

Do
WE HAVE
the
Right
to
DIE?

David W. Cloud



Do We Have the Right to Die?
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Contents

The Modern History of Euthanasia.....	5
Medical Science Is Not Infallible	16
Man Has an Eternal Soul	34
It Might Be Possible for a Person in a Coma to Be Saved ...	37
Our Responsibility Is to Care for Our Loved Ones, Not Kill Them.....	40
About Way of Life's eBooks	43
Powerful Publications for These Times.....	44

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The Modern History of Euthanasia

“Thou shalt not kill” (Exodus 20:13).

Since the last half of the Twentieth Century we have witnessed a dramatic increase in the number of headlines focusing on the “right-to-die” or euthanasia issue. (Euthanasia means “good death.”)

In 1968, a Harvard Medical School committee stated that “irreversible coma” is a criterion for death.

In 1974, the Society for the Right to Die was founded in America.

In 1976, in a landmark ruling, the U.S. Supreme Court upheld the New Jersey Supreme Court ruling that 21-year-old Karen Quinlan could be removed from the respirator she had been on for two years. Doctors decreed that she was in an “irreversible coma.”

In October 1976, California became the first state to legalize the right for “terminally ill” persons to authorize withdrawal of life-sustaining medical treatment when “death is believed to be imminent.” Within one year, seven other states had “right to die” laws.

In 1985, the New Jersey Supreme Court ruled that ALL life-sustaining medical treatment can be withheld from terminally ill patients, whether incompetent or competent. In that ruling the court defined feeding tubes as “medical treatment.”

In 1985, a Virginia woman who killed her cancer-ridden husband with an ice pick was sentenced to a mere two years’ probation and psychiatric treatment.

In 1986, the Massachusetts Supreme Court ruled to allow a woman to stop the feeding of her comatose husband.

In 1987, the New Jersey Supreme Court ruled unanimously that an alert, mentally competent but dying

woman, suffering from Lou Gehrig's disease, a fatal nerve disorder, should have been allowed to order her respirator disconnected. The woman had died a few days before her case reached the Court. The same court ruled to allow a man to remove the feeding tube from his 32-year-old wife.

In 1988, a U.S. District Court in Rhode Island ruled that the feeding tube could be removed from a 49-year-old woman. The woman was in a coma as a result of a brain hemorrhage, and since she could not swallow, she received nourishment and liquids through a feeding tube. Her family had sued in court to compel the hospital to terminate her food and water. The medical workers who were caring for the woman were unanimous in opposing the action, but the court ordered them to remove the tubes so the woman would starve to death.

A man severely crippled by a 1985 motorcycle accident went to court in an attempt to gain the "right" to kill himself. In 1989, the Georgia Supreme Court unanimously ruled that he could kill himself by shutting off the breathing apparatus that kept him alive.

The parents of Nancy Cruzen, a young woman who suffered severe brain damage in a 1983 car crash, spent three and a half years in court in an attempt to remove the feeding tube that was keeping her alive. Though severely disabled, Nancy was not comatose nor did she require any life-support equipment. She even smiled at funny stories and cried when visitors would leave. In spite of this, on December 14, 1990, County Circuit Court Judge Charles E. Teel, Jr., ordered Nancy's caregivers to withhold all food and water. Twelve days later, the 33-year-old woman died of dehydration.

On June 4, 1990, Jack Kevorkian claimed his first victim when he assisted in the administration of a lethal dosage of drugs to 54-year-old Janet Adkins. She was in the early stages of Alzheimer's, and her own doctor said she had at least ten years of productive life ahead. She had never met or talked with Kevorkian until she arrived in Michigan two days before

her death. All arrangements were made by her husband, Ron, (64) who subsequently became president of the Oregon Hemlock Society. In the year before her death, Janet Adkins and her family were counseled by a family therapist who was coordinator of the Oregon Hemlock Society. According to an aunt, “She did not want to be a burden to her husband and family” and a friend explained, “She felt it [her death] was a gift to her family, sparing them the burden of taking care of her” (“The Real Jack Kevorkian, International Anti-Euthanasia Task Force, <http://www.iaetf.org/fctkev.htm>). Kevorkian, who went on to participate in a reported 137 assisted suicides, does not have a license to practice medicine. His Michigan license was suspended in 1991 and his California license was suspended in 1993. According to the California Attorney General’s office, Kevorkian is “fundamentally unfit to practice medicine” (California Medical Board, *Complainants Brief*, Dec. 28, 1993, p. 19). Kevorkian proposed an “auction market for available organs” taken from “subjects” who are “hopelessly crippled by arthritis or malformations.” Part of the money from the euthanized person’s auctioned organs could go to relatives whose financial burdens would be eased and “their standard of living enhanced.”

A poll of adults conducted by CNN/USA Today/Gallup Poll published January 1991 found that 58% of Americans believe doctors ought to be allowed to help a terminally ill patient die if the patient asks for assistance.

On October 23, 1991, 58-year-old Marjorie Wantz became Jack Kevorkian’s second victim, dying of a lethal dose of drugs administered by Kevorkian’s “death machine.” Marjorie had no life-threatening condition. The autopsy found that she had no illness or disease. She had complained of pelvic pain, but though a number of physicians had advised her that the pain was manageable she did not follow through with their recommendations. “She had reportedly been taking extremely large doses of Halcion (a medication

known to impair judgment) in the months preceding her death. She had been hospitalized for psychiatric care on a number of occasions.” Kevorkian did not even give the woman a medical examination. On the same day, Kevorkian assisted in the suicide of Sherry Miller, age 43. She had multiple sclerosis and could have lived for many years but said she felt she was “becoming a burden on people.” She had been suffering from depression which had been noted five years earlier. She did not want to take the medication that had been prescribed for depression. She testified that she no longer had any quality of life. Her death was to have been from a lethal dose of drugs but, after repeated attempts and punctures to her arm, Kevorkian couldn’t insert a needle into her veins. He left her waiting for four hours at the death site while he “went to town” to get supplies so he could rig her death by carbon monoxide poisoning (“The Real Jack Kevorkian, International Anti-Euthanasia Task Force, <http://www.iaetf.org/fctkev.htm>).

In 1994, Oregon became the first state in America to allow physician-assisted suicide. Voters approved a “Death with Dignity” referendum. The law allowed patients to request life-ending medication if a doctor determines that they have less than six months to live. The law was upheld by the U.S. Supreme Court in 2006.

A forum on end-of-life issues held in New York City in November 1996 noted that the preferred means of euthanasia today is starvation. The participants observed that it is legal for patients to refuse treatment, including nutrition, and doctors may legally offer painkillers and other comfort as these patients die. Therefore, “every single piece of the recipe is legal.”

In October 1996, Australia’s Northern Territory allowed the world’s first legally assisted suicide. Bob Dent, 66, who was suffering from cancer, was allowed to take deadly drugs under a euthanasia law passed on May 25, 1996. (At the time, thousands of assisted suicides were performed every year in

The Netherlands, but technically they weren't legal. They were allowed under loopholes in the law. Doctors who follow "strict guidelines" were guaranteed immunity.)

In a Canadian national study reported in September 1996, almost half of all doctors surveyed said the law should be changed to allow physician-assisted suicide. In the survey, 47% of doctors supported euthanasia, while 39% were opposed, and 11% were uncertain.

In March 1996, a 62-year-old New York man was sentenced to just six months in jail (he was expected to serve only four) for killing his wife, who had multiple sclerosis, with an antidepressant mixed with honey. He claimed it was assisted suicide, and a note left by the wife said she drank the potion "freely and without reservations"; but prosecutors also discovered that he had kept a diary indicating he was tired of caring for her and was eager for her death.

In February 1996 the Episcopal diocese of Newark, New Jersey, declared that suicide and assisted suicide may be morally acceptable under some circumstances, i.e., when "pain is persistent and/or progressive; when all other reasonable means of amelioration of pain and suffering have been exhausted; and when the decision to hasten death is a truly informed and voluntary choice free from external coercion."

According to a study released in the *New England Journal of Medicine* in 1996, one in five intensive-care nurses had hastened the death of terminally ill patients. The study was based on responses by more than 850 nurses to an eight-page questionnaire administered by Dr. David Asch of the University of Pennsylvania.

In early 1999, the Oregon Health Division presented its analysis of the state's first year under the Oregon Death with Dignity law. According to the OHD's study, 23 patients received legal lethal drug prescriptions between 1/1/98 and 12/31/98. Of those patients, 15 actually took the deadly drugs and died, six died from their illnesses without taking the

lethal prescription, and two were still living as of 1/1/99. Of the 15 patients who died from the lethal drugs, seven were women, eight were men, all 15 were white, 13 had cancer, one had congestive heart failure, and one had chronic obstructive pulmonary disease. The median age was 69. Four were referred for a psychiatric or psychological consultation. The International Anti-Euthanasia Task Force warned that this information is “skewed and incomplete.” The reason is that the law contains no penalties for doctors who do not comply with its requirements and there is no way to determine if the reporting is accurate. “The data for this study came exclusively from the death-prescribing doctors, with no corroboration from other sources. In fact, the OHD, citing privacy concerns, never even interviewed the patients’ families, friends, or caregivers regarding the circumstances and/or pressures surrounding the deaths. Nor did the OHD contact the patients’ other doctors who, for some reason, opted not to write the deadly prescription. In other words, the state is just assuming that doctors engaged in ending the lives of patients are of good will, have been totally compliant with the provisions of the PAS law, and are completely truthful and forthright in their reports to the state. But why would a doctor even bother to report a less-than-perfect death, one which might cause legal and professional problems for that doctor with the OHD, the state medical licensing board, or even the police?”

