



ADVANCED DIRECTIVES:
A MATTER OF LIFE OR DEATH

Rev. Philip M. Henning
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A MATTER OF LIFE OR DEATH

On April 22, 1994, America lost a former president. The death of Richard Nixon brought to a close an era marked not only by political controversy but also by irony and erosion in the value placed on human life.

There are three basic ironies associated with his death. The first irony is that it had been 21 years since America had lost a former president. On January 22, 1973, just a few weeks following the death of Harry S. Truman, Lyndon Baines Johnson died. His death took center stage on the same day that the U.S. Supreme Court handed down what has certainly been one of its most infamous decisions, *Roe versus Wade*, which legalized the killing of unborn children through abortion. The second irony is that Nixon's death came just a few weeks after his Supreme Court nominee, Harry Blackmun, announced his plans to retire from the Court. Blackmun was the author of the *Roe versus Wade* decision legalizing abortion. The third irony was that Nixon's death added more fuel to the fire over medical directive statements. Following his death it was revealed that Nixon had a medical directive statement which would not allow doctors to connect him to a mechanical breathing device. Medical experts agree that such action would probably have saved his life by containing the swelling of his brain. There is debate over the degree to which he would have remained impaired.

Concerning this last point Christians should be troubled. A syndicated article from the Los Angeles Times reports that "since news of Nixon's medical directive statement became public there has been a surge of interest in the concept of the living will." So-called "right to die" agencies report more than a 200% increase in requests for medical directive statements.

Those who support Nixon's choice for medical treatment maintain that the former president was able to enjoy a dignified death. Rather than risk an impaired physical and/or mental condition he was able to die having enjoyed relatively normal physical and mental health up to his last conscious moment. Those who do not support Nixon's choice argue that his decision to forgo breathing assistance deprived him of life of high value regardless of its condition or level of quality. Both sides of the argument must consider other important factors.

The first false presumption is that man is the master of his own fate and the ultimate terminator of his own life. While man is allowed by God to make many stewardship decisions in caring for his own life, it does not mean man somehow has won authorship over life. God clearly points out his absolute authority over life and death when he said, "*I put to death and I bring to life*" (Deuteronomy 32:39). The second error is in suggesting that controlling our own death brings dignity to the process. We must never forget that death is God's most consistent testimony to the biblical truth that, "*the wages of sin is death*" (Romans 6:23). The third error is the notion that a diminished quality voids the need to sustain a life. When God sent Jesus to die for sins he did not play favorites (Acts 10:34). Christ died for the sins of the world (John 3:16). God also places the same expectation on us. We are not to favor some people over others (Leviticus 19:15). In fact, instead of suggesting that one should never have a diminished quality of life, God's word instructs us to show special consideration to those with a diminished quality of life (Matthew 25:35-36).

The final error may surprise most people, but the question of motive does not seem to have been an issue in determining the appropriateness of Nixon's wishes. Instead of asking "whether" the former president should have signed such a declaration the first question should be, "Why?" While we must look at actions and judge them according to God's Word, a person's motive is the first de-

terminant as to whether they have done right or wrong. A primary yardstick to measure the appropriateness of the former president's decision is his faith (Hebrews 11:6). Ascertaining motive is difficult to do as a bystander but is something best done personally. Did Nixon sign such a medical directive statement truly presuming that use of a breathing device was a challenge to God's will? Was his motive to comply with God's will for the termination of his life, or was it to combat God's will to grant him a continued life in a diminished state?

We cannot judge Nixon's faith from this perspective. His decision, however, gives us all cause to consider our own view of medical directive statements. Many people have signed medical directive statements with the sincere desire that action not be taken to prolong the dying process. The problem is, however, it is very difficult to make a sweeping declaration concerning the use of a certain technology without examining each particular circumstance.

Use of a mechanical breathing device is certainly not expected when, to the best of our judgments, death is imminent. Use of a breathing device is feasible when there is a reasonable expectation of survival regardless of a resulting diminished quality of life. But, finally, use of a breathing device can be a matter of reasoned Christian judgment as one seeks to know God's will in the critical moments of caring for human life. We must exercise care not to jump on the bandwagon of public opinion which encourages the termination of lives with diminished quality. At the same time, we must not presume that any and every medical option must be utilized to challenge God's will to take a life. Christians must wrestle with these decisions from hearts of faith and a growing knowledge of Scripture. In Nixon's case, one thing that is apparent is that even in death he succeeded in creating controversy.¹

It is becoming more difficult to know what to do in life and death situations. Advancements in medicine, challenges in the courts and changing opinions have raised questions about when life begins, what its value is, and when it ends.

