

Must Christians Use Extraordinary Medical Means To Prolong Their Lives in this World?

(Compiled by Paul R. Blake)

Introduction:

A. Provisos for this study:

1. I do not wish to use extraordinary medical means (to be defined later in this lesson) to prolong my life beyond its natural course, especially in circumstances of a terminal disease process. Therefore, my approach in this study, while striving for objectivity, may be influenced by that perspective
2. I am not judging those who choose otherwise, or have chosen otherwise in the case of family members who have passed on. It must be understood that our personal experiences in the past do not inform our decisions, they only illustrate them. Personal experiences do not constitute instruction or authority.
3. End of life decisions are among the most difficult one will ever make. They will often be highly emotionally charged, and will almost always be made under stress. Maturity of faith and deep spiritual mindedness will be our best assets in making these decisions.

B. Too often in medicine we use a diagnostic or therapeutic intervention just because it is available. This thoughtless approach is sometimes called the “technological imperative,” i.e., the impulse to do everything we are trained to do, regardless of the burden or benefit. Kidney failure? Let’s do dialysis. Respiratory failure? Let’s use a ventilator. Unable to eat? Let’s put in a feeding tube. By responding in this way, the physician ignores the maxim “the ability to act does not always justify the action.” Just because we know how to artificially breathe for a patient in respiratory failure doesn’t mean that everyone who cannot breathe adequately must be put on a ventilator. Such a response also represents a failure to do the moral work of assessing whether the treatment is appropriate in a particular situation. Science and medical technology are not the only factors, nor the most important factors, in this question.

C. Fundamental rules governing moral choices in life and death

1. Euthanasia, in its proper sense, is a synonym for mercy killing, which involves suicide and/or murder. It is, therefore, contrary to God’s Law. We are never in our decision-making to aim at death either for ourselves or for others.
2. As Creator, God alone knows with certainty whether a disease or an injury is incurable.
3. When the God-given powers of the body to sustain its own life appear to no longer function and doctors in their professional judgment conclude that there is no real hope for recovery even with life-support instruments, Christians may in good conscience “let nature take its course.”
4. Administering pain-relieving medications, even at the risk of shortening life, is permissible, since this does not involve the choice of death as either a means or an end.

5. It is a good ethical procedure for the doctor to request and receive a statement signed by the patient, if competent to consent, or by the nearest of kin, agreeing to the uselessness of further “heroic efforts” and consenting to termination of treatments.
6. Each person, no matter how infirm and socially useless he or she may appear to be to himself or herself or to others, deserves to be accepted as a being created in the image of God.
7. While suffering is an intrusion into life, it provides the opportunity for a Christian to teach and serve others, whether by example or word.
8. The time prior to death is so personal and individual that those not experiencing it cannot force the dying person to choose against his inner yearning.
9. Death is not merely a physical event but a crucial spiritual event for every person.
10. Any decisions made in this complex matter must be entrusted to the relationship between the sufferer and his or her Savior to Whom they will give account, and Who also knows their hearts and minds in those critical circumstances.

I. A CHRISTIAN TRUSTS GOD

- A. The Christian entrusts the end of his life to God.
 1. Gen. 3:19; Psalm 90:2-3, 5, 139:16, 116:15; 1Sam. 2:6; Rev. 1:18
 2. God declares that the end of life is in His control, but He does not specify the means or the time He will allow it to happen. Therefore, in addition to trusting that God controls the duration of life, the Christian must also apply other ethical principles to end of life decisions.
- B. Toward the end of life, Christians grow to trust that suffering has a God-pleasing purpose.
 1. Rom. 8:18, 5:2-4; John 16:33; 2Cor. 12:8-10
 2. This knowledge, however, does not demand that one work beyond reasonable and natural means to maintain or extend his life. It teaches us that God is in control of life, and that suffering is not a reason to give up the gift of life.
- C. A Christian’s trust in God moves him to make the right choice
 1. As in all matters that are morally neutral (life and death), it is the motivation and reason behind our choices that make them right or wrong. For example, one man dying of a terminal disorder may choose to refuse extraordinary means because he wants to avoid the pain associated with it or he is afraid of the loss of his dignity or he is embarrassed to leave financial obligations behind or some other motive not Biblically defined. Another man in the same condition makes the same choice but for very different reasons. He knows that there is nothing more of service he can directly or indirectly do for others and he has a strong desire to depart and be with the Lord. The first has troubling motives that may put his soul at risk; the second manifests the spirit of Christ and Paul. In other words, doing the right things for the wrong reasons may produce benign or beneficial results, but it also reflects on the spirituality and maturity of the decision-maker.

