Leaving Instructions

Adult Sunday School Curriculum

Case Studies

The author is not a licensed attorney and legal observations should not be construed as legal advice. Concerning legal matters, users are encouraged to seek the advice of qualified legal counsel. The author is also not trained in medicine. His qualifications are only as a philosopher and teacher with experience and training as a hospital ethics consultant.

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Lesson One

CASE STUDY/SKETCH: KATHY'S SCRIPT

[**Roles:** Narrator/Leader, **Kathy (K)**, and Pastor Mike (PM)]

Narrator/Leader: Kathy is a spiritually mature 66-year-old widow. She has been an active member of the church for over thirty years, serving as a Sunday school teacher and on the finance committee. Kathy has two grown children—both believers—who live on the other side of the country. Pastor Mike is the only pastor of the small evangelical church that Kathy attends. He has been serving the church for twelve years. He knew Kathy's husband, Fred, and presided over Fred's funeral after he died in a car accident seven years ago. Both Kathy and Pastor Mike have been active supporters of pro-life causes with their time and their money.

Kathy: Thank you for seeing me, Pastor Mike. I have a difficult decision to make, and I know your time is valuable.

Pastor Mike: I can't think of anything more important than talking with you right now. I heard yesterday afternoon that your oncologist gave you bad news. Does your decision have to do with that?

K: Yes. The news was bad. Tests confirmed that I have stage 4 pancreatic cancer . . .

PM: Oh, no! That's a really aggressive kind of cancer, isn't it?!

K: Very aggressive. My doctor said that no treatment is known to be effective in stopping it.

PM: I'm so sorry. Would it be OK if I prayed right now that God would stop it?

K: Yes, I would like that.

Narrator/Leader: Pastor Mike prays, asking God to touch Kathy and remove the cancer if that is God's will. He also prays that God would give Kathy wisdom to make choices about her health that please and honor God. Finally, he asks God to give Kathy physical and spiritual strength in the midst of this situation.

K: Amen. I was also praying for peace. I hope it is OK to admit that I'm scared right now.

PM: Of course it is OK. You know better than I do what "cancer" means. Is this cancer somehow connected to the cancer you beat eleven years ago?

K: I don't know. I thought that my breast cancer was completely removed with the surgery and therapy. The doctors said that it could return, but after I was clear for five years, I thought it was finally over. I guess not . . .

PM: You fought that illness so bravely; it is really lousy that you are facing cancer again. Is there really nothing that the oncologist can do?

K: Nothing ordinary, and that leads to the question I need your help to answer. My doctor said she knows of an experimental drug that might slow the cancer's growth and give me more time. She wants to know if I want to be part of an "experimental trial" with this drug.

PM: With your last cancer, you tried everything the doctors suggested. Why wouldn't you do the same now?

K: Maybe it should be easy to say yes to the experimental trial, but it isn't. Do you think the Bible requires me to do everything the doctors recommend?

PM: No, I'm not saying that. But why wouldn't you want to live longer?

K: Of course I want to live longer, but it would be a hard way to live. My doctor says that if I do not participate in the trial, I will live from three to six months. It is possible that the experimental drug would allow me to live nine to twelve months instead, but it is also possible that it wouldn't extend my life at all.

PM: Is it the uncertainty that would be hard about it?

K: No. I don't need to know exactly how long I have left. What would make it hard is the side effects. The doctors don't know if the drug will help, but they are pretty sure about the side effects. The drug would make me nauseous almost all the time, I would be constantly tired, and I would probably find it hard to concentrate.

PM: None of that sounds pleasant. But you made it through chemotherapy last time. Won't this be like that?

K: I don't think so. In that case, the drugs weren't experimental. The side effects weren't fun, but I knew that they were part of what it took to get better—to beat the cancer! In this case, the drug will only be slowing the cancer down. And the side effects will be worse. Not only am I older and weaker, but these side effects are worse.

PM: You seem to want my permission to say no to the experimental drug. Is that it?

K: I guess so. But I don't want to say no if the Bible teaches that I must say yes. What I want is God's permission to say no.

[The Narrator/Leader should ask the class to talk in groups of two or three to figure out what Pastor Mike should say next. After a couple of minutes and when the hubbub of talking wanes, the Narrator/Leader should say, "Let's see what Pastor Mike said . . ."]

PM: That is a hard question. I think I need to know more about your situation before I try to answer. Do you mind if I ask some questions?

K: Please do. I'm sure I am not thinking about this clearly. Your questions should help me focus on what matters.

PM: OK. First, did your oncologist say what the chances are that the experimental drug would make a difference and give you more time?

K: She said she couldn't be sure, but she guessed it had about a 30 percent chance of giving me more time.

PM: Hmm. I sure wish the chances were higher. Second: What would you do with your time if you were not taking the experimental drug?

K: I should have mentioned this earlier. If I'm on the drug, I will have to stay in town to be monitored and tested. If I'm not on the drug, I would want to visit my children.

PM: But if you have only a few months to live, would that be possible?

K: My oncologist says that I will get steadily weaker as the cancer grows. But if I travel soon, I should have the strength to visit both my children—and my grandchildren! I could spend about a week with each family before I had to come back here.

PM: I understand wanting to see your children and grandchildren. Couldn't they come here?

K: Maybe, but it would be much easier for me to visit them. And by the time they got here, I would probably be too sick to make much of the time with them. If I visit right away, we all can enjoy the time.

PM: I see . . . It seems that you have thought this through pretty carefully. Is your doctor urging you to go with the experimental drug?

K: I think it's what she wants me to do, but she isn't being pushy about it. I think I would say no if I could be sure that it would be OK. But I can't think of anyplace where the Bible explains what I ought to do in this situation. I was hoping you would know, but you still haven't talked about what the Bible says.

PM: I'm sorry I took so long to get there. In your case, I think the Bible teaches that you have options. There are things you may not do—like giving up in despair—but I don't think the Bible says, "Here is the only thing you are allowed to do." It doesn't say that you must take the drug, and it doesn't say that you must not take it.

K: So the Bible can't help me here?

PM: I'm not saying that. The Bible gives us principles that will help a lot. But in this case, the principles don't leave only one permissible option.

Narrator/Leader: Here the discussion turned to considering some of the biblical principles that Pastor Mike had in mind. We will hear the rest of Kathy's story after talking about some of them.

Lesson One

CASE STUDY/SKETCH: PASTOR MIKE'S SCRIPT

[**Roles:** Narrator/Leader, Kathy (K), and **Pastor Mike (PM**)]

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Kathy: Thank you for seeing me, Pastor Mike. I have a difficult decision to make, and I know your time is valuable.

Pastor Mike: I can't think of anything more important than talking with you right now. I heard yesterday afternoon that your oncologist gave you bad news. Does your decision have to do with that?

K: Yes. The news was bad. Tests confirmed that I have stage 4 pancreatic cancer . . .

PM: Oh, no! That's a really aggressive kind of cancer, isn't it?!

K: Very aggressive. My doctor said that no treatment is known to be effective in stopping it.