As complex as these matters may seem, Christians can find help in God's Word. The Bible does not address every life and death circumstance that we may encounter. It does, however establish principles to guide us. These biblical principles guide our Christian understanding of the existence of life, the quality of life, and the right to choose medical treatment.

Christian Decision Making Principles

I. Actions are directed by the clearly revealed truths of God's Word.

Romans 2:14-15 *(Indeed, when Gentiles, who do not have the law, do by nature things required by the law, they are a law for themselves, even though they do not have the law, 15 since they show that the requirements of the law are written on their hearts, their consciences also bearing witness, and their thoughts now accusing, now even defending them.)*

Psalms 119:105 *Your word is a lamp to my feet and a light for my path.*

II. Actions are to flow from a heart full of faith and love and done to the glory of God.

Hebrews 11:6 *And without faith it is impossible to please God, because anyone who comes*

to him must believe that he exists and that he rewards those who earnestly seek him.

John 15:5 *"I am the vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing."*

Psalm 119:32 *I run in the path of your commands, for you have set my heart free.*

1 Corinthians 10:31 *So whether you eat or drink or whatever you do, do it all for the glory of God.*

III. The Result

Philippians 1:9-11 *And this is my prayer: that your love may abound more and more in knowledge and depth of insight, so that you may be able to discern what is best and may be pure and blameless until the day of Christ, filled with the fruit of righteousness that comes through Jesus Christ--to the glory and praise of God.*

IV. Following these guidelines, different people may come up with opposite decisions in similar situations.

Romans 14:23 *But the man who has doubts is condemned if he eats, because his eating is not from faith; and everything that does not come from faith is sin.*

Principle - Truly right decisions and deeds can only be made by the Christian from a heart of faith, guided by God's Word, regardless of its perceived outcome.

Christian Decision Making Applications

"When in the course of human events, it becomes necessary for one people to dissolve the political bands which have connected them with another, and to assume the powers of the earth, the separate and equal station to which the Laws of Nature and of Nature's God entitle them, a decent respect of mankind requires that they should declare the causes which impel them to the separation.

We hold these truths to be self-evident, that all men are created equal that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of happiness.

That to secure these rights, Governments are instituted among men, deriving their just powers from the consent of the governed." - Declaration of Independence - Thomas Jefferson (1776)

Matthew 19:16-20 *Now a man came up to Jesus and asked, "Teacher, what good thing must I do to get eternal life?" "Why do you ask me about what is good?" Jesus replied. "There is only One who is good. If you want to enter life, obey the commandments." "Which ones?" the man inquired. Jesus replied, "'Do not murder, do not commit adultery, do not steal, do not give false testimony, honor your father and mother,' and 'love your neighbor as yourself.'" "All these I have kept," the young*

man said. "What do I still lack?" Jesus answered, "If you want to be perfect, go, sell your possessions and give to the poor, and you will have treasure in heaven. Then come, follow me." When the young man heard this, he went away sad, because he had great wealth.

Galatians 5:1 *It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery.*

Romans 8:15 *For you did not receive a spirit that makes you a slave again to fear, but you received the Spirit of sonship. And by him we cry, "Abba, Father."*

Acts 5:38-39 *Therefore, in the present case I advise you: Leave these men alone! Let them go! For if their purpose or activity is of human origin, it will fail. But if it is from God, you will not be able to stop these men; you will only find yourselves fighting against God."*

The Value/Purpose of Human Life Principles

I. God's Creation and Preservation Shows the Value of Human Life.

A. Human Life is the Crowning Climax of God's Creation

1. **Genesis 1:26** *Then God said, "Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground."*

2. **Ephesians 4:24** *and to put on the new self, created to be like God in true righteousness and holiness.*

3. **Colossians 3:10** *and have put on the new self, which is being renewed in knowledge in the image of its Creator.*

B. Human Life Enjoys Special Preservation from God

1. **Genesis 9:6** *"Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man.*

2. Human life is sacred because it has absolute value (quantity), not because of its relative condition or capabilities (quality).

