

THE JOURNAL OF COLLEGIUM AESCULAPIUM





THE JOURNAL
OF COLLEGIUM
AESCULAPIUM

FALL 1998

THE JOURNAL
OF COLLEGIUM
AESCULAPIUM
FALL 1998

A PERSONAL NOTE FROM THE EDITOR

Elder Maxwell's priceless message and other treasures



Are you going through some trials in your life? And how about your patients? Elder Maxwell's priceless message about having good cheer in days of gloominess can help. I hope you'll share it with the families of all your patients with cancer and other awful afflictions, your colleagues – and your family. I think tears will come to your eyes as you read the words of nine-year-old Melissa and a dying Jared Ammon. I've read this article over and over. It's that good – and that important. Elder Maxwell could have said these things just for our family. And since there isn't a family without trials and suffering, you'll feel the same way about these words of a great apostle and prophet who has taught us about tests and trials for many years. Now while personally experiencing the suffering he taught us to expect, he's done so quietly and with good cheer. In fact, Elder Maxwell finished editing this article for us a few weeks before conference during a time when he was so sick with leukemia that most people would have forgotten all about it – but not our friend, Elder Neal A. Maxwell. Thank you, Elder Maxwell. We love and appreciate you.

As you've been reading our articles about colleagues serving medical missions in remote parts of the world, you may have wondered where you will be called to serve. As you read about John and Carolyn Bennett's experiences in Outer Mongolia, you'll probably think about this some more. Think about it – Outer Mongolia! To make this mission report even more interesting, you'll read one from John and one from Carolyn – a special friend going way back to our student years.

This issue also contains an article by Catherine Marco about decisions at the end of life – and some inspiring and insightful stories by Karen Lewis, Diane Farley-Jones, Jerry Ellen Owensby, Tamara Lewis, Melanie Sanders, Rachel Rahman, and Lucinda Bateman about extra challenges faced by professional women in the Church.

And take a few minutes to read Dean Garrett's stimulating article about ethics – which is very different than a typical university class on the subject.

So enjoy this timeless issue, share it-and get it back so you can keep it!

Glen C. Griffin, M.D.

EDITOR

Glen C. Griffin, M.D., is the president of the American Family League, Inc., a clinical professor at the University of Utah School of Medicine, and the coordinator for pediatric education at the Utah Valley Family Practice Residency program. The American Family League's Web sites www.principles.org and www.moviepicks.org provide resources to help strengthen families — such as how to increase safety on the Internet and suggestions for movies and videos that are entertaining and decent.

Bruce H. Woolley, PHARM. D., Editor-in-Chief
 Glen C. Griffin, M.D., Editor
 Guy Hartman, M.D., Associate Editor
 Richard W. Parkinson, M.D., Associate Editor
 Kenneth L. Meyers, Managing Editor

EXECUTIVE BOARD OF COLLEGIUM AESCULAPIUM

George H. Bowie
 Marian M. Brubaker, M.D., *Past President*
 Lloyd Call, M.D.
 James Clayton, M.D., *President*
 Homer Ellsworth, M.D.
 Glen C. Griffin, M.D.
 Joseph P. Hardy, M.D., *President-Elect*
 Guy L. Hartman, M.D.
 Blayne Hirsche, M.D.
 Clayton Huber, PH. D., *Treasurer*
 Karen Lewis, M.D.
 Larry Noble, M.D.
 Joseph L. Pace, M.D.
 Mark F. Rogers, D.P.M.
 Richard B. Sampson, M.D.
 Cecil Samuelson, M.D.
 C. DuWayne Schmidt, M.D.
 Thomas N. Spackman, M.D.
 George J. Van Komen, M.D.
 G. Michael Vincent, M.D.
 W. Lawrence Warner, M.D.
 Bruce Call Williams, M.D.
 Bruce H. Woolley, PHARM. D., *Exec. Vice President*

PAST PRESIDENTS

- 1982 Robert H. Hales (*deceased*)
- 1983 Richard A. Call II
- 1984 John C. Nelson
- 1985 N. Lee Smith
- 1986 Robert D. Jones
- 1987 Roger L. Hiatt Sr.
- 1988 Joseph G. Cramer
- 1989 Lattimer H. Ford (*deceased*)
- 1990 Homer S. Ellsworth
- 1991 Larry Noble
- 1992 G. Michael Vincent
- 1993 Sydney A. Horrocks (*deceased*)
- 1994 Blayne Hirsche
- 1995 Richard B. Sampson
- 1996 Marian M. Brubaker

Membership in Collegium Aesculapium: Collegium Aesculapium encourages physicians, podiatrists, and doctors of pharmacy to become active members of the organization (\$125 per year). Special rates are available for retired health professionals (\$75) and professionals in their first two years of practice (\$50). Nurses, physical therapists, pharmacists and others interested in the Foundation are invited to join as Associate Members (\$75 per year). Medical students in training and upper-class premedical students (\$35 per year) may also join the Collegium.

Send membership fees to:
 Collegium Aesculapium Foundation, Inc.
 P.O. Box 7424, University Station
 Provo, UT 84602-7424.

The Journal of Collegium Aesculapium is published by Collegium Aesculapium Foundation, Inc. The articles in the journal do not necessarily reflect the opinion of the organization or its sponsoring institution.

© Collegium Aesculapium, 1998.

COVER PHOTOGRAPH BY PHOTODISC, INC.

C O N T E N T S

<i>“Be of Good Cheer”— Even in Times of Gloominess</i>	6
<hr/>	
ELDER NEAL A. MAXWELL	
<i>Decisions at the End of Life</i>	14
<hr/>	
CATHERINE A. MARCO, M.D.	
<i>Our Adventures in Outer Mongolia</i>	20
<hr/>	
JOHN A. BENNETT, M.D. AND CAROLYN ROMNEY BENNETT	
<i>An Unusual Opportunity for Service</i>	26
<hr/>	
KAREN LEWIS, M.D.	
<i>The Impact of Theology on Ethical Insight</i>	34
<hr/>	
H. DEAN GARRETT, PH.D.	

*“Be of
Good Cheer”
— even in times of gloominess*

by ELDER NEAL A. MAXWELL



In recent months, I have received such wonderful care from physicians, nurses and others that my appreciation is deeper than ever for those whose business it is to care for those who are ill.

Now, because of my love and deep regard for you, I'm going to be fairly heavy and at the same time I'm going to try to get you to think in a little different way about what you do professionally, your second-mile service, and your discipleship.

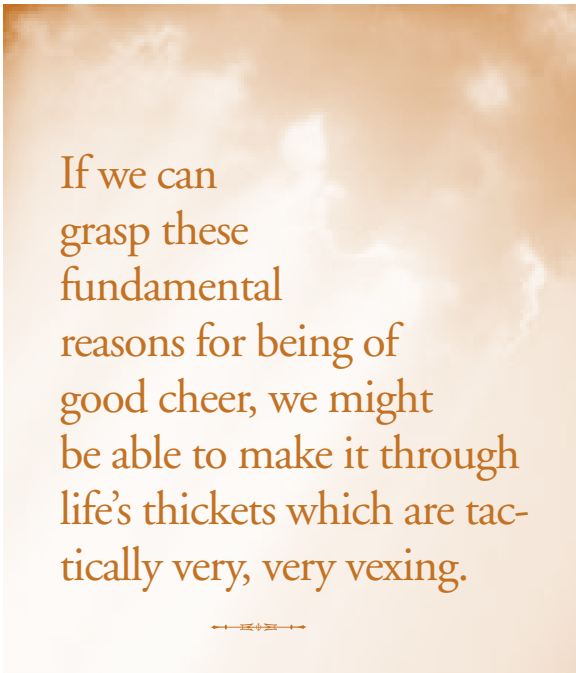
The last days will be days of gloominess

In the Old Testament, Joel and Zephaniah said the last days would be days of gloominess. An interesting choice of a word, gloominess, but it is in that gloominess that you and I are called upon to live our lives and to shine as lights to the world.

The scriptures tell us that the love of many will "wax cold" in the last days. Yet, there will also be wonderful loving men and women of all races and creeds and colors. There will be a noticeable slackening of love and a noticeable increase in gloominess. Part of this gloominess comes from the almost

instantaneous global awareness we have of terrible things that happen all over this planet. Some who are younger have grown up with this added awareness, but it's not been that many decades ago that news about a tragedy might take several weeks to reach people on the other side of the world. Hence, this awareness of causes of gloominess are heightened even more.

I want to share a prophesy of Brigham Young with you that is very sobering. President Young said, "It was revealed to me in the commencement of this Church that as the Church grew and expanded into the nations of the world, in direct proportion to the spread of the gospel among the nations of the earth, so also would the



If we can grasp these fundamental reasons for being of good cheer, we might be able to make it through life's thickets which are tactically very, very vexing.



power of Satan rise.” That’s an interesting cheek-by-jowl, wheat-by-tare circumstance. We rightfully rejoice in the growth of the Church around the world. But at the same time we shouldn’t be surprised at the intensification of wickedness. So, here we have Joel, Zephaniah and Brigham Young each giving us a heads up along with Jesus speaking about how the love of many will wax cold. This gives us an interesting context, unique I think, in human history. Never before has the gospel been on earth with the promise never to be taken away. And never before has God’s kingdom become so global, fulfilling Nephi’s prophecy that we would be scattered in all the face of the earth.

Be of good cheer

Isn’t it interesting that in the midst of these prophecies of gloominess that Jesus tells us to be of good cheer? It is fascinating to me that when on the surface of circumstances there was nothing to be cheerful about, Jesus told the twelve to be of good cheer. How did he expect them to be of good cheer?

He was soon to be crucified. They would soon be scattered like sheep. There would be other grave difficulties. But He gives the answer as to why they should be of good cheer. “In the world ye shall have tribulation, but be of good cheer. I have overcome the world.” Jesus was about to accomplish the atonement, the centerpiece of all human history. Death would be irrevocably defeated. All mankind would be given immortality. Satan would have failed to foil the unfolding plan of salvation—and additionally there would be eternal life for those of great faith. So, Jesus was saying to be of good cheer because of these resplendent realities, not because of things on the surface of life. I wonder, speaking to myself as well as to you, if that principle isn’t a distinction we may need to keep a grip on, in the context of the problems we will be fac-

ing. For instance, when Jesus visited Paul in prison, He told him to be of good cheer. It’s interesting that Paul had just been publicly and humiliatingly struck on the mouth by order of Ananias, forty individuals were plotting his death, and he faced a trial for sedition. What should he be

of good cheer about?

Jesus said to Paul to be of good cheer because he would soon take the glad tidings of the gospel to Rome. Thus, it’s very, very important to remember the differences between the fundamental realities and blessings we have in the gospel and those tactical and immediate circumstances which are not very good.

Jesus has told us in this dispensation to be of good cheer. Why? Because He promised us that, “I will lead you along.”

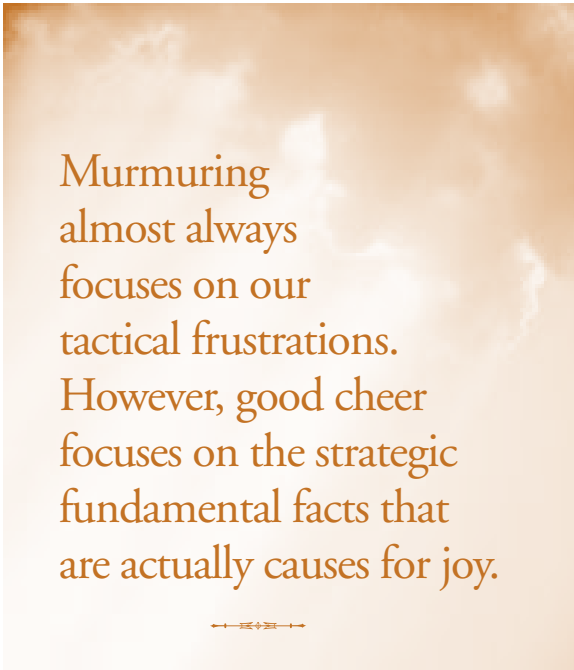
Think about the twelve when they saw the Savior walking on the stormy Galilee. Knowing his disciples were fear-

ful as they saw Him walking on the water, Jesus told the frightened members of the twelve, “Be of good cheer.” He then comforted them by saying, “It is I.” The Lord of the Universe can walk on water, and His purposes will be fulfilled.

If we can grasp these fundamental reasons for being of good cheer, we might be able to make it through life’s thickets which are tactically very, very, vexing.

As you know, the Nephite members of the Church on this hemisphere were held hostage and were designated to be put to death if the signs of Jesus’ birth did not appear on the exact date they had been prophesied to appear.

Even in that setting, Jesus said to them to be of good cheer. Why? Because, “On the morrow come I into the world.” People had waited centuries for the resurrection and now the atonement was only thirty-three years away. So, once again, we get this sharp distinction between the fundamental facts that are strategic and everlasting in their importance and the tactical circumstances of life, which at times are pretty grim.



Murmuring
almost always
focuses on our
tactical frustrations.
However, good cheer
focuses on the strategic
fundamental facts that
are actually causes for joy.

