

A Practical Approach to End-of-Life Issues

Presented by
Rev. Robert R. Fleischmann

1 INTRODUCTION

2 In the early 1980's I ran across an editorial cartoon
3 depicting a minister standing in the pulpit of the *Church of*
4 *the Lukewarm*. The caption read, "There is no the Christian
5 position, there are Christian positions." The cartoon was a
6 sad commentary on the perception that even within the
7 confines of the Christian faith there are no absolutes.

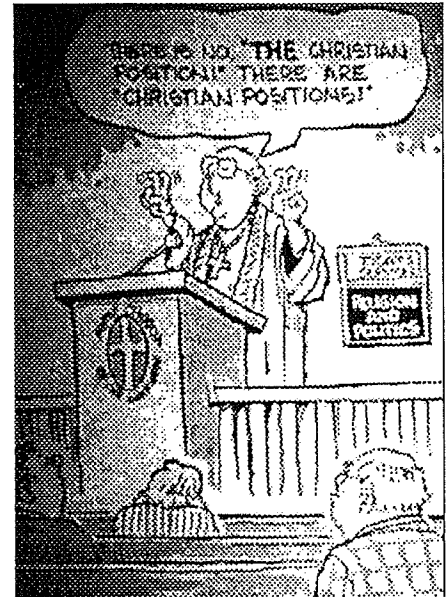
8 Those of us who have studied church history have
9 seen countless examples of religious institutions which have
10 watered down the truths of God's Word and exchanged them
11 for what men's itching ears want to hear. And for those of us
12 who have followed the path of life issues, this axiom holds
13 ever as true.

14 Organizations like the Religious Coalition for
15 Abortion Rights have facilitated this confusion. Boasting the
16 subscribing memberships of the United Church of Christ,
17 Presbyterian Church USA, Girl Scouts and Young Women's Christian Association, this agency
18 has further confused the absolutes of God on beginning of life issues.

19 As would be expected the same has happened regarding end-of-life issues. The shyness of
20 orthodox Christianity to speak up on such issues combined with a liberal bias in the media has led
21 to the erosion of any perception that there are absolutes at the end-of-life as well. For example,
22 how many of you knew the Lutheran Church - Missouri Synod has a formal statement denouncing
23 euthanasia? It received little of any public attention.

24 Nevertheless, when Jack Kevorkian assisted Janet Adkins in committing suicide on June 4,
25 1990, in the back of his Volkswagen van it appears the orthodox Christian community was silent.
26 Yet, the national press and local papers were quick to note that the Unitarian Universalist Church
27 meeting for its national convention in Milwaukee praised the work of Mr. Kevorkian and
28 endorsed the autonomous right of Janet Adkins to make her decision. The testimony of the
29 Church is further clouded.

30 While right-to-die advocacy groups are largely made up of Unitarians the picture
31 continues to blur when one notes that the most recent past president of the Hemlock Society was
32 a Presbyterian minister. It would appear that the atheistic leadership of the pro-euthanasia

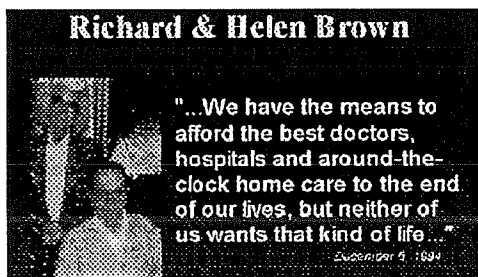


1 movement has a clearer perception of how their movement is contrary to long-standing Christian
2 principles. In his book, *Final Exit*, Hemlock Society founder, Derek Humphry, writes: “If you
3 consider God the master of your fate, then read no further. Seek the best pain management
4 available and arrange hospice care.”¹

5 As a final illustration of this continued blurring, consider the case of Richard and Helen
6 Brown. On December 15, 1994 the Mizpah United Church of Christ in Hopkins, Minnesota held
7 a memorial service for Richard and his wife. They were found dead from carbon monoxide
8 poisoning in their Cadillac Eldorado parked in the garage of their Fort Lauderdale home.²

9 On December 6th, the day their bodies were found, friends received a letter from the
10 Browns in which they state:

11 ...We have the means to afford the best doctors, hospitals and around-the-
12 clock home care to the end of our lives, but neither of us wants that kind of
13 life...It would also consume a substantial part of our money, which through
14 our will and through the mission work of our church is destined to help many
15 young people throughout the world who may one day be able to help many
16 more. We have no immediate family or heirs. In a sense, this legacy
17 represents the final purpose of our lives.



18 Richard Brown was 79 years old and had to use a
19 wheelchair because of arthritis and asthma. His wife,
20 Helen, was 76 years old and was suffering from
21 Alzheimer's disease. They founded the American Institute
22 of the Air which later became known as the Brown
23 Institute, a school of broadcasting which they later sold.
24 Upon their death Richard and Helen Brown left their
25 wealth in excess of \$10 million to the charitable work of
26 the United Church of Christ (UCC).

27 Their former pastor said the Browns were “taking the high road to death” and though he
28 did not know they would commit suicide he could not fault them for doing so. Another UCC
29 pastor who conducted the memorial service said that their religion teaches against passing
30 judgment on people who commit suicide — “Our job is to remember the good.”

31 Like the Browns, there seems to be a growing number of Christians who walk through the
32 valley of the shadow of death not only without fear but in pursuit of death. Some, believing that
33 death brings eternal life in heaven, take action to shorten their life. Some, like the Browns, do it
34 for philanthropic reasons so that their assets are not consumed in medical care but can be shared
35 with heirs and others. Others, fearing the pain that may lie ahead, will opt to take that big step
36 into the next life by their own decision.

37 The Browns and the UCC pastors are not unique in their confusion concerning authorship
38 over life and death. As many of you know, as WELS pastors who have counseled your WELS
39 members, there is often more than a little confusion in our own circles. My intent, therefore, is to
40 provide you with some Biblical principles and suggestions for the practical applications of those

1 principles as you help your members face end-of-life issues.

2 **I. The Christian Foundation for Life Decision-Making**

3 When we pastors are called upon to guide a family in making critical medical decisions, we
4 must not desert our own foundation for proper decision making — the Word of God. It is so
5 easy to get caught up in the emotion of the moment that even we pastors sometimes slip into a
6 non-biblical mode. In these emotion-packed moments I have heard sound Biblical pastors change
7 vocations on the spot and try to sound like doctors or family psychiatrists.

8 Even if our members involve us because of our warm personalities and superior common
9 sense, these are not what they need most from us. The Psalmist writes, "Your Word is a lamp to
10 my feet and light for my path." Within those 66 books of the Bible God has given us the true
11 foundation for life decision-making. We do a disservice to our members when they only
12 remember our compassion and sacrifice which brings us out at 2 in the morning, but not our
13 Biblical message.

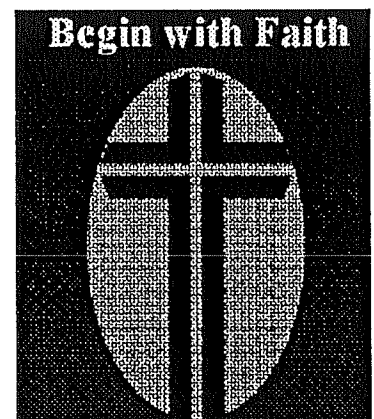
14 I cannot stress this enough. One glaring contributing factor to the decline in the valuation
15 of life among Christians is their ignorance of God's Word. Young girls who have been out of
16 confirmation class just a few years will be brought by their WELS mothers into our centers
17 arguing for an abortion because they know God would not want them to be unhappy. Likewise,
18 these same Christians will argue for the early termination of Grandma's life when her health and
19 mental condition diminishes. They know in their heart that God would not want them to be so
20 unhappy in this condition.

21 If it is not the pastor who opens the path to truth for these people who will it be? Will it
22 be the non-denominational hospital chaplain who will quote only the most superficial of passages
23 when the people need direct and clear doctrine from Scripture on their current dilemma? Will it
24 be the television preacher they watch during the endless hours in the emergency room waiting
25 area? It has to be us. Even if our compassionate heart agrees that Grandma is probably better off
26 dead than alive, that is not the opinion they need to hear. They need to hear God's opinion from
27 his servant who shares his word.

28 In his psalm King David said, "Look to the LORD and his strength; seek his face always."
29 (1 Chronicles 16:11) Our quick appeal to Scripture will remind our members where they can find
30 truth, hope, and comfort. It is that foundation of authority which
31 provides us words of direction to guide our members.