C. Scripture Directs Our Response

1. **Ecclesiastes 12:13** *Now all has been heard; here is the conclusion of the matter: Fear God and keep his commandments, for this is the whole duty of man.*

2. **Proverbs 24:11** *Rescue those being led away to death; hold back those staggering toward slaughter.*

II. God's Redemption Displays the Value of Human Life.

A. God Responds to Mankind's Sin with Saving Grace

Genesis 3:15 *"And I will put enmity between you and the woman, and between your offspring and hers; he will crush your head, and you will strike his heel."*

B. Our Savior Joins the Human Race, Substitutes for It and Restores It

1. **Hebrews 2:14** *Since the children have flesh and blood, he too shared in their humanity so that by his death he might destroy him who holds the power of death--that is, the devil--*

2. **2 Corinthians 5:21** *God made him who had no sin to be sin for us, so that in him we might become the righteousness of God.*

C. Redemption is for All

1. **1 John 2:2** *He is the atoning sacrifice for our sins, and not only for ours but also for the sins of the whole world.*

2. **2 Peter 3:9** *The Lord is not slow in keeping his promise, as some understand slowness. He is patient with you, not wanting anyone to perish, but everyone to come to repentance.*

D. Scripture Directs Our Response

1. **Philippians 1:9-11** *And this is my prayer: that your love may abound more and more in knowledge and depth of insight, so that you may be able to discern what is best and may be pure and blameless until the day of Christ, filled with the fruit of righteousness that comes through Jesus Christ--to the glory and praise of God.*

2. **Acts 1:8** *"But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth."*

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

Principle #2 - The purpose of life is to glorify God by coming to, growing in, and sharing the faith with others by our words and examples.

The Value/Purpose of Human Life Applications

I. Qualitative vs. Quantitative Value

- A. Quantitative = Objective and absolute (intrinsic)
- B. Qualitative = Subjective and variable

II. Evaluation Criteria

- A. Physical Health
- B. Mental Health
- C. Potential

III. Social Policy

- A. Health Care Plan
- B. Ordinary Vs. Extraordinary Treatment
- C. Modern Technology

IV. The Christian Response

- A. Are we prejudiced by quality of life?
- B. Accommodation, Toleration, Acceptance

V. The Purpose of Human Life

- A. Assigned by God
- B. Practiced by the World

VI. Practical Applications

- A. "I don't want to become a burden"
- B. "I can't hug my grandchildren"
- C. "I cannot finish my career training"

VII. Worldly Values of Christians

- A. Family ties
- B. Religious functions
- C. Sense of satisfaction

VIII. Addressing These Concerns

- A. Family support
- B. Church design and religious functions
- C. Changing individual focus

Statements about the "quality" of life are no longer only evaluations of a person's standard of living. They are becoming the criteria for life and death decisions. You hear and read terms like "meaningful life," "prevailing interest," and "persistent vegetative state." Examples of questions of quality are: Will a child born with Down's Syndrome enjoy a "meaningful life" (in comparison to so-called "normal" children)? Is the patient in a "persistent vegetative state" (implying the patient has the value of a vegetable in comparison to "normal" people)? In life and death decisions the question

is not, is this a life, but is this life good enough in my opinion to continue. Does it have the qualities of a human life? The yardsticks are pleasure, prosperity, position and opinion. Is it a life that can be enjoyed, bring joy to others or contribute to the well-being of society? God teaches that all human life is his gift, regardless of its "quality," and is worthy of our respect and protection. Jesus died for all. Even those with "poor quality" lives should live for him (2 Corinthians 5:15).

Sadly, there is still a point^{ix} which even many so-called conservative doctors, lawyers and ethicists find themselves in conflict with God's Word. While they may acknowledge it is wrong to take a person's life actively or passively by the withdrawing of food and water, some will contend that it is acceptable when a person exercises his "right to choose"(also known as "personal autonomy"). They believe a patient has an absolute right to make decisions about his own care. If he wants to die by starvation, let him. If he wants a lethal injection, he can have it. .

Personal autonomy is a biblical principle. In a Christian's life of holy living he exercises this autonomy at the prompting of the Holy Spirit. Our whole life of obedience is a series of decisions we make in Christian freedom. In our care for our bodies and the human lives of our family we exercise this same autonomy.