In the 1820s, Brigham Young was sometimes a discouraged young man. He saw much in the world that he disapproved of and wondered if he had a work to do. Notice what his brother Phineas said to Brigham, “Hang on Brigham, for I know the Lord is a going to do something for us.” The rest of the story, of course, is Moses-like in its outcome.

Don't murmur

I speak of these fundamental differences between tactical circumstances and strategic facts because I believe each of us has to learn to so distinguish and work our way through them. If we're not careful, one of the risks of conscientious committed people is that even though we may engage in doing good things, we often murmur quite a bit while doing them.

I've often thought about Tevia in *Fiddler on the Roof*. You remember his frequent and interesting verbal asides to God. Much of this was murmuring. At least Tevia was honest when he murmured. Sometimes you and I murmur, but we may not realize whom the Ultimate Addressee is when we murmur. We may not intend to murmur against God, but this is what we are doing and even if we don't recognize it.

Notice the things in the scriptures over which murmuring occurs. “We need bread.” “We need water.” “The military reinforcements didn't arrive.” “Why did we ever leave Egypt?” And later in history, Laman and Lemuel murmured, “Why did we ever leave Jerusalem?”

Murmuring almost always focuses on our tactical frustrations. However, good cheer focuses on the strategic fundamental facts that are actually causes for joy.

Tucked away in that remarkable Book of Mormon

are these interesting lines about murmuring. “And thus Laman and Lemuel did murmur because they knew not the dealings of that God who had created them.” They didn't get it. They did not get the big picture.

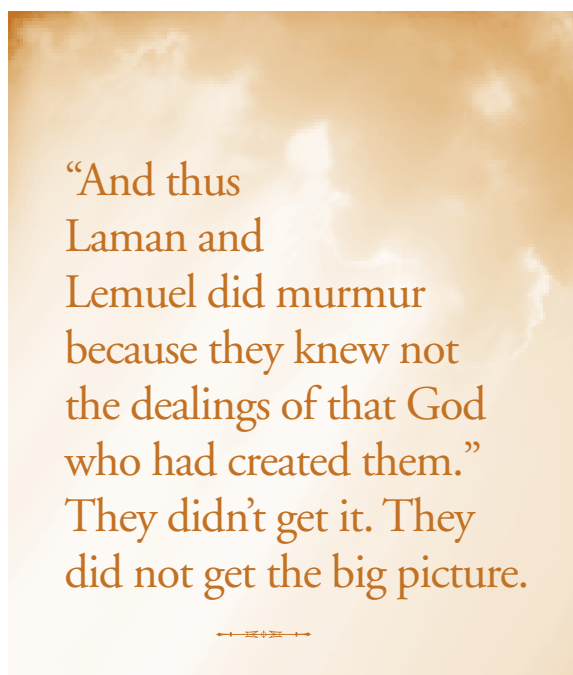
So when they had to give up all their possessions and, so to speak, their membership in the Jerusalem Country Club, in order to head out into the desert with their father, they murmured. They did not understand the plan of salvation.

I caution myself as well as you about murmuring because murmuring may take the edge off the excellent things good people do. Some murmuring may be amusing, but never-the-less it's not a good thing. My wife is sometimes the victim of my murmuring when traffic lights aren't right. It is as though some of us expect life to flow so smoothly that it will be an unbroken chain of green lights with a parking spot just in front of where we want to go, and if it isn't, then we think we've had a bad day.

If we can really get a grasp of what murmuring is symbolic of, then you and I can be more careful about it.

I read this line from the Book of Mormon speaking of people who were very conflicted, “There sorrowing was the sorrowing of the damned because they could not take happiness in sin.” There are some people who really expect to be able to take happiness from sin. Instead they find profound sorrow that is very, very deep which can't be alleviated. But for us, and I include myself, if we know about the atonement, the plan of salvation, the glad tidings of the gospel, which are the fundamental reasons for us to be of good cheer, what if we miss an airplane flight? I've murmured about that a few times. It doesn't mean

we aren't inconvenienced or frustrated. But I'm suggesting if there is to be the edge of excellence in our discipleship, murmuring has to go. Murmuring is simply inconsistent with the command for us to be of good cheer.



If we really understand the scriptures about how the rain falls on the just and the unjust alike, then we know that sometimes it's going to rain on our parades. I speak to you about so deepening our discipleship, because I sense how committed you are.

I want to share some illustrations with you about how young people often have greater spiritual submissiveness than some of us who are older. One of my more precious experiences occurred in a tiny little hospital room in Fortaleza in Brazil. A young Brazilian boy was dying. His name, Jared Ammon, will tell you something about his parents. But as Jared Ammon lay dying in his teenage sister's arms, three of us went to the hospital to visit him. We had masks on. The room was so narrow that the three of us who were visiting had to stand erect because there wasn't room to do

otherwise between the cot and the wall. Jared was asked in Portuguese if there anything we could do for him. He answered, "Yes, would you please sing for me, 'I Am a Child of God?'" Two voices in Portuguese and mine in English sang 'I Am a Child of God' to Jared Ammon. That's really all Jared wanted. Jared Ammon was of good cheer about the things that mattered most, while the tactical circumstances were yet another matter.

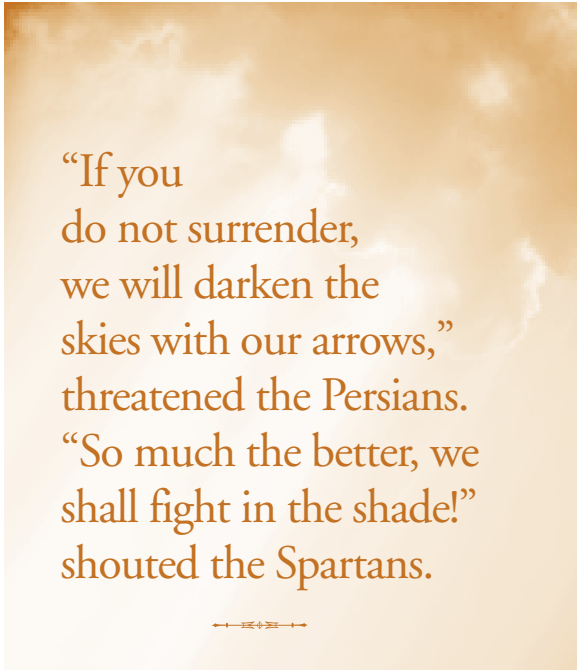
We sang the song to him and he was gone three hours later. His parents and family, too, were of good cheer in their coping.

We each will need to have a good grip on what matters most because of one other condition that goes with the prophecies of Joel, Zephaniah, and Brigham. I'm speaking of Moroni's statement that "despair cometh of iniquity." Isn't this interesting? Much of human despair is a function of iniquity.

And as things get more wicked, there's going to be more despair. You and I, in turn, must bring gospel gladness to others while reflecting it in our lives.

It will take spiritual spunk

It's going to take a special spiritual spunk to make our way in the last days. I salute you for what you've done, what you are doing, and will yet do, not only professionally, but in your second mile service by way of your humanitarian contributions to the human family. But when things seem a bit dark and discouraging, think about this event from ancient Greece. A small band of Spartans were trying to hold a narrow mountain pass at a place called Thermopylae, against overwhelming numbers of Persians. The Persians, irritated about being held up in their advance, began to threaten the Spartans, trying to get them to give up. The Spartans refused. Finally the Persians gave them the ultimatum, "If you do



**"If you
do not surrender,
we will darken the
skies with our arrows,"
threatened the Persians.
"So much the better, we
shall fight in the shade!"
shouted the Spartans.**

not surrender, we will darken the skies with our arrows." Now, listen to this spunky answer of the Spartans: "So much the better, we shall fight in the shade!" Such is the kind of spiritual spunk we need to have as we approach the darkening last days.

Our Weaknesses

On top of this contextual challenge I've tried to describe is a second challenge from which we can't be spared either. The scriptures say to us, "Yea, come unto Christ and be perfected in him." Yet as we begin to do that, the scriptures tell us that something else happens: "If men come unto me, I will show unto them their weakness."

Brothers and sisters, there is no way that you and I can come unto Christ and not have Him make us more keenly aware and keenly conscious of our weaknesses. This is because He loves us. But sometimes, having our

weaknesses brought to our attention causes pain. It's one of the costs of discipleship. It is real. It is incessant. It is unavoidable.

But there is the rescuing promise that He will make our weaknesses become strong unto us. So, when we feel pain and frustrations, remember the overwhelming and ultimate blessings and truths of the gospel.

Discipleship thus involves us in our individual isometrics which lead to consecration. I read you these wonderful lines of Brigham Young who produced truths like sparks from a wheel: "When Latter Day Saints make up their minds to endure for the kingdom of God's sake, whatsoever shall come, whether poverty or riches, whether sickness or to be driven by mobs, they will say it is all right and will honor the hand of the Lord in it and in all things."

"It'll be all right"

During my forty-six days in the hospital, Colleen, ever so dutifully came to be with me every day. On the second night she encountered one of our wonderful neighbors whose young husband of forty-three was dying of leukemia in a near-by room. This young mother, Liz Nebeker and her husband had worked hard to prepare their children for what lay ahead. He was going fast from cancer. As Colleen tried to console her, Liz said something profound. Without realizing she was almost quoting Brigham Young, this young mother told Colleen, "It'll be all right, it'll be all right."

Just yesterday a wonderful letter came from Liz, now mothering her three wonderful children alone. The message in the letter again reflected her strength, "It'll be all right, it'll be all right."

You and I need that sense of our own discipleship when we get customized experiences in our customized curriculum.

I don't know to whom to attribute this poem, but it portrays what I'm attempting to say, using the metaphor of weaving:

*My life is but a weaving between my God and me.
I do not choose the colors and he worketh steadily.
Oft times he chooses sorrow and I in foolish pride
Forget he sees the upper and I the underside.
Not till the looms are silent and the shuttles cease to fly
Will God unroll the canvas and explain the reasons why.
The dark threads are as needful in this skillful weaver's
hands
As the threads of gold and silver in the pattern he has
planned.*

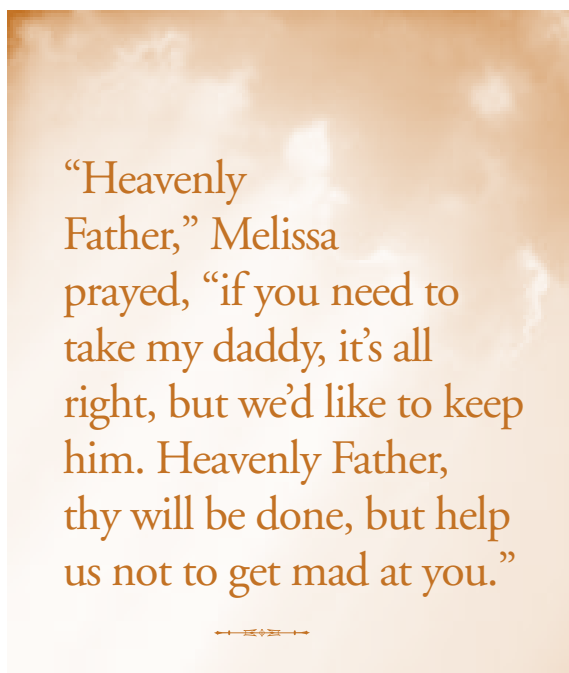
The dark threads are so fundamental in being able to see the purpose and meaning of events in life. It's so important to be able to be of good cheer even in the grimmest of tactical circumstances.

Of the many letters people were kind enough to send me, one of my favorites was from a very special mother. Debbie's first challenge is that she is the single parent of five children. Her second challenge is that Debbie now has her second brain tumor. A third challenge is that Debbie's fourteen-year old son has leukemia. Yet, instead of feeling sorry for herself, Debbie is looking forward to the return of a missionary son from the Philippines in a couple of months. There isn't any self-pity in this

remarkable woman who in the midst of her own difficulty continues to reach out to comfort me.

Now brothers and sisters, because God is our loving father, He will tutor us quite specifically. He will let us see our weaknesses. But with His help if we work on them, these weaknesses can become strengths.

Remember the story of the rich and righteous young



man who ran to Jesus, falling at His feet, asking “Master what thing must I do to have eternal life?” Jesus gave him a simple answer, “Keep the commandments.” The rich young man assured Jesus that he had done that from his youth up. With heavenly insight, Jesus continued, “One thing thou lackest. Go and sell all that thou hast and give it to the poor.” At that point the young man went away sorrowing because he had much goods.

(My wife who is wonderfully optimistic takes the view that this rich young man came back to Jesus a week later and said that he had changed his mind! I hope this is what happened.)

But notice how particular the challenge was to this rich young man. Notice how customized his test happened to be, focusing on the material things that meant so much to him.

Notice also in the hundred and twenty-first section that the Lord says we don't seem to be able to learn this one lesson—that the powers of heaven are inseparably connected with the principles of righteousness.

If we will reflect on the challenges we've each had, we will also understand what the Lord meant when He said in the Book of Mosiah, about chastening and trying our patience and faith.

