

## **Life Support**

**By David Feddes**

Life is a great gift from God from its beginning to its very end. Sometimes we Christians focus on the beginning of life, especially in a culture where many babies are killed by abortion even before they can be born. We should certainly do all we can to help those who have pregnancies they weren't expecting to continue to give life to those babies. But at the other end of life, there are also some challenging issues and questions. More and more, as a culture of death has taken root in our society and in some other societies, there has been a greater willingness to hasten someone's death through euthanasia and physician-assisted suicide. So, at both ends of life, there has been a giving up on a Christian understanding of the sacredness of life.

As we think about life support, we have to face the fact that things are different than they used to be for the way many people die. Still today, some people have the death that we might wish for if we have to die anyway. My grandma lived to be almost 92, and she was still living in her own home. One evening she put out her things for the next morning, went to bed, and woke up in heaven. She died at home in her sleep. Now, if you have to die, wouldn't you prefer that it be that way? You have your full mental capacities all the way to the end, you still have good physical health, you're living in your own home, and then one morning you just don't wake up.

But for many people, that is not how it goes. More and more in our society, there are people who go through long periods of illness—whether cancer, Alzheimer's, debilitating heart disease, or some kind of injury after a fall that they never recover from. There are a variety of ways that people's dying lingers, and we have many ways to make the process of dying linger even longer. For some people, life support can be a great blessing that rescues them from death and buys them some time until they can gain healing and then go on to live for many more years. For others, it can be much less than a blessing.

This isn't just a matter for people who are very old. When my wife and I were in our twenties, we had to make the decision to withdraw life support from one of our twin babies. Rebekah was on and off a ventilator nine times as she suffered over a period of almost six months. At last there came a point when it was clear she was not going to recover. The ventilator was removed, and she died a few minutes later. Life support can be a burden as well as a blessing. Our other twin, Rachel, survived and grew to be a healthy, active woman. Rachel would not be alive today without life support back when she was a baby. Still, without that same life support, her twin Rebekah would not have suffered for almost six months. She probably would have died the day she was born. That's what modern medicine does—it can sometimes rescue, but at other times it can extend suffering. For some people, especially those who are very old, life support can make the process of their dying much longer and more difficult than it otherwise would have been.

So, when we think about life and death, we want to do everything as to the Lord, with the guidance of the Lord, and with the help of the Lord. As Romans 14:7-9 says, "For none of us lives to himself alone, and none of us dies to himself alone. If we live, we live to the Lord; and if we die, we die to the Lord. So whether we live or die, we belong to the Lord. For this very reason, Christ died and returned to life so that he might be the Lord of both the dead and the living." We can face either life or death with Jesus' wisdom, his truth, and his help.

## Life support

- Life support saves many people who would have died without it.
- Life support hurts many people and prolongs the process of dying.
- Life support forces us to deal with hard questions.

When we think about life support, we often mean the various medical technologies that are administered to help people when their life is threatened. For some, that saves them. After a car accident, maybe they needed life support for a week or two but then recovered completely and went on to great health. These various life support technologies save many people who would have died without them.

But those very same technologies hurt many other people and prolong their process of dying. This faces all of us with difficult questions. Some of you have had to face those with loved ones. Some of you are in the medical profession, and you know what it's like for people to endure some of the treatments. You've seen the wonders and the happiness when somebody makes a recovery after having been in terrible condition, but also the heartbreak of futile and extended efforts to extend a life for another week or two, where a person might have been better off simply allowing death to take its natural course.

We have to deal with hard questions, and not all of those questions are new. As the Bible reveals, many people have asked hard questions about why their life is so difficult, why their pain is so intense, and why they even go on living.