A report published in February 1999 showed that Dutch physicians routinely ignore established euthanasia guidelines created to protect patients against abuse. “The reality is that a clear majority of cases of euthanasia, both with and without request, go unreported and unchecked. Dutch claims of effective regulation ring hollow,” explained researchers Dr. Henk Jochemsen, of Holland’s Lindeboom Institute for Medical Ethics, and Dr. John Keown, from England’s Cambridge University. Reviewing a 1996 survey of 405 Dutch doctors regarding end-of-life decisions, the researchers found

that, in 1995, almost two-thirds (59%) of euthanasia cases went unreported, a clear violation of the requirement--codified into law in 1994--that all euthanasia and assisted-suicide deaths be reported to authorities. Furthermore, 20% OF REPORTED EUTHANASIA DEATHS WERE INVOLUNTARY, meaning that doctors ended patients' lives without the patients' explicit request or consent. In 15% of these cases (where the patients were competent), the physician did not discuss euthanasia with the patient because "the doctor thought that the termination of the patient's life was clearly in the patient's best interests." In 17% of the involuntary euthanasia cases, alternative care or treatment was available, meaning that euthanasia was not the "last resort" as required by the guidelines (Keown & Jochemsen, "Voluntary Euthanasia under Control? Further Empirical Evidence from the Netherlands," *Journal of Medical Ethics*, February 1999).

In March 1999, a Michigan jury found Dr. Jack Kevorkian guilty of murder for the September 1998 death of 52-year-old Thomas Youk. The man was suffering with amyotrophic lateral sclerosis (ALS). Kevorkian, who video-taped the death, killed Youk by injecting him with a lethal series of drugs. The video was subsequently broadcast on the *60 Minutes* television show. During the broadcast, Kevorkian challenged Michigan prosecutors to charge him, and they did, not merely for assisted suicide but for first-degree murder. At the trial it was pointed out that just before Kevorkian injected Youk with a drug that rendered him unconscious, Youk attempted to speak but was ignored by Kevorkian. Prosecutor John Skrzyński noted: "We don't know what he said, and it's too late now because he's gone now, he's asleep and he's never getting up again. What did he say? Did he say 'wait'? Did Dr. Kevorkian have a duty to stop and find out what he was saying?" In a media interview in November 1998, Kevorkian was asked if Youk had anything to say at the end. He just laughed and said, "I don't know. I

never understood a thing he said” (Lessenberry, “I want a showdown,” *Oakland Press*, Nov. 20, 1998). When the jury announced its guilty decision, Kevorkian attempted to look unruffled in the courtroom, but after he got in the car away from the camera “he exploded, screaming with anger, rage and frustration at the irrationality and cruelty and backwardness of society.” In April 1999, Kevorkian was sentenced to 10 to 25 years in prison. The 79-year-old “Dr. Death” was released conditionally in June 2007.

In 2001, the Netherlands legalized euthanasia.

In 2002, Belgium legalized euthanasia.

In January 2005, the United States Supreme Court let stand a ruling by Pinellas [Florida] Circuit Court Judge George Greer allowing Michael Schiavo to cut off his wife Terri’s feeding tube. Terri, 41, had been dependent on the tube since suffering a heart stoppage 15 years earlier. Terri’s parents fought to stop their son-in-law from disconnecting the tube. Though Terri had brain damage, she was not dying, could breathe on her own, and exhibited many signs of being aware of her environment. This was testified by her nurses and by medical experts. The courts, both state and federal, allowed Schiavo to starve his wife to death. Her feeding tube was removed on March 18, 2005, and she died on March 31.

In 2008, Washington and Oregon became the second and third U.S. states to legalize physician-assisted suicide. In Washington, it was approved by a voter referendum, and in Montana, it was imposed by a judge.

In May 2010 the following testimony was published in the *Washington Times*: “One night I received a call from my family in Florida that Dad was dying. I was told that I should get there fast. My husband and children and I quickly made the trip for what we feared would be our final goodbyes. Dad was in very bad shape. He suffered from severe heart problems, failing kidneys and a damaged liver. From the first moments of arriving at the hospital, a nurse pulled me aside and said I should sign a ‘do not resuscitate order.’ ‘If his heart

stops,' she said, 'it would be cruel and painful to try and resuscitate him in his condition.' I told her in no uncertain terms that I would not sign the order. The nurse also approached my sister with the same intensity. I soon discovered that a family friend had been cornered in the hallway and told she should persuade a family member to sign the order. ... I'll never forget how my father looked up at me with worried eyes as he told me he had been approached numerous times by the staff to sign the order. ... My father was released several days later to be with his family. He was expected by the medical staff to die at any moment. But they were wrong. ... He began recovering: His kidney function doubled, his liver returned to a healthy state, and his heart grew strong enough to have a pacemaker implanted that gave him a new lease on life. Because we were firm in our belief that life is precious, that medical professionals should not withhold basic procedures that can save lives, Dad had the opportunity to live. My father was a physician for nearly 45 years. DURING HIS PRACTICE, HE WATCHED IN DISBELIEF AS MEDICINE BEGAN TO CHANGE FROM A 'HEALING ART' THAT FOCUSED ON 'THE GOOD OF THE PATIENT' TO A 'SCIENCE' THAT WORKS FOR THE 'GOOD OF SOCIETY.' ... I originally shared this story about my dad several years ago, but it is incredibly relevant to what is happening today. The euthanasia movement has infiltrated the medical community for many years, and with the new government-run health care program that is killing freedom and insurance and care choices, it is certain that the elderly and very ill will be the primary victims of medical care rationing" (Rebecca Hagelin, "Impatience with Patients," *Washington Times*, May 24, 2010).

In June 2012, a senior doctor in Britain issued the following warning that palliative care is being used in England as a cover for euthanasia. "Professor Patrick Pullicino has claimed that DOCTORS ARE USING A CARE PATHWAY DESIGNED TO HELP MAKE PEOPLE'S

FINAL DAYS MORE COMFORTABLE AS AN EQUIVALENT TO EUTHANASIA. The Liverpool Care Pathway (LCP) is used in hospitals for patients who are terminally ill or are expected to die imminently. Under the pathway, doctors can withdraw treatment, food and water while patients are heavily sedated. Almost a third of patients--130,000--who die in hospital or under NHS care a year are on the LCP. Professor Pullicino said he believed the LCP was being used as an 'assisted death pathway' with patients placed on the LCP without clear evidence, according to the *Daily Mail*. The senior consultant at East Kent Hospitals told the Royal Society of Medicine he had personally intervened to have a 71-year-old man taken off the LCP and be treated successfully, despite claims he was expected to die within hours or days. He had arrived in hospital with pneumonia and epilepsy. 'I removed the patient from the LCP despite significant resistance,' he said. 'His seizures came under control and four weeks later he was discharged home to his family. The lack of evidence for initiating the Liverpool Care Pathway makes it an assisted death pathway rather than a care pathway.' Professor Pullicino said the 71-year-old man lived for another 14 months before he suffered pneumonia again and was admitted to a different hospital. He was put on the LCP and died five hours later. 'Very likely many elderly patients who could live substantially longer are being killed by the LCP. Patients are frequently put on the pathway without a proper analysis of their condition,' he added. 'Predicting death in a time frame of three to four days, or even at any other specific time, is not possible scientifically. This determination in the LCP leads to a self-fulfilling prophecy. The personal views of the physician or other medical team members of perceived quality of life or low likelihood of a good outcome are probably central in putting a patient on the LCP'" ("Elderly Patients 'Helped to Die to Free up Beds,' Warns Doctor," *London Telegraph*, June 21, 2012).

In 2013, Vermont became the fourth U.S. state to legalize physician-assisted suicide.

In February 2014, Quebec became the first province in Canada to legalize euthanasia.

In March 2014, Belgium legalized euthanasia for “terminally and incurably ill” children.

In February 2015, Canada’s Supreme Court struck down the federal prohibition against physician-assisted euthanasia and gave the federal and provincial governments 12 months to introduce legislation to permit the practice.

What should the Bible-believer think of this rapid move toward the legalization of euthanasia?

It is a complex issue, and we find it impossible to give a blanket answer for every situation, yet there are some Bible truths that clearly apply, and in this hour of moral relativism it is essential that we point them out.

Medical Science Is Not Infallible

Consider, first, that medical science is not infallible. Because of the marvelous advances that have been made in medicine in recent decades, it is possible to forget how little man still really knows about the body, mind, and soul.

This can easily be proven: Consider how frequently doctors disagree in their diagnosis and proposed treatment. Consider how frequently they are wrong. Consider how really limited they are, how often they fail to cure.

And isn't it true that God often intervenes and does miracles of healing for which medical science cannot account? Though we do not believe God is healing today through sign gifts as He did in apostolic times, we do believe God heals in answer to prayer according to James chapter five. And He often performs healings that force even unsaved doctors to admit that something occurred that was beyond their knowledge and power.

Yes, medical science is fallible and often wrong, and it is necessary to remember this when considering the euthanasia issue.

There have been many cases of those diagnosed as being in "irreversible" comas and of being "brain dead" who regained consciousness and recovered their health. A vegetative state is considered persistent if it lasts more than a month, and after a year, it is labeled "permanent."

(We do not intend to imply that amazing recoveries happen most of the time. Between 10,000 to 25,000 adults and 6,000 to 10,000 children in the U.S. are diagnosed each year as being in "persistent vegetative states." Most of these do not awaken, and the majority die within six months.)

The exceptions, though, remind us of the fallibility of modern medical science and of the necessity of extreme caution.

The wife of independent Baptist Evangelist Tom Williams had “the worst case of spinal meningitis on record.” She was hospitalized in a coma, and her husband visited her every day. He prayed with her, read the Bible, and left tapes to be played when he was not with her. A friend gave her a stuffed animal to keep her company and named it “Rainbow,” the sign of God’s covenant with Noah after the Flood. A year later she emerged from her coma and spoke the words, “His name is Rainbow.” The wonderful story of this recovery is recorded in Evangelist William’s book *Twice Given*.

In March 1980, Matthew Graff of Burbank, California, awoke after being in a “vegetative state” for 13 months after surgery for hydrocephalus, the swelling of the brain. Between August 1978 and October 1979 he had 17 brain surgeries, and by the time he awoke his fingers and feet were curled back from tendon atrophy and lack of use and his body weight had dropped from 165 pounds to 110. After extensive speech therapy and physical rehabilitation, he recovered (“An Incredible Recovery Story,” http://members.aol.com/_121b_ywR5esSZPGcCraft3kjNKZvvawlZ/VDNRzeiBbk+YFQ=).

(Note: The first edition of this report was published in 1991 and has been frequently updated and enlarged, and it contains some web links that are no longer active.)