Why is this such a hard test for most of us? Because this test involves patience and faith—not our ability to make money or to amass political power.

These tutorials are the tuition we pay for our continuing education. Some blessings come in the form of bracings, and it's best if we can accept them while being humble. We need to know that the Lord will use whatever means He needs because He loves us enough to tutor us.

I close with a sweet story that was a great blessing for me to have been connected with in a small way. When I spoke recently with a father stricken with cancer, he shared these touching words of his nine-year old daughter, Melissa, when she was the voice in a recent family

prayer: “Heavenly Father, if you need to take my daddy, it's all right, but we'd like to keep him. Heavenly Father, thy will be done, but help us not to get mad at you.”

Think of the spiritual submissiveness on the part of that child! Melissa's already way down the road of discipleship with that kind of submissiveness. What a tribute she is to her wonderful parents.

Near the end of Third Nephi, Jesus taught the parents of children and then He loosened the tongues of the children. The scripture goes on to say the children then taught their parents greater things than Jesus had taught them. That's Melissa Howes and Jared Ammon.

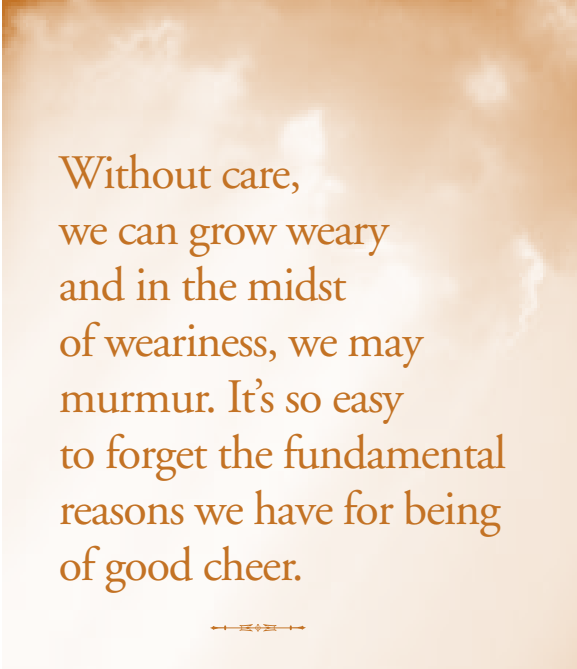
I again caution you, and myself, that with-

out care we can grow weary and in the midst of weariness, we may murmur. It's so easy to temporarily forget the fundamental reasons we have for being of good cheer.

I love what Enoch said after the Lord showed him some of His creations. Enoch didn't ask him how many galaxies He had created or about the cosmos. What was most satisfying and profound for Enoch to know was wrapped up in these profound words he spoke to the Lord, “Yet thou art there.” That's what mattered to Enoch.

So let's you and I be of good cheer for all the strategic reasons as we make our way through the thicket of tactical things. Thank you for loving Heavenly Father's children and for extending yourselves beyond what you need to do, to do the things you desire to do because you're the kind of men and women that you are.

God bless you for your service for which I rejoice, in the name of Jesus Christ, amen.



Without care,
we can grow weary
and in the midst
of weariness, we may
murmur. It's so easy
to forget the fundamental
reasons we have for being
of good cheer.

Elder Neal A. Maxwell is a member of the Quorum of the Twelve Apostles of The Church of Jesus Christ of Latter-day Saints. This address was given at Collegium's annual meeting in April 1998.

Decisions at the End of Life

*“Precious in the sight of the Lord
is the death of his saints.”*

by Catherine A. Marco, M.D.

As members of the Church, we believe that our Heavenly Father, in His divine judgment, chooses the appropriate time of death, the essential step and passageway to the next and more perfect life. Although medical technology has created many possibilities for increasing the quality and duration of life in many cases, its use must be appropriately and cautiously implemented. The role of medicine and technology should be to assist in providing cure and comfort to patients in need, rather than the artificial postponement of the natural process of dying.

The end of life is a time of complex emotions and feelings for the patient, family, and friends, and may also be a time for making many important decisions about the best treatments and interventions for the dying patient. Although some feel that aggressive medical therapy should be employed in many cases, it may not be appropriate for many terminally ill patients.² Decisions should be carefully and prayerfully considered by the patient, family, and physician, with the best interests of the dying person at heart.

Death is a Natural Part of Life

We have a unique understanding of death, and its crucial role in the fulfillment of the plan of salvation. “Returning from earth to life in our heavenly home requires passage through, and not around, the doors of death. As seedlings of God, we barely blossom on earth; we fully flower in heaven.”³

“A good name is better than precious ointment; and the day of death than the day of one’s birth.”⁴

Death should be accepted as a natural part of life.⁵ Particularly when death is anticipated, usually through chronic illness or disease state, the dying process can and should be a time for reflection, family togetherness, and comfort and peace. It should not be a time of suffering or pain. Relief of suffering should be the goal of medical interventions, rather than direct interference with the natural process of dying.

Autonomy in Decision-Making

Some believe that every attempt should be made to prolong the life of a dying patient, using every available technologic and medicinal technique. However, the artificial prolongation of life may accomplish nothing more than increasing the duration of suffering. In such circumstances, the appropriate decision may be to choose only medical interventions which are likely to improve the

comfort and quality of life for the patient.⁶ Autonomy (derived from the Greek *autos*, meaning “self” and *nomos* meaning “rule”) refers to the right of patients to make their own health-care decisions.⁷ As one of the primary principles of medical ethics, we respect patient autonomy.

Decisions about treating the terminally ill should be carefully and prayerfully considered by the patient, family, and physician, with the best interests of the dying person at heart.

Our duty is to inform and play a crucial role in assisting the patient and family in making important decisions at the end of life.

Various life-sustaining technologies should be considered only when the quality of life will be positively affected. If the only likely result is the artificial prolongation of suffering, their use may be inappropriate. Following is a brief discussion of common end-of-life interventions which may be appropriately used, or withheld, in certain settings.

Ventilators

Ventilators are used appropriately in a variety of clinical settings, and their use in terminally ill patients may at

times be appropriate for acute, treatable complications, such as pneumonia. Complications of artificial ventilation should be considered, such as iatrogenic infection, barotrauma, oxygen toxicity, subglottic stenosis, tracheomalacia, etc. Artificial ventilation may not be appropriate for patients who are unlikely to recover from the underlying illness.

Cardiovascular Support Drugs

Pressors such as dopamine, norepinephrine, and related drugs serve to support blood pressure and cardiac output for patients with hypotension. Although their use may be appropriate in certain settings, they are unlikely to be of long-term medical benefit in terminally ill patients.

Antibiotics and Other Medications

Most antibiotics are generally well tolerated, are not often associated with pain or complications, and are often successful in treating acute infections. Allergic reactions to antibiotics do occur, but are generally easily treated. In general, antibiotics may be appropriately administered for identified infections.

Other appropriate medications which may be indicated in terminally ill patients for symptomatic relief might include anxiolytics, antiemetics, and other agents.

Artificial Nutrition and Hydration

Food and water are among the most basic physical needs of all living creatures. From the day of birth, every living thing seeks them. Some believe that it would be cruel to withhold them from a dying patient. In fact, nutrition and hydration should always be available to the patient who wants them.

However, the time may come for a dying patient when there is no appetite, no thirst, and no strength to eat or drink. At such times, the decision must be made whether to offer artificial nutrition and hydration by the intravenous route, by nasogastric tube, by gastrostomy tube etc. Artificial nutrition and hydration may be appropriate in situations which are treatable, and expected to improve. At other times, when death is inevitable, it may be appropriate to withhold these artificial treatments. The common myth that such actions would cause suffering, as the patient “starves to death” is actually untrue. These patients generally do not suffer, and it affords a quiet way for nature to take its course.

Several studies have shown that hunger and thirst are minimal or nonexistent in terminally ill patients,⁹ and that slowing and cessation of oral intake is a natural part of the dying process.^{10,11} In fact, the discomfort and

complications of artificial feeding (which may include pain, coughing, pneumonia, or other infections, etc.) may actually increase the discomfort of the dying patient.¹²

Pain Control

Pain is all too often a significant problem for the dying patient. It is one of the common reasons for contempla-

Several studies have shown that hunger and thirst are minimal or nonexistent in terminally ill patients, and that slowing and cessation of oral intake is a natural part of the dying process. These patients generally do not suffer, and it affords a quiet way for nature to take its course.

tion of suicide in terminally ill patients.¹³ One recent study showed that 70-90% of patients with advanced cancer suffer significant pain. Fortunately there are numerous options for pain control today, and these should be utilized to provide maximum comfort for the patient. Concerns about the possibility of addiction are unwarranted; in fact, narcotics are often the treatment of choice for severe pain.¹⁴

Nearly all types of pain can be controlled, using a variety of therapeutic options such as oral medications (narcotics, nonsteroidal anti-inflammatory drugs, and others), medication patches, patient-controlled analgesia, nerve blocks, spinal or epidural analgesia, and others. If the patient is still in pain, there are likely other therapeutic options to consider and consultations with a pain specialist may be indicated.

Complementary therapies may be considered for some patients, such as massage, acupuncture, biofeedback, and physical therapy.

Many pain medications may cause drowsiness, constipation, or other side effects which may be undesirable to some patients, yet well tolerated in others. For example,

Marie Curie's last words were, when offered pain medication: "I don't want it."¹⁵ Yet D.H. Lawrence's last words in the same setting, were: "I think it's time for the morphine."¹⁶

Anxiety and Depression

Untreated anxiety and depression are common near the end of life. Patients may suffer from fear of dying, or fear of the unknown. One recent study showed that one-fourth of terminal cancer patients have untreated anxiety or depression. If such symptoms are present, consultation with the primary physician or a psychiatrist is recommended. Treatment is available and can greatly improve the comfort for the patient.

Choosing the Setting for the Patient

Many patients prefer to die at home. It may be preferable to peacefully pass away in the company of loved ones, rather than merely be encircled by the cold arms of technology. However, this is often difficult for family and friends. When the patient deteriorates, relatives

Advance directives are of particular importance to the dying patient, who may not wish heroic measures taken, such as ventilators and other life support systems and drugs.

often feel uncomfortable and call for help. This may initiate a cascade of treatment which was never desired and may be against the patient's wishes. Patients and families should decide in advance which setting is appropriate for them (home, nursing home, hospital, etc.), and prepare for natural events near the end of life. They may appropriately choose to reduce the number of hospitalizations, doctor visits, treatments, and blood tests, and enjoy more meaningful time at home. The physician and treatment team should be of assistance in offering resources and education for expectations and appropriate actions, if the choice is to die at home.

Advance Directives

An advance directive is a legal document stating the patient's wishes, in the event he/she is unable to express them.^{17,18} Often the advance directive states preferences in the event that life support is required, and may refuse certain interventions if not thought to be of medical benefit.

Advance directives are of particular importance to the dying patient, who may not wish heroic measures taken, such as ventilators and other life support systems and drugs.

Medical power of attorney is another important document which designates a particular person who may make health care decisions in the event the patient is unable to do so. Often a spouse, parent, or adult child is designated. Persons of all ages and states of health may benefit from completing a medical power of attorney. Open discussion with the patient regarding their wishes is crucial, as physicians and spouses often do not fully understand resuscitation preferences.¹⁹

Family Support

The love, friendship, assistance, support, and companionship of family is of crucial importance to the dying patient. Care should be taken that medical interventions do not interfere with this important aspect of the patient's well-being.

During a time of illness, communication may become of utmost importance. It may be a time for sincere expressions of love and testimony. Many prophets have uttered most sincere testimony as their last words. For example, Enos wrote: "And I soon go to the place of my rest, which is with my Redeemer; for I know that in him I shall rest. And I rejoice in the day when my mortal shall put on immortality, and shall stand before him; then shall I see his face with pleasure, and he will say unto me, Come unto me, ye blessed, there is a place prepared for you in the mansions of my Father. Amen."²⁰

Support Groups

Support groups can offer important service to both the dying patient and family. Comfort may be gleaned from others experiencing similar trials. Hospice is an organization established in 1974 to provide palliative and support services for dying patients. It may be of great value to many dying patients and families, and may offer assistance in the form of support groups, education about the dying process, home health care, and other services. Several studies have shown that hospice care can improve the quality of life of dying patients.

Mourning

“Irrespective of age, we mourn for those loved and lost. Mourning is one of the deepest expressions of pure love... The only way to take sorrow out of death is to take love out of life.”²¹

The mourning process is an important part of recovery for loved ones. Sorrow and mourning are normal, even for those with an understanding of the importance

“He, the Son of God . . . is our only true comfort, when the dark shroud of earthly night closes about us as the spirit departs the human form.”

of death for eternal progression. During communications with the patient and family, it is important to recognize that these are normal reactions to the dying process.