32 **II. Begin with Faith**

33 The challenge of training fellow Christians in the way they
34 should go is a life-long endeavor to create the Christian mindset.
35 This mindset includes moral absolutes, but goes much further. It is
36 a mindset that often begins with the frequent law motivation
37 experienced as children learning the difference between right and
38 wrong. It is a transforming process with the goal for obedience not
39 to be out of fear, or a mere sense of duty, but rooted in a love for
40 God who gave his Son as the ultimate payment for our sins.



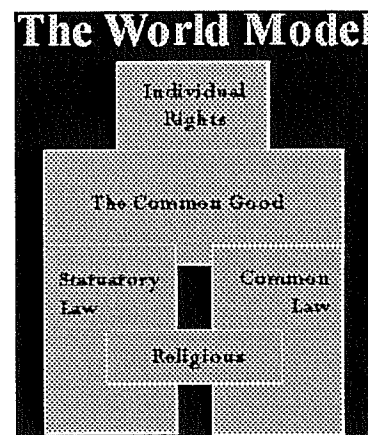
1 Throughout this training process we seek to educate people to leave behind their
2 humanistic old man which asks, "What would I like to do?" and to practice the sanctified life of
3 the new man which asks, "What would God have me to do?" When you walk into the hospital
4 waiting room to counsel your members facing a life challenge, you will have to ascertain the
5 status of their internal battle between the old and new man.

6 To help me in this process I have developed two models which I call the world and the
7 Christian model. Let's begin by examining the world model.

8 INDIVIDUAL RIGHTS

9 In the world model the highest good is individual rights. It
10 has become the battle cry of nearly every anti-Christian effort in
11 life issues. Abortion advocates argue for the right to choose.
12 Medical directive statements appeal to the person's perceived right
13 to self-determination in medical care.

14 Thirty years ago we were much more accepting of our
15 doctor's advice. Today, the doctor is called upon to provide much
16 more of an explanation of what he wants to do, and then he must
17 wait for your consent. The increase in medical litigation combined
18 with the public's increased desire to control all aspects of life, have
19 proven to be quite challenging for the medical profession.



20 We cannot be self-righteous in this regard. It is a spirit that is clearly in the hearts of many
21 of us. Few of us take pleasure in being told what to do, and how to do it, and when to do it.
22 Who of us have not taught a Bible Class and have found ourselves challenged on points that, even
23 just ten years ago, could be taught without challenge. People want more control. They want to
24 control their destiny, and to make their own choices, be them right or wrong.

25 Such was the case with Sue Rodriguez, a 43-year old mother from Victoria, Ontario. She
26 experienced her quality of life diminish from the effects of amyotrophic lateral sclerosis (ALS),
27 also known as Lou Gehrig's disease. She argued for the right to assistance in committing suicide.
28 In an interview on the CBC news program called "Witness" she said, "I just feel that I would like
29 to have control of my destiny . . . I want to ask you gentlemen, if I cannot give consent to my
30 own death, whose body is this...who owns my life?"

31 It is this spirit of individual autonomy which touches many of our members. When this
32 happens and our members seek the pastor's counsel we quickly discover that they are not looking
33 for direction to do what is right but affirmation that their decisions in the matter are right.
34 Inevitably conflict arises.

35 COMMON GOOD

36 But even the most ardent libertarian recognizes that individual rights have their limits. In
37 *The Humanist Manifesto II* the libertarians proclaim, "We believe in maximum individual
38 autonomy consonant with social responsibility."³ What is confusing, however, is how one defines
39 a matter to be "consonant with social responsibility."

1 In that same *Manifesto* the authors advocated birth control, abortion, euthanasia and
2 suicide. Their closest attempt to satisfy the tension between individual rights and social
3 responsibility came in their section on sexual behavior. There they write, “While we do not
4 approve of exploitive, denigrating forms of sexual expression, neither do we wish to prohibit, by
5 law or social sanction, sexual behavior between consenting adults.”⁴

6 When I first read this document in the middle 1970s it seemed radical at best. Today, it is
7 a shocking creed reflecting current social trends. Fortunately, at least for the moment, society as
8 a whole is interested in hemming in individual rights in the interest of the common good. For that
9 reason there are laws that somewhat prohibit the reckless exercise of individual rights. You
10 cannot just punch someone in the nose because you feel like it. You cannot take what does not
11 belong to you.

12 COMMON LAW

13 How a society then seeks to preserve individual rights while protecting the common good
14 is defined by the legal process. In the model there are two basic pedestals upon which society
15 maintains this order. The one pedestal is an appeal to common law. Simply put, common law is,
16 in a way, a form of fatalism. It is predicated upon the notion that society is innately good and is
17 evolving to being better in its character.

18 When appealing to common law jurists attempt to ascertain a long standing value in the
19 history of mankind. If, for example, hundreds and thousands of years of history reveal society’s
20 intolerance for thievery, one can then define rights with regard to possessions within the confines
21 that any form of thievery is wrong. The underlying notion is that in the end, how it comes out
22 reflects how it is supposed to be.

23 In Christian circles this is similar to what we teach about the natural law written on man’s
24 heart. Concerning that the Apostle Paul wrote, “Indeed, when Gentiles, who do not have the law,
25 do by nature things required by the law, they are a law for themselves, even though they do not
26 have the law, since they show that the requirements of the law are written on their hearts”
27 (Romans 2:14-15 NIV).

28 Reading this passage alone suggests a validity to the notion that common law is a reliable
29 measure of right and wrong. Christ, however, observed “Because of the increase of wickedness,
30 the love of most will grow cold” (Matthew 24:12 NIV). He reflected the sad historical truth that
31 man’s moral character does not improve but declines.

32 This is an important distinction when legal scholars argue about whether there is a
33 consistent prohibition against abortion, homosexuality, prostitution and suicide. If the conclusion
34 is that common law allowed such things is it therefore *right* to allow it? By society’s standards it
35 is!

36 STATUTORY LAW

37 Common law, however, does not answer all of the questions. For that reasons statutory
38 laws are appealed to. These are laws derived by legislatures through the will of the majority of
39 the legislators. Perhaps the most contemporary example of this is the current and proposed

1 regulating of the Internet community. To some degree statutory laws are the specific and
2 contemporary application of common law principles. But when those principles are unclear and
3 the issues are complex, statutory laws often reflect the current opinion of a majority of legislators
4 which may change over time.

5 RELIGIOUS COMMUNITY

6 I needed to challenge your patience with this explanation of the world model because it is
7 a model often borrowed by members of the religious community. In our counseling sessions with
8 members it appears in many forms but once recognized it helps you understand better how they
9 may be approached.

10 For example, members of the religious community may imitate statutory laws by
11 acknowledging on the one hand that Scripture does not directly mention contemporary issues. On
12 the other hand, however, they adopt a legalist position on those issues. On countless occasions
13 people will call me simply wanting to know the *WELS position* on an issue. They usually don't
14 know the role of and use of Biblical principles and so will settle for proclamations. They often
15 appeal to "what my church teaches" or "what my pastor says" but rarely have the patience or
16 desire to understand the principles behind the applications. They are more concerned about the
17 rule than the reason.

18 The danger of this legalism is the generalization of statements relating to life issues. Some
19 in our circles have the perception that you never refuse food and water in the hospital setting.
20 While this is correct most of the time there are those circumstances where the continued
21 administration of food and fluids agonize and perhaps accelerate the dying process because of the
22 body's inability to process these elements.

23 The religious community attempts also to appeal to the "ends justify the means" mentality
24 often represented in society's common law approach. As society looks at the end result of history
25 on an issue and assume it reflects what is right, so also are Christians tempted to do that.

26 For example, there is a Easter dinner and the family is gathered around when Grandpa all
27 of a sudden falls over from a stroke. You lay him on the floor, call the ambulance and rush him to
28 the hospital. If you are like most families, you do not pre-plan what you will do when Grandpa
29 has a stroke at the dinner table. It catches you by surprise. So when the medical staff comes out
30 asking Grandma a bunch of questions she gets overwhelmed, throws up her hands and exclaims,
31 "If God wants Grandpa, God will take him. If he is suppose to live then God will save him. So
32 do nothing and we will leave it in God's hands."