PM: I'm so sorry. Would it be OK if I prayed right now that God would stop it?

K: Yes, I would like that.

Narrator/Leader: Pastor Mike prays, asking God to touch Kathy and remove the cancer if that is God's will. He also prays that God would give Kathy wisdom to make choices about her health that please and honor God. Finally, he asks God to give Kathy physical and spiritual strength in the midst of this situation.

K: Amen. I was also praying for peace. I hope it is OK to admit that I'm scared right now.

PM: Of course it is OK. You know better than I do what "cancer" means. Is this cancer somehow connected to the cancer you beat eleven years ago?

K: I don't know. I thought that my breast cancer was completely removed with the surgery and therapy. The doctors said that it could return, but after I was clear for five years, I thought it was finally over. I guess not . . .

PM: You fought that illness so bravely; it is really lousy that you are facing cancer again. Is there really nothing that the oncologist can do?

K: Nothing ordinary, and that leads to the question I need your help to answer. My doctor said she knows of an experimental drug that might slow the cancer's growth and give me more time. She wants to know if I want to be part of an "experimental trial" with this drug.

PM: With your last cancer, you tried everything the doctors suggested. Why wouldn't you do the same now?

K: Maybe it should be easy to say yes to the experimental trial, but it isn't. Do you think the Bible requires me to do everything the doctors recommend?

PM: No, I'm not saying that. But why wouldn't you want to live longer?

K: Of course I want to live longer, but it would be a hard way to live. My doctor says that if I do not participate in the trial, I will live from three to six months. It is possible that the experimental drug would allow me to live nine to twelve months instead, but it is also possible that it wouldn't extend my life at all.

PM: Is it the uncertainty that would be hard about it?

K: No. I don't need to know exactly how long I have left. What would make it hard is the side effects. The doctors don't know if the drug will help, but they are pretty sure about the side effects. The drug would make me nauseous almost all the time, I would be constantly tired, and I would probably find it hard to concentrate.

PM: None of that sounds pleasant. But you made it through chemotherapy last time. Won't this be like that?

K: I don't think so. In that case, the drugs weren't experimental. The side effects weren't fun, but I knew that they were part of what it took to get better—to beat the cancer! In this case, the drug will only be slowing the cancer down. And the side effects will be worse. Not only am I older and weaker, but these side effects are worse.

PM: You seem to want my permission to say no to the experimental drug. Is that it?

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PM: OK. First, did your oncologist say what the chances are that the experimental drug would make a difference and give you more time?

K: She said she couldn't be sure, but she guessed it had about a 30 percent chance of giving me more time.

PM: Hmm. I sure wish the chances were higher. Second: What would you do with your time if you were not taking the experimental drug?

K: I should have mentioned this earlier. If I'm on the drug, I will have to stay in town to be monitored and tested. If I'm not on the drug, I would want to visit my children.

PM: But if you have only a few months to live, would that be possible?

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PM: I understand wanting to see your children and grandchildren. Couldn't they come here?

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K: I think it's what she wants me to do, but she isn't being pushy about it. I think I would say no if I could be sure that it would be OK. But I can't think of anyplace where the Bible explains what I ought to do in this situation. I was hoping you would know, but you still haven't talked about what the Bible says.

PM: I'm sorry I took so long to get there. In your case, I think the Bible teaches that you have options. There are things you may not do—like giving up in despair—but I don't think the Bible says, "Here is the only thing you are allowed to do." It doesn't say that you must take the drug, and it doesn't say that you must not take it.

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PM: I'm not saying that. The Bible gives us principles that will help a lot. But in this case, the principles don't leave only one permissible option.

Narrator/Leader: Here the discussion turned to considering some of the biblical principles that Pastor Mike had in mind. We will hear the rest of Kathy's story after talking about some of them.

Lesson Two

CASE STUDY/SKETCH: SAM'S SCRIPT

[**Roles:** Narrator/Leader, **Sam (S)**, Hannah (H), Tim (T), and Belinda (B)]

Narrator/Leader: Sam is a spiritually mature 81-year-old widower. He is visibly in decline: much thinner than before, stoop-shouldered, with shaky hands and voice. He retired from his work in marketing ten years ago, in part because of health difficulties. After retirement, he traveled with his wife, Louise, until her mental health challenges forced them to stay close to home. She died three years ago after suffering a stroke. Hannah and Tim are Sam's grown children. Hannah is 57 years old. She lives in town with her husband and three children. Tim is 49 years old, is divorced, and lives four hours away by car. Tim has come to town—for the first time since his mother's death—to talk through Sam's plans for his medical care. Belinda is a friend of Sam's from church who is also a nurse practitioner. She is 61 years old and worked as a hospice nurse until moving to emergency medicine at the local hospital.

The gathering begins with Sam's introducing Belinda to Hannah and Tim. Then Sam gets down to business.

Sam: As you all can tell, I am not doing well physically.

Hannah: I don't know what you're talking about. You look much stronger than you did yesterday.

Tim: Come on, Hannah, open your eyes. Dad is only a shadow of his former self.

S: That's one thing we don't need to fight about. My body is falling apart, but my mind is fine. I want to talk to all three of you because I need your support.

H: You know we'll support you, Daddy.

T: (put out) Let's wait and see what he wants.

S: (ignoring Tim's remark) I've asked Belinda to join us because she knows my medical situation and can answer questions about what I can expect. Belinda, how am I doing?

Belinda: You are still mentally sharp, but you have more than one physical problem. The most serious problem is congestive heart disease. Your heart is not strong, which means that you will be weak and that any traumatic event could be more than it can take.

T: So his heart could stop during this conversation?

B: Probably not on its own. If his heart were his only problem, we might be looking into surgery or a transplant. But with his other problems, those aren't viable options.

H: But if he is really careful not to overdo it, he'll be OK, right?

B: Being careful is best, but he has other problems. Your father is also dealing with some breathing issues and increasing challenges from his Parkinson's disease. You've probably noticed that his tremors are more severe.

H: Yes, but I was hoping he was just nervous about this conversation.

B: He may have been a bit nervous, but what you see in his hands and hear in his voice is part of a gradual loss of muscle control. It contributes to his trouble breathing, making it more and more likely that he will choke and have to fight to breathe. That fight will eventually be more than his heart can take, and it will quit.

H: (sobbing) No! We can't let that happen.

S: None of us can keep it from happening. And when it does, I want you to let me go to be with Jesus in peace.

H: But surely if I called 911, they would get here in time to save you.

S: I don't want that. I want you to stay close to me and let me go. You could sing hymns if you wonder what I would want you to do.

T: So you want us to let you die?

S: If my heart stops, yes. I have set my affairs in order. All the details—who to call about taking care of my body, what to do with my finances, all of it—are in the large envelope in the top drawer of my desk. As you know, I'm in a hospice program. They will know what to do.

T: How soon is this going to happen?

S: Belinda?

B: We can't know for sure. It could be months, but it could also be this week. Your father's condition is quite fragile.

H: (to Sam) But you seem so full of life right now. Surely there is something the doctors can do to prevent your heart from stopping.