“It is true it is grievous to part with our friends. We are creatures of passion, of sympathy, of love, and it is painful for us to part with our friends. We would keep them in the mortal house, though they should suffer pain. Are we not selfish in this? Should we not rather rejoice at the departure of those whose lives have been devoted to doing good, to a good old age?”²²

Conclusion

“Whenever the cold hand of death strikes, there shines through the gloom and the darkness of that hour the triumphant figure of the Lord Jesus Christ. He, the Son of God, who by his matchless and eternal power overcame death.... He is our comfort, our only true comfort, when the dark shroud of earthly night closes about us as the spirit departs the human form.”²³

In conclusion, all decisions made near the end of life should have as a goal the fulfillment of the comfortable and meaningful passage from this life to the next. Medical technology may play a role, but need not be administered in all cases if inappropriate. Comfort, relief of symptoms, and support for the dying patient and family are of great significance throughout the dying process.

“And because of the redemption of man, which came by Jesus Christ, they are brought back into the presence of the Lord; yea, this is wherein all men are redeemed, because the death of Christ bringeth to pass the resurrection, which bringeth to pass a redemption from an endless sleep, from which sleep all men shall be awakened by the power God when the trump shall sound; and they shall come forth, both small and great, and all shall stand before his bar, being redeemed and loosed from this eternal band of death, which is a temporal death.”²⁴

Catherine A. Marco, M.D., is an Assistant Professor of Emergency Medicine at the Johns Hopkins University School of Medicine.

REFERENCES

1. Psalm 116:15
2. Caplan AL: Medicine without end? Trends in Health Care, Law and Ethics 9:37-38, 1994.
3. Russell M. Nelson, May 1992 Conference Report, p. 72
4. Ecclesiastes 7:1
5. McCue JD: The naturalness of dying. Journal of the American Medical Association. 273:1039-43, 1995.
6. Council on Ethical and Judicial Affairs, American Medical Association: Decisions near the end of life. Journal of the American Medical Association, 267:2229-2233, 1992.
7. Beauchamp TL and Childress JF: Principles of Biomedical Ethics, New York: Oxford University Press, 1994, 120-181.
8. Weatherill GG: Pharmacologic symptom control during the withdrawal of life support: lessons in palliative care. AACN 6:344-351, 1995.
9. McCann RM, Hall WF, Groth-Junker A: Comfort care for terminally ill patients: the appropriate use of nutrition and hydration. Journal of the American Medical Association 272:1263-66, 1994.
10. Ashby M and Stoffell B: Artificial hydration and alimentation at the end of life: a reply to Craig. Journal of Medical Ethics 21: 135-140, 1995.
11. Morrison RS and Morris J: When there is no cure: Palliative care for the dying patient. Geriatrics 50:45-51, 1995.
12. Jett LG: Comfort at the end of life. Journal of Nursing Administration. 25:55-60, 1995.
13. Council on Scientific Affairs, American Medical Association: Good care of the dying patient. Journal of the American Medical Association 275:474-478, 1996.
14. Librach SL: Special issues in pain control during terminal illness. Canadian Family Physician 41: 415-419, 1995.
15. Brandreth G: Famous Last Words and Tombstone Humor, New York: L Sterling Publishing Co., 1989, p. 25.
16. Brandreth, Ibid, p. 44.
17. Nazerali N: Counseling the elderly on decision making for the end of life. Canadian Family Physician 41: 829-833, 1995.
18. Miles SH, Koepf R., and Weber EP: Advance end-of-life treatment planning. Archives of Internal Medicine 156: 1062-68, 1996.
19. Uhlmann RF, Pearlman RA, and Cain KC: Physicians' and spouses' predictions of elderly patients' resuscitation preferences. Journal of Gerontology 43:M115-121, 1988.
20. Enos 1:27
21. Russell M. Nelson, May 1992 Conference Report p. 72.
22. Brigham Young, DBY, 371.
23. Gordon B. Hinckley, “This Glorious Easter Morn”, Ensign, May 1996, p. 67.
24. Mormon 9:13



An Unusual. Opportunity for Service



The Joys and Challenges of Woman Physicians in the Church

BRIGHAM YOUNG SAID IN OCTOBER 1873, “The time has come for women to come forth as doctors in these valleys of the mountains.” Several pioneer women answered his call. However, in the intervening years, it became unusual for women in the Church to seek medicine as a profession. Dr. Shipp commented on this in the *Salt Lake Tribune* in 1938, when she said, “In a land renowned for its equal opportunities for women, it’s simply amazing such a few follow a profession so befitting them.”

WOMEN IN THE UNITED STATES BEGAN ATTENDING medical school in increasing numbers in the second half of this century. But even though more women in the Church have gone into medicine, LDS women are still less likely to go into medicine than other women in the United States.

IWROTE TO SOME OF THESE LDS WOMEN IN MEDICINE. I asked them to describe how they decided to become a physician, difficulties and opportunities they encountered along the way, and what they hoped to contribute as a physician who is both a member of the Church and a woman. Here are their stories.

B Y K A R E N L E W I S , M . D .

Dianne Farley-Jones, M.D.

FAMILY PRACTICE — *Alpine, Utah*

When I was a pre-med student in the early 1980's, I met with the registrar at Oregon Health Sciences University (OHSU). When he learned that I had graduated from BYU, he asked why women from BYU applying to medical school never received good letters of recommendation from the pre-med committee. At the time I thought it was an odd question. I later became aware that there were people in my ward and stake who felt that a good Mormon woman and mother should not be a doctor. However, for the most part, I have felt supported and valued in my profession.

I probably never would have gone to medical school if my marriage hadn't fallen apart. I married young, started having my children, and finished a B.A. in French. I stayed home with my children for 16 years. Thus, I was partially able to avoid the conflict between career and raising young children. I decided to pursue medical school at the age of 37. I actually feel that I received a revelation directing me to do this. What could have been a very rough road was made smooth for me.

After taking the MCAT, I received information about the Faculté Libre de Médecine in Lille, France. Since it had a much shorter application process than the schools in the U.S., I packed up my five children, ages 8 to 17, and we moved to France for 2 years. Everyone thought I was completely out of my mind, but it was one of the best decisions I have ever made.

My children also loved the experience: they all went to French schools and became fluent in French. When I was accepted to the third year class at OHSU, my youngest child almost refused to leave France. He is currently serving a mission in Paris.

During my two years in Lille, I served in several callings in our branch of the Church. I learned how indispensable each of us is when the numbers are small. All of the French members were excited for my opportunity

to be a physician. It was like having a big, extended family.

The hardest part of my training was the third year, when I started call rotations and had to be gone from home for days at a time. Fortunately, my children were pretty well-trained by them, and helped each other with necessities, but I felt very guilty about being gone so much. My frequent phone calls were a poor substitute. Things got better during my fourth year, but I knew my intern year would be a repeat of third year, so I prayed for a solution. My prayers were answered when my parents moved in with me for a year. It made my intern year possible and even fun. I then moved from Portland to Salt Lake City for a Family Practice residency.

As my career rolled along, I discovered what I really needed was someone to take care of all the details at home. I suspect that a lot of women physicians struggle with the same balancing act. Even though I have remarried, having a husband is not the same as having a wife. The routines of homemaking, child rearing, and cooking are not very high on the list of my husband's priorities.

I have always put my family ahead of my career. If my child had a need that conflicted with a professional duty, that child had his needs met, and I arranged to delegate the medical responsibility.

Given the fact that I feel that I was inspired, prompted, and even pushed to go to medical school, I often ask myself if there is some great task that I should be working on or preparing for. But as I care for patients, I realize that I am already performing an important task. I try to let the principles of the Gospel be obvious in my dealings with patients, and I try to be available if the Lord wants to answer someone's prayer through me.

"I try to let the principles of the gospel be obvious in my dealings with patients, and I try to be available if the Lord wants to answer someone's prayer through me."

Tamara Lewis, M.D.

PREVENTIVE MEDICINE — *Salt Lake City, Utah*

When I decided to go into medicine, I was 20 years old and completely clueless. The summer before medical school, I was still writing in my journal about becoming an English teacher. I thought medical school would give me some good experiences to write about.

Conscious reasons for going into medicine included the ability to support myself, good abilities

"As a physician in the Church, I see my mission as the creation of a Zion community. This give me much greater drive than if my only purpose were to improve the health status of a population."

in math and the sciences, and a realization that I needed to work in a service industry which involved interacting with people.

Subconscious reasons included having a brother and a sister who were physicians (and proving myself as an intellectual equal) and having a boyfriend in medical school. In the back of my mind I believed that if I were there with him, maybe things would work out. Things did. He married my roommate and fellow medical school classmate.

All of these reasons were important to me as a young person. In addition, I do believe I was directed to go into medicine. I went through medical school, did an internship in Internal Medicine, got my license to practice, and then left clinical medicine to go into administrative medicine and public health.

There is a Greek concept called “Metanoia,” which means that when a person changes the way they think, they then become a new person. A good friend once told me, “During your internship, you were not a nice person.” I was cynical and abrupt. I had to act as if I knew it all. I was unsympathetic because no one’s life could be as difficult as mine was. I did not like the person I had become.

When I allowed myself to step back and think, I was able to analyze why I was so dissatisfied. First, I didn’t feel competent. There were no feedback systems in place to tell me how well I was doing, except for the chronically ill patients who continued with regular visits. Information on what should be done for each patient in a particular situation depended on the attending or resident advising me. My lack of skill could kill a patient, yet I had a difficult time judging my skill level.

Second, I couldn’t see how the system worked. Medical training showed only pieces of the information needed to function in a medical system. My colleagues communicated a sense of panic to me. They had lost control,

and the “system” (whether government, health plan, or hospital) was attacking them. I needed to step away and learn the system, so I could get some control back.

Third, I believed the medical care I was delivering was ineffective. I had gone into medicine to prevent disease and suffering. Instead, I was taught to pick up the pieces, after the fact. I was often taught only about the physiology of the patient, not about the patient as a person. We physicians are experts who dictate to others, rather than really listen to them. Ergo, patients are often noncompliant, and we become frustrated because we can’t fix them.

My parents told me that medicine was a great field because there were so many different things you could do with it. While I was in the throes of my frustration with medicine, I didn’t believe them. Now I realize they were right.

Recent research identify four major determinants that predict a population’s health: social class, education level, social connectedness, and economic differential. I see these four factors coincide with the teachings I have received as a member of the Church. I like to call them “Zion Factors.”

We have been taught that a Zion community is one which is of one heart (no social classes), one mind (is educated), dwells in righteousness (social support and service) and has no poor among them (low economic disparity). As a physician in the Church, I see my mission as the creation of a Zion community. This gives me a much greater drive than if my only purpose were to improve the health status of a population.

An advantage I see in being a physician who is a member of the Church and female is the ability to connect with and mobilize a great service organization — the Relief Society. As we understand more about the nature of improving the health of communities, the Relief Society can be a great force in addressing the Zion factors.

Jerry Ellen Owensby, M.D.

INTERNAL MEDICINE — Mesa, Arizona

I first began thinking about a career in medicine during high school while working in my father’s dental office. However, I majored in communications at Brigham Young University and studied architecture in graduate school.

It wasn’t until I was 24 that I decided to pursue my childhood longing to become a physician. I remember the precise time I made the decision. I was working on an

architectural project for school at two o’clock in the morning, putting stairs in a skyscraper. I suddenly said, “What am I doing? I don’t want to be doing this! I want to be a doctor.”

Without a background in science, I spent two years taking prerequisites at night school. In addition, I did

“I try to set a good example for and enjoy mentoring the young women. I try to show them that they can do anything, and encourage them to pursue any dream they have.”

pediatric oncology research at University of Texas, Southwestern to strengthen my medical school application. I graduated from medical school at Texas Tech University and completed an internal medicine residency at West Virginia University at Charleston in June of 1996. Since then I have been in private practice in East Mesa, Arizona.

I love medicine and can't imagine doing anything else. Being a member of the Church and a woman gives me a perspective and sensitivity that positively influences me and my ability to practice medicine. Because of my

beliefs, I am more comfortable making critical decisions. I often feel inspired in the diagnosis and treatment of my patients. My testimony and desire to follow the Savior increase my compassion and empathy.

It is heartening that more women are pursuing medicine. I try to set a good example for and enjoy mentoring the young women. I am even happy to go to girls camp as the "nurse." I try to show them that they can do anything and encourage them to pursue any dream they have.

Melanie Sanders, M.D.

ORTHOPEDIC SURGERY — *Indianapolis, Indiana*

As Latter-day Saints, we are familiar, comfortable, and even proud of the appellation "peculiar people." Among women in the Church, practicing physicians are also "peculiar," but the connotations of the use of that word in this context are not always positive. I never knew a woman physician who could serve as a role model for me. In truth, I would have to say that my father's career as a physician was the catalyst for my interest in medicine. I had a natural tendency toward seriousness and a deep interest in pursuing knowledge just for the joy of learning.

A combination of events early in my life, including my father's relocations as an Army physician, moved me forward in school, so that I graduated from high school at age sixteen. Not surprisingly, my parents were not keen on the idea of me pursuing a spouse at that age. Instead, I concentrated on premed studies (difficult for a young lady to do at BYU), and was accepted to medical school after three years of college.

