to chew and swallow on her own and was doing so every day.

With both an NG tube and a G-tube, a thick, milkshake like liquid (like Ensure®) is used. This is not "artificial" food—it is real, digested and metabolized. It doesn't cost any more to feed a patient by tube than by spoon and in many cases, less. (It was estimated that it cost about $7.20 a day to feed Nancy Cruzan.)

While the tube itself may be artificial, the food that goes into it is natural (or at least as natural as anything most of us have eaten today). Liquid diet supplements such as Ensure® are advertised in McCall's and Family Circle magazines (with dollar-off coupons!) Available at grocery stores, they are sometimes referred to as "sport shakes." Like regular milkshakes, they come in chocolate, vanilla and strawberry flavors.

Feeding tubes are not comparable to a ventilator, which takes over the moving of air in and out of the lungs. They aren't an artificial stomach. The feeding tube is merely a means of providing nutrition—a conduit, like a baby's bottle or a McDonald's® drinking straw or a fork.

While one study found that many nursing home residents said they would not want to be tube fed, the answers indicated confusion due to a lack of clear communication between health care providers and patients and families. For example, some residents perceived that everyone with NG tubes was mentally impaired, or that a tube would choke them or obstruct their breathing, or that tube feeding was a punishment for uncooperative behavior (some staff did threaten patients with an NG tube if they didn't eat adequately.)[136]

In fact, the Office of Technology Assessment estimates that 848,000 people in the USA use some type of assisted (tube) feeding annually. Many people who use G-tubes are cared for at home; some have full-time jobs and lead active lives. (In May 1993, a man was arrested after consuming some eight beers through a feeding tube in his stomach, then driving his motorized wheelchair. While this may have been an isolated incident, and while driving under the influence is a serious offense for anyone, it certainly demonstrates that some persons can adapt to assisted feeding.)

It is my bias that feeding tubes are too often used for the convenience of the nursing staff, rather than for the well-being of the person. It takes extra time and effort to spoon feed patients or to help them to feed themselves, and many healthcare facilities are understaffed. As we'll see in our discussion of alternatives, some facilities are now incorporating volunteers to help during mealtimes.

Withhold spoon feeding?

In arguments in the Nancy Cruzan case, Minnesota neurologist Dr. Ronald Cranford, who has spoken and written extensively in support of euthanasia, testified that even spoon feeding of someone unable to feed himself can be considered "optional" medical treatment.

The Cruzan case (and others before and since) make it clear: it is not the method of providing food and fluids which is at issue, but the food and fluids themselves. Simply put: are we going to feed those who can not feed themselves?

What about spoon feeding for people with severe Down's syndrome, strokes, Alzheimer's or head injuries? Will we simply put the tray in front of them, and if they don't eat, too bad? Need we even bring the tray?

Except in rare cases where a person is very near dead and can no longer assimilate food and fluids, the provision of nutrition and hydration should be considered ordinary care, reflecting a fundamental trust between members of the human family. The provision of nourishment is a commitment to life and to relationships, a covenant expressed in the symbolic breaking of the bread. "For I was hungry and you gave Me food, I was thirsty and you gave Me drink...I was ill and you comforted Me." (Matthew 25:35-36) ■

131 *Abbott-Northwestern Hospital is the Minneapolis facility which later hosted Dutch euthanasist Peter Admiraal.*

132 *Arnold Rosenthall, Special Investigator, Office of Health Facility Complaints, Public Vulnerable Abuse Act Report #V18-299, July 12, 1985.*

133 *Council on Ethical and Judicial Affairs, the American Medical Association, "Withholding or Withdrawing Life Prolonging Medical Treatment," Chicago, March 5,1986, reported in American Medical News, March 28, 1986.*

134 *Joseph Fletcher, "The moral dimension in clinical decision making," The Pharos, Spring, 1987, p. 3.*

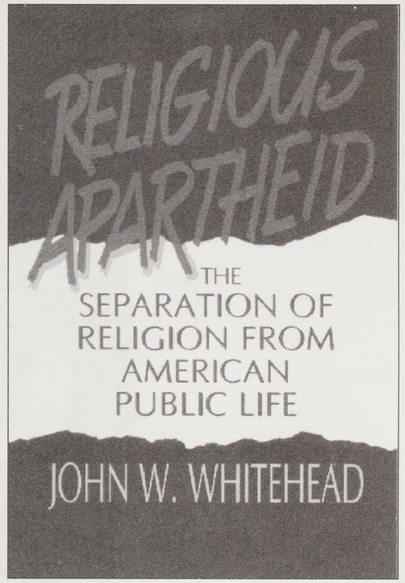
135 *See, for example, Dawn Camp, RN, MSN et al., "How to Insert and Remove Nasogastric Tubes Quickly and Easily," Nursing 90, September, pp. 59-64.*

