CASE STUDY

"Please baptize my son": *The Case against Baptizing a Dying, Unconscious Atheist*

by TATE SHEPHERD and MICHAEL REDINGER

A twenty-three-year-old patient sustained a severe traumatic brain injury from a motor vehicle accident and was unconscious in the intensive care unit. The patient had elevated intracranial pressure, was at high risk of brainstem herniation, and was not expected to survive long. The patient's mother approached the attending physician with a request for someone from the hospital's spiritual services team to come baptize the patient. The mother stated, "My son and I are very close, and I know he is an atheist and has refused baptism in the past, but our family always held out hope that he would eventually come around. If he dies in this hospital, this may be our only chance to save his soul. In my tradition, we believe that someone can be baptized even if they are unable to give their agreement. Please, we know he does not have long." The physician consulted the ethics service and spiritual care for guidance about how to handle this unusual request.

The work of the clinical ethicist is first to clarify the medical facts in a case and to identify and mediate the conflicting values and priorities of all the stakeholders prior to recommending the most ethically appropriate course of action. In approaching a case like this, which involves multiple teams from the hospital along with the patient and his family, the ethicist should, then, aim to clarify the respective roles of the various participants in the patient's care. Spiritual care services, in addition to potentially performing the baptism at the request of the family if recommended, should help clarify the religious beliefs of the family and patient and provide spiritual comfort to the family. Involvement of both the ethicist and spiritual care services allows the physician to ensure that her relationship with the surrogate prioritizes medical decision-making based on appropriate standards and allows the ethicist to focus on the moral problem that the case presents.

In the given case, through conversation with the medical team, spiritual care services, and the patient's mother, it was confirmed that the baptismal rite envisioned involved a simple pouring of a small amount of water on the head of the patient and would not carry any medical risk. There was initial concern by the medical team and spiritual care services that the request for baptism might include either full or partial immersion of the patient into water, requiring repositioning and potentially increasing the risk of harm to the medically frail patient. With the implications of the request clarified, ethical deliberation turned to the fundamental question of whether the ethicist ought to recommend or dissuade baptism of the patient by a chaplain.

The death of a loved one, especially when unexpected, is a difficult emotional experience that is often affected by religious and spiritual beliefs pertaining to the "afterlife." For many religious traditions, a person's existence after their mortal life has ended is a crucial concern, with significant outcomes

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that are dependent on their adherence to certain practices, including baptism in the Christian tradition. Thus, it is not surprising that a caring, concerned mother hoping to divert her dying child from damnation would request his baptism. Nonetheless, we believe that there are strong ethical reasons for the ethicist in such a case to recommend that the chaplain refuse the baptism.[1] The performance of a baptism would significantly harm the dignity of the patient. While baptism may provide comfort to the patient's family, in other, analogous medical contexts, the goal of comforting the family has usually not been considered sufficient to override that patient's autonomous preferences.

This patient was unable to consent to being baptized, and the patient's previously expressed theological views and prior refusal of baptism demonstrated a considered decision to remain unbaptized. One might speculate about whether the patient would have consented to baptism when he was near death, either out of fear or to assuage the grief of his mother, but there are, in fact, atheists in foxholes.[2] Indeed, the patient was just as likely to have been offended by having his values subordinated by his mother's. Since it can be reasonably surmised that subjecting this patient to a baptismal rite would have contradicted his known preferences, doing so would have harmed his dignity.

There are many analogous scenarios that illustrate an ethical consensus to avoid the dignitary harm of subverting an unconscious patient's autonomy. While not all violations of a patient's autonomous preferences are ethically equivalent, we suggest that violating a patient's autonomy constitutes a significant dignitary harm when the violation could be reasonably assumed to subvert a patient's core values or identity. For example, when life-sustaining care is in conflict with a patient's worldview, as when a Jehovah's Witness with severe anemia refuses blood transfusions, it is commonly recognized that medical staff should respect this choice even against requests from a surrogate to do otherwise.[3] If the beliefs in this case were reversed and an atheist parent requested the excommunication of a believing son, acceding to the request would clearly be seen as a dignitary harm—an attempt to alter a significant part of the patient's identity without his consent. Similarly, consider if a previous romantic partner were to arrive at the hospital seeking to be religiously wed to the patient before his death. Here, too, moral intuition suggests that acts that provide emotional benefit to another at the expense of infringement on a significant aspect of the patient's identity ought to be avoided. If the patient were transgender and, instead of requesting baptism, the mother asked that hospital staff refer to the patient in terms of their assigned sex at birth, a similar harm to the patient's self-determined identity would be in play. Subjecting a patient to an act that challenges a significant part of their identity without their consent erodes their autonomy and inflicts injury to their dignity. Additionally, subjecting somebody to a significant dignitary harm via a physical act without their consent, regardless of their level of consciousness, is not only unethical but may also constitute battery.[4]

Indeed, in at least some cases, a patient's autonomous preferences have sufficient ethical weight that they should not be overridden even after their death in order to provide comfort or even great health benefits to others. For example, despite the multiple lives that can be saved through organ donation, there is an ethical consensus that organs should not be procured over the preexisting refusal of an unconscious, dying patient out of respect for that patient's right to bodily autonomy.[5]

