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Is it Killing? Jodie, Mary & God

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with rapt attention, laughing with delight and crying real tears. Those who chose not to knew exactly what they were missing and preferred to be doing something else.

In India, there are no half sizes for shoes. If you fall in-between, you either take the smaller and suffer pinched toes or the larger and wear two pairs of socks. If you want coffee, you get instant. Sugar is sugar (no artificial sweeteners), milk is milk (in some places you can choose between cow’s and buffalo’s, but variations in percent of fat are unknown).

Having too many choices not only defeats the objective of providing each of us with a neater fit but it inflates our sense of self-importance. This cannot but carry over into other aspects of life. Having been trained to “have it your way” in the matter of burgers, learning styles, and modes of payment, is it any wonder that our children expect us to drop whatever we are doing to attend to their needs whenever these happen to occur? Ego-centric behavior is typical of children around the world. Most cultures gently but firmly discourage it.

**Portions that are too large.** Every time I return to the United States, soft drinks have doubled in size. Free refills (of cups which are already gigantic) are a standard feature in restaurants. French fries are cold before you can finish half of them. Wholesale grocery stores are full of people laying in supplies of cat food, toilet paper, and dishwashing liquid as if Armageddon were just around the corner.

In India, when we take the children out for dinner, we usually order soft drinks “two into three,” meaning two 300-milliliter bottles served into three glasses. If we go for ice cream afterwards, our single scoop is about one-third the size of a typical cone in the States. A quart of ice cream in India is called a “party pack.”

A child who literally cannot finish her ice cream without feeling sick gets less pleasure from the experience than the one who lingers over the last bite, wishing there were just a little bit more. The idea that more (much more) is better persuades children that they are entitled to whatever they desire. But isn’t the secret to treatments limiting them?

**Too many distractions.** A few weeks ago, I was in a U.S. airport waiting for my very delayed flight to depart. All around me, I watched people who were not there. Seventy-five percent were speaking on cell phones. Others were watching a television news show which had, in addition to the newscaster, the weather displayed in one corner of the screen, stock market reports across the bottom, and sport results flashing regularly across the top.

The average American can do all of these things simultaneously: drive, talk on the phone, drink coffee, eat a bagel, listen to music, and smoke a cigarette. In India, most people do one thing at a time. Maybe they could do more, but they don’t. This gives their lives a stillness, a mindfulness, rarely seen in the United States.

While I do recognize that it is precisely this American versatility and energy that make life in this country so vibrant (it can get pretty boring in a small Indian town!), it may not be the best thing for raising children, who are, after all, the world’s original conservatives. Much as we may hate to admit it, to a baby there is nothing boring about the same old mother or father putting her to bed every night, over and over in exactly the same way.

The distractions which are an inherent part of life in America make it seem that we are never accomplishing all that we can. There is always some other activity we could add to the one we are engaged in to make it more productive and efficient. Children give us the fleeting chance to recognize the fallacy of this belief, but even the parenting industry (Music in the womb! Teach your two-year-old to read!) makes it easy to miss.

Fewer choices, smaller sizes, one or two things at a time. It may not be everyone’s prescription for happy children and calm, relaxed parents, but it works in India.

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**M. Therese Lysaught**

**IS IT KILLING?**

Jodie, Mary & God

We cannot kill one of our daughters to allow the other to survive. We believe nature should take its course. If it’s God’s will that both of our children should not survive, then so be it. It’s not something we believe we have the right to interfere with."

So wrote the parents of the pseudonymous conjoined twins, Jodie and Mary, in their petition to the British Court of Appeal. Physicians in the case had sued to surgically separate the twins, born August 8. The parents—Roman Catholics—initially opposed the surgery. Separation would result immediately in Mary’s death, since she relies on Jodie’s heart and lungs for her blood and oxygen supply. But if not separated, the strain on Jodie’s heart will ultimately kill them both.

The court’s September 22 decision to permit the physicians to proceed with the surgery did little to clarify the moral terrain. The parents, it appears at this time, have decided not to appeal the ruling. This outcome only solidified the case’s more troubling aspects.