Job said: "Why is light given to those in misery, and life to the bitter of soul, to those who long for death that does not come? ... What I feared has come upon me; what I dreaded has happened to me" (Job 3:20-25). Job lost everything—his own health, his family, everything—and was in terrible misery. He asked the question: Why do I even go on living? If you long to die, why do you still have life? That, of course, is a question that many people ask at one point or another in their own life. It's sometimes a question that you ask about somebody whom you love—somebody whose mind has wasted away due to Alzheimer's or who's going through intense suffering. You say, "Why does this keep going? Why doesn't God just bring it to an end?"

If we have a heart and a mind that are instructed by the Lord, one thing we do know: we don't get to simply decide to end our own life. We can't just say, "This is over. Life isn't worth living. I'm going to die now." Job went through all those terrible things, but he would not consider taking his own life. And what happens by the end of Job's story? He's actually been restored. He's closer to the Lord than ever, and his life has been renewed. God even gives him a new family and new well-being. Sometimes when people think life is over and there's no use going on anymore, there is another chapter—or many chapters—that God still has in store. Just because life seems terrible at the moment and not worth living, it is often the case that God still has something wonderful waiting.

When we read the Psalms, there are many expressions of distress. For example, Psalm 31 says, "Be merciful to me, O Lord, for I am in distress; my eyes grow weak with sorrow, my soul and my body with grief. My life is consumed by anguish and my years by groaning; my strength fails

because of my affliction, and my bones grow weak... I am forgotten as though I were dead" (Ps 31:9-10, 12). Now, when David wrote Psalm 31, he was in a different situation than many who are in a hospital or an intensive care unit, but many of the feelings are similar—growing weaker and weaker, feeling very isolated and forgotten by others.

But in this very same prayer, notice what else David says: "Into your hands I commit my spirit; <sup>[SEP]</sup>redeem me, O LORD, the God of truth... I trust in you, O Lord; I say, 'You are my God.' My times are in your hands... save me in your unfailing love (Psalm 31:5, 14-16). As we think about the life that God gives us, the fact that we're going to go through very difficult times, and that at some point we are going to die—unless Jesus comes back first—we need to know that our times are in God's hands. Therefore, when the end comes, we can say, "Into your hands I commit my spirit."

### Don't kill

- **Active killing** is murder. <sup>[SEP]</sup>~~Euthanasia, mercy killing, physician-assisted suicide~~
- **Letting die** isn't always wrong. <sup>[SEP]</sup>Sometimes it's okay to refuse life support and accept natural death.

When we think about the end of life and the various technologies of life support, one approach has been that we should simply become pagans again. Among the old pagans in several different cultures, particularly among the Stoics of Greek and Roman culture, there was a sense that suicide is noble. If you've been disgraced or defeated, suicide is seen as a noble exit. If life is very difficult, then it's time to call it quits. There are some who have taken that approach in our time. But anytime you choose to end a life actively, that is killing. It's a form of murder, and God says, "You shall not kill."

Euthanasia is a Greek word that means "good death." Sometimes it's called mercy killing. A doctor will end the life of a person or help the person end their own life. Either the physician will kill you, or the physician will give you the tools to kill yourself, usually with pills or very powerful sedatives. The doctor will not be the actual one killing you; he will give you the means to do it yourself without too much mess or pain.

This seems appealing to some people, but for those who belong to Christ, euthanasia, mercy killing, and physician-assisted suicide are not choices open to us. In a society where we still have a voice and where we can have some influence, we can declare that a society built with Christian rather than pagan foundations is a better society for all. When societies adopt euthanasia, it eventually turns out that people with mental disabilities or chronic health issues are deemed better off dead—sometimes even without making that decision themselves. Especially in societies where government covers most of the medical expenses, there is a strong financial incentive to prevent medical costs from getting too high. Certain authorities will then make the decision for you—whether your life is worth living and whether they want to pay for it. These decisions are not just individual and personal. Once a society moves further and further into a culture of death, there will be consequences. But whatever direction our society takes, let Christians be in tune with Christian teaching. Let us understand that active killing is not an option for Christians.