33 It sounds like a godly decision. In fact, mentioning the name of God sounds very spiritual.
34 But when there are reasonable options to pursue it reflects a desertion of Christian responsibility
35 to simply wash your hands of making the decision.

36 Consider this parallel. How many of you, when your children were growing up, decided
37 not to teach them to look both ways before crossing the street? After all, if you are consistent in
38 leaving matters in God's hands, you will trust that if God wants them to live they will make it
39 across the street, if not, they will not. Parents recognize they are stewards over the lives of their

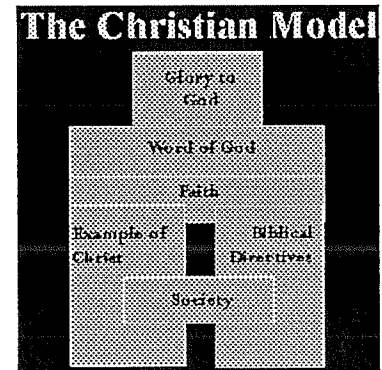
1 children. So also are we stewards over Grandpa's life. You make the best possible decision,
2 which may be to do nothing. But, to do nothing as an alternative to making a responsible decision
3 is wrong.

4 In scripture we have a demonstration of this erroneous thinking in two different places. In
5 Acts 5:34ff we are told of how the religious leaders wanted to end the work of the Apostle Peter
6 and his co-workers. At that point Gamaliel displayed fatalism when he observed that if God was
7 against them they would fail as others before them. But if God was for them, they cannot be
8 stopped. As is characteristic of fatalism, sometimes the result is right and sometimes it is not. In
9 this instance, the work of the apostles prospered until the Church has become what it is today.
10 Therefore, it appears fatalism works.

11 But, when you approach the cross of Christ on Calvary and the soldiers challenge him to
12 come down from the cross and then they will believe in him, he didn't come down. That did not
13 negate Jesus as the Savior. You see, the danger of fatalism, as with the danger of common law, is
14 that it allows sinful man to establish the criteria for what is right and wrong. As we teach
15 concerning the natural law on man's heart, it becomes clouded by sinfulness. Our consciences are
16 not reliable indicators of what is right or wrong.

17 **GIVING GLORY TO GOD**

18 In contrast, the Christian model is entirely different than
19 the world model. The highest good for the Christian is to
20 glorify God. We are told, "So whether you eat or drink or
21 whatever you do, do it all for the glory of God." (1 Corinthians
22 10:31 NIV) Christians are not concerned about what preserves
23 their autonomy and gives them authority. They always are
24 asking themselves, "what can I do to give God glory?"



25 **WORD OF GOD**

26 In order to give God glory it is only logical that one
27 must know what it is that glorifies God. That is where God's
28 Word comes in. As I quoted the Psalmist earlier, "Your word is a lamp to my feet and a light for
29 my path." (Psalms 119:105 NIV) As you glorify God when you minister with his word so also
30 do your members glorify God when they appeal to you for guidance from God's word.

31 **FAITH**

32 One does not glorify God or seek out his word, however, unless he has God's greatest
33 gift, the gift of faith. Faith is that incredible God-instilled working force in our lives that leads us
34 to do the ultimate in illogical things — to believe in a Savior we never met and to be certain of the
35 eternal home of heaven which we have never seen. How true are the words of the writer when he
36 said, "Now faith is being sure of what we hope for and certain of what we do not see." (Hebrews
37 11:1 NIV)

38 When we as pastors console our members at these emotionally-charged times it is
39 incumbent upon us to guide them so that they work not from emotion or tainted human logic, but
40 with God's gift of faith. It is only those decisions rooted in faith that are the "right" decisions.

1 The writer to the Hebrews explains, “And without faith it is impossible to please God.” (Hebrews
2 11:6a NIV)

3 We must remind our members that they are more than just the wife or husband; son or
4 daughter; mother or father of a critically ill patient. We must help each member see himself as a
5 child of God. As a member wrestles with making medical decisions they do so first as a child of
6 God who faces life and death with the faith that gives the ultimate and eternal victory.

7 **BIBLICAL DIRECTIVES**

8 As members work from the position of faith they seek out their pastor as the expert on
9 God’s word. It is that word of God which contains a wealth of biblical directives clearly reflecting
10 the will of God. We are told, “This is love for God: to obey his commands.” (1 John 5:3 NIV)

11 These directives are more than just the timeless moral codes. These “commands” include
12 fundamental principles that guide us today in our lives of sanctification. You may not find the
13 terms “abortion” or “nasogastric tube” in the Scriptures, but you will find principles that speak to
14 these and other medical concerns.

15 **EXAMPLE OF JESUS**

16 The other guiding standard is the perfect example of Jesus Christ. James wrote, “To this
17 you were called, because Christ suffered for you, leaving you an example, that you should follow
18 in his steps.” (1 Peter 2:21 NIV) There is, of course, the presumption, that you have learned
19 from Scripture about the life of Christ. This must be more than a superficial knowledge. With a
20 full knowledge, however, it would be a good thing to ask, “What would Jesus do?” when facing
21 many difficult decisions.

22 **SOCIETY**

23 At times the world also likes to play with the Christian model. On the granite walls of the
24 U.S. Supreme Court building in Washington, D.C. you will find carved the Ten Commandments.
25 They are joined with other moral codes of various cultures. In the eyes of a secular society the
26 Commandments represent a code of ethical conduct that may be good for a society to emulate —
27 much like the ethical codes of other cultures.

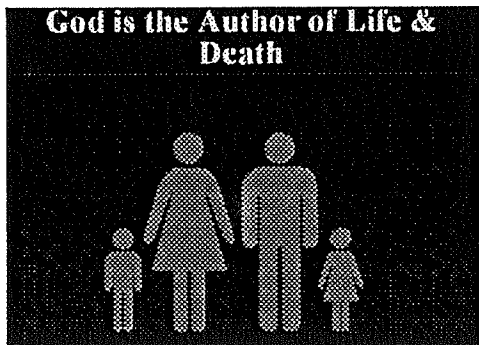
28 In the same manner, there are still secular institution which allow the picture of Christ to
29 be hung in a prominent location as long as it is joined with other great *men*. Nativity sets are
30 allowed on public property in some communities, not for its spiritual significance, but because it
31 represents one of the *traditions* of Christmas.

32 In both cases society lacks the fundamental component of being rooted in faith. When
33 Christians obey God’s will and decorate with Christian images, it comes from a heart of faith, not
34 merely a holiday spirit or a civic sense of moral responsibility.

35 As our members face the various challenges of life issues we must help them think like
36 Christians and not people of the world. We accept Paul’s statement as truth that “the sinful mind
37 is hostile to God. It does not submit to God’s law, nor can it do so.” (Romans 8:7 NIV) That
38 being the case, it is the natural tendency of all of us to resort to the world view of life. It is when

1 this battle rages internally between the new and old man that we pastors must come in with the
2 reinforcement of Scripture to appeal to their faith. As we help our members wrestle between
3 making right and wrong decisions our first principle to remember is that truly right deeds and
4 decisions can only be made from a heart of faith.

5 III. Establish God's Authority over Life and Death



8 In Deuteronomy 32:39 God says this about
9 himself: "See now that I myself am He! There is no god
10 besides me. I put to death and I bring to life, I have
11 wounded and I will heal, and no one can deliver out of my
12 hand" (NIV). This authority over life is rooted in God's
13 status as the Creator of all life. In Genesis 2:7 we are
told, "God formed man from the dust of the ground"
(NIV).

14 Thousands of years later King David observed life
15 as the handiwork of God when he said: "My frame was
16 not hidden from you when I was made in the secret place. When I was woven together in the
17 depths of the earth, your eyes saw my unformed body" (Psalm 139:15-16a NIV). And Job, who
18 suffered greatly in his life and found himself wrestling with its purpose and the purpose of
19 suffering, commented: "In his hand is the life of every creature and the breath of all mankind" (Job
20 12:10 NIV).

21 God's role as having authority over life is clearly stated in Scripture. When women of the
22 Bible gave birth to children they readily acknowledged God's authorship over life. After Cain
23 killed his brother Abel we are told, "Adam lay with his wife again, and she gave birth to a son and
24 named him Seth, saying, 'God has granted me another child in place of Abel, since Cain killed
25 him'" (Genesis 4:25 NIV).

26 When Hannah received her long-desired child the Scriptures read: "So in the course of
27 time Hannah conceived and gave birth to a son. She named him Samuel, saying, 'Because I asked
28 the LORD for him'" (1 Samuel 1:20 NIV).