S: I would have thought so, too, but my doctors agree that they have done all they can.

H: (with new energy) Wait a minute. I know that the EMTs could restart your heart if you would let them. It happens all the time on TV shows. They use the paddles; there is a big thunk, and the heart starts again. After a stay in the hospital, the person is well enough to go home.

S: I've been talking to Belinda about that. She says it is a misleading picture.

B: Yes, and it makes most nurses angry. So many people end up with unrealistic expectations. In the first place, what they show on TV makes it look like all it takes is one or two jolts. In reality, resuscitating someone whose heart has stopped is much more like a violent assault. In order to restart your father's heart, they would have to pound on his chest so hard that they would break some of his ribs. They would force drugs into his bloodstream. And they would almost certainly have to push a tube down his throat to force air into his lungs. Even if your father were in good health otherwise, his chances of ever leaving the hospital still wouldn't be good. For someone as weak as he is with other health problems, resuscitation would be very unlikely.

T: So a resuscitation attempt would fail, right?

B: Depends what you mean by "fail."

S: I think it is up to me to decide what counts as "failing" in this case. From what I hear from my doctors, they might restart my heart. But it would take so much out of me that I would probably have to be hospitalized. And I would likely never be strong enough to leave the hospital. I don't want to die in the hospital.

T: Sounds like you've thought this through. What do you want from us? Are you unsure if this is the right decision?

S: I want you to support my decision not to be resuscitated. I have talked with the pastor. He was sad that the end seems near, but he thinks the Bible permits someone in my condition to say no to a resuscitation attempt.

Narrator/Leader: Let's take a straw poll before we hear more. How many here think that the pastor's advice is correct (that the Bible allows someone in Sam's condition to decline resuscitation)? [Record the vote tally for Yes, No, and Unsure. Allow one Yes voter and one No voter to each give a reason for his or her vote.]

H: But it sounds like you are giving up on life, Daddy. How can it be biblical to give up on life?

S: It would be wrong to give up on life, but the pastor said that I would simply be choosing where I die. I am still praying that God will heal me of all my diseases. But if that is not God's will, then I will die soon no matter what. I would rather die at home than die in the emergency room or in a hospital bed.

H: (growing agitated) Why are you making us think about this?

S: Because I need to know that you understand what I want and that you will allow it to happen that way.

T: Makes sense to me. I'll support your decision.

H: But maybe I don't want to! What if I'm not ready to lose you?

S: Hannah, it means so much to know that you want me here. (pause) Belinda, what would happen if Hannah does not agree with my plan?

B: Probably the doctors would follow her instructions.

T: But couldn't he write down what he wants and have a lawyer make it official?

S: Actually, I've already done that. My instructions are in the envelope in my desk with the other papers.

T: So why do you need Hannah to agree?

B: Because no matter how clear the instructions are, the doctors will have to protect themselves against a lawsuit. If Hannah is the only family member available, the law will tell the doctors to look to her to make decisions. And if they follow his instructions over hers, she might sue them.

T: But she'd lose in court, wouldn't she?

S: My lawyer says she would probably lose, but I would have machines keeping me alive while they sorted it out. I don't want that.

H: So you want me to promise not to fight your instructions?

S: Yes, that is what I want.

H: Can I take some time to think about it?

S: Of course. Let's talk about this again tomorrow.

Lesson Two

CASE STUDY/SKETCH: HANNAH'S SCRIPT

[**Roles:** Narrator/Leader, Sam (S), **Hannah (H)**, Tim (T), and Belinda (B)]

Narrator/Leader: Sam is a spiritually mature 81-year-old widower. He is visibly in decline: much thinner than before, stoop-shouldered, with shaky hands and voice. He retired from his work in marketing ten years ago, in part because of health difficulties. After retirement, he traveled with his wife, Louise, until her mental health challenges forced them to stay close to home. She died three years ago after suffering a stroke. Hannah and Tim are Sam's grown children. Hannah is 57 years old. She lives in town with her husband and three children. Tim is 49 years old, is divorced, and lives four hours away by car. Tim has come to town—for the first time since his mother's death—to talk through Sam's plans for his medical care. Belinda is a friend of Sam's from church who is also a nurse practitioner. She is 61 years old and worked as a hospice nurse until moving to emergency medicine at the local hospital.

The gathering begins with Sam's introducing Belinda to Hannah and Tim. Then Sam gets down to business:

Sam: As you all can tell, I am not doing well physically.

Hannah: I don't know what you're talking about. You look much stronger than you did yesterday.

Tim: Come on, Hannah, open your eyes. Dad is only a shadow of his former self.

S: That's one thing we don't need to fight about. My body is falling apart, but my mind is fine. I want to talk to all three of you because I need your support.

H: You know we'll support you, Daddy.

T: (put out) Let's wait and see what he wants.

S: (ignoring Tim's remark) I've asked Belinda to join us because she knows my medical situation and can answer questions about what I can expect. Belinda, how am I doing?

Belinda: You are still mentally sharp, but you have more than one physical problem. The most serious problem is congestive heart disease. Your heart is not strong, which means that you will be weak and that any traumatic event could be more than it can take.

T: So his heart could stop during this conversation?

B: Probably not on its own. If his heart were his only problem, we might be looking into surgery or a transplant. But with his other problems, those aren't viable options.

H: But if he is really careful not to overdo it, he'll be OK, right?

B: Being careful is best, but he has other problems. Your father is also dealing with some breathing issues and increasing challenges from his Parkinson's disease. You've probably noticed that his tremors are more severe.

H: Yes, but I was hoping he was just nervous about this conversation.

B: He may have been a bit nervous, but what you see in his hands and hear in his voice is part of a gradual loss of muscle control. It contributes to his trouble breathing, making it more and more likely that he will choke and have to fight to breathe. That fight will eventually be more than his heart can take, and it will quit.

H: (sobbing) No! We can't let that happen.

S: None of us can keep it from happening. And when it does, I want you to let me go to be with Jesus in peace.

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T: How soon is this going to happen?

S: Belinda?

B: We can't know for sure. It could be months, but it could also be this week. Your father's condition is quite fragile.

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S: I would have thought so, too, but my doctors agree that they have done all they can.

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H: But maybe I don't want to! What if I'm not ready to lose you?

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S: Yes, that is what I want.

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S: Of course. Let's talk about this again tomorrow.

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Tim: Come on, Hannah, open your eyes. Dad is only a shadow of his former self.

S: That's one thing we don't need to fight about. My body is falling apart, but my mind is fine. I want to talk to all three of you because I need your support.

H: You know we'll support you, Daddy.

T: (put out) Let's wait and see what he wants.

S: (ignoring Tim's remark) I've asked Belinda to join us because she knows my medical situation and can answer questions about what I can expect. Belinda, how am I doing?

Belinda: You are still mentally sharp, but you have more than one physical problem. The most serious problem is congestive heart disease. Your heart is not strong, which means that you will be weak and that any traumatic event could be more than it can take.

T: So his heart could stop during this conversation?