But freedom of choice is subject to the will of God who seeks to protect us from our sinful nature (Deuteronomy 10:13). We will not use our bodies, for instance, for sexual immorality (1 Corinthians 6:19). God forbids us to use our freedom of choice to indulge in those things which God has called sin (Romans 6). As popular as it may sound to say "a person can make decisions about his own life," a Christian acknowledges that God's Word directs his freedom. He certainly will not use his Christian freedom to take his own life. Nor will he honor a family member's desire to do so.

The End of Human Life Principles

I. The Terms

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

Imminent Death Care = The application or withdrawal of medical treatment which acknowledges that God Himself is taking a soul to himself.

Imminent = Two doctors agree that regardless of the application or withdrawal of medical treatment death is likely to occur within days.

Active Euthanasia = The termination of life by direct intervention.

Passive Euthanasia = Hastening death by the withdrawal of life-sustaining treatment. This can range from taking a terminal patient off a respirator, to denying him food and water.

Voluntary Euthanasia = The killing of a patient in accordance with his or her wishes. This is broader than suicide because it involves a second party in bringing about the death.

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

John Dolan, Address to WELS Lutherans for Life Convention, 1990 -

Euthanasia is any act or deliberate omission carried out with the explicit intention of ending another person's life, for the sake of that other person. [Hence we deprecate the way the term "passive euthanasia" is commonly used. It merely serves to obscure a vital moral distinction to have it apply indifferently to (a) withholding treatment with a view to hastening death, and, for example, to (b) withholding treatment on the grounds that it is excessively burdensome in circumstances in which as a consequence the patient dies earlier than he otherwise might have done.]

C. Everett Koop, "Action Line", Christian Action Council Newsletter, July 12, 1985 -
Euthanasia today means that you do anything you can, actively or passively, to hasten the demise of someone who is considered to be either a nuisance or no longer productive.

II. Suffering Often Accompanies the Nearing of Life's End.

A. Suffering takes place in a world under the curse of sin.

1. **Romans 8:20, 22-23a** *For the creation was subjected to frustration, not by its own choice, but by the will of the one who subjected it, ... We know that the whole creation has been groaning as in the pains of childbirth right up to the present time. Not only so, but we ourselves, who have the firstfruits of the Spirit, groan inwardly...*

2. **Acts 14:22** *"We must go through many hardships to enter the kingdom of God," they said.*

B. Suffering gives glory to God.

John 9:3 *"Neither this man nor his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life."*

III. The Last Moments of Human Life, Whether Full of Suffering or Not, Are Never Useless. Rather they are a Time...

A. To grow in Patience.

Romans 5:3 *Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance;*

B. To pray for ourselves and others.

Luke 22:31-32 *"Simon, Simon, Satan has asked to sift you as wheat. But I have prayed for you, Simon, that your faith may not fail. And when you have turned back, strengthen your brothers."*

C. To Witness to our faith.

Luke 23:47 *The centurion, seeing what had happened, praised God and said, "Surely this was a righteous man."*

D. To provide opportunity for deeds of faith from others.

Ephesians 2:10 *For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do.*

IV. God is the Finisher of Life as Well as its Author.

Psalm 90:3, 5 *You turn men back to dust, saying, "Return to dust, O sons of men."... You sweep men away in the sleep of death; they are like the new grass of the morning--*

V. God Alone has the Right to Take Human Life.

A. God claims this right as his.

Deuteronomy 32:39 *"See now that I myself am He! There is no god besides me. I put to death and I bring to life, I have wounded and I will heal, and no one can deliver out of my hand."*

B. He punishes those who usurp this right.

1. **Genesis 9:6** *"Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man."*

2. **Deuteronomy 5:17** *"You shall not murder."*

VI. The Scriptural View of Death

A. Death is unnatural. It is present as a result of sin.

Romans 5:12 *Therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all men, because all sinned--*

B. Christ removed death's sting (fear of God's wrath).

John 11:25-26 *Jesus said to her, "I am the resurrection and the life. He who believes in me will live, even though he dies; and whoever lives and believes in me will never die. Do you believe this?"*

C. Death is not to be feared; and may even be desired.

2 Corinthians 5:8-9 *We are confident, I say, and would prefer to be away from the body and at home with the Lord. So we make it our goal to please him, whether we are at home in the body or away from it.*

D. The Lord still is to decide when it will come.

Psalm 31:15 *My times are in your hands;*

Principle #1 - Suffering through the result of sin in the world will be used by God to his glory and to our good and the good of others.

