

LEAVING INSTRUCTIONS

ADULT SUNDAY SCHOOL CURRICULUM

Handouts

© 2017 by Bill Davis

Handouts may be printed, photocopied, and distributed in unlimited copies, and translated into other languages, all according to the provisions of Creative Commons Attribution-ShareAlike 4.0 International (CC BY-SA 4.0), <https://creativecommons.org/licenses/by-sa/4.0/>.

Bill Davis (MA, Westminster Seminary in California; PhD, University of Notre Dame) is professor of philosophy at Covenant College, adjunct professor of systematic theology at Reformed Theological Seminary, and an elder in the Presbyterian Church in America.

LESSON ONE

CENTRAL QUESTION

What does the Bible teach about the value of living as long as possible?

PRELUDE: PSALM 115:1–19

CASE STUDY/SKETCH

Kathy, 66 with a cancer diagnosis, and Pastor Mike, discussing whether the Bible calls Kathy to join an experimental trial.

BIBLICAL REFLECTION

- Genesis 2:7
- 1 Kings 3:5–14
- Psalm 91:1, 16
- John 15:13
- Acts 6:8–7:60

DISCUSSION QUESTIONS

1. Is human life more valuable than animal or plant life? Why?
2. The Bible refers to “life” over four hundred times. Physical, earthly life in the body is only one of the things that “life” means in the Bible. What else might “life” mean in the Bible?
3. Does the Bible teach that long life *in itself* is a blessing?
4. Deuteronomy 30:19–20 calls on Israel to “choose life”! Does this mean that it is always God’s will that we do whatever it takes or costs to extend life as long as possible?
5. What does the Bible teach is more valuable than living a long life?

PRINCIPLES AND APPLICATIONS

1. Life is a gift from God and should be cherished (and not merely thrown away).
2. The Bible does not *require* us to treat living as long as possible as our first priority.
3. So the Bible does not require us to seize any way to live as long as possible no matter what else it will cost us.
4. We can be fully committed to a biblical view of the value of human life and still decline excessively burdensome treatment that might extend our life a bit.
5. The Bible allows us to choose a shorter life over a longer one in order to honor God and serve others.

SPECIFICALLY FOR KATHY IN HER SITUATION

6. The central question for Kathy is “How can I honor God and serve others with the time I have left?” Kathy can honor God and serve others in more than one way in her situation.
7. The Bible allows Kathy to choose either to take the experimental drug or not to take the experimental drug.
8. Kathy may choose to glorify God and serve others by taking the drug, bearing with the side effects bravely, and using her remaining strength to pray for others and to testify of God’s goodness to her caregivers.
9. Kathy may choose to glorify God and serve others by declining the drug, loving her children, and then using her remaining days to pray, testify, and face the end with grace.
10. No matter what Kathy decides to do about the experimental-drug option, she and others can and should continue to pray that God would heal her completely.

FOR FURTHER CONSIDERATION (HOMEWORK)

1. What do you most fear regarding your own death?
2. Where do you want to die (if you are allowed to choose)? In the hospital connected to machines? At home with family nearby?

LESSON TWO

CENTRAL QUESTION

What does the Bible teach about refusing life-sustaining treatment?

PRELUDE: MATTHEW 25:14–30

REVIEW OF THE PRINCIPLES DISCUSSED AT THE LAST SESSION

1. Human life is valuable to God because humans bear the image of God, which in this life includes our physical bodies.
2. Extending physical life as long as possible is not the ultimate good, coming behind (at least) God's glory, our salvation, and wisdom.
3. The Bible permits us to choose a shorter life over a longer one in order to glorify God and serve others.

CASE STUDY/SKETCH

Dialogue between Sam, his children, and a friend.

Biblical Reflection

- Isaiah 25:6–8
- John 10:17–18
- Philippians 1:18b–23
- Genesis 25:7–8
- 2 Samuel 1:1–16
- Ecclesiastes 3:1–8

DISCUSSION QUESTIONS

1. Is Sam asking his children to help him commit suicide?
2. Ethicists typically hold that (active) killing and (passive) letting die are very different things. Is this distinction biblical?

Leaving Instructions: Lesson Two

3. Does Sam's plan violate the sixth commandment?

Westminster Larger Catechism, Question 136: What are the sins forbidden in the sixth commandment?