To begin, consider how the various participants have been characterized in the court and the media. The heroes, clearly, are the judges. It is they who bear the terrible burden of moral decision, who have been agonizing through sleepless nights about what ought to be done. The physicians emerge as clear-eyed, single-minded knights, simply seeking to do the right thing. The parents, on the other hand, are “devout Roman Catholics,” “simple-minded peasants” from a “remote European community” (now revealed to be Gozo, an island near Malta). The subtext paints the parents as backward, their geographic isolation and rural

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life reinforcing their archaic religious scruples. The fact that
the tragedy of the case affects the parents and not the judges
or the physicians seems to have been lost.

The children are likewise juxtaposed. Jodie is consistently
ly described as “bright and alert.” Mary, on the other hand,
assailed by a range of metaphors. She is “passive,” “de-
formed,” “pathetic,” a “congenital tumor,” her existence
“utterly futile.” In the chilling words of the recent court de-
cision, she is a “parasite” that “sucks the lifeblood of Jodie.”
Such language has but one purpose—to dehumanize. It is al-
ways easier to take the life of a creature that is less-than-
human.

What troubles me about this case? The “facts,” as report-
ed, change daily. Initially, Mary was simply described as
“passive.” With each subsequent report, her physical hand-
iches become more extensive. Initially, Jodie’s odds of sur-
viving the surgery and leading a “normal” life were cast as
high as 80 to 90 percent. But this sort of surgery is extreme-
ly rare and extremely high risk; the prognoses seem undu-
ly optimistic. And we hear later that if she does survive,
even with multiple surgeries over a period of years, her abil-
ity to walk, control her bladder, or have children may be
permanently impaired. Initially, the girls were given a max-
imum of three to six months to live. Physicians later con-
sulted for a second opinion suggested that both girls might
live conjoined for “many months, even a few years.” Ini-
itially, the children were reported to refuse the surgery on
“religious grounds,” citing “God’s will” as the basis for the
impossibility of choosing between the girls. Later reports,
however, suggest that the parents would rather not raise a
handicapped child. A handicapped Jodie would be shunned
in their community, they maintain, and adequate medical
care is not available. Reports from the community itself,
however, seem to refute both assertions.

Regarding cases like this, then, caution is in order. It is
difficult not to be persuaded by metaphors that mask the ab-
sence of argument and that attempt to minimize ambiguity
by diminishing or eliminating the moral status of those in-
volved. From the parents’ perspective, the story would like-
ly sound very differently. Who gets to tell the story? When
“facts” are fluid, adequate moral analysis is impossible.

What further troubles me about this case is that the clas-
sic framework of the Catholic moral tradition—the principle
of double effect—does not provide clear-cut guidance. In
this particular instance, commentators on both sides argue
from stricter and looser interpretations of the principle. How
might one work through it? We would begin with the object
or moral species of the act in question. Is the act properly
characterized as “killing” Mary or rather as saving Jodie’s
life? A charitable reading suggests the latter.

What is the act itself? Is the act itself good or morally neu-
tral? The act seems properly described as a surgical inter-
vention to separate conjoined twins. In the absence of tragic
physiology, surgical separation would certainly be the med-
cal recommendation. And Jodie’s medical situation seems
to call for it, making it a therapeutic intervention. Thus, it seems
fair to characterize it as a good or neutral action.

But Mary would die. The Catholic tradition allows for sit-
uations where death is the unintended and unavoidable out-
come of a medical procedure designed to save a life. But
would such reasoning apply in this case? Without a doubt,
Mary’s death is not intended, desired, or willed (the dehu-
manizing remarks above notwithstanding). Without a doubt,
the saving of Jodie’s life combined with Mary’s grim prospects
for life expectancy provide a sufficiently grave reason.

But though it seems unfair to describe the situation as
“killing Mary in order to save Jodie,” or doing an evil in
order to achieve a good, one troubling question remains:
Would Mary’s death be the cause of the good outcome? If so,
the surgery would be illicit. This proviso is important, es-
pecially if the new prognosis with regard to the girls’ life
expectancy together is correct. More time may change the sit-
uation. In the course of time, an alternate course of action,
without the same moral onus, might appear.

However, at this time the closest analogy, although an
imperfect one, might be the analogy of the ectopic pregnancy.
Traditional moral analysis permits physicians to perform a
surgical procedure designed to remedy a lethal pathology—
a fallopian tube that would inevitably hemorrhage. Physi-
cians would not be permitted, however, to simply open the
tube, kill the fetus, and remove it. Does this analogy hold
here? Does the surgical separation differ from a direct attack
upon Mary that would simply end her life? Yes, but the un-
certainty of the prognosis weakens the analogy.