Principle #2 - In Christ, death is changed from a curse to the gateway to eternal life. A Christian death is not feared, but even desired. Still a Christian will do nothing to hasten his or another's death,

but allow the Lord to determine when it will come.

The End of Human Life Applications

EUTHANASIA

I. U.S. History of Euthanasia Promotion

- 1938 - Euthanasia Society of America (ESA)
 - Agenda: allow physicians to assist the terminally ill to die
 - Problems: exposure of Nazi atrocities
 - Rekindled: Unitarian minister - patient's rights
- 1967 - Euthanasia Educational Fund (EEF)
 - Agenda: public education on the issue
 - Replacement: ESA became inactive
- 1972 - Euthanasia Educational Council (EEC)
 - Change: was the EEF
- 1978 - Concern for Dying
 - Change: was the EEC
- 70's - Society for the Right to Die
 - Reconstituted: was the ESA
- 1980 - Hemlock Society
 - Derek Humphrey (2 wives committed suicide)
 - now has 70 chapters, 38,000 members
- ???? - Americans Against Human Suffering, Inc.
 - Heading up California initiative
- 1991 - National Council for the Right to Die
 - Merge: Concern for Dying & Society for the Right to Die

II. Sad Milestones in Euthanasia

- A. March 15, 1986 - Statement: AMA Council on Judicial & Ethical Affairs
 - It is not unethical to deny food and fluids to non-terminally ill comatose patients
- B. Claire Conroy (1985)
 - 1. Nephew sought her death by withdrawal of food and water
 - 2. 84 years old and incompetent
 - 3. N.J. Supreme Court gives OK because she would die within 1 year
 - 4. Other criteria was that it would help her avoid pain
 - 5. She died before action was taken
- C. Paul Brophy
 - 1. Died October 24, 1986

2. First case of court-sanctioned death by starvation/dehydration
3. Some belief that he was accidentally given formaldehyde in preparation for a routine operation

D. Hector Rodas (1987)

1. 34 year old quadriplegic from drug-induced stroke
2. Mentally alert but unable to talk or swallow
3. Patient had expressed desire to be allowed to die in this situation
4. Hospital ordered to stop feeding
5. Petition posted for lethal injection because starvation is too painful
6. Petition withdrawn/patient died 2/16/87 15 days after no feeding

E. Nancy Ellen Jobes (1987)

1. In 1980 was in a car accident that killed her unborn child
2. In operation to remove dead child she suffered brain damage
3. Declared to be in a persistent and vegetative state
4. Not comatose - responded to requests, move arms, legs, toes, lift head and stick out tongue
5. Not in pain, no living will, did not request being denied food & water
6. N.J. Supreme Court approved death/nursing home refused, was moved
7. Note: she did not fit criteria of court established in Conroy case
8. Court ruled that legal action not needed to make judgment
9. Died 8/7/87 19 days after food was withdrawn

F. Mary Hirth (1987)

1. Died May 21, 1987
2. Was semi-comatose/ Alzheimer since choking on food 1/86
3. Had begun taking liquids by mouth
4. Her daughter, using substituted judgment, sought her death
5. Ended up moving her to another facility where she died

G. Ione Bayer (1988)

1. In April 1986 suffered heart attack and extensive brain damage
2. Not terminally ill, some movement, sleep cycles, expressions, pain
3. 2/87 N.D. court ordered removal of her nasogastric tube(feeding)
4. They found she could swallow food which was then done
5. Doctor refused to obey family and court order to stop feeding
6. No doctor found to approve stop feeding so family took her home
7. She died one week later at home on March 30, 1988

H. Nancy Cruzan (1990)

1. Life protected by Missouri State Supreme Court
2. Two sided ruling from the U.S. Supreme Court

3. Parents won cessation of food and water via tube
4. Nancy died December 26, 1990

I. Christine Busalacchi

1. Seriously injured in car accident: 1987
2. She received continual care at Missouri Rehabilitation Center in Mount Vernon.
3. Dispute over being in a persistent vegetative state
4. Her father sought to transfer her to a Minnesota hospice and place her under the care of Dr. Ronald Cranford, an outspoken proponent of euthanasia. Minnesota law permits food and water to be removed from patients who are in a persistent vegetative state or who have other types of brain damage.
5. February 4, 1991, video footage of Christine laughing, eating, and bending her knee on Command, shown to judges in St. Louis.
6. November 1991 ruling grants withdrawal of food and water
7. Dies February 28, 1993

III. Victories against Euthanasia

A. Woman in Coma Awakes

A 45-year-old Missouri woman who had been in a coma for over two years suddenly awoke December 17, 1991 and began speaking. Barbara Brashers slipped into a condition neurologists said "bordered on a vegetative state," according to the Associated Press, after 1989 surgery for a brain aneurism. She was paralyzed and unable to speak, but her husband, Joe, never gave up. "I always had hope," he said. "There was something in her eyes. I could tell there was something in there." He kept visiting her and talking to her, until, the week before Christmas, she talked back. She now says she can remember events that occurred while she was in the coma.