To some extent, as I look back 23 years later on my medical school experience, it takes on an almost dream-like quality. At first I didn't really consider what I would do after I finished medical school since the major hurdle of being accepted was so all-consuming. Somewhat naively, I fell in love with orthopedic surgery.

The next five years were overstuffed with experiences. I endured many things which I would not want my own daughter to go through. I coped with being part of a "good old boys" residency by working hard – very hard. I helped teach fellow residents, I was involved in academic projects, and I eventually stayed on as a faculty member. In many ways, residency was a refiner's fire, molding my personality and forcing me to develop character traits that might have remained dormant for many years. I learned how much of one's potential can be pulled into use when

necessary.

Early in my career, I developed a friendship with a couple who worked

in the journalistic field. It was their outspoken opinion that almost all physicians had some type of affective disorder. As a result of their opinion, I set a personal goal for myself: I would try my hardest to be a "normal" person first, and a doctor second.

I have carried that resolution into my family life also, desiring to be first a wife and mother, now secondarily a Primary president, and third a physician. This really means that every day of my life I am trying hard to maintain balance, and keep my priorities firmly in mind. It means that in my practice I have chosen to sub-specialize (foot and ankle), and to develop a practice with almost no trauma call.

I run my practice more like an old-time general practitioner than any orthopedist I know. There are pictures of my children on the walls. I have many patients who I have followed for years who call me by my first name, inquire after my children, and give me advice on their upbringing.

I am grateful for the opportunity I have to be a physician, and a surgeon. I have had the chance to meet thousands of people and I try to touch their lives for good. My medical knowledge has benefited me, my immediate family, my extended family, coworkers, and members of my ward family. My work constantly exposes me to the incredible ability of the body to recover from trauma or surgery. That miracle is a testimony of God's handiwork. As a physician and a member of the Church, I am privileged to be a part of it.

"I have resolved to be first a wife and mother, now secondarily a Primary president, and third a physician. This really means that every day of my life I am trying to keep my priorities firmly in mind."

Rachel Rahman, M.D.

RESIDENT — *Randolph, Minnesota*

I am a seventh-generation descendant of members of the Church. I was raised in Denver, Colorado as the oldest of 10 children. I gained my own testimony of the restored gospel in my early teens. I studied physics and biochemistry at BYU, and then served in the Netherlands Amsterdam mission.

While I was on my mission, my prayers for guidance in my life were answered. I realized that I should continue in my education, and go on to medical school. Before I was accepted to medical school I married Frank, a returned-missionary convert. When I was accepted, we prayerfully considered the offer, separately and together, and felt that I should attend. We also understood that this would not change our prior decision to begin our family as soon as possible. My aunt offered us her basement apartment, and we moved to Salt Lake City.

We had our first daughter just before summer break our first year. We had our second daughter the week my classmates were taking the national boards. I did a lot of rearranging of my schedule, sometimes at the last minute, to optimize conditions for our girls.

How we managed is still a blur, but somehow we both finished school in the four years we spent in Salt Lake City. Frank and I juggled things at first, each taking Rebekah to classes with us. He was still working towards his undergraduate degree at BYU, but he took several breaks from school to be at home.

After much searching, we found a few babysitters that

we felt good about. One year we had an exchange student from England (a member of the Church) live with us as a nanny. In order

to make room for her, we used the same 16-by-16 foot room for my study, the girls' bedroom, the kitchen/dining area, and our living space.

At times my sister, my mother, and my husband's mother each helped out for a few months. In making the decisions that brought my family to the stage it is at right now, I repeatedly chose to take risks for my children rather than risk my children's well-being.

Even though I had grown up planning to be a stay-at-home mom, once our children came, I had repeated confirmations that I should continue my present course. I don't know what God's will is for other mothers in the Church, except that they prayerfully follow that prophet's counsel.

I know that though it is not probable, it is possible for God to wish a mother with young children to become a doctor. I don't know all the why's yet. I can understand how Nephi felt when the Spirit gave him unexpected answers. I still have many more questions than answers. But I do know where to find the answers. My life is just at the beginning, and I cannot yet imagine what hindsight will tell me, but I do know that someday I will see everything in the light of truth.

"In making the decisions that brought my family to the stage it is at right now, I repeatedly chose to take risks for my children rather than risk my children's well-being."

Lucinda Bateman, M.D.

INTERNAL MEDICINE — *Salt Lake City, Utah*

In 1976 I graduated from a high school. Fresh on my mind were the well intended, but stinging, comments of a zoology teacher who discouraged my goal to become a doctor. His lack of support was puzzling to me, since the only doctor I had known throughout childhood was a woman. And what a woman! She was my mother's father's sister – my great aunt Beulah. Everyone I knew respected her care and judgement. Mother wished she had become a doctor, too. Nothing in my home life seemed to conflict with the idea. Church doctrine taught me to live, to serve, to develop my mind, and to work hard. Those were qualities that seemed good for a doctor.

Early in my freshman year at BYU, an inorganic chemistry professor responded to my request

for help by suggesting I should drop the class before the deadline passed. That ridiculous comment from my teacher awakened me from the naive view that everyone would smile favorably on my choices. I studied harder and did well in the chemistry class on my own.

A fine young man I dated broke off our relationship when it became apparent I was seriously considering medicine, and that his grades were often lower in our pre-

"My mission was a positive, maturing experience that has helped me be a better physician ... It has since been an amazing journey."

med classes. His lifelong dream was to become a physician. We both knew it would be unbearable if I became a doctor and he was unable to do so. He also had questions about how devoted I would be to his idea of marriage and raising a family.

This was a painful and difficult event for me, but I emerged from it with the realization that he was right about one thing — that we might not be a good pair.

I struggled with the issues, strongly committed to the idea of never placing career before the goal of marriage and family. Still single when time to take the MCAT, I dragged my feet, and delayed taking the test for two years in a row. I actually paid for the test twice without showing up. Eventually I postponed the intimidating commitment of medical school and applied for a Church Welfare Services mission.

My mission was a positive, maturing experience that has helped me be a better physician. I worked with Southeast Asian refugees preparing for immigration to the

U.S. in Thailand and the Philippines. Once back home, I worked on a masters degree and taught part-time in a high school, stalling a little longer — just in case I was doing the wrong thing to pursue a career in medicine.

Eventually, I either had to apply or forget the whole idea. I did apply somewhat reluctantly, and was accepted to the Johns Hopkins School of Medicine. Even then, it was only a week before the plane left, and with the blessing of a general authority, that I finally embraced the decision in earnest.

It has since been an amazing journey. I have seen more, learned more, experienced more in every dimension of life than I ever envisioned possible. The world of medicine is intense, competitive, exhausting, exhilarating, frustrating, and never boring. Many time I have asked myself if I am sorry I did it. Although I'm often tired or stressed, the answer so far is that I can't think of anything else I would rather be doing.

Karen Lewis, M.D.

PEDIATRIC INFECTIOUS DISEASES — *Phoenix, Arizona*

Medicine was never my goal as I was growing up. I loved English literature, studied languages and tolerated science classes. I always wanted to attend Brigham Young University, graduate in something, get married, and live happily ever after.

My first challenge at BYU came when I had to choose a major. I chose Spanish and finally graduated in it. However, I remained restless and wanted to change my major multiple times a semester. I developed a close friendship with the Brigham Young University catalog as I searched for alternative directions.

My restlessness was multifactorial. My patriarchal blessing told me it was essential to find my mission in life. My mother encouraged me to do something with which I could get a good job. My father encouraged me to find something challenging and meaningful. Finally my parents tired of my indecision, and had me take two days of aptitude and career testing. The counselor told me that I should plan on going to graduate school to get a Ph.D. or even a medical degree.

Although my family had always encouraged education, I had never envisioned myself as going to graduate school. I believed that prophet's counsel that the most important thing a woman could do was to raise a family. But medical school? That could make me a real social pariah. My brother said to my father, "Karen can't go

to medical school. No one would want to date her." My father's answer was, "The men who would be scared away by her studying medicine will still be scared away from her just because of what she is. The compatible ones will still be interested." That was comforting.

I am sure I would never have gone to medical school if I had found someone to marry while I was at BYU. But I didn't. Since I needed to do something with my life, I decided to give medicine a try. It seemed a meaningful and challenging way to serve. Little did I know what I was getting myself into.

I attended Washington University medical school in St. Louis, did a pediatric residency in Phoenix, Arizona, and a fellowship in pediatric infectious diseases at UCLA. Since 1987 I have been a consultant in pediatric infectious diseases at several tertiary care hospitals in Phoenix.

My restlessness continued to haunt me throughout my training. If I could have had a dollar for every time I thought "I don't want to be doing this" I could now retire. Medicine is demanding, exhausting, and lonely. It is also challenging, a socially acceptable way of paying the bills, and an excellent way to be of service. I continued

*"As a single woman,
I can be of service in
ways that often are not
feasible for married
men and women.
It is comforting
to know that God
can find uses for
what I have to offer."*

on because I did not want to be a quitter, and my father would say, “Change any time you want. Just be sure that you are changing to something better. Don’t change just to run away from something hard.”

I was sustained during my medical career by church activity, supportive church members, prayer, and the help of the Spirit of the Lord in my life. There is a hall at Barnes Hospital in St. Louis that is very sacred to me because of an answer to prayer. I was walking down the hall, writhing with some spiritual struggle, and mentally cried, “Lord, are You there?” An answer from outside of me immediately came with such overwhelming peaceful assurance that I knew He was there and I knew He knew me and I knew that all was well.

At times I have felt outside the mainstream of LDS society. Even though I stayed active in the Church, I was

unusual as a female physician. The women of my age were marrying and raising children. The physicians in the Church that I knew were involved in priesthood callings. Where did I fit in? I remember one afternoon seeing a physician of my own age walk into a High Council meeting. My natural competitiveness was challenged. Why couldn’t I be involved in some Church activity similar to my male colleagues?

My irritation soon changed to understanding. I looked at all the different ways I was helping in my community. Active male Church members can be so involved in family, work, and church responsibilities that it is often difficult for them to have time for community service. As a single woman, I can be of service in ways that often are not feasible for married men or women. It is comforting to know that God can find uses for what I have to offer.

Discussion

These selections are not from a random selection of female physicians who are member of the Church in the United States. They are from women who I knew or met through family, friends and Collegium Aesculapium meetings. However, they represent a wide variety of life circumstances: married and single, with and without children, having recently graduated and having been in practice for decades.

I was succinct when I asked them to contribute. I wanted to hear what they had to say without excessive prompting. I asked them to describe how they decided to become a physician, difficulties and opportunities along the way, and what they hoped to contribute as a woman physician and a Church member. I left the rest up to them.

All the contributors had been members from childhood. All mentioned how their families had influenced them along the way. Some had had relatives in medicine that inspired them. Others mentioned having the assistance of extended family members to help them care for their children. There were direct and indirect references to their parents’ strong support for their academic achievements.

A recurring theme was the internal struggle involved in choosing to go to medical school. Difficulties included negative feedback from advisors, a loss of dating opportunities with men who were Church members, and self-doubt. Often children, missions or graduate school preceded their final decision.

Another recurring theme was their search for spiritual confirmation. They wanted to know that what they were

doing was pleasing to God. They not only sought divine approval for the initial choice, but also continued to seek spiritual help in enduring the challenges of medicine.

The women physicians with children all wrote of the struggle of keeping a balance between the demands of medicine, the needs of the family, and their Church responsibilities. To cope with their challenges, they enlisted family support, limited working hours, and endeavored to place the needs of their children first within the context of their medical commitment.

These women wrote of many positive experiences. They enjoyed being able to help their patients and loved ones. They recognized the hand of God in assisting them in the healing process. They valued giving service more than achieving academically. They worked to incorporate their religious beliefs into their medical practice as they tried to live a Christ-like life.

A physician’s life is not easy. A woman in the Church who chooses to become a physician has additional challenges. Yet there are increasing numbers of LDS women who are making that choice. Many of these women see their roles as physicians as an extension of their commitment to Christian service. Day by day, they quietly give compassionate service to their patients, their fellow church members, their communities, and their families.

Karen Lewis, M.D. is a pediatrician with a subspecialty in infectious diseases in Phoenix, Arizona.

A photograph of a camel silhouette against a sunset sky. The sky is a mix of orange, yellow, and dark blue, with some clouds. The camel is in the lower left, facing right. Another camel is partially visible on the far left edge.

Our Adventures in

by John A. Bennett, M.D., FACOG

As a child, whenever I heard about Outer Mongolia, I had the same feeling that the farthest reaches of the Universe bring today. If we had been observed after opening our calls to serve there, the tears that poured forth would have been easily misunderstood. We both experienced a profound spiritual experience. The Holy Ghost filled us with love for a people we had never met. That love persists today upon our return and with it a sense that we are linked eternally to these hardy people.

Continued on page 30

Outer Mongolia

by Carolyn Romney Bennett

Our mission to Mongolia will surely be one of the most extraordinary times of my life, and I almost missed it! John and I had always planned to go on a mission when we were older and our children were grown. But when he felt that it was time, I was not ready to sell our home of twenty years (it was too big to leave unattended for two years) and I worried that our family would never survive without us. I am so grateful for the example of Sarah's support of Lehi, for it gave me courage to support a righteous husband.