In May 1986, 44-year-old Jacqueline Cole of Baltimore, Maryland, awoke from a condition her doctors had diagnosed as a “persistent vegetative state.” After weeks had passed in that condition, her family had petitioned a court to grant permission to disconnect her life support, but the judge denied this, explaining, “She was not legally brain dead. We are dealing with a live person.” Six days after this judicial ruling, Jacqueline woke up. A friend had come to pay his last respects, and when he took her hand and said, “Hello,” she opened her eyes and smiled at him (*Rocky Mountain News*, Denver, Colorado, November 21, 1986).

On December 14, 1987, 32-year-old Don Hamilton of Minnesota came out of a coma he had been in since a hunting accident nearly two months earlier. When he had arrived seven weeks earlier at North Memorial Medical Center in Robbinsdale, Minnesota, doctors had said that he appeared to be “brain dead” (“All the mysteries of life and death aren’t covered in medical books,” *Star Tribune*, Minneapolis, Dec. 26, 1987, p. 1A).

In 1988, the mother of Pastor Terry Coomer (Hope Baptist Church, North Little Rock, Arkansas) suffered a heart attack and was without oxygen to her brain for more than five minutes. She went into a coma and throughout that night had seizures every few minutes. Several brain specialists told the family that she would never regain consciousness and would be a “vegetable” for the rest of her life. Her major organs had shut down, and she was on a breathing ventilator. For months she remained in that condition, with her husband stopping by the hospital each day to talk to her, when she suddenly woke up! Pastor Coomer testifies: “I was called to the hospital and she talked to me. She told me how much she loved me and how she was going to miss seeing her grandchildren grow up. She also talked about knowing that she was going to die and about the home that she had in heaven. She asked why this had happened to her. I told her I did not know, but I knew God loved her and had a place prepared for her. We prayed together, and I hugged her and told her how much I loved her. Ten days later, she went into the presence of her Lord. I asked the neurologist how they could make such a mistake. He told me the brain is different than any other organ, meaning that it is more difficult to predict what will happen to the brain than with other organs. I can testify to that. I am glad we were *not* persuaded to pull the plug even though I was told over and over, ‘She has no quality of life.’ I am thankful we left the decision of her life in the hands of the Lord rather than those who thought it was okay to kill.”

In March 1988, 62-year-old Earl Lanning of Michigan awoke from a coma he had been in for 10 years since suffering a brain hemorrhage (“Earl Lanning revives from ten-year coma,” *Penasee Globe*, Penasee, Michigan, March 23, 1988).

In December 1988, there was another amazing case involving the recovery of one who was “brain dead.” Barbara Blodgett, a 24-year-old Washington state woman who had been in a deep coma for more than five months, gave birth to a healthy baby boy and then came out of the coma and began making gradual progress toward recovery. When she was thirteen weeks pregnant on June 30, 1988, Barbara was severely injured when the car she was riding in was struck by a drunk driver. Her cousin was killed in the crash, and Barbara suffered head injuries so severe that doctors proclaimed she was in a state of “cerebral death.” Yet by January 1989, she was asking questions, forming words, recognizing her family and friends, and helping in small ways to care for her newborn baby. Barbara spelled out the following message by pointing to letters on a piece of paper: “Never give up” (*USA Today*, Feb. 14, 1989).

On January 19, 1989, nine-year-old Ryan Atencio awoke from a coma he had been in for more than five weeks after receiving massive head injuries in an automobile accident. Dr. Eustaquio Abay of St. Francis Regional Medical Center in Wichita, Kansas, said, “There was no brain function. Three or four times we’d seen the pulse go down to zero--no circulation at all to the brain for 30 minutes on end” (“Boy who has ‘gone’ opens his eyes and squeezes mom’s hand,” UPI, *Seattle Post-Intelligencer*, Jan. 26, 1989, p. A3).

In April 1989, 86-year-old stroke victim Carrie Coons awoke from a four-and-a-half month “irreversible vegetative state” and began talking and eating on her own. Just prior to this, a judge had given permission for the removal of her feeding tube. Dr. Michael L. Wolff said he was at a loss to explain what had happened other than to wonder about “the

existence of miracles or the resilience of the human spirit” (“Right-to-Die Order Revoked as Patient in Coma Awakes,” *The New York Times*, April 13, 1989).

That same month in 1989, 18-year-old Brent Doyle awoke from a two-month coma stemming from a motorcycle crash. Days after the accident his brain showed no activity. His father said, “A lot of doctors had really given up on him” (“Man wakes from coma,” *Rocky Mountain News*, Apr. 13, 1989).

In May 1989, 39-year-old Paul Cullinan of Toronto, Canada, began to speak after being in a coma for 17 months after being shot in the forehead at close range. Doctors had given little chance of recovery (“Shooting victim out of coma,” *The Toronto Star*, July 28, 1989, p. A8).

In December 1989, 24-year-old Colin Pierce of Massachusetts began to talk after seven years of only “minimal responses” stemming from brain injury he had suffered in a November 1982 automobile crash. The family had never given up hope and had kept talking to him (“After seven years, son can speak,” *The Boston Globe*, Jan. 30, 1990).

On December 15, 1990, 53-year-old Yolanda Blake of New Jersey awoke from a coma just one day after a judge ruled that the hospital need not follow the request of the woman’s friend and her sister that she be given life-support measures, including a feeding tube. “Yolanda, who had been diagnosed with colon cancer in 1987, suffered severe blood loss for unknown reasons and collapsed on November 30, 1990, while vacationing. She was taken to Pocono Medical Center in East Stroudsburg, Pennsylvania. Contending that Yolanda had told them not to use any ‘extraordinary measures’ to keep her alive, doctors at the medical center did not insert either a feeding tube or a urinary catheter. When her friend, Richard Harley, protested the lack of treatment, the hospital took the case to court. A Monroe County judge ruled in favor of the hospital, saying that Yolanda should be allowed to ‘die with dignity.’ When she awoke, Yolanda was asked if she

wanted to live. 'Of course I do,' she replied. She also insisted on 'the best possible' care and a transfer to another hospital that would provide it" (Liz Townsend, "Woman Denied Food Awakes from Coma," *National Right to Life News*, Jan. 8, 1991, pp. 1, 24).

In 1991 Pastor Frank Johnson of Midland, Texas, was called to the hospital bedside of a church member who was on life support. The family was going to "pull the plug," and they wanted their pastor present. A few months later that church member was back in church in his accustomed place in the Sunday morning service. In reporting this, the *Baptist Bible Tribune*, for March 1992, notes, "There is no question but that we need to discover the ethics of the plug."

In March 1991, 26-year-old Conley Holbrook of North Carolina regained consciousness from a coma he had been in since being brutally beaten eight years earlier and identified his attackers. His joyful mother said: "I was astonished. I never gave up on him. This is just a miracle. It's good to have him home talking" ("Beaten man beats coma, fingers pair of suspects," Associated Press, March 6, 1991).

On May 31, 1991, nine-year-old Mitchell Berman awake from a coma he had been in for five months "due to hemalytic-uremic syndrome." His first words to his mother were, "I want a hot dog." Dr. Geof McPhee, director of pediatrics at New Medico Rehabilitation and Skilled Nursing Center, Slidell, Louisiana, said he was progressing phenomenally ("Boy's complaints welcome after coma," *The Forum*, Fargo-Moorhead, South Dakota, AP, June 9, 1991, p. A17).

In December 1992, Brian Cressler began coming out of a deep coma he had been in for 18 months since an automobile accident that occurred a few weeks after his high school graduation. During that time, he couldn't move or talk and his eyes were set in a blank stare. By June 1992, Brian delighted his mother by speaking his first word in two years, "Mom." Though he has memory problems and seizures and

remains severely handicapped, he is able to move around in a wheelchair and do many things, including swimming laps in a pool.

On October 27, 1995, Ryan Nguyen enjoyed his first birthday in his home in Vancouver, Washington (across the Columbia River from Portland, Oregon). His complicated birth in Spokane, Washington, led doctors there to believe he had no chance of survival. Ryan was born eight weeks prematurely and suffered kidney damage, a bowel obstruction and possible brain damage. Doctors at Sacred Heart Medical Center described his condition as “universally fatal.” His parents went to court to force the hospital to continue life-support and found a doctor in Portland willing to treat Ryan. After four months in the hospital, Ryan was allowed to go home (*The Seattle Times*, Fri., Oct. 27, 1995, p. B2).

The January 3, 1996, issue of the *New England Journal of Medicine* contained the story of an 18-year-old woman who suffered severe head injuries in a car accident in 1987. She remained in a coma, unresponsive, for 15 months, diagnosed as in a permanent vegetative state. At that point she gradually began to respond to questions by moving her leg or closing her eyes. Eventually she could speak short phrases. Five years and two months after the injury, she went home, though she remained wheelchair bound and dependent on others for her care (*New York Times*, Jan. 4, 1996, p. A7).

In February 1996, a former Tennessee police officer, Gary French Dockery, who had been speechless for seven and a half years after being shot in the head in the line of duty, began talking with his relatives, recalling events from past years and remembering the names of his friends and horses. Commenting about Dockery’s recovery, Dr. Cornelius Mance, a neurologist at North Park Hospital in Chattanooga, said, “The first rule is divine intervention. The second is that your brain is a massive computer and it works to try to repair itself” (David Sisler, “Coma,” *Augusta Chronicle*, March 2,

1996). In Dockery's case, his speech was God's answer to his family's prayers. His sons Shane and Colt had prayed that before their father died they could hear him say he loved them one more time. At one point after he began talking with his family, Gary was asked by his eldest son Shane if he wanted to go home. When he said, "Nope," Shane asked him where he wanted to go then, and he replied, "Heaven." Gary Dockery died April 15, 1997, of a blood clot.

In 1996, a British study found that 17 of 40 PVS (Persistent Vegetative State) patients referred to Royal Hospital for Neurodisability were misdiagnosed, an error rate of 43% (*British Medical Journal*, July 6, 1996).

In March 1996, a former businessman who had been in a "persistent vegetative state" for seven years, began communicating with hospital staff. He had suffered brain damage after the oxygen supply to his brain was accidentally cut off during routine surgery. Being confident that the man's condition would never improve, the British health authority had considered petitioning the High Court to withhold food and fluids, but they dropped the plan when his wife fought for his life (*The Guardian*, Mar. 16, 1996).