136 *The Gerontologist, Vol. 30, No. 4, 1990, pp. 469-479.*

Religious Apartheid: The Separation of Religion From American Public Life

Book and study guide by John Whitehead
Film produced by Frank Schaeffer
To order call 1-800-253-0413 or send $49.95 to Gospel Films • 2735 E. Apple Ave., Muskegon, MI 49442

Reviewed by Cathy Ramey



A six-year-old girl is pausing before an open lunchpail. Lowering her eyes and folding her hands, she prays aloud asking that God would bless her meal. Suddenly her petition is interrupted by the sensation of fingers tapping insistently on her shoulder. Such religious expression is not allowed in school.

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It is the year 1989 in the city of Atlanta, Georgia. Fourteen men and women are kneeling on a public sidewalk, not one of them blocking traffic on the pavement, when police approach and begin the process of placing each of them under arrest. They are held in jail for nearly two weeks before being released to await trial.

• • •

Football season and fans are jamming the stands. Many have arrived with a favorite sign, and some of the sentiments are less than sportsman-like in the disdain they express for the opposing team. To a more genteel crowd they might even be considered offensive. But of all of the statements emblazoned on posterboard, it is the "John 3:16" sign that causes stadium officials to spend thousands of dollars in legal fees in an attempt to ban religious expressions of its kind from professional athletic events.

• • •

Over the past decade, Christians in America have watched as the right to publicly express belief in God and His standards has been eroded away. Manger scenes and references to God are routinely removed from Christmas observances in the public arena, and the season is frequently renamed to sanitize it of any Christian influence. Christmas programs are now "Winter Festivals" in order to avoid offending those who honor a secular world-view. (Strange that the ghosts, goblins, and witches of Halloween don't raise the same concerns for purity.)

John Whitehead, founder of The Rutherford Institute, has documented a multitude of abuses and the public sentiments regarding religion that have made them possible. His book, *Religious Apartheid*, is an almost overwhelming description of the transition in America, from a nation that celebrated religious freedom to one that has begun aggressively legislating against its public manifestation.

Whitehead has infused his work with numerous specific examples of how secularists are running roughshod over people of faith, but he does more than that. *Religious Apartheid* also includes keen insights into how we arrived at the point we are today. And phenomenon that are foreign to a religiously constructed nation — and have eluded a label in the past — are brought into focus and defined by the author. *What is "religious apartheid"? How is the trend toward "secularism" more dangerous than its humanistic predecessor? And what is it that our nation is worshipping if not the traditional idea of God?*

Whitehead takes a particularly deep look at the part that media and educators play in the battle to remove God from the marketplace of ideas and morals. He tracks the "gay agenda" that has been foisted off on all of us for years before Christian activist organizers alerted us to the growing move toward "special rights" for sodomites. Many of his comments are well aimed arrows directed at an American Christianity that has failed to pass on the faith of our father's to succeeding generations.

In over 50 pages John Whitehead addresses abortion, the pro-life movement, and what he perceives to be strategies for winning the battle over babykilling. And despite some valuable perceptions, this portion of the book is seriously flawed. In a brief account of the history of abortion, the author cites almost without qualification his pro-abortion sources. Lawrence Tribe, that Harvard Law School, ACLU attorney who has dedicated much of his professional career to expanding liberal rights including the right to kill is a primary cite in a large portion of a chapter entitled "The Killing Fields." Another equally pro-abortion source is quoted, without a blush although they admit having no hard data, outrageously instructing the reader that pre-*Roe*, one out of every three pregnancies ended in abortion. And Whitehead suggests an analogy between abortion and prohibition; legal or illegal, the Christian community might need to resign itself to the fact that they will have their abortions anyway.

Finally, in the concluding pages, Whitehead tackles the thorny question of how ought the pro-life movement strategize to end the murder of unborn children. He proposes a host of ideas that are regrettably lacking in ingenuity and in some measure, elevate tactics over truth. As though there have not been twenty-one years of posturing over abortion, it is suggested that pro-life leaders and organizations woo the media and focus on how abortion hurts women. (Sorry, John! These are not new ideas.)

Included in the *Religious Apartheid* package is a study guide that is likely to be a significant help for pastors and teachers who care to analyze the subjects