At the same time, we need to understand that letting someone die isn't always wrong. Sometimes it is okay to refuse life support, to refuse various interventions, medications, and technologies, and to accept that the time has come. Accepting natural death is something that we as Christians can do. This is important, even at the larger cultural level. If you're an absolutist who says we must always apply all medications and all treatments at all times to prolong life, then that is not necessarily in keeping with Christian teaching. It also means that, at a cultural level, you will not get much of a hearing. These difficult medical technologies have made mercy killing more attractive to some because they fear being subjected to endless medical interventions. They don't want all of that inflicted on them.

There is a sharp distinction between killing and allowing someone to die. There is a great difference between saying to the doctors, "Stop treatment," versus saying, "Kill the patient." If you stop the treatment and the person goes on living, then you continue to support and help them. But you do not necessarily have to impose every available treatment on a person at all times.

The biggest reasons why many people opt for physician-assisted suicide or euthanasia have nothing to do with intense pain. There are very effective methods of pain control that work for most people. Studies have shown that the main reasons people opt for physician-assisted suicide are not related to pain but to avoiding dependence and what they consider a poor quality of life. That may be an indictment of the way we relate to each other in our society and how we care for those who are disabled or going through tough times. If people look ahead and see only loneliness, if they believe they will be a burden and that people will resent caring for them, then they are far more likely to say, "My life is not worth living. I don't want to be a burden on others, and I don't want to be all alone." We should understand that only a small percentage of those who choose physician-assisted suicide do so because of unbearable pain. More often, they fear abandonment or total dependence, feeling that their life is no longer meaningful.

Joni Eareckson Tada has been powerfully used by the Lord for many years to spread the gospel and encourage people in all kinds of situations. She was paralyzed as a teenage girl, and at first, she wished she were dead. But her life continued. She became an artist, painting with a brush in her mouth, creating beautiful works of art. She also did a lot of writing and speaking, blessing many people over the years. Joni said, "Instead of making it easier for people with disabilities to die, I would like our society to make it easier for them to live."

Physician-assisted suicide and other such things would become far less popular if people with great needs and disabilities were cherished, loved, and helped. If we as Christians truly cherish those going through hard times among us, we will reflect God's love in practical ways. A crucial part of life support isn't just about technology—it's about the personal touch, loving and supporting those who are facing very challenging and difficult times.

As we think about these matters, I want to highlight some of the main biblical truths that should guide us when considering life and death.

## Life and death

- Life is a sacred gift.
- God rules life and death.
- There is a time to die.
- Love is merciful and kind.
- Jesus' life defeats death.

**Life is a sacred gift.** God created all humans, male and female, in his image (Genesis 1:27). Every person should say to God, "I praise you because I am fearfully and wonderfully made" (Psalm 139:14). God gives all people life, breath, and everything else (Acts 17:25). Life is a precious gift from God and should be cherished, prized, and valued—not only in ourselves but also in the lives of those around us.

Another vital truth is that **God rules life and death**. Jesus is Lord of both the dead and the living. That means certain options are not open to us. We do not get to kill anyone we don't like, and we do not get to kill ourselves simply because the future is not what we hoped it would be. We just don't have that authority—because God rules life and death. "We know that in all things, God works for the good of those who love him and are called according to his purpose" (Romans 8:28). That means that even the excruciating and difficult times can be used by him for our benefit and for the benefit of others.

The commandment "Thou shalt not kill" makes euthanasia unthinkable. And Jesus' promise, "I am with you always, to the very end of the age (Matthew 28:20)," makes euthanasia unnecessary. God says, "I will never leave you nor forsake you" (Hebrews 13:5). We are not our own; we are his. And because we are not our own, we are also not **on** our own. We are not facing these struggles by ourselves. God is with us. Jesus is faithful. We can count on God to help us, to carry us through, and to work even our suffering for good.