Continued on page 33

Except for three years as undergraduates at the University of Utah (1954-1957), Carolyn and I have lived away from the center stakes of Zion throughout our lives. Each step has been dictated by fasting and prayer. I grew up in New York City and Carolyn in Las Cruces, New Mexico. After medical school (Cornell 1961) and post graduate work (medicine, then OB-GYN), we spent three-and-a-half years in West Berlin, Germany. I told people those were the safest years of our lives as we had the entire Russian Army protecting us rather than the Viet Cong shooting at us! Settling in Albuquerque established us in our beloved Southwest with its great open vistas and multi-cultural experiences.

By 1994 I had experienced every permutation of OB-GYN practice known to man culminating in a full-time faculty appointment. All of these were worthwhile, but the encroachments on my idealism by political correctness, social agendas, HMO's, and the sense of being a daily target as an OB-GYN hit hard. It was time for a change.

Our good friend, Vern Payne, wanted us to accompany him to the Canary Islands as mission physician couple at the recommendation of Howard Francis, MD, who preceded him as president. I put on my missionary application the words "intrepid", "as long as needed", and "where the Lord wants us to be." We soon learned that it would not be a tropical island for 18 months but "Asia Area/Mongolia" for 2 years. I was amused by the enclosure stating we were under the Asia Area, headquartered in Hong Kong, so we would need short sleeves shirts only. (It helps to read articles in *National Geographic*.)

Mongolia, the former "Outer Mongolia," and more recently the Mongolia Soviet Socialist Republic, began to come out of isolation with the collapse of the Soviet Empire (USSR) around 1990. Tens of thousands of Russians left at that time. They left behind many stripped military bases and a crumbling infrastructure including abandoned prefabricated concrete apartment buildings. The strategic importance of Mongolia lies in its site as a huge buffer state between China to the south and Russia (Siberia) to the north. After the era of Mongolia conquests, China was in control from 1644 to 1911. The Russian Revolution led quickly to domination by the Soviet communists by 1924. The times of isolation began then. The predominant religion, "Yellow Hat" (Tibetan) Buddhism, was severely repressed. During the horrible Soviet purges of the 1930's a similar event occurred in Mongolia. Tens of thousands of men, including almost all identified lamas (Mongolian "lam") were exterminated. (As many lams were family people, it would seem comparable to losing the entire Priesthood of the Church in a country.)

The vacuum left by the abrupt Soviet departure led to

great hopes for "freedom". The new unicameral Parliament elected in 1992 consisted of 70 Communists (Mongolian National Revolutionary Party) and six others. All espoused freedom. Contacts with the West were increased and many nations and organizations sent representatives and help. It was this milieu that led to invitations being extended to the first LDS teachers. Initially, only couples were sent. They represented many disciplines, including accounting and medicine. Everyone who serves in Mongolia teaches in some way- usually English in a university, technical school, or secondary school setting. I taught OB-GYN at a major teaching hospital but also taught English classes at the Mongolian Technical University.

A "service" or "teaching" mission creates rather unique simultaneous problems and opportunities. Because all of us have the desire to bring converts unto Christ, sometimes each of us has to be reminded that we are guests of the host country for its particular reasons. This means that school lesson preparation has to be emphasized, particularly to the young missionaries who want to be "full-time" just like their friends in other countries. The reality is each of us had two full time callings: secular teacher and spiritual teacher. Our days were long and full. As indigenous missionaries (usually women) have been called, they have been able to be more traditional full-time missionaries. The first four Mongolian elders called to served in Mongolia had to be reassigned elsewhere as missionary service in country would have led to immediate conscription into the Army.

One benefit of the former Soviet system was comprehensive public education. This means that one is teaching a literate population fluent in their native language and often Russian as well. After World War II the decision was made to replace the vertical traditional script with Mongolian phonetically represented in Cyrillic. This recent familiarity with a western style horizontal language has been tremendously helpful in learning English. Many of the members have been able to study the gospel in Russian. The Old and New Testaments, especially the latter, are available in a variety of translations into Mongolian. Several members have studied other languages such as English, Japanese, Chinese, German, French, and Korean. The Mongolian members who have studied or are studying at Brigham Young University - Hawaii, Utah Valley State College, and other school are adding to their English abilities.

The Church in Mongolia is already being affected by returned missionaries. The first two Mongolian missionaries left in July 1995. Sisters Batchimeg and Soyelmaa served in Utah. Their post-mission activities are typical of the current young Mongolian experience. Batchimeg is studying at UVSC (three RM Mongolia roommates) and Soyelmaa is one of a growing number of those providing



While Elder and Sister Bennett enjoyed the luxury of a poorly heated apartment (*right*), most native Mongols live in white, portable tent structures called “ger” (*above*).

leadership at home. Those returning home have served in the US, Russia, Scotland, and Korea.

Mongolia is a totally landlocked nation lying mostly on a high plain not unlike our New Mexico. There are two major mountain ranges and the famous Gobi Desert. The populations of about 2.5 million Eurasian people, primarily from the Khalkh tribe, are spread over a country about the size of the western United States (or about three times as large as France). One-fourth live in about the capital city of Ulaanbaatar ("Red Hero"). Even in "UB" almost half the population live in the round tent structures called "ger". Farther west it is called a "yurt" in turkic languages. A ger is designed to be taken down and moved by a nomadic people tied to the need to pasture their herds and flocks. Even today this is true of Mongolians. In the urban setting a ger is inexpensive but seldom moved. It requires the use of central water stations and outhouses. The potential for epidemics is high.

The ger always faces south which is the reference direction for Mongolians. The words for "west" and "right" (similarly east and left) have the same root. This leads to uncomfortable confusion for the foreigner until understood. As one stands in the doorway facing out (south) the woman's side with its kitchen hutch is to the left and the man's side is to the right. The ger is insulated with felt, covered with canvas and has no windows. The floor may be dirt, especially in the countryside, but may be wood (in sections for ease of moving) covered with felt pads and/or rugs. Cooking takes place in the center of the ger. Traditionally this was an open brazier with dung as the fuel but now is often a stove with a pipe through the formerly open roof to reduce heat loss. Around the sides are beds and dressers of an oriental style. If there is a Buddhist shrine it will be in the side directly opposite the door. (We now have a ger in our backyard.)

Mongolians love photographs, so pictures abound. One spends a great deal of time looking at albums that are quickly produced. The visiting member of the Church is at a distinct disadvantage at first because the two most commonly offered beverages are hot milk tea or fermented mare's milk. As we become known, the beverages served are hot water or hot fruit-flavored punch. Mongolians are very hospitable, even to the traveler who is a stranger.

The hunger for knowledge of the outside world is high among our students. They have proven a fertile ground

for teaching of the Savior and the restored gospel. They want to know about Christianity. Many have commented that we are the only Christians who don't "bad-mouth" others. As our greatest number of contacts are among the student-age population, the Church in Mongolia has developed a distinctly feminine youthful flavor, but family teaching is emphasized.

The initial work was in Ulaanbaatar, but this has expanded now mainly to cities and towns north and south along the Irkutsk-Beijing leg of the Trans-Siberian railway. This provides reliable year-round transportation. There are branches in distant places like Hovd and the ancient capital of Harhorin (Karakorum) which are harder to reach. There are now six branches in UB (the second was formed just three years ago). Under the direction of then Asia Area President John Carmack, the Mongolia District was formed in 1996 with President Enkhtuvshin presiding. Before that, Enkhtuvshin had been the first Mongolian Branch President after serving as my counselor.

From the arrival of Elder Beesley in September 1992 through the administration of Elder Charles Hardy and the formation of the Mongolia Ulaanbaatar Mission under its first President, Richard E. Cook (now of the Second Quorum of Seventy), in the spring of 1995, the desire for our own church building has been great. I served as President Cook's counselor and spent large amounts of time looking for and at buildings that might possibly be available or meet our needs. Finally the happy fulfillment of this desire has become a reality under the stewardship

of President Gary Cox. The faithfulness of President and Sister (Joyce) Cox is inspiring. They served a full 18 month mission in Mongolia, were home about 8 months, then returned as the second mission president for a new three year call (to 1999). It is a privilege to count the many couples, young elders and sisters, and Mongolians as friends and fellow servants.

As our greatest number of contacts are among the student-age population, the Church in Mongolia has developed a distinctly feminine youthful flavor, but family teaching is emphasized.

John A. Bennett, MD, FACOG, is a retired obstetrics-gynecology specialist from Albuquerque, New Mexico. He previously served on the board of Collegium Aesculapium.

Blessings from our stake president that our family would be watched over by the Lord, and blessings in the Senior Missionary Training Center again that our families would be protected as we served a mission, and all the Lord's promises recorded in scripture to support those who followed His commandments, cast out fear, and we flew off to Mongolia.

For two years I was able to share everything that I have learned and was able to help others who needed and appreciated all I could do. Charity and love became mine as I served and learned from people who are searching for freedom and values and wanted to know all about democracy and Christianity and righteousness.

When the Soviet Union's global ambitions collapsed in 1990 and they pulled their armies back home, Mongolia issued scrip to every citizen to bid on buildings and property which had previously been the communist state's. A *National Geographic* article had made me think about the long struggle Mongolia and other countries seeking "democracy" were going to face. I could help, I thought. And through our mission, I could. I found myself in classrooms teaching English to University students who asked questions like, "Tell us about freedom of religion." I answered, "In America we are free to be Christians or Buddhist or Hindus or nothing at all. You all had to be Buddhist when China ruled you, and some of you were not happy. When Russia was here, all of you had to be atheists and some of you were not happy. Now you have freedom of religion so each of you can find happiness as you each choose how to live your lives. Your democracy will not continue if you lose this freedom." Those students, the future of Mongolia, listened and nodded. I was able to tell all of my classes about the importance of honesty. I was able to show that keeping the Word of Wisdom is possible and explain why it is good, to people who were really curious. I was able to talk to the Church members about agency and chastity, and families and gratitude and joy. And they helped me understand the difficulty of living such precepts when doing so might have cost them their lives. "Mrs. Bennett," a University vice-president explained, "when Russia was here, if one knew the right person at the right time, one survived. One could not ever offend another by refusing anything

they asked for." (Honesty was never a possibility in such a system.) I grew in my appreciation and love of family and church and country back home. I grew to understand how truly blessed we all are in America with the restored gospel to guide us. And I learned that with the gospel, all people can be similarly blessed.

Away from family and friends, my love for them grew even more. Grandchildren proudly bore their testimonies

about their grandparents in Mongolia (one grandson said that he knew that Jesus Christ lives in Mongolia!) Two grandchildren were baptized while we were baptizing new members that same age and older. Our youngest son Richard was sealed to his bride in the Salt Lake temple as my parents stood in for us, and we joined them at the reception by long distance phone. John's brother, Stephen, died and we had to send love and sympathy over the phone as we cried on the other side of the world from the family. But the Lord was with our loved ones,

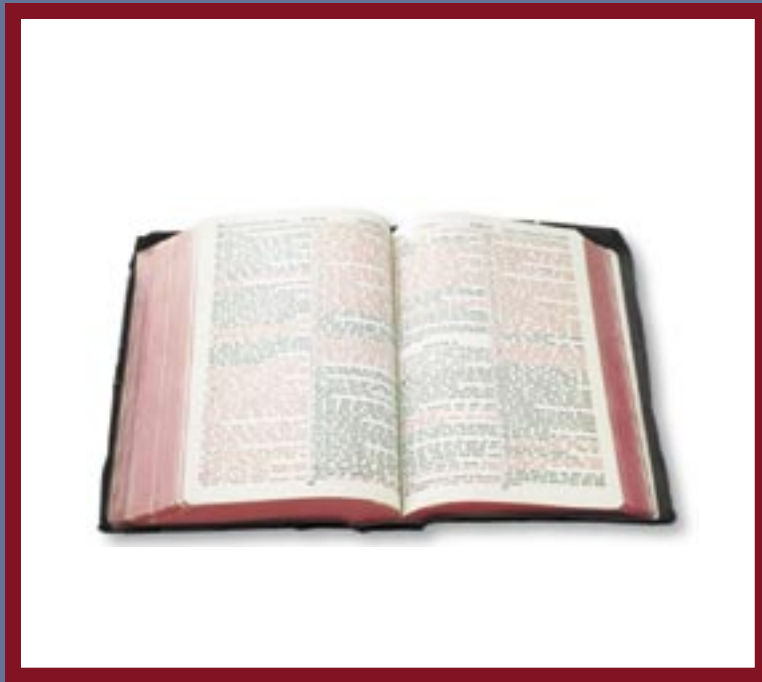
and everything that we could have done, and more, was done. I know that He watched over them, and provided for them in ways that were better than we could have if we had been there. I was almost afraid to come home and resume our stewardship here.

Joy will always be present as we remember the wonderful people we met: members who have served missions around the world; brothers and sisters who sacrifice to lead the Church, and who valiantly live their religion and whose righteousness will be the salvation of their country.