B: Probably not on its own. If his heart were his only problem, we might be looking into surgery or a transplant. But with his other problems, those aren't viable options.

H: But if he is really careful not to overdo it, he'll be OK, right?

B: Being careful is best, but he has other problems. Your father is also dealing with some breathing issues and increasing challenges from his Parkinson's disease. You've probably noticed that his tremors are more severe.

H: Yes, but I was hoping he was just nervous about this conversation.

B: He may have been a bit nervous, but what you see in his hands and hear in his voice is part of a gradual loss of muscle control. It contributes to his trouble breathing, making it more and more likely that he will choke and have to fight to breathe. That fight will eventually be more than his heart can take, and it will quit.

H: (sobbing) No! We can't let that happen.

S: None of us can keep it from happening. And when it does, I want you to let me go to be with Jesus in peace.

H: But surely if I called 911, they would get here in time to save you.

S: I don't want that. I want you to stay close to me and let me go. You could sing hymns if you wonder what I would want you to do.

T: So you want us to let you die?

S: If my heart stops, yes. I have set my affairs in order. All the details—who to call about taking care of my body, what to do with my finances, all of it—are in the large envelope in the top drawer of my desk. As you know, I'm in a hospice program. They will know what to do.

T: How soon is this going to happen?

S: Belinda?

B: We can't know for sure. It could be months, but it could also be this week. Your father's condition is quite fragile.

H: (to Sam) But you seem so full of life right now. Surely there is something the doctors can do to prevent your heart from stopping.

S: I would have thought so, too, but my doctors agree that they have done all they can.

H: (with new energy) Wait a minute. I know that the EMTs could restart your heart if you would let them. It happens all the time on TV shows. They use the paddles; there is a big thunk, and the heart starts again. After a stay in the hospital, the person is well enough to go home.

S: I've been talking to Belinda about that. She says it is a misleading picture.

B: Yes, and it makes most nurses angry. So many people end up with unrealistic expectations. In the first place, what they show on TV makes it look like all it takes is one or two jolts. In reality, resuscitating someone whose heart has stopped is much more like a violent assault. In order to restart your father's heart, they would have to pound on his chest so hard that they would break some of his ribs. They would force drugs into his bloodstream. And they would almost certainly have to push a tube down his throat to force air into his lungs. Even if your father were in good health otherwise, his chances of ever leaving the hospital still wouldn't be good. For someone as weak as he is with other health problems, resuscitation would be very unlikely.

T: So a resuscitation attempt would fail, right?

B: Depends what you mean by "fail."

S: I think it is up to me to decide what counts as "failing" in this case. From what I hear from my doctors, they might restart my heart. But it would take so much out of me that I would probably have to be hospitalized. And I would likely never be strong enough to leave the hospital. I don't want to die in the hospital.

T: Sounds like you've thought this through. What do you want from us? Are you unsure if this is the right decision?

S: I want you to support my decision not to be resuscitated. I have talked with the pastor. He was sad that the end seems near, but he thinks the Bible permits someone in my condition to say no to a resuscitation attempt.

Narrator/Leader: Let's take a straw poll before we hear more. How many here think that the pastor's advice is correct (that the Bible allows someone in Sam's condition to decline resuscitation)? [Record the vote tally for Yes, No, and Unsure. Allow one Yes voter and one No voter to each give a reason for his or her vote.]

H: But it sounds like you are giving up on life, Daddy. How can it be biblical to give up on life?

S: It would be wrong to give up on life, but the pastor said that I would simply be choosing where I die. I am still praying that God will heal me of all my diseases. But if that is not God's will, then I will die soon no matter what. I would rather die at home than die in the emergency room or in a hospital bed.

H: (growing agitated) Why are you making us think about this?

S: Because I need to know that you understand what I want and that you will allow it to happen that way.

T: Makes sense to me. I'll support your decision.

H: But maybe I don't want to! What if I'm not ready to lose you?

S: Hannah, it means so much to know that you want me here. (pause) Belinda, what would happen if Hannah does not agree with my plan?

B: Probably the doctors would follow her instructions.

T: But couldn't he write down what he wants and have a lawyer make it official?

S: Actually, I've already done that. My instructions are in the envelope in my desk with the other papers.

T: So why do you need Hannah to agree?

B: Because no matter how clear the instructions are, the doctors will have to protect themselves against a lawsuit. If Hannah is the only family member available, the law will tell the doctors to look to her to make decisions. And if they follow his instructions over hers, she might sue them.

T: But she'd lose in court, wouldn't she?

S: My lawyer says she would probably lose, but I would have machines keeping me alive while they sorted it out. I don't want that.

H: So you want me to promise not to fight your instructions?

S: Yes, that is what I want.

H: Can I take some time to think about it?

S: Of course. Let's talk about this again tomorrow.

Lesson Two

CASE STUDY/SKETCH: BELINDA'S SCRIPT

[**Roles:** Narrator/Leader, Sam (S), Hannah (H), Tim (T), and **Belinda (B)**]

Narrator/Leader: Sam is a spiritually mature 81-year-old widower. He is visibly in decline: much thinner than before, stoop-shouldered, with shaky hands and voice. He retired from his work in marketing ten years ago, in part because of health difficulties. After retirement, he traveled with his wife, Louise, until her mental health challenges forced them to stay close to home. She died three years ago after suffering a stroke. Hannah and Tim are Sam's grown children. Hannah is 57 years old. She lives in town with her husband and three children. Tim is 49 years old, is divorced, and lives four hours away by car. Tim has come to town—for the first time since his mother's death—to talk through Sam's plans for his medical care. Belinda is a friend of Sam's from church who is also a nurse practitioner. She is 61 years old and worked as a hospice nurse until moving to emergency medicine at the local hospital.

The gathering begins with Sam's introducing Belinda to Hannah and Tim. Then Sam gets down to business:

Sam: As you all can tell, I am not doing well physically.

Hannah: I don't know what you're talking about. You look much stronger than you did yesterday.

Tim: Come on, Hannah, open your eyes. Dad is only a shadow of his former self.

S: That's one thing we don't need to fight about. My body is falling apart, but my mind is fine. I want to talk to all three of you because I need your support.

H: You know we'll support you, Daddy.

T: (put out) Let's wait and see what he wants.

S: (ignoring Tim's remark) I've asked Belinda to join us because she knows my medical situation and can answer questions about what I can expect. Belinda, how am I doing?

Belinda: You are still mentally sharp, but you have more than one physical problem. The most serious problem is congestive heart disease. Your heart is not strong, which means that you will be weak and that any traumatic event could be more than it can take.

T: So his heart could stop during this conversation?

B: Probably not on its own. If his heart were his only problem, we might be looking into surgery or a transplant. But with his other problems, those aren't viable options.

H: But if he is really careful not to overdo it, he'll be OK, right?

B: Being careful is best, but he has other problems. Your father is also dealing with some breathing issues and increasing challenges from his Parkinson's disease. You've probably noticed that his tremors are more severe.

H: Yes, but I was hoping he was just nervous about this conversation.