Answer: The sins forbidden in the sixth commandment are, all taking away the life of ourselves, or of others, except in case of public justice, lawful war, or necessary defense; *the neglecting or withdrawing the lawful and necessary means of preservation of life*; sinful anger, hatred, envy, desire of revenge; all excessive passions, distracting cares; immoderate use of meat, drink, labor, and recreations; provoking words, oppression, quarreling, striking, wounding, and: Whatsoever else tends to the destruction of the life of any.

Sam is asking his children to neglect a lawful way to preserve his life. Does that mean he is asking them to violate God's law?

4. How might the situation be changed so that it *would* be wrong for Sam to make this request of his children?
5. Is Hannah required to go along with Sam's plan because she ought to "honor [her] father . . . "?
6. What should a Christian's attitude be about death? (Fear? Avoidance? Worry?)
7. Last week's handout suggested "further consideration" about what we fear about our deaths and where we want to die.
 - a. What if I am worried about the impact that my death would have on my loved ones?
 - b. What if I am afraid that I will be kept alive by machines and forced to linger just short of death?
 - c. Is it OK to want to die at home?

PRINCIPLES AND APPLICATIONS

- We have the authority to say no in advance to life-sustaining medical care in some circumstances.
- There is a time to die, and Christ has defeated death for us.
- We are permitted to pursue a peaceful death when death is near.
- It is loving to honor others' instructions about allowing a peaceful death.

FOR FURTHER CONSIDERATION (HOMEWORK)

1. Who do you want to make medical decisions for you if you cannot make them?
2. What activities of your daily life do you value most (and why)?

LESSON THREE

CENTRAL QUESTION

What does the Bible teach about deciding for others and about suffering?

PRELUDE: THE BIBLICAL BASIS FOR SURROGATE DECISION-MAKING

GOLDEN RULE AS BASIS

- Matthew 7:7–12
- Luke 6:31

COVENANT BASIS

- Exodus 20:12
- Ephesians 5:22–33

TERMINOLOGY

- A person has *decisional capacity* if he or she is able to understand what is being asked, evaluate the options in light of his or her system of values, and communicate his or her wishes.
- *Decisional capacity or incapacity* is determined by a licensed medical provider on the basis of a conversation with a person.
- If a person is determined to be decisionally incapable, then his or her medical care will be directed by a *surrogate* or *agent*.
- An *advance directive* is a written document that names an agent and/or expresses preferences regarding end-of-life care.

REVIEW OF THE PRINCIPLES DISCUSSED IN PREVIOUS SESSIONS

1. Human life is valuable to God because humans bear the image of God, which in this life includes our physical bodies.
2. Extending physical life as long as possible is not the ultimate good, coming behind (at least) God's glory, our salvation, and wisdom.

Leaving Instructions: Lesson Three

3. The Bible permits us to choose a shorter life over a longer one in order to pursue spiritual goods.
4. We have the authority to say no in advance to life-sustaining medical care in some circumstances.

CASE STUDY/SKETCH

Roles:

- Miriam (Nora's daughter)
- Lucy (in Miriam's small group at church)
- Sally (a friend of Miriam's who attends a different church and is a nurse)

ISSUE: WHAT TO DO ABOUT NORA'S STRUGGLES WITH KIDNEY DIALYSIS.

BIBLICAL REFLECTION

- Genesis 17:1–8
- Proverbs 23:22–24
- Matthew 15:1–6
- John 19:28–30
- Romans 12:9–10
- Colossians 3:20

DISCUSSION QUESTIONS

1. What *goal* should Miriam have for her mother's medical care? In the hospital, the goal of care is "cure/restore," "keep comfortable," or, in some hospitals, "peaceful death." Is one of these the right one?
2. Is it ever biblically permissible to make "peaceful death" our goal?
3. Dialysis for Nora involves some suffering. Does the Bible obligate us to suffer in order to preserve our lives?

Leaving Instructions: Lesson Three

4. What are the benefits and burdens of dialysis for Nora in her condition?
5. How might Miriam figure out what her mother would want in this case? (What might she remember, or where could she go for insight?)
6. Is the dialysis an *effective* treatment for Nora? Is it *excessively burdensome* for Nora?
7. What would you want your spouse or children to choose for you if you were in Nora's place?