And if God works all things for good, then when we see others facing suffering, we can be part of the solution. We can support them, love them, and help them. But you know what else? We can be blessed by them. Some of the most powerful testimony comes from people who are going through intense suffering. Some of the most meaningful words you will hear come from people who are dying. And for us to shuttle them off into some little corner where we don't have to see them or hear them anymore is a great loss to us, not just a great grief to them. God will work all things for good, and he will use people in some of the most difficult situations to still give insight and wisdom and blessing.

We also need to accept the fact that **there is a time to die**. Ecclesiastes 3:2 says, "There is a time to be born and a time to die." Hebrews 9:27 declares, "It is appointed to humans to die once." This means that we need to be alert to the possibility that the time to die has come, and if so, not to fight against that timing.

There are some who say, "I can't possibly allow my loved one not to receive all the most extreme measures, because who am I to play God? Besides, God might do a miracle, and I would be giving up on my loved one, and I would be giving up on God if I say no to any treatment that

might extend their life, even if it would only extend it a couple of days. God might do a miracle in that couple of days." Now, if you were to apply that thinking, you could also say, "God raises the dead, and if I withdrew life support and God wanted the person to live, God could raise him from the dead." You can't make your ordinary human decisions based on the possibility of a miracle because miracles are, by definition, exceptions.

I'm not saying don't pray for a miracle. I'm not saying don't pray for healing. I am saying that when you have prayed for healing and when you have prayed for miracles and they have not come, you should ordinarily make your decisions believing that it's probably not going to happen now. There is a time to die. You need to make your decisions based on the facts that are available to you, not the hope that God might possibly intervene at the last minute and do a last-second miracle. Faith is not expecting always that the last-second miracle is going to ride to the rescue. Faith is trusting God in every situation, including the ones that aren't going the way that you want. God can do miracles--but he often doesn't. Everybody, including every faith healer who has ever lived on planet Earth, dies unless Christ comes back first. That is the fact of the matter. And so we need to be able to make decisions in light of that.

Another truth to keep in mind is that **love is merciful and kind**. This means that while people are going through hard times, you show them love and kindness. While people have disabilities and maybe long lives still ahead of them, you walk with them and enjoy their company and seek to bless them. But it also means that when the end of life has drawn near, mercy and kindness are part of the love that guides our decisions and actions.

There are situations where, unless a miracle comes, the person is incurable. Then what? The temptation is, "If I can't fix it, I'm going to abandon it." That can be a temptation for medical providers: "I can't cure them, so I guess my job here is done." But good medical providers know that when you can't cure, you can still care. So you provide good care to keep the person as comfortable as possible and to help them and to encourage them.

Mercy and kindness imply that when different kinds of medical care are available, you always ask the question, "Is this going to help? Is this actually bringing life? Is it actually making the person's life better, or is it simply inflicting needless pain and suffering?" Modern technology is a helpful tool for some situations, but not for all of them. We don't need to try to extend every life for a few more days or another week just because we can. There is not a Christian duty to keep that body functioning for one more day or one more week based on the notion that "all Christians always have to do that." We need instead to understand that life is God's gift, and if death takes its natural course, it is not a wicked choice to refuse certain kinds of treatment.

Above all, we need to remember that **Jesus' life defeats death**. Christ is Lord of both the dead and the living. In fact, to him, the dead *are* living. Jesus said, "Haven't you heard what was said at the burning bush to Moses? 'I am the God of Abraham, Isaac, and Jacob.' He is not the God of the dead but of the living, for all are alive to him" (Luke 20:37-38).

We need to make medical decisions on this side of eternity in light of the fact that eternity is real and in the light of the fact that all are alive to God, in light of the fact that "we are more than conquerors through him who loved us. For I am sure that neither death nor life nor anything else

in all creation can separate us from the love of God in Christ Jesus our Lord" (Romans 8:37-39). We need to say with the apostle, "Where, O death, is your victory? Where, O death, is your sting? Thanks be to God! He gives us the victory through our Lord Jesus Christ" (1 Corinthians 15:55-57). "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me" (Psalm 23:4).