B: He may have been a bit nervous, but what you see in his hands and hear in his voice is part of a gradual loss of muscle control. It contributes to his trouble breathing, making it more and more likely that he will choke and have to fight to breathe. That fight will eventually be more than his heart can take, and it will quit.

H: (sobbing) No! We can't let that happen.

S: None of us can keep it from happening. And when it does, I want you to let me go to be with Jesus in peace.

H: But surely if I called 911, they would get here in time to save you.

S: I don't want that. I want you to stay close to me and let me go. You could sing hymns if you wonder what I would want you to do.

T: So you want us to let you die?

S: If my heart stops, yes. I have set my affairs in order. All the details—who to call about taking care of my body, what to do with my finances, all of it—are in the large envelope in the top drawer of my desk. As you know, I'm in a hospice program. They will know what to do.

T: How soon is this going to happen?

S: Belinda?

B: We can't know for sure. It could be months, but it could also be this week. Your father's condition is quite fragile.

H: (to Sam) But you seem so full of life right now. Surely there is something the doctors can do to prevent your heart from stopping.

S: I would have thought so, too, but my doctors agree that they have done all they can.

H: (with new energy) Wait a minute. I know that the EMTs could restart your heart if you would let them. It happens all the time on TV shows. They use the paddles; there is a big thunk, and the heart starts again. After a stay in the hospital, the person is well enough to go home.

S: I've been talking to Belinda about that. She says it is a misleading picture.

B: Yes, and it makes most nurses angry. So many people end up with unrealistic expectations. In the first place, what they show on TV makes it look like all it takes is one or two jolts. In reality, resuscitating someone whose heart has stopped is much more like a violent assault. In order to restart your father's heart, they would have to pound on his chest so hard that they would break some of his ribs. They would force drugs into his bloodstream. And they would almost certainly have to push a tube down his throat to force air into his lungs. Even if your father were in good health otherwise, his chances of ever leaving the hospital still wouldn't be good. For someone as weak as he is with other health problems, resuscitation would be very unlikely.

T: So a resuscitation attempt would fail, right?

B: Depends what you mean by "fail."

S: I think it is up to me to decide what counts as "failing" in this case. From what I hear from my doctors, they might restart my heart. But it would take so much out of me that I would probably have to be hospitalized. And I would likely never be strong enough to leave the hospital. I don't want to die in the hospital.

T: Sounds like you've thought this through. What do you want from us? Are you unsure if this is the right decision?

S: I want you to support my decision not to be resuscitated. I have talked with the pastor. He was sad that the end seems near, but he thinks the Bible permits someone in my condition to say no to a resuscitation attempt.

Narrator/Leader: Let's take a straw poll before we hear more. How many here think that the pastor's advice is correct (that the Bible allows someone in Sam's condition to decline resuscitation)? [Record the vote tally for Yes, No, and Unsure. Allow one Yes voter and one No voter to each give a reason for his or her vote.]

H: But it sounds like you are giving up on life, Daddy. How can it be biblical to give up on life?

S: It would be wrong to give up on life, but the pastor said that I would simply be choosing where I die. I am still praying that God will heal me of all my diseases. But if that is not God's will, then I will die soon no matter what. I would rather die at home than die in the emergency room or in a hospital bed.

H: (growing agitated) Why are you making us think about this?

S: Because I need to know that you understand what I want and that you will allow it to happen that way.

T: Makes sense to me. I'll support your decision.

H: But maybe I don't want to! What if I'm not ready to lose you?

S: Hannah, it means so much to know that you want me here.

(pause) Belinda, what would happen if Hannah does not agree with my plan?

B: Probably the doctors would follow her instructions.

T: But couldn't he write down what he wants and have a lawyer make it official?

S: Actually, I've already done that. My instructions are in the envelope in my desk with the other papers.

T: So why do you need Hannah to agree?

B: Because no matter how clear the instructions are, the doctors will have to protect themselves against a lawsuit. If Hannah is the only family member available, the law will tell the doctors to look to her to make decisions. And if they follow his instructions over hers, she might sue them.

T: But she'd lose in court, wouldn't she?

S: My lawyer says she would probably lose, but I would have machines keeping me alive while they sorted it out. I don't want that.

H: So you want me to promise not to fight your instructions?

S: Yes, that is what I want.

H: Can I take some time to think about it?

S: Of course. Let's talk about this again tomorrow.

Lesson Three

CASE STUDY/SKETCH: MIRIAM'S SCRIPT

[**Roles:** Narrator/Leader, **Miriam (M)**, Lucy (L), and Sally (S)]

Narrator/Leader: Miriam is the middle-aged daughter of Nora. Miriam needs help in deciding how to answer a question about Nora's medical care. Lucy is another member of the church small group that Miriam attends. Lucy and Miriam know each other well, and both are spiritually mature women. Sally is a Christian friend of Miriam's who attends a different church. Sally is also a nurse who works as a case manager at the local hospital. Miriam has asked Lucy and Sally to join her for tea to talk about the situation facing her mother, Nora. After they exchange pleasantries, Lucy prays that God would direct the conversation, that God would heal Nora of her difficulties, and that Miriam would be at peace.

Miriam: Thank you, Lucy, for your prayer. And thank you both for agreeing to help me think through what is happening.

Lucy: We wish we had a happier reason for getting together.

Sally: I agree. What is happening with your mother?

M: She is not doing well, and the main problem is her maddening behavior at the dialysis clinic.

L: Is dialysis necessary?

M: Yes. Her kidneys are not doing well, so she needs to spend a few hours twice a week at the dialysis clinic. She had a minor stroke three years ago and she is physically declining, but her doctor says that with dialysis, she is likely to live for another nine to twelve months. Sometimes she says that she knows it is important, but every time we've been to the clinic, it has been a nightmare.

S: Are the people at the clinic unkind?

M: No, they're great. The problem is my mother. Since her stroke, she is often confused. But when we are at the clinic, she becomes hostile. She resists the staff's efforts to get things started, and she tries to pull the tubes out—if they ever get them in. The clinic now says that something has to change before they will see her again.

L: Can you tell what makes her resist the treatment?

M: She doesn't explain at all. As we are driving to the clinic, she gets agitated—and then once we are there, I can't control her.

S: We see this sometimes in the hospital. People with confusion and kidney trouble get paranoid as the time for dialysis approaches. The buildup of toxins that the dialysis will remove adds to confusion. It makes it easier to believe that others want to hurt you.

L: So the need for dialysis makes it harder for her to accept it?

S: It would seem so.

L: Couldn't the clinic hold her down while the dialysis is cleaning up her blood?

S: No. The clinic does not have the legal authority to place people in restraints, even for their own good. Only doctors in a hospital setting can put patients in restraints.

M: I know that firsthand. The second time I took my mother to dialysis, she fell and cut her forehead while struggling with a technician. There was blood everywhere, and we were taken by ambulance to the hospital. The ER doctor had my mother put in restraints because she was violent. While she was there, they gave her dialysis while waiting for a surgeon to come to stitch up her head. When the dialysis was over, she was no longer paranoid.

