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## Is it Killing? Jodie, Mary & God

M. Therese Lysaught

Loyola University Chicago, [mlysaught@luc.edu](mailto:mlysaught@luc.edu)

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with rapt attention, laughing with delight and crying real tears. Those who chose not to know 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 treats 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. □

*M. Therese Lysaught*

## **IS IT KILLING?**

**Jodie, Mary & God**

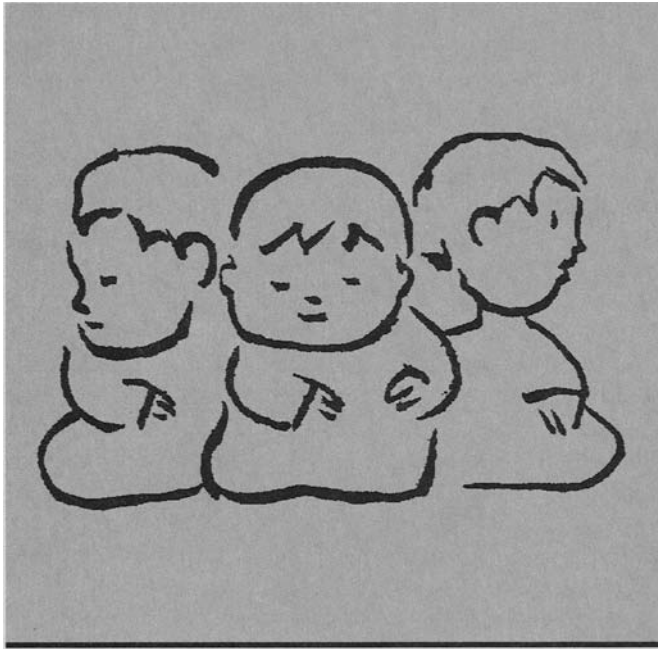
**W**e cannot kill one of our daughters to allow the other to survive. We believe nature should take its course. If it's God's will that both of our children should not survive, then so be it. It's not something we believe we have the right to interfere with."

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, they 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 communal



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 described as "bright and alert." Mary, on the other hand, is assailed by a range of metaphors. She is "passive," "deformed," "pathetic," a "congenital tumor," her existence "utterly futile." In the chilling words of the recent court decision, she is a "parasite" that "sucks the lifeblood of Jodie." Such language has but one purpose—to dehumanize. It is always easier to take the life of a creature that is less-than-human.

What troubles me about this case? The "facts," as reported, change daily. Initially, Mary was simply described as "passive." With each subsequent report, her physical handicaps become more extensive. Initially, Jodie's odds of surviving the surgery and leading a "normal" life were cast as high as 80 to 90 percent. But this sort of surgery is extremely rare and extremely high risk; the prognoses seem unduly optimistic. And we hear later that if she does survive, even with multiple surgeries over a period of years, her ability to walk, control her bladder, or have children may be permanently impaired. Initially, the girls were given a maximum of three to six months to live. Physicians later consulted for a second opinion suggested that both girls might live conjoined for "many months, even a few years." Initially, the parents 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 absence of argument and that attempt to minimize ambiguity by diminishing or eliminating the moral status of those involved. From the parents' perspective, the story would likely 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 classic 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 action 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 neutral? The act seems properly described as a surgical intervention to separate conjoined twins. In the absence of tragic physiology, surgical separation would certainly be the medical 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 situations where death is the unintended and unavoidable outcome 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 dehumanizing 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, especially if the new prognosis with regard to the girls' life expectancy together is correct. More time may change the situation. 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. Physicians 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 uncertainty of the prognosis weakens the analogy.

In the end, we do not have enough similar cases to develop a "more probable" answer. The situation remains unique. Although the medical literature now boasts a handful of cases involving the separation of conjoined twins, they differ in relevant particulars (the nature of the join, the wishes 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. □

**M. Therese Lysaught** is an assistant professor in the department of religious studies at the University of Dayton.

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