We have faith in God and in the promises of everlasting life, and that makes an enormous difference in how we approach the process of dying. As Psalm 73:23-26 says, "You hold me by my right hand. You guide me with your counsel, and afterward, you will take me into glory. Whom have I in heaven but you? And earth has nothing I desire besides you. My flesh and my heart may fail, but God is the strength of my heart and my portion forever." So when we face death, we always need to remember that Jesus has defeated death.

With those facts about life and death in mind, we can start exploring some of the specific challenges and issues of life-support technologies. Here are some of the problems—I've put them in pairs.

### **Problems**

- More than 70% want to die at home.
- Only 20% do; most die in institutions.
- Hospice care often gives longer life.
- Only 20% choose hospice care.
- Only 26% have advance directive.
- Near death, most can't state wishes.

More than 70% of people want to die at home, but only 20% do die at home. Most die in institutions. There is a huge gap between wishes and reality.

Here's another fact that might surprise you: Hospice care—that is, care you choose where you're no longer trying to get cured, and you're just trying to stay comfortable until death comes—people who receive hospice care tend to outlive those who take stronger measures to try to make their life last longer. That's not true in all cases, and I'm not saying that everybody should accept hospice care right away and give up on treatments. But when a health condition is understood to be terminal, people who simply receive care and comfort without all the medical interventions often have a better quality in their last weeks or months of life, and they also tend to last longer than those who desperately keep demanding more treatments up to the last moment.

And yet, even though hospice care can improve the quality and quantity of life near its end, only 20% of people choose hospice care. Why so few? I'm no medical expert, and I won't speculate on all of the possible reasons, but here are two possible reasons to consider. First, it can be hard for medical providers to be honest with their patients. They don't want to take away their last shred of hope, so they won't plainly say, "You're dying, and you're not going to recover." If dying people are never told that they're dying, then they might not think that hospice is something they

ought to choose. A second reason many people wouldn't choose hospice is that even if the medical people are honest with them, the dying people can't be honest with themselves. They don't want to face the fact that death is drawing near, and they won't say, "I'm giving up on recovery. I'm going to make the remaining time of my life the best it can be, but I'm not going to pursue every medical procedure anymore to try to extend it." At any rate, whether it's a lack of honesty among medical personnel, or a patient's refusal to face hard facts, or some other reason, many people who would have been better off with hospice care don't choose it.

Here's another fact: About a quarter of people have an advance directive that states how they want to be cared for, what medical measures they want to be used and under what circumstances, and who will be their healthcare proxy if they can't speak for themselves. About a quarter of people have an advance directive, which means that three-fourths do not.

That brings us to another problem: near death most people cannot state their own wishes. When you're dying, you might not be in full command of your own faculties because of the medications or other treatments you are receiving, or you may have a tube down your throat and you can't talk. So if you haven't written an advance directive, and you haven't discussed it with your family, and you haven't told your physician what you want, nobody knows what you want. And guess what will happen then? It will generally be lots and lots of technology—because you didn't say you didn't want it.

I doubt that all of you sitting in front of me have advance directives. Some of you may think you're too young for that. Some of you have other reasons why you don't. A lot of us don't like thinking about this, and we don't like talking about it with somebody else. But we do need to get ready.

### **Get ready**

- Prepare before the need arises.
- Discuss honestly with loved ones.
- Create health care directive.
- Appoint health care agent(s).
- Aim to save life, not prolong death.

**Prepare before the need arises.** As I mentioned, when that time comes, very often you're not in a condition to be able to state your wishes. It's easier to state your wishes when you're in full command of your faculties, in pretty good health, and can have an honest discussion with your loved ones.

Some of you may have aged parents, and it would be really good to have a straightforward conversation with them about this. If it's something you can't talk about with them, then perhaps you should ask, "Why is our relationship such that we can't talk about some of the most important things? Maybe we need to work on our relationship so that we can actually talk straightforwardly about things."



At any rate, prepare your own mind, and think through what medical care you would want for yourself near the end of life. Then **discuss it honestly with loved ones**.