In the end, we do not have enough similar cases to de-
velop a “more probable” answer. The situation remains
unique. Although the medical literature now boasts a hand-
ful of cases involving the separation of conjoined twins, they
differ in relevant particulars (the nature of the join, the wish-
es of the parents and physicians, the medical prognoses for
the two children, the outcomes, etc.). There is no substantial
body of moral opinion from which to draw. In such cases, one could—after careful and prayerful deliberation—be justified in proceeding.

Another matter that troubles me about this case is the use of the term “God’s will.” The parents find God’s will in the given, in the course that nature takes. Lord Justice Ward, one of the three judges considering the appeal, follows suit: “It was not God’s will that [Mary] should live because [she] wasn’t born with the capacity to live and death is inevitable.” Troubling indeed is the picture of God these diverse statements render and what they imply about human life as made in the image of God.

The God conjured here is a sovereign God, omnipotent, perhaps capricious from our perspective, certainly inscrutable. God’s will is not our will, nor God’s ways our ways. He (sorry, but this is definitely not God as Mother) has his own good reasons for his actions, which are beyond our ability to see or understand. Such a God is remote, the sort of God who gathers souls to his heavenly bosom in his own good time. It is a God who acts “immediately,” one who intervenes in the world in an unmediated fashion. God’s will is known not only through nature in its flourishing and perfection (à la Thomas Aquinas) but in its inevitable imperfections as well.

Though Job and Calvin might recognize this God, the Catholic tradition ought not—or would at least ask for a fuller account. In the Catholic tradition, God is an incarnate God whose will is not entirely unknowable. Scripture, tradition, liturgy, and nature all attest that God is a creative God who wills life. God heals, creates community, attends the outcast, suffers, redeems humanity from death, and promises the eschatological renewal of all creation, giving hope. God wills healing, wholeness, life, relief from suffering, and special care—a preferential option, if you will—for the vulnerable and marginalized. God does not will death.

We are images of God, and we are called to follow, to work to realize in the world God’s will for healing, wholeness, life, relief from suffering, refusing to abandon the outcast. We are not called to wait passively for God to intervene miraculously, nor are we simply to read God’s will from “whatever happens.”

Rereading God’s will in this way would lend support to the argument for proceeding with the surgery. While Mary will inevitably die either way, Jodie’s death does not seem as inevitable. As God wills healing, flourishing, and life for Jodie, we are called to do likewise. The parties to the case ought to do all that they can to heal Jodie and promote her life. Living as a conjoined twin is not a physiologically ideal state. Surgical separation seems the action most directly designed to promote healing and life.

But this is not to say that the parents are wrong. Mary may be less than whole; God’s will for life, healing, and wholeness cannot be achieved for her, but God will not abandon her. The parties to the case must likewise embody God’s presence to Mary and resist descriptions that dehumanize. Such descriptions fail to embody God’s will to be present to those who suffer, not to abandon those who cannot be cured, to walk with the most vulnerable, even if it is in their dying.

Which leads us to the last troubling aspect of the case. Although I have built a case for justifying the surgery, such a case would only permit; it would not necessarily oblige. God, indeed, would not will that the parents kill one of their daughters so that the other might survive. God would not will that they abandon one for the good of the other. If this is how the parents understand their situation, then they have no choice but to oppose the surgery. In conscience, they could not do otherwise.

Perhaps I empathize too much with the parents. While my own moral and theological reflection leads me to agree that the surgery could be permitted, and may even be the right thing to do, the utilitarian reasoning of the physicians and the courts, as well as the manipulative rhetoric employed, makes me want to champion the parents’ case. I want to defend the vulnerable against the powerful. Or perhaps it is the presence of the two babies in my own womb, kicking, rolling, and growing toward their estimated date of arrival in December. If faced with a similar situation, would I be able to engage in the sort of analysis outlined above, or would my deepest religious instincts find it all to be sophistry? Would I be able to choose between my children? I do not know. But I do know that in a case as morally complex and ambiguous as this, a decision made in good conscience by grieving parents ought to be respected by the courts.

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