In June 1999, Maria Lopez awoke from an "irreversible" coma she had been in for roughly six weeks after a blood vessel burst in her brain. Six days later, she gave birth to healthy twin girls ("Woman awakens from coma, gives birth to twins," Associated Press, July 8, 1999). Neurosurgeon John Frazee told CNN that he had believed the chance of Maria recovering "was almost zero."

In October 1999, 16-year-old Jonathan Wambach of Newmarket, Ontario, awoke from a coma he had been in since receiving a severe beating by a teenage gang some three months earlier. Repeatedly kicked in the head with steel-toed boots, Jonathan's skull was shattered, and he almost died three times on the way to surgery. Altogether he spent eleven months in the hospital. Though permanently injured,

Wamback made a remarkable recovery and was planning to go to college.

On Christmas Eve, 1999, 42-year-old Patricia “Happy” White Bull of Albuquerque, New Mexico, mother of four, awoke from a 16-year coma and began talking to her family (*St. Louis Post-Dispatch*, Jan. 5, 2000). Due to a blood clot which caused her to suffer brain damage from lack of oxygen, she had slipped into the coma in 1983 while delivering her fourth child, and for 16 years she was kept in a nursing home, unresponsive, unable to speak, swallow, or move. Since coming out of the coma she “has been speaking her children’s names, catching up on family developments and spending a lot of time just watching her children and smiling.” As of Christmas 2000, Patricia continued to make progress.

In August 2002, Peter Sana of Hawaii regained consciousness from a coma he had been in for almost seven and a half years after contracting meningitis, inflammation of the membrane enclosing the brain and spinal cord (“Family’s devotion helps Pearl City coma victim,” *Honolulu Star-Bulletin*, Sept. 8, 2002). He spent most of those years in a nursing home, unresponsive to all contact. The nursing home staff believes the daily visits by his father (during which he massaged Peter’s arms and legs) and regular visits by other family members played a large role in Peter’s recovery.

In April 2002 M. Eckard of Washington was taken to the hospital with pneumonia. She was 82 years old and had emphysema. Her condition deteriorated rapidly and she was in an unresponsive, semi-conscious state. The oldest daughter told the nursing staff it would be her wish to die; that she didn’t want any “heroic measures.” (We are unsure how food and water and oxygen can be described as “heroic measures.”) So they put her in a room with no treatment, no oxygen, food, water, or medicine, *expecting* her to die. After lying there in a semi-conscious state for some days she rallied, to everybody’s amazement. When she recovered, she

was upset that they had withheld medical care, because it was definitely not her will to die. A year after this incident, at the age of 83, she wrote and published her autobiography. She lived until age 91.

In June 2003, Terry Wallis of Mountain View, Arkansas, awoke after 19 years in a coma and starting speaking, “to the surprise of doctors” (*Fox News*, July 9, 2003). Terry was 39 years old when a 1984 automobile accident left him a quadriplegic and in a near vegetative state. When he began speaking on June 12, 2003, his first word was “Mom” and the second was “Pepsi,” and soon he was talking “almost nonstop.” He still remembered his grandmother’s phone number, even though she had been dead for several years and other family members had forgotten it. His 19-year-old daughter, Amber, was born shortly before the accident, and this is the first time he had been able to speak to her.

In February 2005, Sara Scantlin of Kansas awoke from the “persistent vegetative state” she had been in since a drunk driver hit her in 1984 when she was only 18 years old (“Woman Wakes from Coma,” KWCH TV, Wichita, Kansas, Feb. 9, 2005). Sara’s parents were shocked when she began talking after more than 20 years of silence. Here is the report: “Since 22 September 1984, Sara Scantlin had never uttered a word, her brain so badly damaged in the accident that experts said she would spend the rest of her life in her own silent world. A week ago, her mother Betsy took a telephone call from a nurse at the care home where Sarah lives, telling her to sit down because she had a surprise for her. Then a different voice came on the line. ‘Hi Mom,’ it said. ‘I said, ‘Sarah, is that you?’” And she said, ‘Yeah,’ recalled Mrs. Scantlin, of Hutchinson, Kansas. ... Sarah’s father Jim, 66, overhearing his wife’s end of the conversation, sat in his chair puzzled. “Then I realised, “She’s not talking about Sarah, she’s talking to Sarah,”” he said, describing his daughter’s recovery as ‘a miracle of the human spirit.’ Since then, Sarah’s family has put her once-void memory to numerous tests. They have

listened in astonishment as she reels off the names of relatives, former pets, friends from school and dates such as her own birthday--though when her brother asked her how old she is, she guessed her age as 22. He had to inform her that she is now 38. ... Her doctor, Bradley Scheel, says critical pathways in Sarah's brain, believed to have been damaged beyond repair, have regenerated and kicked back into life. 'It's just been really amazing. We've all been very thrilled,' he said" (Jacqui Goddard, "'Hi Mom' signals patient's return from 20 years in world of silence," *The Scotsman*, Feb. 14, 2005). An interview with Scantlin by Tracy Smith was broadcast on *The Early Show* in New York on August 4 and 5, 2005. A very important part of this case is the fact that THROUGHOUT HER 20-YEAR COMA, SARAH COULD SEE, HEAR, AND UNDERSTAND WHAT WAS GOING ON AROUND HER ("Woman Details Her 20-Year Coma," *CBS News*, Aug. 4, 2005).

In the first decade of the twenty-first century, new brain-imaging technology began to prove that "brain dead" patients are not necessarily brain dead.

A study published in the journal *Neurology* in February 2005 concluded that thousands of brain-damaged people who are considered vegetative might in fact hear and register what is going on around them but be unable to respond ("Signs of Awareness Seen in Brain-Injured Patients," *New York Times*, Feb. 8, 2005). The study, conducted by a team of neuroscientists from New York, New Jersey and Washington, D.C., used brain-imaging technology to study the brain activity of two men with significant brain injuries and who were determined to be only minimally conscious. Researchers found that the brain activity of these men was similar to that of seven healthy people. Dr. Joseph Fins, chief of the medical ethics division of New York Presbyterian Hospital-Weill Cornell Medical Center, said, "THIS STUDY GAVE ME GOOSE BUMPS, BECAUSE IT SHOWS THIS POSSIBILITY OF THIS PROFOUND ISOLATION, THAT

THESE PEOPLE ARE THERE, THAT THEY'VE BEEN THERE ALL ALONG, EVEN THOUGH WE'VE BEEN TREATING THEM AS IF THEY'RE NOT."

On April 2, 2005, Donald Herbert of Orchard Park, New York, suddenly began speaking to his family members and friends more than nine years after the former firefighter was seriously injured when a roof fell on him. He was comatose for two and a half months after the accident and has been hospitalized in a special care nursing home ever since, blind and incommunicative. The hospital staff was amazed at the turn of events. Firefighter Anthony Liberatore told WIVB-TV, "He stayed up 'til early morning talking with his boys and catching up on what they've been doing over the last several years." Herbert was moved to a healthcare facility in Chicago for further treatment, and in early June he was still communicative ("Brain Injured Firefighter Moved to Chicago," AP, June 3, 2005).

In May 2005, Tracy Gaskill of Winfield, Kansas, began to speak more than two and a half years after an automobile accident (on Sept. 3, 2002) that left her severely brain damaged and unable to talk or even swallow. Now she is learning again how to drink because she can swallow. Her doctor, David Schmeidler, said: "It's amazing, isn't it? I have never seen this happen in my career. I've read about it happening, the severely brain damaged recovering suddenly, but never seen it--until now. She is actually able to speak and to speak coherently. In light of all this stuff on Terri Schiavo ... it makes you pause and think. For three years or so, (Tracy) was fed through a tube, then she swallowed a little bit and now she speaks" ("Schiavo-like woman speaks after 2½ years," *WorldNetDaily*, May 13, 2005). "The Gaskill family and many others in the Cowley County community prayed for Tracy regularly since the accident, and she had daily visits."

In May 2007 Jan Grzebski of Poland awoke from a 19-year coma to be astonished that the communist party is no longer

in power and food no longer rationed. He told Polish television TVN24, “Now I see people on the streets with mobile phones and there are so many goods in the shops it makes my head spin” (“Pole Wakes up from 19-year Coma,” *BBC News*, June 2, 2007). Grzebski went into a coma in 1988 after being hit by a train, and doctors gave him only two or three years to live after finding cancer in his brain; but his wife cared for him year after year, turning him over frequently so he would not get bed sores. He credits his wife with saving him, and she said, “I cried a lot, and I prayed a lot.” He said he is amazed that people never stop complaining today even though they have everything, because in the Poland he knew before his accident “there was only tea and vinegar in the shops, meat was rationed, and huge petrol queues were everywhere.” After regaining his speech, he told his relatives that HE HAS MEMORIES OF FAMILY GATHERINGS EVEN THOUGH HE WAS SUPPOSEDLY COMATOSE AT THE TIME.

According to a report published on June 20, 2007, on News-Medical.Net, research teams from Belgium found that 40 percent of patients they studied were misdiagnosed as in a “vegetative state,” when they should have been diagnosed as in a minimally conscious state, and that 25 percent of patients diagnosed in an “acute vegetative state” when they enter a hospital had a good chance to regain a considerable percentage of their faculties and as many as half would reacquire “some level of consciousness.” Further, a comparison with past studies demonstrated that the incidence of misdiagnosis has not fallen in the last 15 years (“Vegetative State Diagnoses Often Wrong, Study Shows,” Baptist Press, June 26, 2007).

On June 27, 2007, one month after the car crash that resulted in a broken neck and major head trauma, Jesse Ramirez came out of a “Persistent Vegetative State” (PSV) and can “hug and kiss, nod his head, answer yes and no questions, give a thumbs-up sign and sit in a chair” (“Jesse

Ramirez, Considered a ‘Vegetable’ Like Terri Shiavo, Now on His Way to Recovery,” LifeSiteNews.com, June 28, 2007). Ramirez and his wife were quarreling at the time of the accident and were having serious marital problems, and she wanted to have his feeding tube removed on June 8, only 10 days later, but his family went to bat for him and with the help of the Alliance Defense Fund successfully challenged her decision. Bioethics expert Wesley J. Smith, a senior fellow at the Discovery Institute, said in his blog: “As we have discussed here previously, PVS is often misdiagnosed. More importantly, it can’t be done accurately after only a few weeks post trauma. So, why the rush in this case to write the man off? This much is sure: But for parents willing to fight for his life, Ramirez would be dead today rather than entering the rehabilitation unit.”