29 The growing acceptance of practicing some form of family planning has led some of our
30 members to forget God's authorship over human life. I hear more and more refer to pregnancies
31 as *accidental* or even the result of *contraceptive failure* rather than God's gift of a life. More and
32 more of our members come into our office during pre-marriage counseling with the idea that they
33 will *plan* their family and then act disappointed, frustrated or angry when a pregnancy does not
34 correlate with those plans.

35 As the author of life God also presumes sole authority for terminating life. When Cain
36 killed Abel (Genesis 4:8) he did wrong because he presumed for himself authority over life and
37 death. It is God who brings to life and puts to death and it is contrary to his will for anyone to
38 presume that right.

39 That point was clearly made to Noah and his family after they left the ark that preserved

1 them during the Flood. God had just given them the authority to terminate plant and animal life.
2 But then he had this to say about human life: "Whoever sheds the blood of man, by man shall his
3 blood be shed; for in the image of God has God made man" (Genesis 9:6 NIV). God illustrates
4 here his very high regard for human life. If someone terminates life God authorizes action to
5 terminate the life of those who killed.⁵ It is that important!

6 Concerning God's supremacy over life and death the psalmist writes, "My times are in
7 your hands" (Psalms 31:15 NIV). As Christians face death and the emotional challenges it
8 presents, the words of Christ speak loudly, "Who of you by worrying can add a single hour to his
9 life" (Matthew 6:27 NIV)? These passages remind us that God is the one who decides when
10 death comes. It is not our decision that death should come sooner or, for that fact, later.

11 About two years after I accepted the call to serve as the National Director of WELS
12 Lutherans for Life I finally felt confident enough in my study of these issues to begin to speak and
13 write publicly about them. Soon there were pastors and lay people calling me seeking critical
14 information about care for someone. For fleeting moments I would think to myself that God has
15 somehow given over all authority of life and death to me. It would be my decision over who lives
16 and who does not.

17 The error of that thinking has become apparent through the pages of Scripture and from
18 practical experience. When you make all the right decisions and the patient dies, and you make all
19 the wrong decisions and the patient lives, God is reminding you that he is in charge. He
20 determines when death comes.

21 This is an important point to instill upon your members. As they wrestle with those so-
22 called life and death decisions they quickly crumble under the terrible pressure of thinking they
23 have the authority over life and death. In reality, they are still stewards. They assimilate the
24 information and, to the best of their ability, they make decisions. In doing so they do not presume
25 that they will have saved a life or ended one. Rather, they decided in accord with God's will and
26 with the full confidence of the promise that "we know that in all things God works for the good of
27 those who love him, who have been called according to his purpose." (Romans 8:28 NIV)

28 **IV. Facing the Changed Quality of Life**

29 Perhaps the most challenging issue to face when counseling on end-of-life issues is the
30 changed quality of life. It seems characteristic of the sinful flesh to measure life by what is lost.
31 In fact, losses in this world illicit the greatest emotional response. This is a society that measures
32 gains and progress. It has little tolerance for losses.

33 This is a culture that has elevated to the highest good those ideals of life, liberty and the
34 pursuit of happiness. Anything that would compromise those ideals usually brings frustration,
35 depression, and a sense of futility.

36 Derek Humphry, founder of the Hemlock Society, made this same point a few years ago
37 on an episode of *Nightline*. He was part of a panel discussion on his book, "Final Exit" when he
38 observed: "We are not just talking about stabbing pain. We are talking about dignity, pride, self-
39 control, quality of life. Something doctors, for all their good in the world, cannot involve

1 themselves in. We are masters of our own fate. Doctors help us as best they can. But we are
2 masters of our own judgment and fate.”

3 When our members receive a diagnosis announcing a continued decline in the quality of
4 their life they instinctively think of it in worldly terms. They measure the freedom they will lose,
5 and the pleasures that will no longer be their's. It is our role as pastors to remind them that
6 despite its varying degrees of quality life has a quantitative, absolute or intrinsic value.

7 When presenting this perspective I am quick to observe that Scripture readily
8 acknowledges that life comes in many and varying degrees of quality. We have stories of the
9 blind, the lame, the deaf, and the ailing. Concerning the infirmities of aging the psalmist wrote:
10 “Do not cast me away when I am old; do not forsake me when my strength is gone.” (Psalms
11 71:9 NIV) God is not ignorant that the quality of life changes.

12 I also point out the subjective nature of evaluating qualities of life. In John's Revelation
13 for the congregation of Laodicea he writes: “You say, ‘I am rich; I have acquired wealth and do
14 not need a thing.’ But you do not realize that you are wretched, pitiful, poor, blind and naked.”
15 (Revelation 3:17 NIV) What I perceive as a low quality of life another may perceive as a high
16 quality of life. And as is obvious from this passage, what some perceive as a high quality of life
17 may in fact be a low quality of life.

18 This point must be emphasized for two reasons. First, I may be inclined to observe
19 someone's condition and decide that I would not want to live like that and therefore, make
20 decisions for that person reflecting a spirit of futility. Secondly, even if my own physical
21 condition has me bedridden and in some pain, I may be far better off than a counterpart in a third
22 world country where the luxuries of medication and a comfortable bed are rare or non-existent.

23 After having illustrated God's acknowledgement of varying qualities of life and that our
24 determinations are often very subjective, I then demonstrate God's absolute value for human life.
25 For that testimony the familiar *gospel in a nutshell* speaks clearly with the testimony that “God so
26 loved the world that he gave his one and only Son, that whoever believes in him shall not perish
27 but have eternal life.” (John 3:16 NIV) God did not love just the attractive, the wealthy or the
28 healthy. He loved the world.

29 Scripture further reveals that God is impartial in his love: “Then Peter began to speak: ‘I
30 now realize how true it is that God does not show favoritism.’” (Acts 10:34 NIV) And as God is
31 impartial in his sacrificial love for all human life, so also should we be impartial. James warns us,
32 “But if you show favoritism, you sin and are convicted by
33 the law as lawbreakers.” (James 2:9 NIV)

34 The principles of helping and being a friend to our
35 neighbor apply whether he is in peak condition or with a
36 horribly diminished quality of life. We may lament the loss
37 of many worldly pleasures that come with a declining
38 quality of life, but the principles to preserve and protect
39 life apply nevertheless. The principle, therefore, is that

**While there may be
different qualities of life,
God extends to all
human life an absolute
value, being the object of
his love and plan of
salvation.**

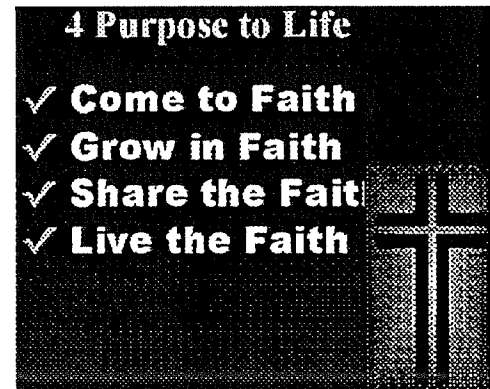
1 God demonstrates in his word that while there may be different qualities of life, he extends to all
2 human life an absolute value, being the object of his love and plan of salvation.

3 **V. Understanding the Purpose of Life**

4 When counseling a family at a time of crisis a certain amount of spiritual building takes
5 place. A challenge I face in these circumstances is discovering the weak spiritual foundation of
6 some of these people. Either we pastors are not clearly proclaiming God's word, our members
7 aren't listening, or the sinful flesh is very strong. I hope the reason is the latter. At any rate, the
8 challenge is great.

9 To prepare for the emergency room encounter, your pastoral work must begin way in
10 advance of the crisis. We need to practice continued faithful preaching of God's word and quality
11 Bible class presentations that remind, in clear and practical terms, what the purposes are for life.
12 While some of this important foundation work can be attempted in the emergency waiting room,
13 it is tough. You do yourselves, and especially your members, a favor if you keep reminding them
14 time and time again of why they are here and what they are to do with their lives.

15 In this regard I outline four purposes to life. The
16 first purpose is to come to faith. In his ministry Jesus put
17 it this way: "But seek first his kingdom and his
18 righteousness..." (Matthew 6:33 NIV). When one
19 considers the words of Scripture which say, "man is
20 destined to die once, and after that to face judgment"
21 (Hebrews 9:27 NIV) this certainly must become the first
22 concern.



