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Dr. Den Besten on Life and Death

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or with Jesus. The majority, of course, are still with the relativist Pilate, who said, "What is truth?", rather than with the Christ, who is Truth. "The choice is that radical," said the speaker. And once having made the choice, the believer sees that the Kingdom of Christ encompasses the entire world: "The world is my parish." Graduation for the Christian student, then, is only "the end of the beginning," concluded the speaker, "in making a life rich in Jesus Christ" - if he has learned

"to think globally."

The ninth annual commencement program at Dordt College will long be remembered for this inspiring address and for the significance of sharing with another Christian institution of higher learning the challenge of modern American society. Where the Word of God is central to the academic enterprise, it is possible, in the words of Dr. Augsburg, "to out-think our age, but also to out-live it."

DR. DEN BESTEN ON LIFE AND DEATH

"Who Shall Live?" was the question of Dr. Lawrence Den Besten in a public address at Dordt College. The speaker limited himself to life and death at the end of a normal life span.

Den Besten, who is a professor in the Department of Surgery at the University Hospitals in Iowa City, was at Dordt as a guest lecturer.

In his opening remarks, Den Besten illustrated how historically man has always been terribly concerned about death. Societies have always applied themselves, whether mystically or scientifically, to the elimination of death, he said, acting "as if death can be done away with." Modern society is no exception. Today, said Den Besten, we are "obsessed with maintaining senescence," that

is, old age. In another context he characterized our civilization as one that is "skewed to terminal aspects of life."

What the speaker questioned about our society is its imbalance in priorities. He said:

We seem little or in no way concerned with the child in Asia, Africa, or South America who will die for lack of protein, milk, or a few pennies worth of penicillin. And yet the life of some senile, elderly citizen will often be maintained at costs approximately \$1,000 a day when death is imminent and certain and the quality of life is no longer acceptable or desirable.

The speaker noted during the question period that there is a shift in priorities at the moment, with more attention being given to preventive medicine and health care, but the pendulum has not yet swung to center.

Dr. Den Besten, who spent several years in Nigeria as medical missionary, said he believes that biologically and theologically one must conclude that "man was intended to live forever." Sin, of course, has violated that created intention, but the complexity of the living organism and its ability to repair and resupply itself show the true intent of the creation. With sin, however, came pain, suffering, and abnormal cell growths like cancer and artery obstructions which cause heart attacks.

What, then is death? Den Besten calls death a "mercy of God," for the Christian "the capstone of a life of purpose and meaning." This is not to mean that the Christian seeks death, but he should be able to "put it in perspective." While warning against "indifference to life and death which leads to brutalization," the speaker called for a critical examination of our society's search for "medical survival" at all costs which he called the "greatest enigma of our civilization."

So, what about euthanasia ("mercy killing"), or allowing life to expire?

Den Besten is leery of easy solutions to problems as complex as this one, but, he noted, we all want "rule of thumb" answers, "simple, single, synapse" rules by which to make decisions. It might be better, however, noted Den Besten, to take an 85-year-old grandmother off of life-sustaining medication and instrumentation in order to be home with her family, than to "prolong the process of dying." This decision is unfortunately left to the family and relatives, noted the speaker, when the doctor is in a better position to give such advice. To remove the responsibility from the immediate family would take some of the emotional impact out of the situation. Doctors are now under obligation to continue life indefinitely, though they are free to discontinue their professional service.

Den Besten said that the press has exaggerated the problem, however, by making it seem as though doctors face the practical

question of euthanasia regularly, when really the "occasions are extremely rare." It is the principle, not the practical question, that is at stake, and for Den Besten the principle should be one of balance, priorities, and "quality of life."

As to the Biblical command, "Thou shalt not kill," Den Besten sees error in trying to make that mean "Thou shalt extend life indefinitely." He emphatically sees a clear distinction between "mercy killing" and allowing someone to die.