In March 2008, it was reported that Haleigh Poutre, a 14-year-old girl who was pronounced irreversibly brain damaged after a severe beating in 2005, was well enough to testify against her attacker (“Once in Coma, Girl May Testify against Alleged Attacker,” *ABC News*, Mar. 5, 2008). The girl, then 11, was brought to the hospital in September 2005 by her stepfather in a comatose condition and covered in bruises. After the Massachusetts Department of Social Services was given custody they sought to remove her from life support. At a court hearing, a doctor at the Baystate Medical Center said, “Short of developing a technique for a complete brain transplant, there is no hope that medical treatment will be discovered in the foreseeable future which could reverse.” Just days before doctors removed her ventilator she began breathing on her own and showing other signs of brain activity. She can now communicate and remembers the attack.

In May 2008, Val Thomas awoke after being pronounced dead. After multiple heart attacks she had no brain waves for 17 hours. A respiratory machine kept her breathing. Her son, Jim, said, “Her skin had already started to harden and her

fingers curled,” and Dr. Kevin Eggleston added, “She had no neurological function” (“Woman Wakes up after Family Says Goodbye, Tubes Pulled,” NewsNet5, May 22, 2008, <http://www.msnbc.msn.com/id/24777532>). Doctors removed all tubes, but she was kept on the ventilator while the organ donor issue was discussed. Ten minutes later she woke up and started talking. Mrs. Thomas said, “I know God has something in store for me, another purpose.” A specialist at the Cleveland Clinic in West Virginia said she has no blockage and will be fine.

In 2008, Steven Thorpe of England awoke from a two-week coma after being pronounced brain dead by four specialists. The parents were urged to turn off the life support and donate their 17-year-old son’s organs, but they were convinced they had seen a “flicker” of life in their son and begged for another opinion. A neurosurgeon found faint signs of brain activity, and two weeks later the teenager awoke from the coma. He had to undergo extensive facial reconstruction, but today he is training as an accounts clerk (“Brain Dead Man Recovers,” LifeNews, April 26, 2012).

As of 2009, Rom Houben of Belgium would communicate via a computer, but for 23 years he was misdiagnosed as brain dead (a persistent vegetative state) following a car crash. The paralyzed man told the media of THE HORROR OF BEING CONSIDERED BRAIN DEAD WHEN HE WAS CONSCIOUS THE WHOLE TIME. He says, “I screamed, but there was nothing to hear” (*Daily Mail*, Nov. 23, 2009). He says he felt “alone, lonely, frustrated,” and, “I dreamed myself away.” After using a range of coma tests following the 1983 crash, the doctors concluded that his consciousness was “extinct.” It was not until three years ago that new hi-tech scans showed that his brain was still functioning normally. Since then he has learned to tap out messages on a computer and has even written an article entitled called “Hidden Wealth ... the Force of Silence.” Steven Laurey, the neurological doctor who re-evaluated Houben, claims that

patients classed in a vegetative state are often misdiagnosed. A recent study found that 40 percent of patients so diagnosed are in fact minimally conscious (“Comatose for 23 Years, Belgian Feels Reborn,” AP, Nov. 25, 2009). Dr. Joseph Fins of the Weill Cornell Medical College, who says that many people recover over time, warns, “It’s very easy for the label that is affixed at one point to sort of become eternalized, and so no one questions the diagnosis.”

In May 2011, doctors in Darwin, Australia, reported that Gloria Cruz woke from a coma after she had been declared brain dead and “hopeless.” After suffering a stroke on March 7, she was in a coma for two months. On the recommendation of a doctor, she was removed from the ventilator, but three days later she came out of the coma and began to make a recovery (“Husband Celebrates Miracle,” FoxNews, May 11, 2011). She is now alert and moving around in a wheelchair.

In December 2011 Sam Schmid, a college student thought to be brain dead, began recovering from injuries sustained in an automobile accident two months earlier. He showed signs of alertness only hours before he was slated to be removed from life support and his organs given to other patients (“Readied to Donate Organs, 21-year-old Emerges from Coma,” *Good Morning America*, Dec. 22, 2011). Doctors say he will likely have a complete recovery.

In November 2012, 39-year-old Scott Routley, who had been in a “vegetative state” for 12 years after a car accident, responded to researchers’ questions via a change in brain activity. He was able to communicate that he was aware of his surroundings, that he knew that his sister had a daughter who was born after his accident, and that he is not in pain. Bryan Young, the neurologist who treated Routley at University Hospital in London, Ontario, observed: “SOME PEOPLE CAN LOOK LIKE THEY’RE VEGETATIVE BUT STILL HAVE AWARENESS INSIDE THEIR HEAD. I think it’s a very important finding. It really made the point to me

that we need to go beyond the clinical evaluation to be conclusive about whether a patient is really in a vegetative state or not” (“Man in Supposed Vegetative State Communicates,” *ABC News*, Nov. 14, 2012). Young said the “scan results overturned all the behavioural assessments that had been made over the years.” Neuroscientist John Connolly of McMaster University said: “The whole idea of this interaction with patient, not just passively observing them but trying to engage them, is a very big deal. ... I think the era of judging patients with communication problems, judging on purely behavior, I think those days have to end.” Routley’s parents always believed that he was conscious and could communicate by lifting a thumb or moving his eyes, though medical staff disagreed.

In 2013, researchers at the Tel Aviv University monitoring brain activity found that some patients thought to be in a “vegetative state” respond to questions and photos of loved ones in a way that indicates consciousness. Dr. Haggai Sharon of Tel Aviv’s Functional Brain Center said, “We showed that patients in a vegetative state can react differently to different stimuli in the environment depending on their emotional value. It’s not a generic thing; it’s personal and autobiographical. We engaged the person, the individual, inside the patient. This experiment, a first of its kind, demonstrates that some vegetative patients may not only possess emotional awareness of the environment but also experience emotional awareness driven by internal processes, such as images” (“First-of-its-kind Experiment,” *The Blaze*, Dec. 17, 2013). Two patients in a vegetative state eventually recovered, according to the journal, and in the study they had showed the strongest connectivity between recognition and the emotional side of the brain.

Other illustrations could be given, but these are sufficient to prove our point: Medical science is highly fallible, and it is essential to remember this when considering the euthanasia issue.

This is not to say the medical world is never right. We praise the Lord for the countless blessings that have come to unworthy mankind through modern medical science, but science is not Almighty God.

Man Has an Eternal Soul

Consider, too, that man has an eternal soul. If there were no God, no life after death, no eternity, euthanasia would make sense. But that is not the case.

The Bible is plain in its teaching that man has a soul that lives beyond death.

Consider these Scriptures:

“For I am now ready to be offered, and the time of my departure is at hand.” 2 Timothy 4:6

“Therefore we are always confident, knowing that, whilst we are at home in the body, we are absent from the Lord: (For we walk by faith, not by sight:) We are confident, I say, and willing rather to be absent from the body, and to be present with the Lord” (2 Cor. 5:6-8).

“And it came to pass, that the beggar died, and was carried by the angels into Abraham’s bosom: the rich man also died, and was buried; and in hell he lift up his eyes, being in torments, and seeth Abraham afar off, and Lazarus in his bosom” (Lk. 16:22-23).

“Then shall the dust return to the earth as it was: and the spirit shall return unto God who gave it” (Ecc. 12:7).

“The days of our years are threescore years and ten; and if by reason of strength they be fourscore years, yet is their strength labour and sorrow; for it is soon cut off, and we fly away” (Psalm 90:10).

All of these Scriptures teach that man’s soul lives beyond the grave. This knowledge is fundamental and essential to the euthanasia debate.

According to the Bible, men are born into this world in a fallen, sinful condition. The first man and woman, Adam and Eve, sinned against God, and their children inherited their rebel nature. “Wherefore, as by one man sin entered into the world, and death by sin; and so death passed upon all men,

for that all have sinned” (Rom. 5:12). The Bible divides men into two classes: saved and lost. “And we know that we are of God, and the whole world lieth in wickedness” (1 Jn. 5:19).

This is not a popular truth, but it is what the Bible teaches. Those who have trusted Jesus Christ as their Saviour are redeemed from eternal judgment, are born again into God’s family, and will live forever with Him in Glory. Those who do not trust Christ will die in their sins and will be judged for their rebellion against God, their crimes against His Holy Law, and their rejection of God’s Son.

All men are sinners, but there are saved sinners and there are lost sinners, depending upon what they do with Jesus Christ and His gospel of grace.

The Bible teaches that only in this life do men have the opportunity to trust the blood of Christ and be saved. There is no opportunity after death. Jesus taught that a great gulf is fixed between hell and heaven and no one can pass from one place to the other (Luke 16:26).

One’s eternal destiny is set at death.

What does this have to do with euthanasia? Very much. It would be foolish to take one’s own life or that of a loved one as long as there is a possibility that one’s eternal salvation is not settled. It is possible, as long as euthanasia is rejected, that one’s eternal destiny might be changed. In light of the seriousness of life and salvation, it is an awful responsibility to decide that a loved one’s earthly life will be prematurely snuffed out and his opportunity for salvation forever erased.

There is also the reality of the Judgment Seat of Christ for the believer. For the born again Christian, this life is a tremendous opportunity to serve the Lord and to gain eternal rewards for faithfulness to Christ. If we are obedient, God has promised to reward us; if we are carnal and disobedient, we will suffer loss of reward and position in His kingdom (1 Cor. 3:11-15; Rom. 14:10-12; 2 Cor. 5:9-11; Col. 3:23-25; Rev. 2:26-28; 3:21).

This means it is important to give every opportunity to the Christian to be right with God before he leaves this life. God sometimes uses severe trials, such as sickness and accidents, to chastise and correct His children (Heb. 12:5-9; 1 Cor. 5:3-5; 11:29-30; 1 Tim. 1:20). Thus, it is possible that the Christian in such trouble is being so dealt with by God, and we should keep this in mind when making euthanasia decisions. Is it still possible that the loved one, though in an apparent coma, could be doing business with God about things that need to be settled before leaving this life? Such questions need to be faced.

One of my great grandfathers killed seven men, and on his deathbed his relatives overheard him talking to God about these murders and repenting.