23 The beauty of this purpose is that it is God who
24 accomplishes it through the work of the Holy Spirit. Paul
25 reminds us, "He [God] saved us through the washing of rebirth and renewal by the Holy Spirit"
26 (Titus 3:5 NIV). As Christians embark upon a life of serving God they can do so knowing that
27 with this first purpose accomplished by God they have hope and comfort to face the challenges
28 that lie ahead.

29 The second purpose to life is grow in that faith. "Consequently, faith comes from hearing
30 the message, and the message is heard through the word of Christ" (Romans 10:17 NIV). For
31 that reason Jesus observed, "You diligently study the Scriptures because you think that by them
32 you possess eternal life. These are the Scriptures that testify about me" (John 5:39 NIV). A
33 Christian, therefore, recognizes that Bible study, either on the corporate or private level, is to be a
34 regular part of his or her life.

35 This purpose of life is especially important to emphasize in our preaching and teaching.
36 There may be many different reasons why our members are not studying God's Word. Perhaps it
37 is too hard for them to understand or maybe our presentation of it is hinderance. But whatever
38 the reason, the responsibility rests with them to overcome the obstacles so that they may carry out
39 this purpose in their life.

1 The third purpose is to share the faith. The assignment given by Christ upon his ascension
2 made this point very clear: "Therefore go and make disciples of all nations, baptizing them in the
3 name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I
4 have commanded you" (Matthew 28:19-20 NIV). Christians, therefore, seek to practice mission
5 work and support mission work which accomplishes the task of discipling others through the
6 administration of God's Word.

7 The fourth purpose is the most general of them all and that is to live the faith. "For
8 Christ's love compels us, because we are convinced that one died for all, and therefore all died.
9 And he died for all, that those who live should no longer live for themselves but for him who died
10 for them and was raised again" (2 Corinthians 5:14-15 NIV). This living begins first with
11 obedience to the directives of God.

12 Obedience to these divine principles manifests itself in many different ways. While
13 applications may differ, however, they cannot be done with the intent to violate another divinely
14 established principle. It is my opinion that is what happened with the Browns who committed
15 suicide to give their wealth for the work of the church. Reflecting faith means helping others. It
16 means being good stewards of our resources. It means sharing our blessings for the work of the
17 church. It does not, however, allow us to violate one principle in preference to another.

18 There is a logical appeal to the Brown's decision. It would appear to have been sacrificial
19 for the benefit of a greater number of people. But the decision was contrary to the principles
20 expressed in Scripture. It also represents dangerous public policy. We have seen other examples
21 of this reasoning with sad results. Consider the anencephalic cases of the late 1980's at Loma
22 Linda in California⁶, and in the more recent Baby Theresa case of Florida.⁷

23 What is possible and what may seem practical, may not always be divinely correct. Even
24 charitable acts out of concern for others do not supersede fundamental principles. One such
25 principle is that all glory is to be given to God, as was done by a woman who anointed Jesus.
26 While the arguments of the disciples that the ointment could have been sold and the receipts given
27 to the poor sounds loving and logical, it failed to note the woman's motive and obedience to
28 another principle calling for her to give God all glory. That section is as follows:

29 (Matthew 26:6-13 NIV) While Jesus was in Bethany in the home of a man
30 known as Simon the Leper, a woman came to him with an alabaster jar of
31 very expensive perfume, which she poured on his head as he was reclining
32 at the table. When the disciples saw this, they were indignant. "Why this
33 waste?" they asked. "This perfume could have been sold at a high price and
34 the money given to the poor." Aware of this, Jesus said to them, "Why are
35 you bothering this woman? She has done a beautiful thing to me. The poor
36 you will always have with you, but you will not always have me. When she
37 poured this perfume on my body, she did it to prepare me for burial. I tell you
38 the truth, wherever this gospel is preached throughout the world, what she
39 has done will also be told, in memory of her."

40 I have heard some attribute Judas Iscariot as the deceptively frugal or charitable one in this
41 account. In fact, Matthew notes it was the disciples collectively who felt that the money could

1 have been better used to help the poor. In a practical sense, most of us would be compelled to
2 agree. But her action was not intended to slight the poor but it was a reflection of her faith and
3 desire to glorify God. In many ways we face the same ethical dilemma when we build a church
4 and wrestle with how best to glorify God with our resources as we decide what furnishings and
5 design to use, balanced with the kind of ministry we wish to conduct.

6 My experience has been that when people lose sight of these purposes for their life they
7 contemplate or actually take action to end lives. When the aspiring college student discovers her
8 unplanned pregnancy she determines that to accomplish her career goals the baby must die. When
9 Grandma is no longer what she used to be and finds she can longer walk in the mall, hug her
10 grandchildren, or play bridge with her friends, she thinks her life has lost purpose. She then
11 makes decisions to assure her life ends as soon as possible.

12 The problem here is that our members often confuse blessings with purposes. The man
13 who works his entire life at the office and then is compelled to retire often exclaims that his life
14 lacks purpose. But his ability to work was a blessing, not a purpose. It was a blessing for
15 Grandma to play bridge, or hug her grandchildren. It was a blessing to be able to pursue a career
16 according to our own time table. But none of these things are our purposes.

17 I mentioned earlier that the popular notion is that we are entitled to life, liberty and the
18 pursuit of happiness. All of these are blessings to which we hold no entitlement beyond the will of
19 God. It is important for us to help our members recognize this distinction so that as the quality of
20 their life diminishes they do not feel purposeless.

21 In this regard there is a phrase that has become quite common in many households. That
22 phrase is, "I hope I never become a burden for you." This is noble sounding and, when possible,
23 is a correct course of action to follow. In practical terms, however, children are fulfilling their
24 parents' wish in this regard by taking steps to assure that they do not become a burden. More and
25 more medical decisions are being made by children to shorten the lives of their parents because
26 "they didn't ever want to become a burden on us." And, more and more elderly patients sign
27 medical directive statements assuring the premature termination of their life for the same reason.

28 While it is appropriate that you do not become a burden unnecessarily, it is inappropriate
29 to suggest that there is something wrong with becoming a burden when necessary. Where in all
30 of Scripture will you find anything that says it is wrong to become a burden if necessary? You
31 won't find it, but you will find many passages calling us to carry the burdens of others. While
32 some may feel it is better for the family to avoid carrying burdens I contend that the fabric of the
33 family and of society is strengthened when it can carry a burden.

34 But to fight this mentality against burden-carrying we must fairly evaluate where the
35 notion begins. I call it the *parenting complex*. Parents become so accustomed to wiping the
36 noses and backsides of their children that the mere thought that they should ever have to have
37 their children wipe their nose or backside is repulsive. But why?

38 What is so wrong with a family having to sacrifice some vacations to take care of
39 Grandma? What is so wrong to juggle the family schedule so that regular visits can be made on

1 Grandpa to check in and be sure he is OK? Without a doubt such accommodations may hinder
2 our pursuit of things in this world, but our directive from Scripture establishes the priority for us:
3 “Religion that God our Father accepts as pure and faultless is this: to look after orphans and
4 widows in their distress and to keep oneself from being polluted by the world.” (James 1:27 NIV)

5 Our role as spiritual leaders in the congregation is to guide our members with God’s Word
6 to be willing to carry a burden, and to be willing to become a burden if necessary. We need to
7 elevate the task of caring for others as one of the ways we glorify God. Such willingness and love
8 was reflected by King David when he showed concern for Mephibosheth, the surviving son of his
9 good friend Jonathan (2 Samuel 4:4; 9:6-11). Stories like this need to be heard by our members
10 so that they can feel comfortable imitating either David or Mephibosheth.

11 VI. Facing the Fear of Death

12 It is a reality that as death near, fear increases for many people. When Barbara Walters
13 hosted that edition of *Nightline* I referenced earlier with Derek Humphry she had another guest by
14 the name of Dr. Joanne Lynn, a hospice doctor. Dr. Lynn referenced this matter when she said:

15 All of us are under a death sentence. Its only a matter of how long is it and
16 the way it is. Sometime close tot he time of death people do have to come
17 to terms with the fact that they are really leaving. And most of us die of a
18 chronic disease over which we have all kinds of choices. That does make
19 it different than it was 40 years ago when people died rather suddenly. That
20 gives us some degree of control and insight. But it is still very uncommon
21 for people to persistently be do despairing that they don't find very valuable
22 things in the life left to them. They find it valuable to watch a flower open,
23 to see a grandchild, to write a letter, to finish a life project. They find those
24 things terribly rewarding as long as they're supported by loving friends and
25 family...if they are kept out of pain..if they are confident they aren't going to
26 be abandoned or left in terrible suffering.