I know that the Lord will give us all that we are willing to accept, and I am grateful that my husband was willing to pursue our mission call, and that we were the recipients of love and joy unmeasured.

Carolyn Romney Bennett is the wife of John A. Bennett, M.D. She served with her husband in Mongolia.

“Now you have freedom of religion, so each of you can find happiness as you each choose how to live your lives,” I told our students. “Your democracy will not continue if you lose this freedom.” Those students, the future of Mongolia, nodded and listened.



The IMPACT
of THEOLOGY



On ETHICAL
INSIGHT

by H. Dean Garrett, Ph.D.

We live in exciting times.

We have progressed in our knowledge and technology beyond some of our wildest childhood dreams. I can remember as a high school student the day the Russians put a satellite above the earth and the resultant space race between the two super powers of the time, trying to control space both militarily and scientifically. Not many years later, I stood with my wife looking at a big yellow full moon, wondering out loud to her if that lover's moon would ever be the same now that a man was leaving his footprints on it. Today we have people living in space for months at a time, and we are preparing to put humankind on Mars.

The same breakneck speed of discovery has taken place in medicine. In 1954 the first successful kidney transplant took place. In 1967, Dr. Christiaan Barnard performed the first heart transplant. I can still remember seeing a full, double-page photo in *Life* magazine of Dr. DeBakey holding the heart over an open, gaping chest, in full living color, and I remember again commenting as to whether things would ever be the same. Today we are dealing with the micro-science of gene mapping and splicing, manipulation and cloning, and wondering where it will all end.

With each new development, there comes a resulting challenge of implementation and the ethical decisions associated with that implementation. Discussion and debate rage over issues that cover the range of life — abortion, the cloning of animals and the potential of cloning humans, and assisted suicide. In between are many difficult and challenging decisions that must be made concerning the quality of life as well as the maintenance of that life. Often those decisions are determined by one's philosophy of the purpose of life and the ethics that come from that philosophy. The question therefore could be asked: How do one's religious or theological beliefs affect one's ethics?

Ethics is a system or set of moral principles used to govern human action, either individually or as a group or culture. E. E. Ericksen, the noted philosopher, wrote: "Unlike moral codes, which prescribe definitely what man shall or shall not do, ethical principles are the reasons justifying the moral life. Moral laws answer the questions of the what, while moral principles answer questions of the why in the ethical inquiry."¹ Ethics have always played a role in the decision-making process, particularly in the field of medicine. However, the role of ethics and the basis or foundation for ethical values have changed over time. Gilbert Meilaender observed in *Bioethics: A Primer for Christians*, "There was a time when philosophers and theologians, in their respective ways, thought about the moral life, and physicians reflected upon the moral meaning of their practice. Then ethics developed as a special-

ized branch of philosophy or theology. Now we have bioethics, one branch of which is often called 'applied ethics'. One of the things that happens in the course of this development is that bioethical reflection comes to focus more and more upon public policy — which in our society inevitably means a minimal, lowest-common-denominator ethic capable — of securing public consensus."²

In society today, we have moved away from a theological basis for ethics to more of a cultural consensus. For some, what is best for the individual is more important than the dictates of moral laws. "Freedom" of individuals has replaced the good of the whole. In fact, in deciding an abortion case, the United States Supreme Court made this interesting observation: "At the heart of liberty is the right to define one's own concept of existence, of meaning, of the universe, and of the mystery of human life."³

The impact of theology on ethics becomes more complicated as the acceptance of theology diminishes or as the theology becomes more fragmented. As the various religions of the world continue to de-emphasize doctrine and focus more and more on philosophy and sociology, ethics become more relative and less absolute. Ethics that are based on a wandering theology are not stable enough to use as guides in making difficult decisions. They are too sensitive to the times and circumstances. What one person declares ethical will be declared unethical by others. What might be ethical today will not be tomorrow because of shifting societal expectations. Some feel that we *Homo sapiens* are no more than animals who have learned to walk uprightly. This belief would dictate that our ethical decisions are based purely or primarily on inbred instincts and are controlled by the laws of nature. But, as Elder Boyd K. Packer indicated, "Our behavior is not totally controlled by natural impulses. Behavior begins with belief as well. Beliefs are born of philosophies, of doctrines. Doctrines can be spiritual or secular, wholesome or destructive, true or false."⁴ A belief that we are animals will dictate our ethical behavior as much as a belief in a living God. Elder Bruce R. McConkie wrote: "Ethical principles are born of doctrinal concepts. To say 'We believe in being honest' is to testify that because we believe in Christ and his saving truths, we automatically accept honesty as a divine standard to which every true believer must conform. And so it is with all principles; they inhere in, are part of, and grow out of saving truths. It is the word, the everlasting word, the word of salvation — all of which expressions are synonyms for the gospel — that controls and governs the lives of men. Thus in a time of trouble and peril, the prophet Alma, in seeking to bring peace and prosperity into the lives of the people, 'thought it was expedient that they should try the virtue of the word of God.' Why? Because 'the preaching of the

word had a great tendency to lead the people to do that which was just — yea it had had a more powerful effect upon the minds of the people than the sword, or anything else.’ (Alma 31:5).”⁵ Elder McConkie further observed: “Conformity to the highest standards is the natural outgrowth of believing the eternal truths that save.”⁶

The Nature of God

Ethics based on the philosophies of men and not the truths of God will not bring one to the highest standards, for they do not have that type of power over the moral development of the individuals. We must begin with the basic concept of the nature of God in order to understand the nature of man. The understanding of who and what God is and how He interacts with us will tell us much about who and what we are, and how we are to interact with one another. The Prophet Joseph Smith taught this very important concept: “If men do not comprehend the character of God, they do not comprehend themselves.” He then declared these beautiful doctrines concerning God:

What kind of a being is God? . . . God Himself was once as we are now, and is an exalted man, and sits enthroned in yonder heavens! That is the great secret. If the veil were rent today, and the great God who holds this world in its orbit, and who upholds all worlds and all things by His power, was to make Himself visible, — I say, if you were to see Him today, you would see Him like a man in form — like yourselves in all the person, image, and very form as a man; for Adam was created in the very fashion, image and likeness of God, and received instruction from, and walked, talked and conversed with Him, as one man talks and communes with another . . .

It is necessary we should understand the character and being of God and how He came to be so; for I am going to tell you how God came to be God. We have imagined and supposed that God was God from all eternity. I will refute that idea, and take away the veil, so that you may see.

These are incomprehensible ideas to some, but they are simple. It is the first principle of the gospel to know for a certainty the character of God, and to know that we may converse with Him as one man converses with another, and that He was once a man like us; yea, that God himself, the Father of us all, dwelt on an earth, the same as Jesus Christ Himself did.

The Prophet Joseph then made this great application to these doctrinal verities:

*Here, then is eternal life — to know the only wise and true God; and you have got to learn how to be gods yourselves, and to be kings and priests to God, the same as all gods have done before you, namely, by going from one small degree to another, and from a small capacity to a great one; from grace to grace, from exaltation to exaltation, until you attain to the resurrection of the dead, and are able to dwell in everlasting burnings, and to sit in glory, as do those who sit enthroned in everlasting power. And I want you to know that God, in the last days, while certain individuals are proclaiming His name, is not trifling with you or me.*⁷

God is an exalted man, a Being we can converse with as one person converses with another. We need to learn to be gods ourselves.

Compare the impact of this doctrine on ethical behavior with the belief that man is nothing more than part of the animal kingdom and, therefore, behaves by animal instincts and natural desires. If you believe that anyone on this earth has the natural abilities of becoming like God you will view the value of that individual far differently and, therefore, will treat that individual differently than if you viewed him or her as of this earth only. We can rise no higher than our origins; our destiny is largely determined by the nature of Deity. This doctrine will have great influence on one’s ethical position and behavior. Note the attitude of those who do not have this knowledge as stated in the medical journal, *Pediatrics*:

*Whatever the future holds, it is likely to prove impossible to restore in full the sanctity-of-life view. The philosophical foundations of this view have been knocked asunder. We can no longer base our ethics on the idea that human beings are a special form of creation, made in the image of God, singled out from all other animals, and alone possessing an immortal soul. Our better understanding of our own nature has bridged the gulf that was once thought to lie between ourselves and other species, so why should we believe that the mere fact that a being is a member of the species *Homo sapiens* endows its life with some unique, almost infinite, value?*⁸

Compare this attitude with that of Benjamin F. Johnson after he had heard the Prophet Joseph Smith teach the true doctrines of the nature of God and our relationship with Him:

In [Joseph Smith’s] teaching us the ‘Fatherhood of God, and the brotherhood of man’ we could begin to see why we should ‘love God supremely, and our brothers as ourselves.’ He taught us that God was the great head of human procreation, was really and truly the father of

*both our spirits and our bodies; that we were but parts of a great whole, mutually and equally dependent upon each other, according to conditions.*⁹

Our pre-earth life

The knowledge of who and what God is leads us to the knowledge of who and what we are: the offspring of God who lived with Him in a pre-earth existence. The First Presidency has proclaimed:

*All human being — male and female — are created in the image of God. Each is a beloved spirit son or daughter of heavenly parents, and as such, each has a divine nature and destiny. Gender is an essential characteristic of individual premortal, mortal, and eternal identity and purpose. In the premortal realm, spirit sons and daughters knew and worshipped God as their Eternal Father and accepted His plan by which His children could obtain a physical body and gain earthly experience to progress toward perfection and ultimately realize his or her divine destiny as an heir of eternal life.*¹⁰

As members of The Church of Jesus Christ of Latter-day Saints, we have a unique view of the purpose of life and the understanding of who we are and what we are. We have knowledge of the plan of salvation that gives us a distinctive understanding of life.

The knowledge of the pre-earth life is unique doctrine for the LDS. Much of what we do and the ethical behavior that is acceptable to the Church is rooted in that doctrine. We understand that this life is a continuation of a past life. Much of what we do in this life is based on our use of agency in the pre-earth existence. Elder Joseph F. Smith gave this opinion of the impact of the pre-earth spirit world on who and what we are in this life:

Our knowledge of persons and things before we came here, combined with the divinity awakened within our souls through obedience to the gospel, powerfully affects, in my opinion, all our likes and dislikes, and guides our preferences in the course of this life, provided we give careful heed to the admonitions of the Spirit.

He continued with this insightful statement:

*All those salient truths which come home so forcibly to the head and heart seem but the awakening of the memories of the spirit. Can we know anything here that we did not know before we came? Are not the means of knowledge in the first estate equal to those of this? I think that the spirit, before and after this probation, possesses greater facilities, aye, manifold greater, for the acquisition of knowledge, than while manacled and shut up in the prison-house of mortality.*¹¹

The purpose of earth life

This understanding gives us a wholly different view of mortality and the purpose of life. It also allows us to understand some of the conditions of life and how God is a just God in spite of the seeming injustices that are about us. As an example, the knowledge of the pre-earth life and the individual's use of agency in this life allows us to have a greater empathy towards those who are mentally and physically challenged in this life because we know they have spirits that are well developed, are God's offspring, and have the full opportunity to become like God. This life provides a mortal experience in that advancement toward Godhood.

This knowledge greatly impacts our ethical behavior. We see with different eyes the purpose of life and the struggles of life. We have a distinct ethical code of conduct based on our understanding of the pre-earth life. Our comprehension of God and His purposes, and our relationship to Him, have tremendous impact on our ethical code of conduct.

Because we know of the pre-earth life, we have a far different view of the purpose of this earth life. Life's purpose is to continue in the path that leads to exaltation. It is not a time to seek "pleasure in unrighteousness" (D&C 56:15) but rather a time to seek joy and hap-

piness. The Prophet Joseph Smith declared: "Happiness is the object and the design of our existence and will be the end thereof if we pursue the path that leads to it, and this path is virtue, uprightness, faithfulness, holiness, and keeping all the commandments of God."¹² A person cannot have a fulness of joy without the body (D&C 93:33-

*The knowledge
of a pre-earth
life greatly
impacts our
ethical behavior.
We see with
different eyes
the purpose
and the struggles
of life.*

34). Therefore, we view the physical body as a gift of God and a very important element of our eternal progression. In fact, a major reason for coming to this earth is to receive a body. When an infant dies we understand that it has fulfilled the requirements of this second estate and will have opportunity to reach its full potential in the next life.

