

ASK THE DOCTORS

CHURCH EDUCATION PLAN FOR END-OF-LIFE DECISION-MAKING

Handouts

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FIRST SESSION

MUST WE “DO EVERYTHING”?

BIBLICAL REFLECTION #1: JOHN 10:1–18

CASE #1

Mary is a 69-year-old believer who “beat” breast cancer ten years ago but has recently been diagnosed with stage 4 pancreatic cancer. Mary’s oncologist is Dr. Smith, who says that Mary’s prognosis is not good. Although Mary was in good health before her first bout with cancer, she is now too weak to do much more than watch TV and have short visits from friends. Because of her experience with breast cancer, she knows firsthand what chemotherapy would involve for her: prolonged nausea, greatly diminished ability to concentrate, and incontinence that would make it embarrassing to entertain guests.

Dr. Smith is aware of an experimental trial of a treatment that might extend Mary’s life by as much as nine months, but its side effects are likely to be even more intense than those that Mary experienced with her previous cancer treatment. Without this treatment, Mary is (humanly speaking) likely to die within two months.

- I. Is Mary biblically required to participate in this experimental trial?
- II. Is Mary (sinfully or recklessly) “giving up on life” if she declines this treatment?
- III. What facts might be altered in this case to change the answer about whether participation is biblically required?
- IV. What would Christian physicians and nurses want Mary and her family to think about in order to make this choice faithfully?

BIBLICAL REFLECTION #2: ACTS 6:8–7:2; 7:51–60

CASE #2

Bob is an 86-year-old believer who has suffered more than one heart attack and is now in the hospital with an erratic heart rhythm, limited kidney and liver function, and difficulty breathing. His breathing is being supported by a machine that helps him to breathe (BiPap). Much of the time, Bob is confused and anxious, but he is still lucid enough to make decisions about his own care. Just yesterday, he had a clear and productive discussion with the intensivist about his prognosis.

The intensivist said that it is (humanly speaking) unlikely that medicine can cure Bob's various problems. By staying in the hospital on the breathing machine, Bob might live for months, although the amount of medical machinery involved would probably increase. If Bob were to leave the hospital, he could be kept comfortable at home, but the breathing assistance would be less efficient, and he would die sooner than if he stayed in the hospital.

- I. Is Bob biblically required to maintain the use of the hospital breathing support until he dies from some other cause?
- II. Bob's daughter believes that her father should stay on the hospital's machines "to give God time to heal Dad miraculously." Is this a biblically sound approach?
- III. What is *hospice care*, and is it effectively a death sentence?
- IV. If Bob is discharged from the hospital, he is likely to die at home. What steps do Christian physicians want families to take to prepare to have a family member die at home?

PRINCIPLES

- I. Faithful stewardship of our earthly life ordinarily includes using medical means (as feasible) to extend it.
- II. But long life is not the only biblical good that we might pursue. It isn't even the most important good.
- III. It is biblically permissible to decline or withdraw medical treatment that compromises the honest pursuit of other biblical goods, and especially spiritual goods.

SECOND SESSION

CHOOSING FOR LOVED ONES

BIBLICAL REFLECTION #3: GENESIS 25:7-8; 1 CORINTHIANS 15:50-57

CASE #3

Mildred is 70 years old and has a history of diabetes and hypertension. She was admitted to the hospital with a heart attack nearly two months ago and had coronary artery bypass surgery four days after admission. She has been in the intensive care unit since surgery because of multiple complications, mostly involving her lungs. At one time, she was off the ventilator for a few days, but it had to be resumed. Her pulmonary status has recently worsened in spite of continued full treatment. The ICU doctor (the intensivist) is convinced that she will not be able to be weaned from the ventilator and is recommending a do-not-resuscitate (DNR) order.

Mildred's ability to communicate is seriously limited by the ventilator, and even during her brief periods off the ventilator she was not able to give consistent answers to questions about her care. She does not have an advance directive. She is a believer, and a recent widow. Her two adult children are divided about what should be done.

- I. Would it be biblically permissible for the children to approve the DNR request?
- II. What would happen to Mildred if she was "full code" and arrested?
- III. Who (which doctor) would be asking the children to approve the DNR order, and how would the conversation go?
- IV. What would happen if the children refused the DNR order and the physicians thought their decision was medically wrong?

BIBLICAL REFLECTION #4: EPHESIANS 6:1–4; 1 PETER 2:18–25

CASE #4

The following statements have all been made about assigning someone to be an agent for health care decision-making. *What should be said in response by a biblically serious, loving fellow believer?*

- I. I want to be a burden to my loved ones, and making hard choices for me when I cannot is part of being united as a family.
- II. My husband is my legal agent. I don't want him to worry about what I would choose.
I want him to choose what he thinks is in my best interests even if he's pretty sure I would disagree.
- III. I sure hope my mother lives a long, long time. Because I am the oldest child, it is my biblical responsibility to be her health care agent. My little brother—a doctor!—would be much better prepared to act as her agent, but the Bible makes it my job.
- IV. I'm not assigning an agent. Whatever doctor is taking care of me when I'm about to die will know what is best. Doctors are trained to deal with medical matters, and this is a medical matter.
- V. I wouldn't want to put this kind of pressure on my wife. I'd rather have a stranger who lives down the street making choices for me when I'm dying.

PRINCIPLES

- I. We should presume that a DNR order request from a trusted physician is warranted.
- II. God's Word does not require us to ask to be resuscitated in every circumstance.
- III. It is an act of love to our families to assign an agent to speak for us if we become unable.
- IV. A faithful agent chooses what the person for whom the agent is speaking would choose even if it is not what the agent would choose for herself or himself.