27 Because everyone of us wrestles with the old and new man we lack that perfect faith to
28 enable us to face great challenges without glimmers of doubts and fears. As we help our members
29 face death we must be prepared to recognize that most, if not all of them, will face it with some
30 fears.

31 A number of years ago I ministered to a woman
32 who was dying. She displayed an incredible grasp of the
33 battle between the old and new man and the paradox of
34 longing for death and fearing it. She taught me the three
35 reasons people fear death:

36 The first reason people fear death is because they
37 do not know what lies beyond. As she expounded on
38 this point she was a wonderful reflection of Christian
39 faith. She professed that Jesus died for her sins and that upon death she will be in heaven. In a
40 sense, she was eager for death and the meeting with Christ that it will bring. But she also

Reasons People Fear Death

✓ The don't know where they are going

✓ The fear the path that leads to death

✓ What about Edward?

1 acknowledged the times when doubt creeps in. To address those doubts we need to witness with
2 the wealth of biblical testimony that talks about eternal life for the believer after death.

3 The second reason people fear death is that they fear the path that leads to death. Many
4 perceive that in their closing days they will be hooked up to all sorts of medical equipment and
5 will be left lingering. They fear that as death approaches it will result in a diminished dignity to
6 life and may be filled with much pain.

7 Medical experts insist that most pain can be managed. When Dr. Lynn appeared on
8 Nightline she made this observation about the pain issue: "There is no one who is dying that can't
9 be kept out of suffering. There is no one who must be in terrible pain. And there is no one who
10 must be alone. It is that we set up a system of health care that doesn't provide those services. [A
11 system] that routinely abandons people, that doesn't provide good pain management, [and]
12 doesn't provide support services. And to the usual person in the usual situation in this country
13 facing their dying is relatively alone and facing bankruptcy."

14 Related to this is the desire to maintain a "death with dignity." While we cannot deny that
15 the quality of life diminishes with the approaching of death in many cases, we must be careful not
16 to buy into the jargon that death should somehow be dignified. You cannot find dignity in any
17 kind of death, for it will always be the final earthly consequence of sin. In this regard hospices
18 and intense congregational visitation programs can enhance the quality of life in the closing days
19 and hours of life.

20 For this woman who was teaching me these things, she acknowledged that as she
21 approached death her type of cancer may bring suffering. And I still see her pausing for a
22 moment and then referencing the Bible passage which reads: "I consider that our present
23 sufferings are not worth comparing with the glory that will be revealed in us." (Romans 8:18
24 NIV) She felt she could tolerate a few months of misery by keeping her attention on the eternity
25 that lies ahead.

26 And the final reason she noted why death is feared is because she worried about Edward.
27 Edward was her husband and as she faced the prospect of her own death, she worried about who
28 would take care of him. It is this particular fear that I find extremely sad as it suggests that as a
29 Christian community we have failed each other. How many of us have been such good and
30 supportive friends for our neighbors that if they faced their impending death they feel they could
31 count on us to help after they are gone? Are we that good of friends? As I converse with
32 patients who are dying the answer I generally get is "no!"

33 As pastors we can address this concern by training our people to show the kind of concern
34 that alleviates this fear. It can be done. It involves teaching our people the biblical concepts of
35 burden-sharing, sacrifice, and priorities. Even the early New Testament church developed a
36 structure to assure that widows and orphans would be cared for. I believe we do a disservice to
37 our people to imply actively or passively that the *state* will do the job. That is not the kind of
38 support most of us are counting on for our loved ones when we should die.

39 VII. Facing the Challenge of Suffering

1 Suffering, or the fear of suffering, is one important reason people have advocated the early
2 termination of life. When I speak of suffering, I am speaking of it both in an emotional as well as
3 a physical sense. Physically I have heard the claims that most of the pain can be managed and that
4 the problem is lack of good training in that area. That may be the case, but the emotional
5 suffering manifested in the fear of a potential physical suffering or of the declined quality of life, I
6 suspect, to be a greater influence in the pro-death decision process.

7 It is incumbent upon Christians to understand the purpose and place of suffering in the
8 entire scheme of things. First of all, a Christian must understand that suffering is a consequence
9 of life in a sinful world. After man's fall into sin in the Garden of Eden the consequence included
10 suffering. God said, "Cursed is the ground because of you; through painful toil you will eat of it
11 all the days of your life. It will produce thorns and thistles for you, and you will eat the plants of
12 the field. By the sweat of your brow you will eat your food until you return to the ground, since
13 from it you were taken; for dust you are and to dust you will return" (Genesis 3:17b-19 NIV).
14 Suffering was not part of God's created sinless paradise. Rather, it was a consequence of
15 sinfulness.

16 Nevertheless, suffering is used by God to accomplish important purposes for our lives.
17 One such purpose is that suffering causes glory to be given to God. Consider the case of the man
18 born blind encountered by Jesus and his disciples: "As he [Jesus] went along, he saw a man blind
19 from birth. His disciples asked him, 'Rabbi, who sinned, this man or his parents, that he was born
20 blind?' 'Neither this man nor his parents sinned,' said Jesus, 'but this happened so that the work
21 of God might be displayed in his life'" (John 9:1-3 NIV).

22 I am sure most, if not all of us, have had members who, upon receiving a diagnosis of a
23 terminal condition, spoke openly and confidently about their faith. Some who, until then, had
24 been quiet in the practice of their faith, seemed almost anxious to share their condition and to
25 express their confidence and trust in God. Consider the testimonies of those who have survived
26 natural disasters. Many credit God with survival and give thanks to him for protection.

27 Another purpose to suffering is to heighten awareness of God. The Apostle Peter writes,
28 "For it is commendable if a man bears up under the pain of unjust suffering because he is
29 conscious of God" (1 Peter 2:19 NIV). I often illustrate this point when talking about prayer.
30 As a youngster many of us learned the familiar bedtime prayer which begins, "Now I lay me down
31 to sleep." As we got older many of us probably found less and less time or need for this prayer
32 and, for that fact, any bedtime prayer. As time passed a bedtime prayer slowly became a thing of
33 the past until some suffering came into our lives. And then, if you are like most people I have
34 talked to about this, you not only started praying again, but for the first time in your life you
35 dropped to your knees and cried into your pillow. Suffering made you more aware of God and
36 his ability to be our Help and Deliverer in times of trouble.

37 A final purpose for suffering that is easily overlooked, is that it may be intended to provide an
38 outlet for the practice and nurturing of faith for others. The best example in Scripture of this is
39 the account of the Good Samaritan. We know all about the two men who should have helped and
40 didn't. We know about the Samaritan who helped. But what about the man in the ditch? We
41 have no indication that his suffering became an opportunity for him to glorify God. Nor did

1 suffering necessarily make him more mindful of God. Rather, his suffering made him an outlet for
2 the faith of others.

3 When our members have a loved one in a declining condition they empathize with him or
4 her. They remember the good old days of vitality and fun. Now, time has taken its toll and
5 perhaps dementia has robbed him or her of any reasonable conversation or obvious logical
6 thinking pattern. They receive tube feeding and we pastors counsel our members to read
7 Scripture out loud and pray with this loved one. They do it but all they get is sporadic and
8 unexplained interruptions of yelling, crying or garbled noises. They begin to think to themselves
9 that this is all useless. In fact, even the words "better off dead" cross their mind, if not their lips.

10 But is this all useless? We do not have time to
11 review some of the evidence that others have offered
12 concerning the cognitive abilities of the so-called
13 demented or PVS condition patient. Perhaps they can
14 hear but can't respond in a way we understand. But
15 perhaps they can't hear or assimilate the information
16 presented to them. Maybe they can't grow in faith any
17 longer or share their faith. Maybe all they can do is lie
18 there, like a man in a ditch, as an instrument of God to be
19 the outlet for the faith of others.

The Challenge of Suffering

- ✓ **A consequence of sin**
- ✓ **Causes glory to be given to God**
- ✓ **Increase awareness of God**
- ✓ **Provide an outlet for the faith of others**

20 We live in a busy time wrapped up in its schedules and luxuries. There is no denying that
21 a seriously disabled loved-one presents a real burden on a busy family. Even relocation into an
22 extended care facility does not remove the family from the financial or schedule burdens of
23 support and visits. But perhaps, just perhaps, God is telegraphing to us a little different priority
24 system than that which we have been using.