L: It sounds as if dialysis really helps. Could she go to the hospital to get the dialysis? They could restrain her, and it sounds like that is what she needs.

M: I don't know. (looking to Sally) Would the hospital do that?

S: It would be unusual. The hospital is not a dialysis clinic, and they would be reluctant to use restraints that often.

M: And even if the hospital allowed it, I don't think I could do that to my mother. She struggles to understand what is happening to her as it is. Imagine how awful it would be for her to be tied down and forced to have needles jabbed into her. To her, it would seem like she was being tortured twice a week.

L: Oh, dear. But she needs the treatment. Is there no other way she can get it? Can they do the dialysis at home? Maybe in familiar surroundings, she wouldn't be afraid.

M: They can't do the kind of dialysis she needs at home.

S: At least not yet. It may be possible before long, but not soon enough to help Miriam's mother.

M: Because she needs dialysis, the doctors said that they see only two real options. First, they could give her antianxiety pills to take the day before and the day of her visits to the clinic. The pills would control her paranoia, and the clinic would allow her to come back for dialysis.

S: Did the doctors mention the side effects from these pills?

M: Yes, and they are discouraging. When she takes the pills, Mom is likely to be lethargic and mostly out of it. And on the days when she's not taking the pills, she will still be down. So on the pills she can get dialysis, but she won't be able to enjoy much of the rest of the time.

L: I guess I'm back to my first question: Is the dialysis necessary? What would happen if she didn't get dialysis?

M: That's the second option the doctors mentioned. If she doesn't get dialysis, she will probably die sometime in the next two months.

L: What would her condition be during those two months?

S: Because she gets paranoid only when she is away from the familiar surroundings of her home and family, she would probably not get fearful or upset. She could continue in her routine—going to church, watching her grandchildren, puttering around the house—as she got more confused and weaker. Eventually she would be too weak to get out of bed. And as the toxins in her blood reached critical levels, she would slip into a coma and die.

M: You make it sound simple and peaceful.

S: I don't know that it would be all simple and peaceful. But I'm sure it would be more peaceful for her than either of the other options with dialysis.

M: (to Lucy) Do you think I should give up on her, too?

Narrator/Leader: Before we hear Lucy's answer, do you think that the option of discontinuing the dialysis is a biblically acceptable option? [Discuss reasons for and against thinking so, possibly with reference to the principles discussed in previous sessions.]

Narrator/Leader: Let's pick up with Miriam's last question.

M: (to Lucy) Do you think I should give up on her, too?

S: (jumping in) I'm not saying that anyone should give up. I'm only saying that I don't see a way for your mother to get the dialysis without a lot of other complications.

L: I don't think it would be giving up if you discontinued the dialysis. I think you would be choosing one kind of life for your mom over another kind of life. One is longer but dominated by things she wouldn't like. The other is a bit shorter and could be peaceful.

S: The main question, though, is "What would your mother want?" I know that is the question the doctors hope you can answer. Did you ever talk about anything like this with her?

M: I didn't know this kind of thing was possible before now, so I'm sure my mother didn't talk to me about it.

S: Do you know whether she has an advance directive?

L: What is that?

S: It is a document describing what you want medically if you are unable to speak for yourself. Does your mom have a lawyer?

M: I don't think so.

L: Would an advanced direction . . .

S: (correcting) Advance directive.

L: Sorry; would an advance directive make this simple?

S: Something in writing about this situation would be ideal, but it isn't necessary. The law directs the doctors to find someone who can speak for your mother, someone who can represent your mother's values.

M: I think I have a good idea what my mother values: time with her family, serving and worshiping at church, and the predictable string of little things that make up life at home.

L: Those values suggest that she would prefer to live in her normal routine rather than organizing everything around getting the dialysis twice a week.

M: I see that. But I also know that she values the Bible and wants to obey its commandments. Wouldn't she be breaking God's law she if stopped fighting to live as long as she could?

Leader: With a partner, determine what you would say to Miriam if she asked what you thought she should choose for her mother in this scenario.

Lesson Three

CASE STUDY/SKETCH: LUCY'S SCRIPT

[**Roles:** Narrator/Leader, Miriam (M), **Lucy (L)**, and Sally (S)]

Narrator/Leader: Miriam is the middle-aged daughter of Nora. Miriam needs help in deciding how to answer a question about Nora's medical care. Lucy is another member of the church small group that Miriam attends. Lucy and Miriam know each other well, and both are spiritually mature women. Sally is a Christian friend of Miriam's who attends a different church. Sally is also a nurse who works as a case manager at the local hospital. Miriam has asked Lucy and Sally to join her for tea to talk about the situation facing her mother, Nora. After they exchange pleasantries, Lucy prays that God would direct the conversation, that God would heal Nora of her difficulties, and that Miriam would be at peace.

Miriam: Thank you, Lucy, for your prayer. And thank you both for agreeing to help me think through what is happening.

Lucy: We wish we had a happier reason for getting together.

Sally: I agree. What is happening with your mother?

M: She is not doing well, and the main problem is her maddening behavior at the dialysis clinic.

L: Is dialysis necessary?

M: Yes. Her kidneys are not doing well, so she needs to spend a few hours twice a week at the dialysis clinic. She had a minor stroke three years ago and she is physically declining, but her doctor says that with dialysis, she is likely to live for another nine to twelve months. Sometimes she says that she knows it is important, but every time we've been to the clinic, it has been a nightmare.

S: Are the people at the clinic unkind?

M: No, they're great. The problem is my mother. Since her stroke, she is often confused. But when we are at the clinic, she becomes hostile. She resists the staff's efforts to get things started, and she tries to pull the tubes out—if they ever get them in. The clinic now says that something has to change before they will see her again.

L: Can you tell what makes her resist the treatment?

M: She doesn't explain at all. As we are driving to the clinic, she gets agitated—and then once we are there, I can't control her.

S: We see this sometimes in the hospital. People with confusion and kidney trouble get paranoid as the time for dialysis approaches. The buildup of toxins that the dialysis will remove adds to confusion. It makes it easier to believe that others want to hurt you.

L: So the need for dialysis makes it harder for her to accept it?

S: It would seem so.

L: Couldn't the clinic hold her down while the dialysis is cleaning up her blood?

S: No. The clinic does not have the legal authority to place people in restraints, even for their own good. Only doctors in a hospital setting can put patients in restraints.

M: I know that firsthand. The second time I took my mother to dialysis, she fell and cut her forehead while struggling with a technician. There was blood everywhere, and we were taken by ambulance to the hospital. The ER doctor had my mother put in restraints because she was violent. While she was there, they gave her dialysis while waiting for a surgeon to come to stitch up her head. When the dialysis was over, she was no longer paranoid.

L: It sounds as if dialysis really helps. Could she go to the hospital to get the dialysis? They could restrain her, and it sounds like that is what she needs.

M: I don't know. (looking to Sally) Would the hospital do that?

S: It would be unusual. The hospital is not a dialysis clinic, and they would be reluctant to use restraints that often.