THIRD SESSION

COMPLETING AN ADVANCE DIRECTIVE

BIBLICAL REFLECTION #5: DEUTERONOMY 34:4-7; JOHN 19:28-30

CASE #5

George is 81 years old, is a spiritually mature Christian, and until a recent stroke has lived a full and active life. Since the stroke, he has been seriously confused, he has developed pneumonia, and his kidney function has dramatically declined. He is unable to take food by mouth (because of an inability to swallow), and it is medically unlikely that his condition will improve. He is currently in the hospital in stable condition on a ventilator and receiving dialysis.

George has an advance directive stating that he does not want medical devices or treatment used to extend his life unless they can maintain or restore his ability to enjoy the ordinary means of grace: to understand God's Word, at least at a child's level, and to partake of the Lord's Supper. He has told his family that the spiritual burden of going without those delights would be very great and that the benefit of merely living longer in the hospital would be, for him, very small. George's wife, Anne, is his legally appointed agent.

- I. Is George biblically permitted to value the spiritual goods of ordinary communion with God more than the physical goods of extending his earthly life?
- II. Is Anne biblically permitted to ask the doctors to keep George comfortable but turn off the machines?
- III. What would most doctors think of this directive?
- IV. How might the details of this case be changed to make the biblical permissibility of George's request different?

BIBLICAL REFLECTION #6: PHILIPPIANS 1:18B–26

CASE #6

Judy is a 46-year-old believer with a history of untreated seizures. Six years ago while walking, she was struck by a pickup truck. She was convulsing when paramedics arrived, and her seizures continued for a few days in spite of aggressive treatment. Over the next several weeks, she progressed to a persistent vegetative state and was transferred to a nursing home with a diagnosis of severe brain injury caused by the trauma of the accident and worsened by lack of oxygen during the prolonged period of seizure activity. She has remained stable and has not required rehospitalization.

Judy's nurses report that her eyes are open part of the time but that she does not track. She does not appear to have any awareness of her environment (no smile, no recognition). She is fed via PEG tube and still has a tracheostomy for suctioning her airway. A DNR order was written soon after Judy's admission to the nursing home. In a recent conversation with her doctor, her two sisters agreed that they "have accurate reason to believe that Judy would not want to prolong artificial feeding and fluids in her current condition based on our knowledge of her life goals."

- I. Would it be biblically permissible for the family and doctor to discontinue artificially administered nutrition and fluids?
- II. What steps should the physician take (tests, etc.) before making a final decision about this?
- III. If the nutrition were discontinued, would it mean starving Judy to death?
- D. Also: in her condition, it is unlikely that Judy will feel hungry after the tube-feeding stops.
- IV. If fluids were discontinued, would Judy die a painful death of thirst?

PRINCIPLES

- I. Earthly, natural benefits and burdens are important, but spiritual benefits and burdens should also be considered.
- II. Care should be taken, but discontinuing *artificial* nutrition and hydration may be medically and biblically appropriate if they are not supporting comfort or recovery.

FOURTH SESSION

SUPPORTING THE SICK

**BIBLICAL REFLECTION #7: MATTHEW 25:31-40;
2 CORINTHIANS 12:7-10**

CASE #7

Marvin is 52 years old, is a faithful member of your church, and has worked in construction all his adult life. Ten days ago, Marvin fell from a ladder on a jobsite and suffered a closed-head injury. Since the injury, he has been unconscious. He is now in stable but critical condition in the ICU at the local hospital. Marvin's wife, Kitty, and his three daughters—all members of your church—have been taking turns staying at the hospital in pairs. Two of the daughters are in college, and one is in high school.

- I. What are the most helpful steps that church members can take to support Marvin and his family at this time?
- II. How should church members pray for Marvin and his family?
- III. What do the physicians and nurses at the hospital want church members to know or do before they attempt to visit Marvin in the hospital?
- IV. What should church members do if they visit Marvin while he is in his ICU bed?
- V. What should church members do (or say, or sing) when they sit with Marvin's family at the hospital?
- VI. What should church members say (or avoid saying) to Kitty and the children?
- VII. Is it best to stay away from the hospital at this time? Should the church members leave it to the pastoral staff to do the visiting?

BIBLICAL REFLECTION #8: PROVERBS 23:22–25; ROMANS 12:9–10

CASE #8

Hilda is 84 years old, and she has been walking with Jesus since she was 9 years old. Three years ago, Hilda's husband of fifty-seven years passed away, and since then Hilda's health has been declining. She continues to live by herself with twenty-four-hour nursing care, and she is visited twice a week (on average) by her son, who lives in Atlanta. For the past four months—when she had surgery following a hip injury—Hilda has been unable to attend church even in a wheelchair. Because of other health difficulties, it is unlikely that Hilda will ever be strong enough to attend church again.

Hilda requires oxygen assistance and tires easily, but her mind is as sharp as ever. Her diet is restricted in many ways because of lifelong allergies and drug-interaction complications. She continues to read (but never for long stretches), and she enjoys hearing about the lives of her grandchildren and the children of her friends (although many of her childhood friends are no longer alive). Hilda and her husband were careful to plan financially for their retirement, and Hilda has the means to pay for all her care and the upkeep of her house and grounds, as well as to give generously to the church and other causes.

- I. What are the most helpful ways that church members can care for and support Hilda?
- II. What cautions or advice would physicians give to church members who wanted to spend time with Hilda or do something nice (such as make a meal) for her?
- III. If Hilda is able to pay others to care for her, is it still important for church members to volunteer to help?
- IV. What should church members do if they visit Hilda?

PRINCIPLES

- I. We should move toward rather than away from those limited by sickness or age.
- II. Moving toward those in need in a helpful way involves learning how to do it from those who know how.