We are not saying that there is never a time to stop extreme life-saving measures and to allow a soul to depart. We are saying that such a thing is a terribly serious decision and should always be made in light of the truths of the Word of God, and not only in light of the physical suffering of the individual, or of financial considerations, or of convenience, or of some other temporal issue.

It Might Be Possible for a Person in a Coma to Be Saved

Consider that it might be possible for a lost person in a coma to be saved or for a Christian in a coma to do business with God in preparation for appearing before Christ's Judgment Seat.

We cannot be dogmatic here, and we don't intend to be. At the same time, we do want to bring attention to some cases that point to the possibility of such a thing.

Those who deal closely with people in comas often come to the conclusion that their patients respond to certain stimuli and have some kind of awareness or consciousness, though medically they might even be "brain dead."

This has been confirmed by people who have awakened from comas and a "persistent vegetative state."

We have already considered some examples.

After Sara Scantlin awoke from a 20-year "persistent vegetative state" in 2005, she testified that "THROUGHOUT HER 20-YEAR COMA, SHE COULD SEE, HEAR, AND UNDERSTAND WHAT WAS GOING ON AROUND HER" ("Woman Details Her 20-Year Coma," *CBS News*, Aug. 4, 2005).

Kate Adamson, who came out of a "persistent vegetative state," said, "I WAS CONSCIOUS AND COULD HEAR, SEE, AND FEEL EVERYTHING. I could feel pain, but was unable to move any part of my body. [After the feeding tube was removed] I went without food for eight days. I thought I was going insane. Inside my body I was trying to scream out that I needed to eat but I could not communicate. THE HUNGER PAINS OVERRODE EVERY THOUGHT I HAD. THE PAIN WAS SHEER TORTURE" (cited from John Day, *Darwin Day in America*, p. 353)

A 2005 study by a team of neuroscientists in the Northeast U.S., demonstrated that in some cases at least “THAT THESE PEOPLE ARE THERE, THAT THEY’VE BEEN THERE ALL ALONG, EVEN THOUGH WE’VE BEEN TREATING THEM AS IF THEY’RE NOT” (“Signs of Awareness Seen in Brain-Injured Patients,” *New York Times*, Feb. 8, 2005).

Jan Grzebski of Poland, who awoke from a 19-year coma in 2007, said HE HAS MEMORIES OF FAMILY GATHERINGS EVEN THOUGH HE WAS SUPPOSEDLY COMATOSE AT THE TIME (“Pole Wakes up from 19-year Coma,” *BBC News*, June 2, 2007).

Rom Houben of Belgium, who was misdiagnosed as PVS (persistent vegetative state) for 23 years, told of “THE HORROR OF BEING CONSIDERED BRAIN DEAD WHEN HE WAS CONSCIOUS THE WHOLE TIME” (*Daily Mail*, Nov. 23, 2009).

Dr. Mihai Dimancescu, chairman of the board of the Coma Recovery Association, describes the case of a 23-year-old woman named Judy who was in a coma for three months. Every day a professor making daily rounds with his medical students would stop by her bed and say, “Judy is in a coma; she’ll never wake up.” Yet she did wake up and SHE TOLD DR. DIMANCESCU THAT SHE “ALWAYS REMEMBERED THAT DARN PROFESSOR REFUSING TO STOP BY HER BED, SAYING THAT SHE WOULD NOT WAKE UP!” (Liz Townsend, “Recovery from Coma Is a Reality for Many Patients,” <http://www.nrlc.org/news/2001/NRL10/coma.html>).

An interesting thing happened to my wife while she was working as a nurse in an intensive care unit (ICU) in Chattanooga, Tennessee in the mid-1970s. A teenage patient was brought in during the night in a deep coma with severe injuries. He was unconscious, but my wife witnessed to him and prayed for him. Several days later he was moved from intensive care to another part of the hospital, and she did not see him again until some weeks later. When she next saw

him, he was brought up to ICU to attend a going away party the nurses were giving her as she was leaving to do missionary work in South Asia. The young man recognized her by her voice and testified that he remembered her voice from the night that she had stood by his bedside and witnessed to him when he was in a catatonic state!

We are saying there are so many unknowns in the realm of comas, that we should be very careful about hasty judgments.

There is a time to stop extreme life-sustaining efforts. It is appointed unto men once to die, and the appointed time does come.

Our point here is simply that caution must be exercised in these matters, and hasty decisions must be avoided.

Medical science does not hold all the answers.

Our Responsibility Is to Care for Our Loved Ones, Not Kill Them

Consider, finally, that the Bible gives us the responsibility to provide for loved ones, but never are we told that we have the right to kill them!

Food, clothing, and shelter are not “medical care”! These are basics of life. The decision to stop providing extreme medical care when it is clear that it is time for a loved one to depart is one thing. The decision to stop providing food and water, when the individual can take it and digest it, is quite another matter. We do not believe it is right to stop providing the simple basics of life that God has commanded us to provide. An infant is not able to eat on its own, yet we do not stop feeding it on this account!

“But if any provide not for his own, and specially for those of his own house, he hath denied the faith, and is worse than an infidel” (1 Tim. 5:8).

There is a frightful tendency in modern society to ignore basic responsibilities toward loved ones.

Nursing and convalescent homes are filled with lonely people who have no loved one to care for them. There are countless elderly parents in such homes whose children never visit even though they live within driving distance. There are invalid children whose parents have basically forgotten about them.

We know there is a time when it is best to place a severely invalid loved one in a convalescent home, but we also know that there is often a tendency today for people to neglect their responsibilities toward loved ones.

Consider the testimony of Dr. Michael Miller, professor of medicine at New York Medical College and the medical director at a White Plains nursing home:

“Ninety-five percent of the patients come in [to his nursing home] with families already distanced. ... They have had diminished contact, constant struggles, are constantly attacking the nursing home staff, and MAKE DEMANDS FOR PREMATURE DEATH. ... It’s not the dementia or the sickness that causes family problems. Family problems began long, long ago and reemerge when the person gets old and sick. And the major way that family ‘pathology’ can get expressed, he said, is to tell the doctors, ‘don’t feed her,’ or ‘don’t treat the pneumonia,’ or, if the parent needs to walk to remain mobile, ‘that will only disturb her. Leave her alone.’ That’s all a way for the family to say, ‘We’ve had enough.’ ... But if such efforts to cut life short were directed, for example, toward Tenderloin derelicts, you’d be guilty of homicide. And it’s no different with nursing home patients” (*San Francisco Examiner*, November 20, 1983)

Sometimes it is impossible for the infirm and the elderly to be cared for in the family home, but it is also true that many of those in nursing homes are there because of the hard-hearted condition of their families. Dr. Miller’s testimony exposes this, and under such conditions, it is even more important not to allow an “easy way out” for such people through misguided euthanasia laws.

I repeat, the responsibility given to us by God is to provide for loved ones, but never are we told we have the right to kill them!

A few years ago my wife and I witnessed the case of a friend whose death was hastened by the family, the members of which all claimed to be born again Christians. The old man was being cared for by one of his grown children. He was mentally alert to the end and he could eat and drink with help, but the family eventually refused to give him any more *food or water*, claiming he could not swallow, which was not true. My wife is a nurse and she knew that what the family was saying was not true and that it was not the old man’s desire to die that way.

This type of thing happens frequently even in places where euthanasia is illegal, but I am convinced that it is wrong.

It is a proud, foolish, and rebellious society that thinks it has the prerogative of God to end life whenever it wishes.

Death is not dignified, and it is not a right; it is a punishment by God upon sinful man. We praise Him, though, that He has not left us to die without hope but He has made a way of salvation through the substitutionary death of His Son Jesus Christ.

“For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord” (Romans 6:23).

“For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life. For God sent not his Son into the world to condemn the world; but that the world through him might be saved” (John 3:16-17).

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Following is a selection of the titles published by Way of Life Literature. The books are available in both print and eBook editions (PDF, Kindle, ePub). The materials can be ordered via the online catalog at the Way of Life web site -- www.wayoflife.org -- or by phone 866-295-4143.

BIBLE TIMES AND ANCIENT KINGDOMS: TREASURES FROM ARCHAEOLOGY. ISBN 978-1-58318-121-8. This is a package consisting of a book and a series of PowerPoint and Keynote (Apple) presentations which are a graphical edition of the book. The PowerPoints are packed with high quality color photos, drawings, historic recreations, and video clips. Bible Times and Ancient Kingdoms is a course on Bible geography, Bible culture, and Bible history and has a two-fold objective: to present apologetic evidence for the Bible and to give background material to help the student better understand the setting of Bible history. We cover this fascinating history from Genesis to the New Testament, dealing with the Table of the Nations in Genesis 10, the Tower of Babel, Ur of the Chaldees, Egypt, Baal worship, the Philistines, the Canaanites, David's palace, Solomon and the Queen of Sheba, Ahab and Jezebel, the fall of the northern kingdom of Israel, the Assyrian Empire, Hezekiah and his times, Nebuchadnezzar and his Babylon, the Medo-Persian Empire, Herod the Great and his temple, the Roman rule over Israel, and the Roman destruction of Jerusalem. Many of the archaeological discoveries from the past 200 years, which we relate in the course, are so fascinating and improbable that they read like a novel. It is easy to see God's hand in this field, in spite of its prevailing skepticism. The course also deals with Bible culture, such as weights and measures, plant and animal life, Caesar's coin, the widow's mite, ancient scrolls and seals, phylacteries, cosmetics, tombs, and the operation of ancient lamps, millstones, pottery wheels, and olive presses. The course begins with an overview of Israel's geography and a timeline of Bible history to give the student a framework for better understanding the material. Each section includes maps to help the student place the events in their proper location. The course is packed with important but little-

known facts that illuminate Bible history and culture. The preparation for the book is extensive, the culmination of 40 years of Bible study, teaching, and research trips. In this context the author built a large personal library and collected information from major archaeological museums and locations in North America, England, Europe, Turkey, and Israel. We guarantee that the student who completes the course will read the Bible with new eyes and fresh enthusiasm. 500 pages book + DVD containing 19 PowerPoint presentations packed with more than 3,200 high quality color photos, drawings, historic recreations, and video clips.