Next, **create a healthcare directive**. State clearly, "Here are the circumstances where I would want to receive treatment, and where I wouldn't want to receive treatment."

Then face the fact that you don't have complete knowledge of the future. Some of you may need to learn more about various medical procedures and choices before you make a written directive. But even if you learn a lot about life support methods, you can't possibly imagine all that could happen.

Here are a couple of nightmare scenarios. One is that you're in a situation where the medical providers are doing one procedure after another, and you didn't want those procedures, but nobody knows this. So you experience a lot of needless suffering that goes on and on.

An opposite scenario is this. You insist, "I never want any of that stuff. I want zero tubes, no ventilators, no nothing." And then you end up in the hospital where a few days of life support would keep you going and buy you some time until you could be healed and recover. But you have stated in advance that you want no life support, so you die even though you could have recovered if only you had received some temporary life support measures.

It is impossible to totally anticipate the future and every possible scenario. That's why you want a healthcare directive, and you want somebody you trust—literally with your life—and designate that person as your **healthcare agent**. If you're in a medical situation where you can't say what you want, you want that person to be the one with the say-so.

If you haven't already done so, make yourself a directive that states what kind of healthcare you want or don't want, and designate the person you trust. I have designated three family members as my healthcare agents. The three are listed in order—if the first choice can't do it, then the next one, and if that person can't, then the third person I've designated will have authority to direct my medical care. Make sure that if you're ever in a situation where you can't make decisions for yourself, the people who will make the decisions for you are people you fully trust.

In all of this, **aim to save life, not prolong death**. If death is going to come anyway, then it's up to you, your loved ones, and the medical team to ask, "What are the benefits and downsides of this particular form of life support?" You're not aiming to prolong the process of your dying. But if a treatment might lead to your recovery, you shouldn't refuse such treatment.

If you want explore these things in more depth, I recommended two books that I found really helpful:

Kathryn Butler, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care*. Dr. Butler has years of experience as a trauma surgeon, has worked with Harvard Medical School and medical centers in Massachusetts, and is very qualified in terms of knowing what's going on. She's also a committed Christian.

David Van Drunen, *Bioethics and the Christian Life: A Guide to Making Difficult Decisions*. Professor Van Drunen teaches ethics at Westminster Seminary in California. This book deals with difficult questions about beginning-of-life issues, such as in-vitro fertilization, as well as end-of-life issues.

These books offer more detail and expertise than I can provide here, but I'd like to describe some common life support treatments and point out some of their upsides and downsides.

## **Life support**

- CPR
- Defibrillation
- Ventilation
- Tube feeding
- Transfusion
- Dialysis
- Pressors
- Catheter
- Surgery
- Pain relief

**CPR** (cardiopulmonary resuscitation) involves doing chest compressions. If a 14-year-old were to collapse while playing basketball, you would want to do CPR and keep the heart pumping so the brain tissue doesn't die. But if there's a 91-year-old whose heart slows and stops, should medical providers dive on them and start doing chest compressions? They will crack their ribs and will probably not do them any good. Some people may want the medical team to do everything possible for their loved one, including chest compressions. But there are times when it's not wise.

**Defibrillation** gives an electric shock to the heart to help it get back into its natural rhythm. A lot of gyms have a defibrillator, as well as many public buildings. Defibrillation saves the lives of many people whose heart goes into cardiac arrest. For people in hospitals or late-in-life situations, defibrillation is rarely painful and doesn't leave ongoing damage if it's used.

**Ventilation** is when you have a machine that does a lot of your breathing—or all of your breathing—for you. It pushes the air into your lungs. The ventilator tube goes down to your lungs, and intubation—the insertion of the tube—can be very uncomfortable and awkward. Also, ventilation usually requires that a person be heavily sedated because it's extremely uncomfortable. Ventilation can save a life and help the lungs to keep functioning during a critical period, but it's not necessarily something to keep imposing on someone near the end of life.