B. Helga Wanglie, the 86-year-old brain-damaged patient at the center of a right-to-live controversy, died just days after her family won a landmark court ruling in their favor.

Wanglie died the night of July 4, 1991 of natural causes at Hennepin County Medical Center. Wanglie's husband, Oliver, won a court ruling July 1, blocking the Minneapolis, MN hospital's bid to remove her from life-support. Doctors had argued that she had no hope of recovery and asked a judge to appoint an independent conservator, who could authorize them to take Helga Wanglie off the respirator keeping her alive. On July 1, a district judge ruled that such decisions are best left to family members when they are competent.

Oliver Wanglie said, "We felt that when she was ready to go that the good Lord would call her, and I would say that's what happened." The case drew widespread attention because it reversed the more common situation in which a family seeks to withdraw life support from a patient and the hospital argues against it.

IV. Reasons People Give to End Treatment

- A. Patient recovered
- B. Treatment is futile (the patient will die anyway)

C. Despair

1. Physical
2. Emotional
3. Spiritual

V. An Argument to Stop Feeding

This is a hypothetical case.

For the past year and a half one of my members has been fed through a tube in her nose, which leads to her stomach. She is in the last stages of a progressive, degenerative brain disease, I believe to remove her feeding tube would be an act of mercy, it would be what she wanted, and I believe it would be God's will.

This member is 67 years old. She can't walk, talk, or care for herself in any way. She has lost her ability to chew and swallow, as a result she cannot eat solid foods, or drink any liquids. She no longer knows who I am, nor does she acknowledge that anyone is there. She deserves the right to let go of life; she does not deserve imprisonment in place of death.

Legally in 1990, this member signed a Durable Power of Attorney for Health Care. Her intent was to entrust her health care to her husband in the event she became incapacitated. She did not believe in extra life saving measures for those who had no hope of living.

Lastly, but most importantly, I believe it would have been God's will to let her disease progress naturally and without interference of modern medicine. It was God's will that she lost her ability to chew and swallow her food. In the days before tube feeding, she would have been kept as comfortable as humanly possible, until death claimed her. We would not be killing her by removing her nutrition, we would be allowing God's original plan for her to take place.

There are those that feel modern medicine is meant for everyone, and that life is to be maintained at all costs. Diminished quality of life is not a legitimate reason to end one's life. Society does not accept the practice of euthanasia, even if it is what the terminally ill patient would want. Others may argue that we would be playing the role of God by removing her feeding tube, since she would die of starvation by doing so.

These are all valid comments, but I submit it is time society and doctors began to accept the fact that medical treatment is an option, not a requirement. It would be noble to this member pass away with dignity and the grace of God. She is not living, she is simply existing. Those who believe it is a sin to withhold her nutrition and let her pass away, should consider the idea that perhaps they are playing God by insisting she be kept alive.

VI. Fundamental Problems

- View of Life that is Qualitative not Quantitative
- Situationally defines love and compassion
- Breeds off of lovelessness & selfishness
- Presumes a constitutional "Right to Die"
- Presumes right for self-determination that exists in limited forms only
- Ignores residual affects on society

VII. End of Life Declarations

- A. Living wills

- B. Durable Power of Attorney for Health Care
- C. Medical directive statements
- D. My Christian Declaration on Life

This is a hypothetical case **Case Study: Mary**

Mary is a 65 year-old patient with middle to advanced stage Alzheimer's like symptoms. She is mostly incompetent. She does, however, experience brief moments of lucidity where she does relate to environment and recognize others.

Mary had been moved from facility to facility for therapy and rehabilitation. She became more and more disruptive. While she continued to have brief moments of lucidity her condition worsened rapidly and she quickly became bedridden and unable to swallow. A G-tube was inserted in her abdomen to facilitate administering food and water. She also was receiving other forms of medication in the hope of controlling her outbursts of yelling and agitation.