THE BIBLE VERSION QUESTION ANSWER DATABASE. ISBN 1-58318-088-5. This book provides diligently-researched, in-depth answers to more than 80 of the most important questions on this topic. A vast number of myths are exposed, such as the myth that Erasmus promised to add 1 John 5:7 to his Greek New Testament if even one manuscript could be produced, the myth that the differences between the Greek texts and versions are slight and insignificant, the myth that there are no doctrines affected by the changes in the modern versions, and the myth that the King James translators said that all versions are equally the Word of God. It also includes reviews of several of the popular modern versions, including the Living Bible, New Living Bible, Today's English Version, New International Version, New American Standard Version, The Message, and the Holman Christian Standard Bible. 423 pages.

THE FOREIGN SPIRIT OF CONTEMPORARY WORSHIP MUSIC. This hard-hitting multi-media video presentation, published in March 2012, documents the frightful spiritual compromise, heresy, and apostasy that permeate the field of contemporary worship music. By extensive documentation, it proves that contemporary worship music is impelled by "another spirit" (2 Cor. 11:4). It is the spirit of charismaticism, the spirit of the latter rain, the spirit of the one-world church, the spirit of the world, the spirit of homosexuality, and the spirit of the false god of *The Shack*. The presentation looks carefully at the origin of contemporary worship in the Jesus Movement of the 1970s, examining the lives and testimonies of some of the most influential

people. Nearly 60 video clips and hundreds of photos are featured. It is available on DVD and as an eDownload from the Way of Life web site.

THE FUTURE ACCORDING TO THE BIBLE. ISBN 978-1-58318-172-0. One of the many reasons why the Bible is the most amazing and exciting book on earth is its prophecies. The Bible unfolds the future in great detail, and *The Future According to the Bible* deals in depth with every major prophetic event, including the Rapture, the Judgment Seat of Christ, the Tribulation, the Antichrist, Gog and Magog, the Battle of Armageddon, the Two Witnesses, Christ's Return, Muslim nations in prophecy, the Judgment of the Nations, the resurrection body, the conversion of Israel, the highway of the redeemed, Christ's glorious kingdom, the Millennial Temple, the Great White Throne judgment, and the New Jerusalem. The first two chapters deal at length with the amazing prophecies that are being fulfilled today and with the church-age apostasy. Knowledge of these prophecies is essential for a proper understanding of the times and a proper Christian worldview today. The 130-page section on Christ's kingdom describes the coming world kingdom in more detail than any book we are familiar with. Every major Messianic prophecy is examined. Prophecy is a powerful witness to the Bible's divine inspiration, and it is a great motivator for holy Christian living. In this book we show that the Lord's churches are outposts of the coming kingdom. The believer's position in Christ's earthly kingdom will be determined by his service in this present world (Revelation 2:26-27; 3:21). The book is based on forty years of intense Bible study plus firsthand research in Israel, Turkey, and Europe.

INDEPENDENT BAPTIST MUSIC WARS. ISBN 978-1-58318-179-9. This book is a warning about the transformational power of Contemporary Christian Music to transport Bible-believing Baptists into the sphere of the end-time one-world "church." The author is a musician, preacher, and writer who lived the rock & roll "hippy" lifestyle before conversion and has researched this issue for 40 years. We don't believe that good Christian music stopped being written when Fanny Crosby died or that rhythm is wrong or that drums and guitars are inherently evil.

We believe, rather, that Contemporary Christian Music is a powerful bridge to a very dangerous spiritual and doctrinal world. The book begins by documenting the radical change in thinking that has occurred among independent Baptists. Whereas just a few years ago the overwhelming consensus was that CCM was wrong and dangerous, the consensus now has formed around the position that CCM can be used in moderation, that it is OK to “adapt” it to a more traditional sacred sound and presentation technique. The more “conservative” contemporary worship artists such as the Gettys are considered safe and their music is sung widely in churches and included in new hymnals published by independent Baptists. As usual, the driving force behind this change is the example set by prominent leaders, churches, and schools, which we identify in this volume. The heart of the book is the section giving eight reasons for rejecting Contemporary Christian Music (it is built on the lie that music is neutral, it is worldly, it is ecumenical, it is charismatic, it is experienced-oriented, it is permeated with false christs, it is infiltrated with homosexuality, and it weakens the Biblicist stance of a church) and the section answering 39 major arguments that are used in defense of CCM. We deal with the popular argument that since we have selectively used hymns by Protestants we should also be able to selectively use those by contemporary hymn writers. There are also chapters on the history of CCM and the author’s experience of living the rock & roll lifestyle before conversion and how the Lord dealt with him about music in the early months of his Christian life. The book is accompanied by a DVD containing two video presentations: *The Transformational Power of Contemporary Praise Music* and *The Foreign Spirit of Contemporary Worship Music*. 285 pages.

KEEPING THE KIDS: HOW TO KEEP THE CHILDREN FROM FALLING PREY TO THE WORLD. ISBN 978-1-58318-115-7.

This book aims to help parents and churches raise children to be disciples of Jesus Christ and to avoid the pitfalls of the world, the flesh, and the devil. The book is a collaborative effort. It contains testimonies from hundreds of individuals who provided feedback to our questionnaires on this subject, as well as powerful ideas gleaned from interviews with pastors, missionaries, and church people who have raised godly children. The book is packed with practical suggestions and deals with many issues: Conversion, the

husband-wife relationship, the necessity of permeating the home with Christian love, mothers as keepers at home, the father's role as the spiritual head of the home, child discipline, separation from the pop culture, discipleship of youth, the grandparents' role, effectual prayer and fasting. Chapter titles include the following: "Conversion," "The Home: Consistent Christian Living and the Husband-Wife Relationship," "Child Discipline," "The Church," "Unplugging from the Pop Culture," "Discipleship," "The Grandparents," "Grace and the Power of Prayer." 531 pages.

MUSIC FOR GOOD OR EVIL. This video series, which is packed with photos, video and audio clips, has eight segments. **I. Biblical Principles of Good Christian Music.** **II. Why We Reject Contemporary Christian Music.** It is worldly, addictive, ecumenical, charismatic, shallow and man-centered, opposed to preaching, experience-oriented, and it weakens the strong biblicist stance of a church. **III. The Sound of Contemporary Christian Music.** In this section we give the believer simple tools that he can use to discern the difference between sensual and sacred music. We deal with syncopated dance styles, sensual vocal styles, relativistic styles, and overly soft styles that do not fit the message. **IV. The Transformational Power of Contemporary Worship Music.** We show why CCM is able to transform a "traditional" Bible-believing church into a New Evangelical contemporary one. Its transformational power resides in its enticing philosophy of "liberty" and in its sensual, addictive music. We use video and audio to illustrate the sound of contemporary worship. **V. Southern Gospel.** We deal with the history of Southern Gospel, its character, its influence, and the role of the Gaithers in its renaissance. This section is packed with audio, video, and photos. **VI. Marks of Good Song Leading.** There is a great need for proper training of song leaders today, and in this segment we deal with the following eight principles: Leadership, preparation, edification, spirituality, spiritual discernment, wisdom in song selection, diversity. One thing we emphasize is the need to sing worship songs that turn the people's focus directly to God. We give dozens of examples of worship songs that are found in standard hymnals used by Bible-believing churches, but typically these are not sung properly as "unto God." **VII. Questions Answered on Contemporary Christian Music.** We answer 15 of the most

common questions on this subject, such as the following: Is rhythm wrong? Isn't this issue just a matter of different taste? Isn't the sincerity of the musicians the important thing? Isn't some CCM acceptable? Didn't Luther and the Wesleys use tavern music? What is the difference between using contemporary worship hymns and using old Protestant hymns? **VIII. The Foreign Spirit of Contemporary Worship Music.** This presentation documents the frightful spiritual compromise, heresy, and apostasy that permeate the field of contemporary praise. Through extensive documentation, it proves that contemporary worship music is controlled by "another spirit" (2 Cor. 11:4). It is the spirit of charismaticism, the spirit of the "latter rain," the spirit of Roman Catholicism and the one-world "church," the spirit of the world that is condemned by 1 John 2:16, the spirit of homosexuality, and the spirit of the false god of *The Shack*. The presentation looks carefully at the origin of contemporary worship in the Jesus Movement of the 1970s, examining the lives and testimonies of some of the most influential people. 5 DVDs.

ONE YEAR DISCIPLESHIP COURSE, ISBN 978-1-58318-117-1. This powerful course features 52 lessons in Christian living. It can be broken into sections and used as a new converts' course, an advanced discipleship course, a Sunday School series, a Home Schooling or Bible Institute course, or for preaching outlines. The lessons are thorough, meaty, and very practical. There is an extensive memory verse program built into the course, and each lesson features carefully designed review questions. Following are some of the lesson titles (some subjects feature multiple lessons): Repentance, Faith, The Gospel, Baptism, Eternal Security, Position and Practice, The Law and the New Testament Christian, Christian Growth and Victory, Prayer, The Armor of God, The Church, The Bible, The Bible's Proof, Daily Bible Study, Key Principles of Bible Interpretation, Foundational Bible Words, Knowing God's Will, Making Wise Decisions, Christ's Great Commission, Suffering in the Christian Life, The Judgment Seat of Christ, Separation - Moral, Separation - Doctrinal, Tests of Entertainment, Fasting, Miracles, A Testing Mindset, Tongues Speaking, The Rapture, How to Be Wise with Your Money, The Believer and Drinking, Abortion, Evolution, Dressing for the Lord. 8.5X11, coated cover, spiral-bound. 221 pages.

