/sociology.
2. Explore the stewardship of the body after death
3. Explore the relative value of science and faith
4. Explore one's responsibility to the wishes of someone who has died, which implies exploration of the value of the needs and desires of the living in relation to the needs and desires of those who are now dead

C. Possible Strategies

Though this case can be used in many different ways.

1. In some way, have the students consider the meaning and function of mourning rituals and dead bodies:
 - a. Put the terms "funeral," "memorial service," "burial," and "body" on the board and illicit free association.
 - b. Begin by challenging the students to think about the various functions of mourning and funeral/burial rituals.
 - c. Or simply ask, "What is a funeral (memorial service) and is it important for the Christian faith?" If it is important, "What is the proper function of making the body physically present (not necessarily 'on display')?"
2. Begin by asking what a dead body is worth. Be open to answers at many levels.
3. Ask the students to imagine how decisions related to the last (or any other particular) funeral/burial/mourning process they were involved with might have been influenced by the dying person's request to donate her/his body for medical-research purposes.
4. Consider another instance in which the presence of the body at a funeral/time of mourning was particularly helpful or problematic in any way.