Mary's husband has been reported to protective services in the past six months for possible abuse of Mary while in his care. The husband also is entitled to an inheritance of \$160,000 upon Mary's death. Neither of these facts were known by the doctor.

Mary has a power of attorney document for her estate as well as her health care decisions. In that document her husband is designated as the one to make health care decisions for Mary. Mary left no indication of the specific medical care that she desires.

Mary has been in the hospital for two weeks. Her state of agitation has heightened considerably. Her moments of lucidity are few and far in between. She needs to be restrained as her agitated state has presented the danger of the G-tube being pulled or knocked out. She has reacted negatively to some medication causing diarrhea resulting in bad rashes and sores. She has been moved to a nursing home.

Questions have been raised recently over the validity of the Power of Attorney documents. The impression is that Mary did not fully understand the implications of assigning medical care decisions to her husband.

The doctors have come to the family advising that her condition is terminal, with the life expectancy of only 3 years at the most. If she has Alzheimers, it is degenerative. Improvement beyond that provided by medication is not expected to come. They pose four questions to the family:

1. In the event Mary suffers a major organ failure should she be resuscitated?
2. Should feeding through the tube be continued?
3. Under what circumstances should she be moved from the nursing home to a hospital?
4. Who is to make continued medical decisions for Mary?

If you were the family, how would you answer these questions?

On December 1, 1991 a new law went into effect called the Patient Self-Determination Act (PSDA). It requires all health care agencies receiving federal funding to inform patients of their right

to some form of a medical directive statement.

The Act is informational and inquisitive in nature. Practically speaking, the Act ensures that a patient is notified of his rights regarding medical care. If a medical directive statement exists it provides the opportunity to review it and place it in the medical record of the patient. The Act does not require every patient to have a medical directive statement. The Act does not endorse any medical directive statement over another, as long as the statement does not conflict with state laws.

If you are entering a hospital or placing a loved one in a nursing home you will experience the implementation of this act. Don't let it overwhelm you. You have five choices: (1) do nothing and have no medical directive statement (which may be good or bad depending upon why you are being admitted); (2) choose to have the state's version of a living will (the quality of such a document will vary from state to state. Often they are criticized for being vague and anti-life in their presumptions); (3) choose a durable power of attorney for health care document (this allows you to specify certain medical treatments under certain conditions and designate a person to make health care decisions for you if you can't); (4) accept a document provided by the health care institution (some are good, some are not, some are very confusing); and (5) provide your own document (while you may wish to write your own document that is very difficult. Many WELS members have chosen to fill out My Christian Declaration on Life. This medical directive statement could then be placed in your medical record).²

Advocates for the so-called "right-to-die" argue for "death with dignity" and the presumption that in a persistent vegetative state condition a patient's right to a "dignified death" is the compelling argument. Should they get their way, anyone who is under guardian care and who has not left any kind of medical directive wish, would be at risk of being starved and dehydrated to death if classified to be in something like a persistent vegetative state condition.

Wisconsin Right to Life has been joined by the Association for Retarded Citizens-Wisconsin, and Advocates for Retarded Citizens, Inc. in seeking to prevent changing the presumption to preserve human life.

Christians should be concerned for a number of reasons. First of all, the argument for a "right-to-die" is like arguing for a right to grow old. It is neither a Biblical nor a constitutional right but it is a natural event of life. An event, we might add, caused by sin. For that reason, death, however it may come, can never be "death with dignity."

In addition we would add that there is hardly a consensus as to what is a persistent vegetative state. There is evidence that the patient in this condition is not a vegetable and that the condition is not persistent. Persistent vegetative state patients still need Christian concern. They need to have someone who cares and someone who shares God's Word with them. The inability to respond does not mean an inability to hear and experience.³

Wisconsin stands on the cutting edge of protecting human life or dismissing it because of a diminished quality. May God grant our judicial and political leaders the wisdom to protect life, regardless of its quality.

1. Pastor Robert Fleischmann, "Commentary," Beginnings, July 1994, p. 2.
- 2.-----, "Patient Self-Determination Act: What You Should Know!" Beginnings, April 1992, p. 2.
- 3.-----, "Wisconsin Faces 'Right-to-die' Showdown," National Lifelines, August 1991, p. 1.