M: And even if the hospital allowed it, I don't think I could do that to my mother. She struggles to understand what is happening to her as it is. Imagine how awful it would be for her to be tied down and forced to have needles jabbed into her. To her, it would seem like she was being tortured twice a week.

L: Oh, dear. But she needs the treatment. Is there no other way she can get it? Can they do the dialysis at home? Maybe in familiar surroundings, she wouldn't be afraid.

M: They can't do the kind of dialysis she needs at home.

S: At least not yet. It may be possible before long, but not soon enough to help Miriam's mother.

M: Because she needs dialysis, the doctors said that they see only two real options. First, they could give her antianxiety pills to take the day before and the day of her visits to the clinic. The pills would control her paranoia, and the clinic would allow her to come back for dialysis.

S: Did the doctors mention the side effects from these pills?

M: Yes, and they are discouraging. When she takes the pills, Mom is likely to be lethargic and mostly out of it. And on the days when she's not taking the pills, she will still be down. So on the pills she can get dialysis, but she won't be able to enjoy much of the rest of the time.

L: I guess I'm back to my first question: Is the dialysis necessary? What would happen if she didn't get dialysis?

M: That's the second option the doctors mentioned. If she doesn't get dialysis, she will probably die sometime in the next two months.

L: What would her condition be during those two months?

S: Because she gets paranoid only when she is away from the familiar surroundings of her home and family, she would probably not get fearful or upset. She could continue in her routine—going to church, watching her grandchildren, puttering around the house—as she got more confused and weaker. Eventually she would be too weak to get out of bed. And as the toxins in her blood reached critical levels, she would slip into a coma and die.

M: You make it sound simple and peaceful.

S: I don't know that it would be all simple and peaceful. But I'm sure it would be more peaceful for her than either of the other options with dialysis.

M: (to Lucy) Do you think I should give up on her, too?

Narrator/Leader: Before we hear Lucy's answer, do you think that the option of discontinuing the dialysis is a biblically acceptable option? [Discuss reasons for and against thinking so, possibly with reference to the principles discussed in previous sessions.]

Narrator/Leader: Let's pick up with Miriam's last question.

M: (to Lucy) Do you think I should give up on her, too?

S: (jumping in) I'm not saying that anyone should give up. I'm only saying that I don't see a way for your mother to get the dialysis without a lot of other complications.

L: I don't think it would be giving up if you discontinued the dialysis. I think you would be choosing one kind of life for your mom over another kind of life. One is longer but dominated by things she wouldn't like. The other is a bit shorter and could be peaceful.

S: The main question, though, is "What would your mother want?" I know that is the question the doctors hope you can answer. Did you ever talk about anything like this with her?

M: I didn't know this kind of thing was possible before now, so I'm sure my mother didn't talk to me about it.

S: Do you know whether she has an advance directive?

L: What is that?

S: It is a document describing what you want medically if you are unable to speak for yourself. Does your mom have a lawyer?

M: I don't think so.

L: Would an advanced direction . . .

S: (correcting) Advance directive.

L: Sorry; would an advance directive make this simple?

S: Something in writing about this situation would be ideal, but it isn't necessary. The law directs the doctors to find someone who can speak for your mother, someone who can represent your mother's values.

M: I think I have a good idea what my mother values: time with her family, serving and worshiping at church, and the predictable string of little things that make up life at home.

L: Those values suggest that she would prefer to live in her normal routine rather than organizing everything around getting the dialysis twice a week.

M: I see that. But I also know that she values the Bible and wants to obey its commandments. Wouldn't she be breaking God's law she if stopped fighting to live as long as she could?

Leader: With a partner, determine what you would say to Miriam if she asked what you thought she should choose for her mother in this scenario.

Lesson Three

CASE STUDY/SKETCH: SALLY'S SCRIPT

[**Roles:** Narrator/Leader, Miriam (V), Lucy (L), and **Sally (S)**]

Narrator/Leader: Miriam is the middle-aged daughter of Nora. Miriam needs help in deciding how to answer a question about Nora's medical care. Lucy is another member of the church small group that Miriam attends. Lucy and Miriam know each other well, and both are spiritually mature women. Sally is a Christian friend of Miriam's who attends a different church. Sally is also a nurse who works as a case manager at the local hospital. Miriam has asked Lucy and Sally to join her for tea to talk about the situation facing her mother, Nora. After they exchange pleasantries, Lucy prays that God would direct the conversation, that God would heal Nora of her difficulties, and that Miriam would be at peace.

Miriam: Thank you, Lucy, for your prayer. And thank you both for agreeing to help me think through what is happening.

Lucy: We wish we had a happier reason for getting together.

Sally: I agree. What is happening with your mother?

M: She is not doing well, and the main problem is her maddening behavior at the dialysis clinic.

L: Is dialysis necessary?

M: Yes. Her kidneys are not doing well, so she needs to spend a few hours twice a week at the dialysis clinic. She had a minor stroke three years ago and she is physically declining, but her doctor says that with dialysis, she is likely to live for another nine to twelve months. Sometimes she says that she knows it is important, but every time we've been to the clinic, it has been a nightmare.

S: Are the people at the clinic unkind?

M: No, they're great. The problem is my mother. Since her stroke, she is often confused. But when we are at the clinic, she becomes hostile. She resists the staff's efforts to get things started, and she tries to pull the tubes out—if they ever get them in. The clinic now says that something has to change before they will see her again.

L: Can you tell what makes her resist the treatment?

M: She doesn't explain at all. As we are driving to the clinic, she gets agitated—and then once we are there, I can't control her.

S: We see this sometimes in the hospital. People with confusion and kidney trouble get paranoid as the time for dialysis approaches. The buildup of toxins that the dialysis will remove adds to confusion. It makes it easier to believe that others want to hurt you.

L: So the need for dialysis makes it harder for her to accept it?

S: It would seem so.

L: Couldn't the clinic hold her down while the dialysis is cleaning up her blood?

S: No. The clinic does not have the legal authority to place people in restraints, even for their own good. Only doctors in a hospital setting can put patients in restraints.

M: I know that firsthand. The second time I took my mother to dialysis, she fell and cut her forehead while struggling with a technician. There was blood everywhere, and we were taken by ambulance to the hospital. The ER doctor had my mother put in restraints because she was violent. While she was there, they gave her dialysis while waiting for a surgeon to come to stitch up her head. When the dialysis was over, she was no longer paranoid.

L: It sounds as if dialysis really helps. Could she go to the hospital to get the dialysis? They could restrain her, and it sounds like that is what she needs.

M: I don't know. (looking to Sally) Would the hospital do that?

S: It would be unusual. The hospital is not a dialysis clinic, and they would be reluctant to use restraints that often.

M: And even if the hospital allowed it, I don't think I could do that to my mother. She struggles to understand what is happening to her as it is. Imagine how awful it would be for her to be tied down and forced to have needles jabbed into her. To her, it would seem like she was being tortured twice a week.