THE PENTECOSTAL-CHARISMATIC MOVEMENTS: THE HISTORY AND THE ERROR. ISBN 1-58318-099-0. The 5th edition of this book, November 2014, is significantly enlarged and revised throughout. The Pentecostal-charismatic movement is one of the major building blocks of the end-time, one-world “church,” and young people in particular need to be informed and forewarned. The author was led to Christ by a Pentecostal in 1973 and has researched the movement ever since. He has built a large library on the subject, interviewed influential Pentecostals and charismatics, and attended churches and conferences with media credentials in many parts of the world. The book deals with the history of Pentecostalism beginning at the turn of the 20th century, the Latter Rain Covenant, major Pentecostal healing evangelists, the Sharon Schools and the New Order of the Latter Rain, Manifest Sons of God, the charismatic movement, the Word-Faith movement, the Roman Catholic Charismatic Renewal, the Pentecostal prophets, the Third Wave, and recent Pentecostal and charismatic scandals. The book deals extensively with the theological errors of the Pentecostal-charismatic movements (exalting experience over Scripture, emphasis on the miraculous, the continuation of Messianic and apostolic miracles and sign gifts, the baptism of the Holy Spirit, the baptism of fire, tongues speaking, physical healing guaranteed in the atonement, spirit slaying, spirit drunkenness, visions of Jesus, trips to heaven, women preachers, and ecumenism). The final section of the book answers the question: “Why are people deluded by Pentecostal-Charismatic error?” David and Tami Lee, former Pentecostals, after reviewing a section of the book said: “Very well done! We pray God will use it to open the eyes of many and to help keep many of His children out of such deception.” A former charismatic said, “The book is excellent and I have no doubt whatever that the Lord is going to use it in a mighty way. Amen!!” 487 pages.

A PORTRAIT OF CHRIST: THE TABERNACLE, THE PRIESTHOOD, AND THE OFFERINGS. ISBN 978-1-58318-178-2. (new for 2014) This book is an extensive study on the Old Testament tabernacle and its priestly system, which has been called “God’s masterpiece of typology.” Whereas the record of the creation of the universe takes up two chapters of the Bible and the fall of man takes up one chapter, the tabernacle, with its

priesthood and offerings, takes up 50 chapters. It is obvious that God has many important lessons for us in this portion of His Word. Speaking personally, nothing has helped me better understand the Triune God and the salvation that He has purchased for man, and I believe that I can guarantee that the reader will be taken to new heights in his understanding of these things. Everything about the tabernacle points to Jesus Christ: the design, the materials, the colors, the court walls and pillars, the door into the court, the sacrificial altar, the laver, the tabernacle tent itself with its boards and curtains and silver sockets, the tabernacle gate, and veil before the holy of holies, the candlestick, the table of shewbread, the incense altar, the ark of the covenant, the high priest, and the offerings. All is Christ. The tabernacle system offers brilliant, unforgettable lessons on Christ's person, offices and work: His eternal Sonship, His sinless manhood, His anointing, His atonement, His resurrection glory, His work as the life and sustainer and light of creation, His eternal high priesthood and intercession, and His kingdom. In addition to the studies on every aspect of the tabernacle, *A Portrait of Christ* features studies on the high priest, the Levitical priests, the five offerings of Leviticus, the day of atonement, the ransom money, the red heifer, the cherubims, strange fire, the golden calf, leprosy, the Nazarite vow, the pillar of cloud and pillar of fire, and the transportation of the tabernacle through the wilderness. The tabernacle is very practical in its teaching, as it also depicts believer priests carrying Christ through this world (1 Pet. 2:5, 9). Like the Israelites in the wilderness, believers today are on a pilgrimage through a foreign land on the way to our eternal home (1 Pet. 2:11). Don Jasmin, editor of the *Fundamentalist Digest* says, "This new book on the Tabernacle constitutes the 21st-century classic treatise of this rich theme." 420 pages.

SEEING THE NON-EXISTENT: EVOLUTION'S MYTHS AND HOAXES. ISBN 1-58318-002-8. This book is designed both as a stand alone title as well as a companion to the apologetics course *AN UNSHAKEABLE FAITH*. The contents are as follows: Canals on Mars, Charles Darwin and His Granddaddy, Thomas Huxley: Darwin's Bulldog, Ernst Haeckel: Darwin's German Apostle, Icons of Evolution, Icons of Creation, The Ape-men, Predictions, Questions for Evolutionists, Darwinian Gods, Darwin's Social

Influence. The **ICONS OF EVOLUTION** that we refute include mutations, the fossil record, homology, the peppered moth, Darwin's finches, the fruit fly, vestigial organs, the horse series, the embryo chart, the Miller experiment, Archaeopteryx, bacterial resistance, the big bang, and billions of years. The **ICONS OF CREATION** that we examine include the monarch butterfly, the trilobite, the living cell, the human eye, the human brain, the human hand, blood clotting, the bird's flight feathers, bird migration, bird song, harmony and symbiosis, sexual reproduction, living technology, the dragonfly, the bee, and the bat. The section on **APE-MEN** deals with Cro-Magnon, Neanderthal, Java Man, Piltdown Man, Nebraska Man, Peking Man, Lucy, Ardi, Ida, among others. The section on **PREDICTIONS** considers 29 predictions made by Biblical creationism, such as the universe will behave according to established laws, the universe will be logical, and there will be a vast unbridgeable gulf between man and the animal kingdom. **DARWINIAN GODS** takes a look at inventions that evolutionists have devised to avoid divine Creation, such as panspermia and aliens, self-organization, and the multiverse. 608 pages.

SOWING AND REAPING: A COURSE IN EVANGELISM. ISBN 978-1-58318-169-0. This course is unique in several ways. *It is unique in its approach.* While it is practical and down-to-earth, it does not present a formulaic approach to soul winning, recognizing that individuals have to be dealt with as individuals. The course does not include any sort of psychological manipulation techniques. It does not neglect repentance in soul winning, carefully explaining the biblical definition of repentance and the place of repentance in personal evangelism. It explains how to use the law of God to plow the soil of the human heart so that the gospel can find good ground. *The course is unique in its objective.* The objective of biblical soul winning is not to get people to "pray a sinner's prayer"; the objective is to see people soundly converted to Christ. This course trains the soul winner to pursue genuine conversions as opposed to mere "decisions." *The course is also unique in its breadth.* It covers a wide variety of situations, including how to deal with Hindus and with skeptics and how to use apologetics or evidences in evangelism. There is a memory course consisting of 111 select verses and links to a large number

of resources that can be used in evangelism, many of them free. The course is suitable for teens and adults and for use in Sunday School, Youth Ministries, Preaching, and private study. **OUTLINE:** The Message of Evangelism, Repentance and Evangelism, God's Law and Evangelism, The Reason for Evangelism, The Authority for Evangelism, The Power for Evangelism, The Attitude in Evangelism, The Technique of Evangelism, Using Tracts in Evangelism, Dealing with Skeptics. 104 pages, 8x11, spiral bound.

THINGS HARD TO BE UNDERSTOOD: A HANDBOOK OF BIBLICAL DIFFICULTIES. ISBN 1-58318-002-8. This volume deals with a variety of biblical difficulties. Find the answer to the seeming contradictions in the Bible. Meet the challenge of false teachers who misuse biblical passages to prove their doctrine. Find out the meaning of difficult passages that are oftentimes overlooked in the Bible commentaries. Be confirmed in your confidence in the inerrancy and perfection of the Scriptures and be able to refute the skeptics. Learn the meaning of difficult expressions such as "the unpardonable sin." A major objective of this volume is to protect God's people from the false teachers that abound in these last days. For example, we examine verses misused by Seventh-day Adventists, Roman Catholics, Pentecostals, and others to support their heresies. We deal with things such as the blasphemy against the Holy Spirit, cremation, head coverings, did Jesus die on Friday, God's repentance, healing in the atonement, losing one's salvation, sinless perfectionism, soul sleep, and the Trinity. Jerry Huffman, editor of *Calvary Contender*, testified: "You don't have to agree with everything to greatly benefit from this helpful book." In researching and writing this book, the author consulted roughly 500 volumes, old and new, that deal with biblical difficulties and the various other subjects addressed in *Things Hard to Be Understood*. This one volume, therefore, represents the essence of a sizable library. Sixth edition Feb. 2014, enlarged and completely revised, 441 pages.

AN UNSHAKEABLE FAITH: A CHRISTIAN APOLOGETICS COURSE. ISBN 978-1-58318-119-5. The course is built upon nearly 40 years of serious Bible study and 30 years of apologetics writing. Research was done in the author's personal 6,000-volume library plus in major museums and other locations in America, England, Europe, Australia, Asia, and the Middle East. The package consists of an apologetics course entitled *AN UNSHAKEABLE FAITH* (both print and eBook editions) plus an extensive series of Powerpoint/Keynote presentations. (Keynote is the Apple version of Powerpoint.) The 1,800 PowerPoint slides deal with archaeology, evolution/creation science, and the prophecies pertaining to Israel's history. The material in the 360-page course is extensive, and the teacher can decide whether to use all of it or to select only some portion of it for his particular class and situation. After each section there are review questions to help the students focus on the most important points. The course can be used for private study as well as for a classroom setting. Sections include The Bible's Nature, The Bible's Proof, The Dead Sea Scrolls, The Bible's Difficulties, Historical Evidence for Jesus, Evidence for Christ's Resurrection, Archaeological Treasures Confirming the Bible, A History of Evolution, Icons of Evolution, Icons of Creation, Noah's Ark and the Global Flood.

WAY OF LIFE ENCYCLOPEDIA OF THE BIBLE & CHRISTIANITY. ISBN 1-58318-005-2. This hardcover Bible encyclopedia contains 640 pages (8.5x11) of information, over 6,000 entries, and over 7,000 cross-references. Twenty-five years of research went into this one-of-a-kind reference tool. It is a complete dictionary of biblical terminology and features many other areas of research not often covered in such volumes, including Bible Versions, Denominations, Cults, Christian Movements, Typology, the Church, Social issues and practical Christian living, Bible Prophecy, and Old English Terminology. It does not correct the Authorized Version of the Bible, nor does it undermine the fundamental Baptist's doctrines and practices as many study tools do. The 5th edition (October 2008) contains new entries, extensive additions to existing entries, and a complete rewriting of the major articles. Many preachers have told us that apart from *Strong's Concordance*, the *Way of Life Bible Encyclopedia* is their favorite study tool. A missionary told us that

if he could save only one study book out of his library, it would be our Bible encyclopedia. An evangelist in South Dakota wrote: “If I were going to the mission field and could carry only three books, they would be the Strong’s concordance, a hymnal, and the *Way of Life Bible Encyclopedia*.” Missionary author Jack Moorman says: “The encyclopedia is excellent. The entries show a ‘distilled spirituality.’” 5th edition, 640 pages. A computer edition of the encyclopedia is available as a standalone eBook for PDF, Kindle, and ePub. It is also available as a module for *Swordseacher*.

Way of Life Literature

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