2. John 19:30; Luke 23:46; Phil. 1:21-24; 2Tim. 4:6-8

3. The noble reasons referred to above are Biblically defensible. However, there are no texts that defend the first set of motives. In fact, a case can be made that suffering does not justify choices that hastens one's end (even though it would certainly be acceptable to refuse extraordinary measures of life preservation). In other words, we are not tempted beyond what we are able to bear - 1Cor. 10:13.

4. Such observations as "they are no longer in pain," and "they did not want to burden the family with excessive medical bills" are the kind and comforting things we say after one has passed. They are examples of trying to find blessings in sorrowful situations. But we must be careful not to let the blessings and comfort of a passing that brings relief become the reason for refusing treatment that postpones the passing. A form of this argument is used by the pro-euthanasia crowd; therefore, one must find an argumentation limiter to the relief of pain and loss of dignity. Our defensible limiter is that these things are unintended positive consequences and not determinant motivations.

5. When teaching on a matter that is as important and complex as this one, it is best to emphasize only what can be defended, and then realize that every individual case will be different and will need to be handled with the best judgment possible under the circumstances. It is also very important to remember that our personal experiences may illuminate our view, but they cannot become the standard for our belief and teaching.

D. A Christian trusts the wisdom of the scriptures when making this choice

1. There exists no command, example, or Divine implication that mandates the believer to use any means beyond the natural to prolong life in this world.

2. The duration of life is not ultimately subject to human will, desire, and skill, but to the will and wisdom of God who gave and controls all life.

a. Psalm 89:48

E. A Christian trusts God who created his body and Who knows its limits; and therefore, he does not squander what God has given him

1. Christian recognizes that God's will and purpose for life can still be accomplished until the moment of death. As long as a person is conscious, he is capable of actively influencing others for Christ and interceding in prayer. The runner should not seek to shorten the racecourse, but trust the Lord for strength to complete the race.

2. A Christian's respect for the sanctity of human life does not mean that life must be prolonged by every technological means possible. A Christian should seek to be cured of a disease if a cure is available.

3. However, in the case of an incurable condition where the course of the disease cannot be reversed, sometimes it is appropriate to discontinue a particular treatment. There are times when the burden of the treatment outweighs any potential benefits of the treatment to a particular patient. To futilely attempt to prolong life at this point

manifests poor stewardship; life and time are only two of the many resources for which we are responsible.

- F. Reasonable, faithful Christians trust that they have fulfilled their purpose for living in this world.
1. Jacob and Joseph, aware that their deaths were approaching, gave burial instructions to their families and died (Gen. 49:29, 33, 50:24-26). The Biblical account is limited, but it implies that they were satisfied with the courses of their lives and were ready to be with the Lord.
 2. Simeon, the "righteous and devout man" to whom "it had been revealed that he would not die before he had seen the Lord's Christ," was actually joyous when the sign that his life was over appeared -- Jesus was born (Luke 2:25-32).
 3. When such persons, who have walked with God, are faced with an incurable illness and a marginally effective treatment, it can be entirely reasonable for them to say, "Why put off my reunion with Christ?"

II. A CHRISTIAN USES WISDOM

- A. Euthanasia is neither compatible with the Christian faith nor should be permitted in civil legislation. The Christian, then, is not free to take any life, his own or another's. Or, better said, the Christian is bound to do what he can to save life.
- B. That does not mean, however, that a Christian must allow extraordinary measures to prolong life beyond its natural end. In fact, the opposite is true: since the believer has the blessed assurance of everlasting life, he need not fear death. He may arrange to receive medication to relieve pain, even though the medication may have the side effect of hastening death. He may not take medication in order to kill himself; rather, he may take medication for pain which has the foreseeable, unintended effect of speeding the dying process.
- C. The Christian may also refuse to allow unproductive medical measures. If a measure is likely to fail to heal the patient, the patient may refuse it. If a measure is just a long shot with little chance of success, the patient may refuse it. Take the cancer patient: if aggressive chemotherapy is not likely to improve the patient's chances of remission and may, in fact, sicken the patient and reduce the quality of his remaining life, the patient may refuse it.
- D. It should be noted that the terms 'ordinary' and 'extraordinary' can be used in different ways. As used by doctors, 'ordinary' and 'extraordinary' will often mean 'standard' or 'non-standard'. As used by ethicists, the term 'ordinary' is often used to describe those means of prolonging life which are morally required in view of the duty (of the doctor and/or patient) to preserve life and health. In contrast, the term 'extraordinary' is used to describe those means or measures which are not in this way morally required.
- E. A treatment or life-sustaining measure can be extraordinary because it is too painful, frightening, hazardous or disruptive for the patient, or because it is financially too burdensome to the patient, family, hospital or health service. A treatment can also be extraordinary because it is simply futile. For example,

those who are dying of one illness have no obligation to accept treatment for a second life-threatening condition.