Speaking as a Christian friend with medical experience, Dr. Den Besten offered a sketch of how a balanced program of medical service might look. His sketch included medical care centers in the "hamlets and villages" of the nation which would care for the common illnesses and accidents that occur daily. These centers would emphasize the health of the community and continue its obstetric service. "I feel comfortable and safe," he said, "having a local heart monitor available," but then he went on to say that related intensive care equipment and specialized training in using such equipment is financially out of the picture.

Where there is reason to believe that high-powered equipment and service will be effective in restoring "quality of life," a patient should have these available, but not necessarily locally. Rochester, Iowa City, St. Louis, and Chicago have such services, and in the opinion of Den Besten, there should be no more of what he calls "tertiary centers" in the midwest. Local medical stations, or dispensaries, should adjust their role to preventive medicine and not look with envy to secondary treatment clinics or to tertiary centers. Medical care centers, in his view, should be placed, equipped, and staffed according to population distribution and on prescribed levels of scientific sophistication.

Though it may sound barbarous to a society that thinks solely of maintaining life, Den Besten's proposal provides for allowing people to die. Den Besten's modern medical mission is to get society to "return to a Biblical concept of life," which he describes as a "transient pilgrimage." In this sense he sees death as "God's gift."

To his own proposal Den Besten responded by saying it is a "burden of responsibility to which civilization at its current level of sophistication is totally incapable of responding."

Den Besten underscored the fact that he was not speaking for the medical profession at large nor for his University as he gave his views.

Concluding his presentation, the speaker referred to the NASA program. He said we could, with financial hardship to the nation and to welfare programs, send astronauts to

distant planets in a few years. But, in his opinion, that would put the priorities for the nation out of perspective. The same is true, he said, for medical science. If all cancer-related illness could be eliminated, we would add only six years to the average life span of the American. If we eliminated the problem of "hardening of the arteries," we would add another seven years. But for what, the speaker asks. We would only extend old age and probably find that by extending it that there are other physical malfunctions which would become medical priorities.

MASTERY LEARNING LECTURE AND RESPONSES

Dr. James Block of the University of California at Santa Barbara was the featured lecturer. The occasion was one of several faculty development seminars this year sponsored by CMA, Colleges of Mid-America. Dordt is a member college.

Dr. Block lectured on "Mastery Learning" as it applies to methodology in teaching at elementary and secondary levels. Taking off from the work of John Carroll and Benjamin Bloom, Block made the following proposal:

"Using appropriate instructional methods, it is possible to reduce differences (among children in the classroom) to zero." He contends that the "sacred cow of individual differences is due to HOW we teach."

Block's view is that children have very diverse differences in personality and learning facility, but that does not mean one is more educable than another. He said, "We create individual differences and then find a scapegoat by saying these differences are in the individual." Block holds adamantly that all children can learn, that all will learn, and that the grading curve is a manufactured system of evaluation that produces differences that do not exist. "Environment and the genetic background," said the speaker, may not be blamed for "individual differences."

To accomplish mastery, it is necessary to teach with specific objectives clearly defined. A course, in this system, is broken into small parts, the parts are sequenced, and then the teaching occurs. The original instruction must be developed so as to be optimal. Short diagnostic tests are then administered, followed by corrective teaching that is used to bring mastery of objectives to completion for students who need such additional instruction. Now everybody is ready for the next unit of learning.

To reach optimal effectiveness in original instruction, Block proposes a variety of teaching techniques: group activity in diads and triads, alternate textbooks, workbooks, programmed teaching material, audio-visual presentations, academic games and puzzles, and "affective techniques." Whatever works is to be used, in Block's opinion, to gain complete mastery of objectives by the whole class. He contends that the lecture-discussion method of teaching, since it uses the "verbal-abstract technique," is good for only about one-third of any class.

Dr. Block spoke briefly about societal goals for education by way of critiquing present goals. "We should not," he said, "train for a specific career, but rather for life." He went on to say: "Education today is not to be equated with putting people on the labor market."