When weighing an action performed for the benefit of others against a potential dignitary harm, considering the extent to which the action threatens a patient's core values or identity can prove insightful. Suppose that a distant family member requests permission to hug the patient before his death. The patient cannot consent to a hug, but absent evidence to the contrary, it would not appear to threaten the patient's core values or identity. Any dignitary harm would be relatively minor. As a result, in most circumstances, the hug would be permissible for the emotional benefit it could provide. However, in the case here, baptism was deeply at odds with the patient's identity as an atheist. Further, there were other means of offering comfort to the family, such as counseling, prayer, or other religious practices (which could have been facilitated by a chaplain), that did not suppose or require the patient's consent.

Navigating a family's grieving process as the death of a loved one nears should be handled with empathy, compassion, and sensitivity. Where appropriate, efforts should be made to accommodate religious and spiritual practices in which friends and family find comfort. In a case like the one presented here, the requested practice would involve assuming consent on the patient's behalf for something that he would likely have resisted and perceived as a conflict to his core values or identity, so the ethicist should recommend against the baptism and respectfully direct the family to alternative practices that preserve the patient's dignity.

1. For an opposing view on this case, see A. Brummett and N. Jones, "The Case for Baptizing a Dying, Unconscious Atheist," *Hastings Center Report* 55, no. 1 (2025): 5-6.
2. J. Moström and P. Granqvist, "There Are Plenty of Atheists in Foxholes—in Sweden," *Archive for the Psychology of Religion* 36, no. 2 (2014): 199-213.
3. S. Latcha et al., "'Please Keep Mom Alive One More Day'—Clashing Directives of a Dying Patient and Her Surrogate," *Journal of Pain and Symptom Management* 59, no. 5 (2020): 1147-52.
4. J. Thomas and G. Moore, "Medical-Legal Issues in the Agitated Patient: Cases and Caveats," *Western Journal of Emergency Medicine* 14, no. 5 (2013): 559-65.
5. D. Shaw et al., "Family Overrule of Registered Refusal to Donate Organs," *Journal of the Intensive Care Society* 21, no. 2 (2020): 179-82.

CASE STUDY

The Case for Baptizing a Dying, Unconscious Atheist

by ABRAM BRUMMETT and NELSON JONES

In another essay in this issue of the *Hastings Center Report*, Tate Shepherd and Michael Redinger discuss a clinical ethics case that involves a conflict between emotional benefits to the patient's mother from seeing her son baptized at the end of his life and a concern about inflicting dignitary harm to the patient by violating a preference related to a deeply held belief.[1] In considering the case, Shepherd and Redinger argue that the ethicist should oppose baptism on the basis that the patient has refused the sacrament throughout his life.

This recommendation might be expected to follow from the standard decisional hierarchy—known patient wishes, then substituted judgment, and then (failing the first options) the patient's best interests—and reasoning that, because we know the patient's preferences, we should follow them, especially when it comes to preferences related to core beliefs. However, as Jeffrey Berger, Evan DeRenzo, and Jack Schwartz have argued, sometimes surrogates can make ethically supportable decisions that depart from the standard hierarchy, especially when a patients' primary concern in a decision may be "nonmedical or non-patient-centric, such as concerns for minimizing emotional or other burdens on family members."[2] Berger and colleagues offer the following example in which a surrogate uses substituted judgment to trump known wishes: "I know that my wife wrote in her living will that under no circumstances would she want to be on a ventilator, but our son is returning from Iraq next week, and I believe that she would want to be kept alive so they can say goodbye."[3] In their example, the surrogate reasons that the patient's circumstances contain unique psychosocial features that were not considered when the patient signed her living will refusing ventilation.

Applying this reasoning to the case presented by Shepherd and Redinger, the key question for the ethicist to address with the mother (and any additional family) is whether the patient would have wanted baptism for family benefit in these circumstances. Here, the ethicist can collaborate with a hospital chaplain to aid the family in reflecting on some key considerations. One key consideration is the patient's reasons for past refusals of baptism. The patient may have been motivated to reject baptism primarily by a desire to avoid unwanted life changes that would be associated with conversion to a religious tradition, such as attending church on Sundays, praying before eating, or having to accept the tradition's values. However, accepting baptism in the current circumstances is very different in this respect because it does not involve accepting any life changes, given that the patient is imminently dying. Another key consideration is that, unlike when baptism was proposed to the patient in the past, the purpose of this baptism would be to provide the family some measure of emotional relief in the context of the patient's imminent and unexpected demise. While the moral dilemma here involves dignitary harm to the patient versus emotional benefit to the family, not all dying atheist patients would consider baptism to constitute a dignitary harm, and even if they did, they may reasonably hold that the degree of dignitary harm does not outweigh the significant emotional benefits that would be provided to their family in tragic circumstances.

However, it is also possible that the patient would have maintained an overriding objection to baptism, even in the face of emotional benefits to family. To determine whether

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