- F. Four major factors to be taken into consideration in extraordinary cases:
1. When irreversibility is established by more than one physician
 2. When the moment in the process of dying has been reached where nothing remains for medical science to do except to offer proper care
 3. When possible treatment involves grave burdens to oneself and others
 4. When there are no means left to relieve pain and no hope of recovery

III. A CHRISTIAN PRACTICES LOVE

- A. Care that should never be withheld
1. The presence of caring humans and kind touch; this assures them that they have not been abandoned
 2. Care that endeavors to alleviate suffering (mouth care, hydration, pain medication, relief of bodily functions respecting personal dignity)
 3. Conversation that attempts to satisfy the spiritual, emotional, and social needs of the patient
- B. Take time to properly say goodbye
1. Although painful in so many ways, a terminal illness offers you time to say "I love you," to share your appreciation, and to make amends when necessary. When death occurs unexpectedly, people often regret not having had a chance to do these things.
 2. Although it is very uncomfortable, tell them it is okay to let go and depart. Sometimes dying people hold on to life because they sense that others aren't ready to let them go. Tell your loved one it's all right to let go when he or she is ready to do so. The assurance that you will be able to carry on may offer great relief.
 3. Talking about death is often difficult. Possibly you worry that you'll undercut their will to continue or swamp them in fear. Speaking about death may seem like a form of abandonment because it suggests you've given up on the lingering promise of a cure. But to the patient, dying is a large part of their reality. You will help them to find peace if you discuss it reasonably with them.
 - a. Some crave reassurance. Some people at the end of life are comforted by the thought that they will be embraced, not abandoned, no matter what happens.
 - b. Some want to talk. They may tire of keeping up a good front or talking around a topic that looms so large that every other conversation strikes false notes.
 - c. Some are afraid and want empathy. They may be stifling their own numerous fears: leaving loved ones, losing control, becoming a burden, and leaving tasks and plans unfinished. Many people dread a painful death. Sharing such fears and can help people feel less overwhelmed and alone. It can also diminish physical pain, which is aggravated by fear.

IV. MATTERS TO CONSIDER

- A. Living will. This sets forth medical wishes that will guide health care if a person becomes mentally or physically unable to make decisions
- B. Health care power of attorney or health care proxy. These forms designate a person to act on an ill person's behalf when necessary.
- C. A do-not-resuscitate order (DNR) tells health care professionals not to attempt cardiopulmonary resuscitation (CPR) or defibrillation if the person's heart stops beating. This document is written only when these measures are unlikely to revive a dying person or to prolong meaningful life.
- D. Mechanical ventilation: A machine called a ventilator or respirator forces air into the lungs for people who are unable to breathe under their own power.
- E. Intravenous hydration: A tube inserted into a vein supplies a solution of water, sugar, and minerals for people who are unable to swallow.
- F. Artificial nutrition (tube feeding): A tube inserted through the nose into the stomach supplies nutrients and fluids for people who are unable to swallow.
- G. Hemodialysis: Blood is circulated through a machine to maintain the balance of fluids and essential minerals and clear waste from the bloodstream for people whose kidneys are unable to perform this function.
- H. Hospice comfort and care describes a concept of end-of-life care centered on quality of life. Hospice care, which encompasses physical, emotional, and spiritual needs, may take place at home or at a nursing home, assisted living center, or hospice residence. When a cure is not possible and aggressive treatment isn't desired, hospice care offers symptom relief, pain control, and a great deal of support.

Conclusion:

- A. God's Word and the capacity for reason that He gave to humankind are sufficient to arm us with the answers we need to one of the most difficult questions we will face in life, that is, how will we end our lives in faith and honor before God? This is a difficult question and the answer will not be easy or pain-free. But we are equipped by our faith in the faith to come to a conclusion that pleases God.