**Tube feeding** involves artificial hydration and nutrition, whether through a vein or through a tube that goes down your esophagus to your stomach. Some people may believe that we always owe it to people to feed them—you can't just starve somebody to death! But withholding tube feeding at the end of life is not always an evil. Sometimes, tube feeding when somebody's body is already shutting down can cause nausea, vomiting, and all kinds of discomfort. So it's not

always necessary to impose it. It's one thing if somebody can chew and swallow, but you refuse to hand-feed them—that's wrong. We should always give food and water to those who can eat and swallow. But tube feeding is not the same. Some people might say, "If you don't tube feed them, you're starving them to death." But what would such people say about ventilators? If you don't put someone on a ventilator, are you smothering them to death? Is withholding a ventilator just like putting a pillow over their face and smothering them to death? No, there is a difference between killing and allowing natural processes to take their course, and we need to understand that.

**Transfusion** is receiving other people's blood because your blood isn't sustaining you. This can be a wonderful, life-saving thing for many people. In some circumstances, though, it might not be appropriate.

**Dialysis** is life support for kidneys. Kidneys clean out waste from your body. If your kidneys fail, dialysis can take the place of kidney function. For some people, dialysis may give them ten more years of life when their kidneys were failing. For others, kidney failure is one of the signs that the whole body shutting down, and then doing dialysis is a burden—it's just one more thing that they don't need and that won't help them.

**Pressors** are medications that help keep blood pressure artificially elevated for a time. Pressors can get you through periods of shock until your blood pressure can regulate itself. But pressors might not be helpful in situations where a person is in the final days of life and blood pressure is dropping as part of the natural process of dying.

**Catheters** help rid your body of waste when your body can't get rid of waste naturally. Catheters are very helpful and necessary in some circumstances. In others, if someone is already dying, do you start shoving in more catheters and doing all these procedures? At that point, the question is, "What will ease their pain and bring the most comfort?" not "How can I add another day or two to their life while adding more misery?"

**Surgery** comes in many varieties. When a surgery is being considered, especially near the end of life, you need to be very forthright with a physician and ask questions: "What is the threat to life? Why is it a threat? What's your best guess on the likelihood of recovery if we do surgery?" Ask them to be honest. "Can this surgery actually lead to a cure or not? What's the best outcome if we do everything? Will the person recover completely? Will they go on in a persistently unconscious state? Will they live three more days?" It's helpful to know what the possibilities are—as best as the medical personnel can understand them—so you can make informed decisions.

**Pain relief**, of itself, doesn't help a person to recover. But there are excellent forms of pain relief that will not only alleviate pain but may help with the extreme discomfort of a person who may be dying and is gasping for breath.

Much of what I've said here comes from *Between Life and Death* by Kathryn Butler, but she explains it in much more detail and with much greater expertise. If you want to know more, go to

that book. I'm just giving a sample because we want to make these decisions in ways that bless people and do not bring needless harm. And we want to do it in ways that honor and obey God.

### **Ready to die**

- Face reality of death
- Arrange to bless heirs
- Love and reconcile
- Make your time count
- Prepare for eternity

Decisions about life support might only involve a brief period near the end of life. Still, it's important to be ready for that—for ourselves and our loved ones. But it's even more important, in the bigger picture, that we **face the reality of death** and make the most of the time that we have now.

It's important that you **arrange to bless your heirs**. For some of us, this may mean buying some life insurance, or growing some financial assets so that you can leave an inheritance to your children. It may include making a will where you designate who's going to take care of your kids if you're gone. You might draft some documents that will bypass probate so that, if you have assets, your beneficiaries can get them without them being tied up in court forever. It's tempting to say, "I don't want to think about that. I don't want to do it." But when a person dies unprepared, it makes life a lot harder for their family. Do you want to bless your family or not? Do you want to make it harder for them when you're gone, or easier? Well, then, do some planning and take some steps that will help them after you're gone.