The nature of our bodies

The role of the physical body in our theology greatly influences the ethical values we practice. We understand that when the spirit enters the body, it gives it life; and when it leaves, the body dies. It is through the physical body that the spirit is able to express itself in mortality. We view the possession of a body as a blessed, eternal privilege. We are created in the image of God and will have a body throughout eternity. We view the body as a temple of God. We declare as the Psalmist declared: “[We are] fearfully and wonderfully made” (Psalms 139:14). Therefore, in our theology, any action that would have an adverse impact on the physical body is viewed very negatively. For example, we have been told that although the Word of Wisdom is a spiritual law, one of the reasons the Lord gave it was to help protect the physical body. Our doctrinal understanding of the pre-earth spirit world and the purpose of obtaining a body in this life has a great influence on practices that are widely accepted by society. Consider the practice of abortion as an example. To deny a spirit a body is a very grave decision. Our doctrines concerning the body give rise to our ethical values that drive decisions on abortions. Anyone who has an abortion, participates in, or encourages an abortion, except in cases where the health of the mother is endangered or in cases of rape or incest, is “committing one of the most ...sinful practices of this day” and could face Church discipline.¹³

The purpose of death and suffering

Some of the ethical questions that come from these doctrines deal with how to treat sicknesses and diseases that invade this sacred temple of God. The doctrine of the Fall tells us that our bodies are not perfect and sickness and disease are part of the mortal life. Some sickness is the result of nature; other sickness is the result of bad decisions. All are part of earth life. As Elder Erastus Snow observed: “The various pains and sorrows to be endured in life are all necessary in their time and place; the trials as we term them, are all necessary in their place, they are all a part of the scheme of education or training to prepare us for the future. . . .It is measured out to you and me in the providence of the Lord. . . .”¹⁴ Elder James E. Talmage wrote: “No pang that is suffered by man or

woman upon the earth will be without its compensating effect...if it be met with patience.”¹⁵ We have been taught that “no pain that we suffer, no trial that we experience is wasted. It ministers to our education, to the development of such qualities as patience, faith, fortitude and humility. All that we suffer and all that we endure, especially when we endure it patiently, builds up our characters, purifies our hearts, expands our souls, and makes us more tender and charitable, more worthy to be called the children of God . . . and it is through sorrow and suffering, toil and tribulation, that we gain the education that we come here to acquire and which will make us more like our Father and Mother in heaven.”¹⁶

This being the case, would it be ethical for members of the Church to withhold care for those who are suffering? What role or what effort should be put forth to treat disease or to heal the sick? Throughout all scripture, examples can be found where the sick were healed, either through direct, divine intervention of God or through the actions of humankind. In fact, in the Law of the Church given in Doctrine and Covenants 42, we are under command to assist in the healing process. The Lord commanded that those who did not have the faith to be healed were to be given herbs and mild food (D&C 42:41). For those who have the faith to be healed, the command is that we call in the Elders who “shall pray for and lay their hands upon them in the [Lord’s] name” (D&C 42:44). We search diligently for ways to control or remove pain and suffering from our systems. Scientists are working around the clock in some instances to break the genetic codes to prevent diseases and physical disabilities. We are doing much to extend life and to fight off suffering and death. We also call in the Elders to use the priesthood of God to overcome the forces of nature with the desire to remove pain or to delay death. How do these efforts fit with the doctrine of pain and suffering and death as part of the plan of happiness?

President Brigham Young has answered this dilemma as follows: “You may go to some people here and ask what ails them. They answer, ‘we don’t know, but we feel a dreadful distress in the stomach and in the back. We feel all out of order and wish you would lay hands on us.’

“Have you used any remedies?”

“No, we wished the elders to lay hands upon us. We have faith that we will be healed.’

“That is very inconsistent according to my faith. If we are sick and ask the Lord to heal us, to do all for us that is necessary to be done, according to my understanding of the gospel of salvation, I might as well ask the Lord to cause my wheat and corn to grow without my plowing the ground and casting the seed. It appears consistent to me to apply every remedy that comes within the range of my knowledge and to ask my Father in Heaven in the

name of Jesus Christ to sanctify that application to the healing of the body. . . it is my duty to do what I have in my power to do.”¹⁷

In light of all of this, it is interesting to note that the Savior not only suffered for our sins, but in some unique way that we do not understand He also suffered for our sickness and pain. Note this interesting insight given by Alma as he prophesied concerning the coming of Christ in the flesh: “And he shall go forth, suffering pains and afflictions and temptation of every kind; and this that the word might be fulfilled which saith he will take upon him the pains and sickness of his people. And he will take upon him death, that he may loose the bands of death which bind his people; and he will take upon him their infirmities, that his bowels may be filled with mercy, according to the flesh, that he may know according to the flesh how to succor his people according to their infirmities” (Alma 7:11-12). As Elder Jeffrey R. Holland explained: “Christ walked the path every mortal is called to walk so that he would know how to succor and strengthen us in our most difficult times. He knows the deepest and most personal burdens we carry. He knows the most public and poignant pains we bear. He descended below all such grief in order that he might lift us above. There is no anguish or sorrow or sadness in life that he has not suffered in our behalf and borne away upon his own valiant and compassionate shoulders . . . That aspect of the Atonement brings an additional kind of rebirth, something of immediate renewal, help, and hope that allows us to rise above sorrows and sickness, misfortunes and mistakes of every kind. With his mighty arm around us and lifting us, we face life more joyfully even as we face death more triumphantly.”¹⁸

Add to this the interesting doctrine taught in the Doctrine and Covenants that there might be a time appointed for death. The Lord said: “And again, it shall come to pass that he that had faith in me to be healed, and is not appointed unto death, shall be healed” (D&C 42:48, emphasis added). He commanded the Prophet Joseph Smith to “hold on thy way, and the priesthood shall remain with thee; for thy bounds are set, they cannot pass. Thy days are known, and thy years shall not be numbered less” (D&C 122:9, emphasis added). At the funeral of Elder Richard L. Evans, President Joseph Fielding Smith observed: “And may I say for the consolation of those who mourn, and for the comfort and guidance of all of us, that no righteous man is ever taken before his time. In the case of faithful saints, they are simply transferred to other fields of labor.”¹⁹ Elder Spencer W. Kimball gave us additional insights as he offered this opinion: “Just as Ecclesiastes 3:2 says, I am confident that there is a time to die, but I believe also that many people die before ‘their time’ because they are careless, abuse their

bodies, take unnecessary chances, or expose themselves to hazards, accidents, and sickness. . . I believe we may die prematurely but seldom exceed our time very much.”²⁰

God, in His infinite wisdom, has not given us unlimited power to make decisions as to keep people from dying. As President Kimball observed, if we had that type of power, had we been present, we would have protected Abinadi from the flames of fire and therefore might have done irreparable damage to him. Had we been in Carthage Jail on the fateful day of June 27, 1844, we would have stopped the mob and prevented the death of Joseph and Hyrum, thus losing for them and for us the blood witness of the restoration (see D&C 136:39). Had we been in Jerusalem during that wondrous week we would have prevented the pain and suffering in Gethsemane and stopped the death at Golgotha and therefore made the biggest mistake ever in the history of this world.

Suffering and death are part of life, and we look at them as a blessing and an opportunity. Because of the atonement of Jesus Christ and his resurrection, we realize that they are temporary and for but the moment. Therefore, when dying becomes inevitable, it should be looked upon as a blessing and we should not feel “obligated to extend life by means that are unreasonable.”²¹

We are now being faced with other ethical challenges in society where there is a movement to assist others in moving up the event of death so that they will not suffer. Much discussion is taking place today concerning the rights of individuals to have access to assisted suicides. Courts are being asked to declare the legal standing of such actions. No matter what society decides, we can understand from the doctrines we have discussed why the leaders of the Church have stated that these practices violate the commandments of God.²²

Conclusion

We can see from this quick overview of the doctrines of the nature of God, our pre-earth life, the nature of our bodies, the purpose of this earth life, the fall of Adam, along with the purpose of suffering and death and the life after death, that an understanding of doctrine plays an important role in the development of our ethics and behavior. We know good from evil. We know what to call good and what to call evil. We also know that God governs by law, and it is by obedience to the laws of God that we receive blessings from God (D&C 130:20-21). True ethics are born out of understanding and applying the laws and revelations of God. Most of the world is guided by ethics that are based on cultural and societal demands driven by the fuel of individualism. As the belief in the existence of God and His role decreases in society, we will “behold the large increase in the numbers of those who

wish to play at being God. Such societal supervisors may deny the existence of divine ways but they are very serious about imposing their own ways. Those who disavow the existence of absolute truths must forego the disapproving of anything on moral grounds. They may try to evoke a response by using all the old words, but these went out of fashion with the old values. Words minus their moral content cannot for long be meaningfully appropriated. Once a society loses its capacity to declare that some things are wrong per se, it finds itself forever building temporary defenses, drawing new lines but forever falling back and losing its nerve. A society which permits simply anything will eventually lose everything!"²³

In spite of all this, there is legitimate research being conducted to ascertain the relationship between faith, prayer and scripture reading with healing.²⁴ There is also a movement to have medical schools teach potential doctors to include a spiritual history in their diagnoses.²⁵ It appears that in today's academic and social climate it is very important for those who have strong spiritual and religious beliefs to step forward and help shape the direction of the ethical decisions being made.

Many gray areas still exist that we must deal with, and as the knowledge of humankind continues to expand, we will be faced with interesting challenges that will test our ethical base. The day is coming when we will be faced with many difficult ethical decisions concerning the manipulation of genes, the changing of the fetus, even the sex of the fetus, as well as the cloning of the human body, which could lead to the use of the body parts of the clone. Both the health care receiver and the health care provider will be faced with these decisions. Many other dramatic advances in medical research will challenge us as we try to adapt these advances to our ethical standards. In future times the prophets of God might declare the Lord's position on some of these practices. Until that time, however, it will be imperative that we as health service recipients, as well as you as health care providers, know the doctrines of the revealed gospel of Jesus Christ. Only then will we have the anchor that will allow us to be stable in the wishy-washy world. Elder Boyd K. Packer taught: "True doctrine, understood, changes attitudes and behavior. . . . that is why we stress so forcefully the study of the doctrines of the gospel."²⁶ The writer of Proverbs declared: "The fear the Lord is the beginning of wisdom: and the knowledge of the holy is understanding" (Proverbs 9:10). The Prophet Joseph Smith stated it another way: "We consider that God has created man with a mind capable of instruction and a faculty which may be enlarged in proportion to the heed and diligence given to the light communicated from heaven to the intellect, and that the nearer a man approaches perfection, the clearer are his

views and the greater his enjoyments, till he has overcome the evils of his life and lost every desire for sin."²⁷ We are truly a uniquely blessed people, for we do not only have research but also revelation! May we have the wisdom to use both.

H. Dean Garrett, PH.D., is a professor and former associate chair in the Department of Church History and Doctrine at Brigham Young University.

REFERENCES

1. E.E. Ericksen, "Moral Criteria" in Perspectives in Mormon Ethics: Personal, Social, Legal, and Medical. Ed. by Donald G. Hill, Jr.; Salt Lake City: Publishers Press, p. 15.
2. Gilbert Meilaender, Bioethics: A Primer for Christians. Grand Rapids: W.B. Eerdmans Publishing Co., 1996, p. x.
3. Planned Parenthood v. Casey, 1992.
4. Conference Report, October 1986, p. 19.
5. Bruce R. McConkie, A New Witness for the Articles of Faith. Salt Lake City: Deseret Book, 1985, pp. 699-700.
6. Witness, p. 701.
7. History of the Church, 6:303-306.
8. Singer, "Sanctity of Life or Quality of Life," Pediatrics 72:1, 1983:129; as quoted in Maxwell, We Talk of Christ, We Rejoice In Christ. Salt Lake City: Bookcraft, 1984, p. 39.
9. Dahl and Cannon, Teachings of Joseph Smith. Salt Lake City: Bookcraft, 1997, p. 297.
10. "The Family: A Proclamation to the World." Issued by the First Presidency, 23 Sept. 1995.
11. Joseph F. Smith, Gospel Doctrine. Salt Lake City: Deseret Book, 1919, pp. 12-13.
12. Joseph Fielding Smith, Teachings of the Prophet Joseph Smith. Salt Lake City: Deseret Book, 1965, p. 255-56.
13. General Handbook of Instructions 11-4, as quoted in Encyclopedia of Mormonism, 1:7.
14. Journal of Discourses, 21:25.
15. As quoted by Elder Elray L. Christiansen, Conference Report, April 1969, p. 40.
16. Orson F. Whitney, as quoted by Spencer W. Kimball in Faith Precedes the Miracle, Salt Lake City: Deseret Book, 1972, p. 98.
17. As quoted by Harold B. Lee in "Prayer," Brigham Young University, 6 July 1956, pp. 8-9.
18. Jeffrey R. Holland, Christ and the New Covenant. Salt Lake City: Deseret Book, 1997, pp. 223-224.
19. Joseph Fielding Smith, talk given at funeral of Elder Richard L. Evans, 4 Nov. 1971, p. 2.
20. Faith Precedes the Miracle, pp. 103-104.
21. General Handbook of Instructions 11-6, as quoted in Encyclopedia of Mormonism, 3:1160.
22. See statement by The First Presidency and the Quorum of the Twelve, 29 May 1997.
23. Neal A. Maxwell, If Thou Endure It Well. Salt Lake City: Bookcraft, 1996, p. 17.
24. See Troy Larson, "Religion Assists in Recovery," The Daily Universe, Wednesday, 24 Sept. 1997, p. 4.
25. Deseret News, 26 Aug. 1997, p. A-2.
26. Conference Report, October 1986, p. 20.
27. Teachings of the Prophet Joseph Smith, p. 51.