VIII. Anxious for Death

25 We live in a time where society seems almost anxious to terminate the life of anyone who
26 does not seem valuable or needed. In response we strongly instill in our people a duty to preserve
27 life. This, of course, is consistent with Scripture as we care for these *temples of the Holy Spirit*.
28

29 A consequence of this is that our people face a conflict of emotions. While they strive to
30 hold on to life, they also may secretly admit longing for death. Is that wrong? No, not
31 necessarily. Consider Paul's words when he said: (Philippians 1:23-24 NIV) "I am torn between
32 the two: I desire to depart and be with Christ, which is better by far; {24} but it is more necessary
33 for you that I remain in the body."

34 The question has to be asked, "why would we long for death?" Perhaps the most
35 common reason we long for death is to escape the torments of the dying process. I have spoken
36 with many people who confessed, with a sense of guilt, that as they saw a believing loved one
37 suffering, they prayed that they would die. Patients also, as they suffered in the closing moments
38 of life, also prayed for death.

39 When we hear believers say this we must not forget that they are believers. If they

1 thought anything but eternal life with Christ lay beyond the grave they would not make this
2 request. A prayer for death does not indicate an intention to assume authority over life and death.

3 At the same time, believers need to practice more caution in expressing these desires for
4 death in the presence of unbelievers. Unbelievers also may wish for the death of an unbelieving
5 loved one, and feel good when death comes for the escape it brought from the suffering. The
6 important difference is, however, that they escaped from temporal suffering to eternal suffering.
7 For that reason I encourage Christians to be very careful when referring to death as a *blessing*.
8 We must never forget that, by the grace of God, we have this unique perspective on death.

9 IX. Practical Matters In Counseling on Death

10 I have outlined for you some of the basic principles that have helped me address death
11 with fellow Christians. I believe strongly that it is these principles that must be the most
12 remembered words to fall from my lips. But I cannot ignore that there are attending secular
13 concerns which must be considered and upon which we are asked to comment. I will try to
14 address the more common ones briefly.

15 DEFINITIONS

16 During my seminary days I remember being taught that when you work with some cults
17 they will use the same words as you do but mean something different by them. The same holds
18 true in dealing with medical issues. Be aware of how some of the terminology has changed over
19 time or how it is used to imply different things. Following are some common examples:

20 **Christian ethics:** the only value system in which motive is the first determination of right
21 and wrong

22 **Divine autonomy:** God reserves for himself alone the right to begin and end life

23 **Time of grace:** the length of time God lovingly gives each person to come to faith in
24 Jesus Christ and to share that faith with others

25 **Christian self-image:** how a Christian sees himself through faith: an evaluation of self-
26 worth based, not on position, appearance, race or wealth, but on the righteousness of
27 Christ which God has assigned to us.

28 **Quality of life:** humanistic view of self-worth based on worldly, subjective factors which
29 asks, Am I getting out of life what I want?

30 **Quantity of life:** the Christian view of self-worth based on acknowledging life, whatever
31 its quality, to be a quantitative valued gift from God.

32 **Christian medical-ethical decision making:** a way of approaching tough decisions with
33 the question: is God still holding out the gift of life, or is he taking it away? Christian
34 ethics rejects decisions made on the basis of the question: Do I like the life God is giving
35 me?

1 **Euthanasia:** The active or passive, voluntary or involuntary, application or withdrawal of
2 medical treatment in an effort to hasten death: *murder*.

3 **Imminent:** Two doctors agree that regardless of the application or withdrawal of medical
4 treatment, death is likely to occur within days.

5 **Imminent Death Care:** The application or withdrawal of medical treatment which
6 acknowledges that God himself is taking the life with a specific focus on making the final
7 moments of life as comfortable as possible.

8 **Terminal:** Used with such words as cancer, condition or illness to indicate that in a
9 physician's best medical judgment an identified malady will cause death. The term
10 "terminal" does not presuppose a time factor for death to come. It simply indicates a
11 condition has been identified which will most likely be the cause of death.

12 **Active Euthanasia:** The termination of life by direct intervention (i.e. lethal injection).

13 **Passive Euthanasia:** Hastening death by the withdrawal of life-sustaining treatment. This
14 can range from taking a terminally ill patient off of a respirator, to denying him food and
15 water with the specific intent to shorten his or her life.

16 **Voluntary Euthanasia:** The killing of a patient in accordance with his or her wishes.
17 This is broader than suicide because it involves a second party in bringing about death.
18 Also referred to as *assisted-suicide*, or, where medical assistance is involved, *physician*
19 *assisted suicide*.

20 **Involuntary Euthanasia:** The killing of an incompetent or comatose patient without his
21 or her consent, justified as merciful or humane.

22 **Definition of Death:** The complete cessation of all circulatory and respiratory functions in
23 the body accompanied by the absence of any neurological activity in the cerebral cortex
24 and brain stem.

25 **Brain Death:** The absence of any neurological activity in the cerebral cortex or the brain
26 stem. Some have referred to this as *whole brain death*. Some physicians have identified
27 lack of measurable neurological activity in the cerebral cortex as brain death, even though
28 brain stem activity is sustaining basic bodily functions. Using this limited definition of
29 brain death essentially is a qualitative argument for terminating life.

30 **DIAGNOSIS**

31 We pastors are often looped into the family circle in this arena once the family has
32 received some sort of diagnosis implying a terminal condition. When considering a diagnosis it is
33 important to remember that they don't call it a medical *practice* for nothing. A diagnosis is, at
34 best, an educated guess based on a number of known indicators and speculating on some
35 unknown ones.

1 Addressing the topic of accuracy in diagnosis Dr. Joseph Stanton, affiliated with the
2 Human Life Center, shared the following information in an April 6, 1988 public debate with
3 Derek Humphry on assisted-suicide:

4 A study at Harvard Medical School at Peter Ben Brigham's [?] Hospital is
5 enlightening. Lohmann[?], with five other authors, in a paper entitled "The Value
6 of the Autopsy in Three Medical Eras" in the New England Journal of Medicine,
7 1983, Volume 308, pages 1000-1004. They took the three different eras, 1960,
8 1970 and 1980, and they studied 100 autopsies in each of those years.

9 Now there were tremendous advances in diagnostic technology during that period.
10 The startling finding reported were, "Ten percent of the autopsies in each era
11 revealed a major diagnosis, that if known before death, it might have led to a
12 change in therapy and prolong survival. Another twelve percent showed a
13 clinically missed major diagnosis for which treatment would not have been
14 changed."

15 So the clinical diagnosis at death was faulty in twenty-two percent of the cases in
16 one of the leading American medical institutions.

17 I have not seen any serious indication that there has been any improvement in these types
18 of statistics. As recently as in the September 8, 1995 issue of the Rocky Mountain News was a
19 story on *unexpected deaths* in Colorado hospitals. The story noted that in the past five years
20 there have been more than 660 unexpected deaths in Colorado hospitals. While a very small
21 fraction of these are related to mistakes made by the staff in patient care, the remainder represent
22 simply the unexpected death of a patient because of a misdiagnosis.

23 Unless the evidence is incredibly obvious and compelling I counsel families to get a second
24 opinion. I encourage this not just to offer a glimmer of hope in the face of a dismal prognosis but
25 also to help a family feel as though they have done all that is reasonably possible to assure they are
26 doing what they can to protect and preserve life.

27 **DO NOT RESUSCITATE (DNR) ORDERS**

28 Resuscitation is an aggressive procedure designed primarily to restart a heart by external
29 means which has stopped unexpectedly. It is not uncommon for some patients to suffer broken
30 ribs and bruising during this procedure.

31 A successful resuscitation is intimately tied to the health of the patient at the time of the
32 arrest. Statistics indicate that elderly patients, generally 70 years of age and older, who undergo a
33 resuscitation in a nursing home have very little chance of surviving more than a few additional
34 days.

35 When a family is asked whether they wish a DNR order upon a family member admitted to
36 a nursing home or hospital they should consider the age and general health of that patient. A
37 discussion with the attending physician will prove helpful in determining whether or not to
38 authorize a DNR. The motive for not authorizing it would be an acknowledgement that when the

1 heart stops it is perhaps the final attendant medical circumstance to arriving at the conclusion God
2 is bringing death for this person. Other circumstances preceding the heart arrest might be
3 advancing dementia, inoperable cancer or tumors, advanced age and a frail body.

