

Christian Decision Making at Life's End

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A workshop for thinking through how to make decisions concerning end-of-life. This workshop will not give specific answers to specific questions. These are constantly changing. The goal is to provide a framework and resources to help with the decisions that need to be made.

The Challenge

M. Luther “We should familiarize ourselves with death during our lifetime, inviting death into our presence when it is still at a distance and not on the move. At the time of dying, however, this is hazardous and useless, for then death looms large of its own accord. In that hour we must put the thought of death out of mind and refuse to see it, as we shall hear. The power and might of death are rooted in the fearfulness of our nature and in our untimely and undue viewing and contemplating of it.”¹

1. Death in Luther's Day: Plague, Childbirth, Price on his head

2. Death today:

“Today most people do not die of war, famine or plague as in the past. Now because of chronic illness they slowly fade away from sight, from others, from life.”

Complexity of medical system, lack of understanding

Distance: physical, emotional. Distance from known medical providers

Medical Assistance in Dying

3. Goal: Be prepared

“It is my eager expectation and hope that I will not be at all ashamed, but that with full courage now as always Christ will be honored in my body, whether by life or by death. For to me to live is Christ, and to die is gain... Only let your manner of life be worthy of the gospel of Christ, so that whether I come and see you or am absent, I may hear of you that you are standing firm in one spirit, with one mind stiving side by side for the sake of the faith of the gospel” (Philippians 1:20-21, 27).

Questions for discussion

How is death handled in your family and church?

Is it discussed or not talked about?

When, if ever, is the appropriate time to talk about life and death?

With whom should we have the conversation?

Having the Conversation

5 W Questions—Who, What, When, Where, Why, How

Who: family, friends, especially the agent(s)

What: Kinds of treatment, Best Interest Standard, Community, Heaven

When: Now. Day after Thanksgiving. Sooner.

Where: Documents—Last Will and Testament, Durable Power of Attorney for Health Care Issues

Why: Better Care, Better Decisions, Cut down guilt, Gift to your family

How: Blame me! Blame your pastor! Just git-r-done!

¹ Martin Luther. “A Sermon on Preparing to Die” Am Ed. VI 42 p.101-102.

Case 1: Oscar, a 75-year-old man, who had been deeply involved in the vegan movement for many years, fell ill with Alzheimer's disease and was placed in a residential home, where in accordance with his previous habits he was served vegan meals. One day, by mistake, he happened to eat a portion of meatballs, potatoes, brown sauce and lingon berries that was intended for another resident. He enjoyed it very much and at the next meal noticed for the first time that different food was served to all the others. The case workers persuaded him to eat his vegan meal, but the next day he refused point-blank to eat 'any special muck that's only for me'.

His key worker discussed the situation with his wife, who in no uncertain terms expressly forbade the staff to give him anything but vegan food. She insisted that it was against his (and her) conviction to eat meat or 'warmed-over dead body parts', as she put it. The staff tried to comply, but encountered vociferous protest at each meal from the man, who sometimes, with triumph and great delight, managed to appropriate food left over by someone else at the table.

The head of the unit and the staff were not sure to handle this. Should they allow him to eat meat? What should they tell his wife?

What Ethical Issues are involved in this case?

Ethics:

- a. Consequentialism
Egoism, Utilitarianism
- b. Deontology (Greek: Deon, "It is necessary")
Where do you get your principles? A. Religion, B. Intuition, C. Reason
- c. Virtue Ethics

Bioethics

1. Principlism (Beauchamp and Childress):
Autonomy, Beneficence, Non-maleficence, Justice
2. Quality of Life
3. Medicine/Legal: Advance Directives
 - a. Durable power of attorney for health care issues, (Health Care Agent)
 - b. Living Will
4. Issues:
 - a. Do Not Resuscitate (DNR)
 - b. Artificial nutrition and hydration
 - c. Allow Natural Death
 - d. Voluntary Stopping of Eating and Drinking (VSED)
 - e. Medical Assistance in Dying

What are the strengths and weaknesses of these ways of dealing with death?

The church's solution

1. Not autonomy but community.
2. Quality of Life
3. Seek God's way always: 3rd and 7th Petitions
4. Best Interest Standard
5. Two statements:
 - (1) God is present and heals through the hands of doctors and nurses (medicine is God's gift).
 - (2) "I'm but a stranger here, heaven is my home."

Decision Making: Pray, Pray, and when all else fails pray

Questions to consider at End of Life.

- a. How soon do we need to make a decision?
- b. What things need to be decided and in what order?
- c. Who do we need to talk with in order to make the decision?
- d. What information do we need in order to decide?
- e. What does God's Word say about the situation?
- f. What do others in the church think about the situation?

After prayer, conversation with the medical people, prayer, discussion with others in the church, prayer, discussion within the family, prayer, go forward with the decision knowing that we aren't really making a decision because God is in charge and he always will do what is best in his eyes for his people and knowing that if later we think we made a wrong decision God forgives and loves us always.

Updated Guided Principles

In 1979 the CTCR released a document entitled: "Report on Euthanasia With Guiding Principles. These principles were intended "to help individual Christians and groups of the faithful in their response to the issues which confront us in this area." Below is a simplified and updated version of these principles.

1. Every person is valuable in the sight of God and his people for God created and saved all through his Son, Jesus Christ. Therefore, everyone deserves the best possible care throughout their lives and in the hour of their death.
2. God will heal all disease when he chooses either here or in his presence eternally.
3. God alone knows the number of a person's days. He has the sole power to create and end life. Therefore, euthanasia is against God's will. This includes any form of Medical Assistance in Dying.
4. Christians are called on to "bear one another's burdens" including at the end of life. We are here to encourage, support and care for one another as we await the day of the Lord.
5. Death is not a part of life but its opposite brought into the world because of man's sin. We are not to seek death nor to seek continued life as if it is the highest good. A Christian is free to die in the confidence of the resurrection. Therefore, one can reject or stop treatments that are no longer beneficial for the person.
6. We make decisions based on the best information that can be gathered, in consultation with other members of the Body of Christ, praying that God's will be done. We always depend on the strength and forgiveness of our Lord.

An End-of-Life Statement of Faith (Creed)

Throughout my life and especially at the hour of my death I want my family to know that I believe the following:

- (1) We are not our own. We belong to Christ (1 Corinthians 6).
- (2) We've been through death and resurrection once before in baptism (Romans 6).
- (3) We are never alone. God is always with us (Matthew 1:23, 28:20).
- (4) He is greater than all things. His Son has destroyed the power of darkness (John 1).
- (5) In him we have life because he died for us (1 John 5).
- (6) Nothing can separate us from him not even death (Romans 8).

Finally, (7) "Death is swallowed up in victory.' O death, where is your victory? O death, where is your sting? The sting of death is sin, and the power of sin is the law. But thanks be to God, who gives us the victory through our Lord Jesus Christ" (1 Corinthians 15:54b-57).

Resources

"Christian Decision Making at Life's End." T. Rynearson available by email. peacelut@brookings.net

Part 1: Having the Conversation, Terminology (with Commentary),

Part 2: Diminished Decision-Making Capacity

Part 3: Information Overload

Part 4: Substituted Judgement

Part 5: Medical Assistance in Dying

"Christian Care at Life's End," 1993) A Report of the Commission on Theology & Church Relations, LCMS. www.lcms.org