To be ready to die, **love and reconcile with people**. I've been at a deathbed where the person had a ventilator down his throat and couldn't talk. A daughter he had refused to talk to for ten years was there with tears falling, wanted to reconcile and say goodbye to her father. But the dying man who held the grudge all those years couldn't say a word because of the ventilator. He died unable to assure his daughter of his love. Love and reconcile while you can. Forgive while you have time to forgive. Apologize while you still have the opportunity to apologize. Get rid of all the grudges and resentment that exist between you and the people in your life so that, when you enter eternity, you won't have that baggage weighing on you, and when you leave them behind, they won't have all that unresolved baggage haunting them for years to come.

**Make your time count.** We each have limited time here on earth. God has given it to me. It's precious time. I can make an impact for his kingdom in the time he gives me. I can bless other people in the time God gives me. I'm not going to waste all of my time on trivia. I'm going to make my life count for God.

Finally, of course, **prepare for eternity**. What does it profit a man if he gains the whole world and loses his soul? What does it profit if you get what you wanted in this life but are without Christ forever in hell?

We need to be ready to die. And then, when we are ready for eternity, we can live and die in light of the great truths about life and death.

### **Life and death**

- Life is a sacred gift.
- Jesus rules life and death.
- There is a time to die.
- Love is merciful and kind.
- Jesus' life defeats death.

For none of us lives to himself alone and none of us dies to himself alone. If we live, we live to the Lord; and if we die, we die to the Lord. So, whether we live or die, we belong to the Lord. For this very reason, Christ died and returned to life so that he might be the Lord of both the dead and the living. (Romans 14:7-9)

## **Life Support**

### **Slide Contents**

#### **David Feddes**

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### **Life support**

- Life support saves many people who would have died without it.
- Life support hurts many people and prolongs process of dying.
- Life support forces us to deal with hard questions.

### **Longing to die**

Why is light given to those in misery, and life to the bitter of soul, to those who long for death that does not come? ... What I feared has come upon me; what I dreaded has happened to me. (Job 3:20-25)

### **Distress**

Be merciful to me, O Lord, for I am in distress; my eyes grow weak with sorrow, my soul and my body with grief. My life is consumed by anguish and my years by groaning; my strength fails because of my affliction, and my bones grow weak... I am forgotten as though I were dead. (Ps 31:9-10, 12)

### **In your hands**

Into your hands I commit my spirit; <sup>[SEP]</sup>redeem me, O LORD, the God of truth... I trust in you, O Lord; I say, "You are my God." My times are in your hands... save me in your unfailing love. (Psalm 31:5, 14-16)

### **Don't kill**

- **Active killing** is murder. <sup>[SEP]</sup>~~Euthanasia, mercy killing, physician-assisted suicide~~
- **Letting die** isn't always wrong. <sup>[SEP]</sup>Sometimes it's okay to refuse life support and accept natural death.

### **Life worth living**

Instead of making it easier for people with disabilities to die, I would like our society to make it easier for them to live. (Joni Eareckson Tada)

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## **Problems**

- More than 70% want to die at home.
- Only 20% do; most die in institutions.
- Hospice care often gives longer life.
- Only 20% choose hospice care.
- Only 26% have advance directive.
- Near death, most can't state wishes.

## **Get ready**

- Prepare before the need arises.
- Discuss honestly with loved ones.
- Create health care directive.
- Appoint health care agent(s).
- Aim to save life, not prolong death.

## **Helpful books:**

Kathryn Butler, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care*.

David Van Drunen, *Bioethics and the Christian Life: A Guide to Making Difficult Decisions*.

## **Life support**

- CPR
- Defibrillation
- Ventilation
- Tube feed
- Transfusion
- Dialysis
- Pressors
- Catheter
- Surgery
- Pain relief

## **Ready to die**

- Face reality of death
- Arrange to bless heirs
- Love and reconcile
- Make your time count
- Prepare for eternity

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