4 **BREATHING MACHINE**

5 Breathing machines generally refer to ventilators or respirators. Most often patients are
6 placed on these machines as a temporary measure to help them through some medical trauma.
7 The intent is that in a short period of time they can be weaned from the machine and assume
8 normal breathing.

9 The challenge to using these machines enters in when anticipated recovery does not
10 happen. What was intended to be remedial now becomes a necessary artificial means to preserve
11 life. Eventually the doctor must approach family members seeking permission to remove a patient
12 from such a machine. This becomes a very difficult matter for the family to wrestle with. These
13 are also some of the most difficult situations you will encounter as a pastor, should the family seek
14 your counsel.

15 When addressing this circumstance I generally ask “why” questions. I want to know why
16 they would keep the patient on the machine or why they want to stop it. I listen carefully to see if
17 I hear selfish or quality of life arguments for stopping the care. I listen with equal concern to any
18 notions that by keeping the machine going they somehow feel they are challenging God in
19 sustaining a life that is apparently going or gone.

20 If the decision is made to remove the machine I always request medical staff to wean the
21 patient from the machine. Weaning is a process where use of the equipment is slowly scaled back
22 to allow the patient adequate opportunity to take over breathing. I have encountered instances
23 where the patient does indeed take over breathing on his own for a few days or longer before
24 finally dying.

25 **MEDICAL DIRECTIVE STATEMENTS**

26 The 1990 Patient Self-Determination Act⁸ passed by Congress requires health care
27 facilities which receive federal money to inquire whether or not patients have advance medical
28 directives. A patient is not required to have such a directive, though many who have faced the
29 question think it is a requirement for admittance.

30 Initially the model document presented to patients was a living will modeled after one
31 drafted by the Society for the Right to Die and adapted by states to meet certain statutory
32 requirements. In most cases a Christian would not feel comfortable with the pro-death bias in
33 these documents and our office regularly counseled that you were better off with no document
34 than with the state living will. When no such medical directive statement existed most medical
35 institutions worked with the presumption that the patient wanted to live and therefore
36 administered care accordingly.

37 At WELS Lutherans for Life we saw how strongly people felt about having their own
38 medical directive statement, even though one was not required. To meet that concern we drafted
39 a document entitled *My Christian Declaration on Life* to serve as a Christian medical directive

1 statement. It was well received with over 15,000 in distribution. To our knowledge they have
2 never been disputed when they were consulted by family members and hospital staff.

3 Two developments took place simultaneously, however, which dramatically affected the
4 role of medical directives and the position of our office. On one front medical institutions were
5 abandoning their “presumption to live” position and were exchanging it for a more liberalized
6 policy which allowed wider latitude for the staff to make determinations based on a subjective
7 evaluation of quality of life.

8 On another front it was becoming apparent that when living wills were consulted they
9 were far too generic to provide any sort of real direction for the medical staff. This spawned the
10 development of a document generally referred to as a *Durable Power of Attorney for Health*
11 *Care*. It was like the Power of Attorney document commonly used for estate concerns. This one,
12 however, is an entirely separate document that allowed two important things: 1) the delineation of
13 specific medical care wishes; and 2) the designation of a health care surrogate or decision maker
14 in the event the patient was unable to make decision on his or her own. These documents are by
15 far the more favored of medical directive statements.

16 Because of the change of positions on the part of medical institutions, and with this new
17 directive statement, WELS Lutherans for Life now encourages use of such a document and has
18 recently released its own customized version of it.

19 This *Christian Version* of the Power of Attorney for Health Care document was drafted
20 with the assistance of legal counsel to assure 100% conformity in Wisconsin and Michigan (in
21 time we will work on documents that we can assure are valid in other states — though there is a
22 fairly good chance the document may be acceptable as is in most states). With this document we
23 wanted to provide clear direction to the health care surrogate and medical professionals. At the
24 same time we wanted to use this opportunity to give a strong Christian witness.

25 We were concerned that use of the document would simply become some legalistic
26 formality in which those who used it would simply sign it and place in a file without giving it
27 much thought. For that reason we wrote a supplement to it which provides the Biblical
28 justification and logic behind the statements made in it. We continue to encourage pastors to
29 review this complete document with their Bible classes. We encourage those who would use the
30 document to review it with their families. An educational copy of the document and supplement
31 (they can be copied for educational purposes only) is available free from our office. The actual
32 document and supplement with accompanying envelopes is available for \$5.00 each set or \$3.50
33 each for quantities of 10 or more. Postage is included with the cost.

34 **X. Conclusion**

35 End of life issues are complex in that they often call for the application of many different
36 biblical principles complicated by the addition of strong and sentimental emotions. There are
37 situations where, in the application of these principles, two Christians can use the same principles
38 and arrive at different conclusions for medical care and both be right. Motive becomes the major
39 determinant.

1 I have encountered people who have arrived at the conclusion that they had done wrong in
2 deciding medical care for a loved one. You also will encounter these people. When they approach
3 me on it I point out a couple of things: 1) their motive was to do God's will; but 2) in ignorance
4 they made a mistake. God forgives!

5 We must not lose sight of the fact that we all sin in regard to life issues. We eat too much,
6 or too little or the wrong stuff. We over exert ourselves or don't exercise enough. We develop
7 habits which endanger our health. But in all of these circumstances we can approach the throne
8 of God, seek forgiveness and confidently walk away forgiven through Christ. Those who fear
9 they have wrongly made decisions that cost a loved one his life may cherish the same forgiveness.
10 They also must not forget how God uses even the wrong actions of his children for the good of
11 his children.

12 My final advice to you is to educate your members now, outside of a crisis, on this matter.
13 Encourage them to seek out guidance from God's word, to discuss it with you, and then to
14 discuss it with their loved ones. Most importantly, condition them to ask "what would God have
15 me to do" in these issues and all issues. To him be the glory now and forever!

ENDNOTES

1. Humphry, Derek, "Final Exit - The Practicalities of Self-Deliverance and Suicide for the Dying," The Hemlock Society, 1991.

2. From a story released by the Associated Press news service dated December 12, 1994. I saw the story first published in the December 12, 1994 issue of the St. Paul Pioneer Press.

3. *Humanist Manifesto III*, Fifth.

4. *ibid*, Sixth.

5. On the issue of capital punishment there are differences in the religious and pro-life community. Most recently, the *Evangelium Vitae* encyclical released on March 30, 1995 reiterated the Roman Catholic opposition to the death penalty in section 56 when it stated:

It is clear that, for these purposes to be achieved, the nature and extent of the punishment must be carefully evaluated and decided upon, and ought not go to the extreme of executing the offender except in cases of absolute necessity: in other words, when it would not be possible otherwise to defend society. Today however, as a result of steady improvements in the organization of the penal system, such cases are very rare, if not practically non-existent. In any event, the principle set forth in the new Catechism of the Catholic Church remains valid: "If bloodless means are sufficient to defend human lives against an aggressor and to protect public order and the safety of persons, public authority must limit itself to such means, because they better correspond to the concrete conditions of the common good and are more in conformity to the dignity of the human person".

The logic for this position is fascinating but I am not convinced it adequately addresses the Genesis 9:6 reference and the intent behind it as expressed by God.

6. Loma Linda neonatal care unit had explored using anencephalic children as organ donors. On termination of the program the August 19, 1988 issue of the L.A. Times carried the following story (excerpts):

Caring for the severely deformed infants has been "incredibly difficult" for intensive-care unit nurses, as well as some physicians, according to [Dr. Joyce L.] Peabody, who is in charge of the program...In one case, Peabody said, a baby who appeared to be a suitable candidate for organ donation had to be withdrawn after the physician "started to cry and became very uncomfortable with the experience"...Loma Linda physicians had hoped that the babies could be declared brain dead while their heart, liver and other organs remained undamaged and suitable for transplantation.

7. The case of Baby Theresa who was born anencephalic on March 21, 1992 reopened the debate on using such children for organ donations. Attorneys for the parents argued that allowing for organ transplantation from an anencephalic child would bring some good from a child who otherwise had an existence that was "meaningless" because she had no "potential" and was going to die "imminently." (*National Right to Life News*, 9/15/92 & 12/14/92)

8. Part of the Omnibus Reconciliation Act 1990, title IV, section 4206. *Congressional Record*. October 26, 1990:12638.