FOR FURTHER CONSIDERATION (HOMEWORK)

- How does your family resolve deep differences about what ought to be *done*? (This is not the same thing as how your family handles differences of opinion when no action is required.)
- Who would you want to join the discussion if your family was disagreeing about what to do?
- Are you willing to leave written instructions for your family about the medical care you would want if you couldn't make the decisions?

LESSON FOUR

CENTRAL QUESTION

Why is it important to complete an advance directive for end-of-life care?

PRELUDE: PSALM 25:6–10

“The greatest *chesed* one can give his children is a clear advance directive.” —Rabbi Zev Schostak

REVIEW OF THE PRINCIPLES DISCUSSED AT PREVIOUS SESSIONS

1. Human life is valuable to God because humans bear the image of God, which in this life includes our physical bodies.
2. Extending physical life as long as possible is not the ultimate good, coming behind (at least) God’s glory, our salvation, and wisdom.
3. The Bible permits us to choose a shorter life over a longer one in order to pursue spiritual goods.
4. We have the authority to say no in advance to life-sustaining medical care in some circumstances.
5. Family members have a covenant responsibility and duty to choose for loved ones who cannot speak for themselves, making biblically permissible choices according to the loved ones’ values.
6. We may be called to suffer for the gospel, but we are not required to suffer merely to stay alive.

JARGON THAT THE MEDICAL TEAM MAY ASSUME WE KNOW: IMPORTANT TERMINOLOGY THAT CAN BE CONFUSING

- An *advance directive* is a written document that:
 - Names an agent who will make decisions for someone who cannot (or will not) make them; and/or
 - Expresses preferences regarding end-of-life care for someone who is permanently unconscious or terminally ill.
- A *durable power of attorney* for health care names an agent without instructions.

Leaving Instructions: Lesson Four

- A *living will* or an *advance care plan* typically does exactly what an advance directive does.
- Decisions about someone's care may be informed by one of the following orders from a physician (M.D.):
 - *DNR (Do Not Resuscitate)* order, usually in force only during a hospital stay.
 - *POLST (Physician's Order for Life-Sustaining Treatment)*, in Georgia, which travels with someone between sites and visits.
 - *POST (Physician's Order Scope of Treatment)*, in Tennessee (like a Georgia POLST).
- A person is in a *terminal condition* if he or she is determined by a physician to be in an incurable or irreversible condition that is likely to result in death in a relatively short time. (To qualify for insurance-covered hospice care, the physician must determine that death will result within six months.)

CASE STUDY

The challenge facing the children of Wilfred, age 81.

BIBLICAL REFLECTION

- Genesis 48:21–49:33
- Deuteronomy 33:1–29

DISCUSSION QUESTIONS

1. Are the children justified in agreeing to the DNR order?
2. Are the children biblically permitted to decline the PEG tube option?
3. Doesn't the law say what should happen when children disagree?
4. Does it matter for the decisions whether the doctor is a Christian or not?
5. Does it matter for the decisions whether Wilfred is a Christian?
6. The children in this case disagree about what the goal should be for Wilfred's care. Can you tell from the scenario what *he* would want the goal to be? (Cure/restoration? Comfort? A peaceful death?)
7. Could Wilfred have left biblically appropriate instructions that would have given his children (and the doctors) an adequate idea of what he would want in this situation?

8. Why might someone be reluctant to leave an advance directive?
9. What should someone do with his or her advance directive to make sure that it will be used if needed?

FOR FURTHER CONSIDERATION (HOMEWORK)

Find a form that you are comfortable using to leave instructions for your loved ones in case you cannot make medical decisions yourself. Such forms can be found at:

- <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289> (Links to every state's AD forms)
- <https://www.agingwithdignity.org/five-wishes/five-wishes-online> (The Five Wishes form to purchase and print)
- <http://www.tiftregional.com/documents/Advance%20Directive/advance%20directive.pdf> (Georgia AD form)
- <http://www.alaha.org/wp-content/uploads/2014/03/advdirective.pdf> (Alabama AD form)
- http://tn.gov/assets/entities/health/attachments/Advance_Directive_for_Health_Care.pdf (Tennessee AD forms collection)

Detailed instructions for completing an advance directive are given in chapter 5 of Bill Davis's *Departing in Peace* (Phillipsburg, NJ: P&R Publishing, 2017).