L: Oh, dear. But she needs the treatment. Is there no other way she can get it? Can they do the dialysis at home? Maybe in familiar surroundings, she wouldn't be afraid.

M: They can't do the kind of dialysis she needs at home.

S: At least not yet. It may be possible before long, but not soon enough to help Miriam's mother.

M: Because she needs dialysis, the doctors said that they see only two real options. First, they could give her antianxiety pills to take the day before and the day of her visits to the clinic. The pills would control her paranoia, and the clinic would allow her to come back for dialysis.

S: Did the doctors mention the side effects from these pills?

M: Yes, and they are discouraging. When she takes the pills, Mom is likely to be lethargic and mostly out of it. And on the days when she's not taking the pills, she will still be down. So on the pills she can get dialysis, but she won't be able to enjoy much of the rest of the time.

L: I guess I'm back to my first question: Is the dialysis necessary? What would happen if she didn't get dialysis?

M: That's the second option the doctors mentioned. If she doesn't get dialysis, she will probably die sometime in the next two months.

L: What would her condition be during those two months?

S: Because she gets paranoid only when she is away from the familiar surroundings of her home and family, she would probably not get fearful or upset. She could continue in her routine—going to church, watching her grandchildren, puttering around the house—as she got more confused and weaker. Eventually she would be too weak to get out of bed. And as the toxins in her blood reached critical levels, she would slip into a coma and die.

M: You make it sound simple and peaceful.

S: I don't know that it would be all simple and peaceful. But I'm sure it would be more peaceful for her than either of the other options with dialysis.

M: (to Lucy) Do you think I should give up on her, too?

Narrator/Leader: Before we hear Lucy's answer, do you think that the option of discontinuing the dialysis is a biblically acceptable option? [Discuss reasons for and against thinking so, possibly with reference to the principles discussed in previous sessions.]

Narrator/Leader: Let's pick up with Miriam's last question.

M: (to Lucy) Do you think I should give up on her, too?

S: (jumping in) I'm not saying that anyone should give up. I'm only saying that I don't see a way for your mother to get the dialysis without a lot of other complications.

L: I don't think it would be giving up if you discontinued the dialysis. I think you would be choosing one kind of life for your mom over another kind of life. One is longer but dominated by things she wouldn't like. The other is a bit shorter and could be peaceful.

S: The main question, though, is "What would your mother want?" I know that is the question the doctors hope you can answer. Did you ever talk about anything like this with her?

M: I didn't know this kind of thing was possible before now, so I'm sure my mother didn't talk to me about it.

S: Do you know whether she has an advance directive?

L: What is that?

S: It is a document describing what you want medically if you are unable to speak for yourself. Does your mom have a lawyer?

M: I don't think so.

L: Would an advanced direction . . .

S: (correcting) Advance directive.

L: Sorry; would an advance directive make this simple?

S: Something in writing about this situation would be ideal, but it isn't necessary. The law directs the doctors to find someone who can speak for your mother, someone who can represent your mother's values.

M: I think I have a good idea what my mother values: time with her family, serving and worshiping at church, and the predictable string of little things that make up life at home.

L: Those values suggest that she would prefer to live in her normal routine rather than organizing everything around getting the dialysis twice a week.

M: I see that. But I also know that she values the Bible and wants to obey its commandments. Wouldn't she be breaking God's law she if stopped fighting to live as long as she could?

Leader: With a partner, determine what you would say to Miriam if she asked what you thought she should choose for her mother in this scenario.

Lesson Four

CASE STUDY FOR THE READER

Wilfred Johnson is an 81-year-old Christian. Until only four years ago, Wilfred was the pastor of a vibrant Bible-believing church. Six years ago, Wilfred lost his wife of fifty-two years to skin cancer. Their five children and their spouses all live within an hour's drive of the family home, where Wilfred lived until ten days ago when he suffered a heart attack during the birthday party for his youngest grandchild. The children called 911, and the EMTs got Wilfred's heart started again and took him to the local hospital. Leaving the grandchildren with their spouses, all the children followed the ambulance to the hospital. Wilfred has not regained consciousness since he collapsed, but after he was stabilized in the hospital, his heartbeat remained strong and he continued to breathe on his own. The children were not sure how long he had been unconscious before the EMTs arrived, but they knew that it was for at least ten minutes. Wilfred was placed in the ICU to be monitored. In addition to the monitors, Wilfred was given an IV to provide fluids, a nasogastric tube to deliver nutrition, and the ordinary devices for his eliminative functions. Wilfred has not exhibited any signs of being in pain since being settled in the ICU.

After five days of close observation and care, the medical team asks to speak to the children together. The doctors have determined that it is medically unlikely that Wilfred will regain consciousness, and they want to know what Wilfred would want concerning his medical care. A neurologist has run tests and concluded that Wilfred is unlikely ever to regain consciousness. The heart attack deprived his brain of oxygen, and the damage is significant. He is not brain-dead, and his heart and lungs are doing their job on their own. But he is not going to wake up. Even though all the children were present when Wilfred was admitted to the hospital, none of them knows whether he has an advance directive. In fact, none of them can remember their father talking about what he would want done if he was unable to speak for himself.

The doctor leading the family conference says that she thinks a do-not-resuscitate order is appropriate. If his heart stops again, she says, another attempt to restart it will almost certainly fail. The children are somber, but agree to the DNR order. One remarks, "I'm sure he wouldn't want to go through that again."

After signing the DNR order, the doctor asks what should be done about feeding Wilfred. The tube running through his nose into his stomach is not a long-term solution and is already causing difficulties. Along with increasing the risk of infection, this method of feeding complicates breathing and could lead to food being aspirated (going into his lungs). In order to maintain his calorie intake, the doctor recommend surgically inserting a tube directly into his stomach (a "PEG" tube). The surgery is simple, and fewer risks would be involved in feeding him that way.

The children ask for time to discuss the options, and even before the doctor leaves the room, the youngest of the five children says, "I'm sure he would want the PEG tube. He wouldn't want us to give up on him!" In the conversation that follows, the children learn that the youngest is the only one who thinks their father would want the PEG tube. The four older children are confident that their father would not want to live his final days in an ICU, being kept alive by machines. They are each sure that if he is not going to regain consciousness, then he would consider it a great burden

to be stuck in a hospital bed, cut off from interactive fellowship with anyone. The youngest sibling thinks Wilfred would want them all to be praying for a miracle. He (the youngest) concedes that there is no medical reason for hope, but he insists that their father had prayed boldly for others to be healed. Why wouldn't he want that for himself? The PEG tube would give them more time to pray that he would be restored despite the doctors' gloomy prognosis.

After forty-five minutes of increasingly heated discussion, the children are not able to agree about the PEG tube. In the absence of either an advance directive or consensus from the children, the medical team is effectively stuck. (Even a simple document naming one of the children as Wilfred's agent would have been sufficient. The agent would have been wise to consult with the siblings, but in the end the child named as the agent would have been empowered to speak for Wilfred.) Two doctors could have agreed to take over the decision-making responsibilities from the children, but they really don't want to do that. What they want is for the children to agree.