

# Ethical Issues at the End of Life

## Introduction

- Pastors must know and understand the relevant topics & ethical concerns that arise during the time surrounding death.
- Without such knowledge, it is easy to get confused and be ineffective in offering biblically informed advice to those seeking it.
- The purpose of this presentation is to provide a broad, general overview on how Christians should think about death and dying. In particular those situations that go beyond “natural death.”

# The Challenging End of Life Issues . . .

- Termination of Life Support
- Physician-Assisted Suicide
- Euthanasia
- Suicide
- Ordinary and Extraordinary Means
- Living Will
- Competence

## Legal Background

- Karen Ann Quinlan (1975-76)
  - Result: families can remove a respirator based on right to privacy if the patient had indicated previously that they would not want to be on life support.
- Nancy Cruzan (1990)
  - Result: feeding tubes can be removed if the patient has previously indicated they did not want to be kept alive by them.
  - Generated a great deal of interest in living wills and advance directives.
- Washington v. Glucksberg (1997)
  - There is a difference between assisting suicide and withdrawing life support.
  - There is no constitutional right to die. State has right to preserve human life.

## End of Life in Biblical Perspective

- Humans are made in God's image.
- God's gift of life is sacred and not to be taken.
- Death is common, but not natural.
- The timing and manner of death belongs to God.

## End of Life in Biblical Perspective

- Death was not a part of God's original plan.
- Death entered the world because of the sin of one man, but was conquered by the death and resurrection of Jesus Christ (1 Cor. 15:21).
- Death is so unnatural that God sent his one and only Son as a sacrifice so that we might have life (John 10:10; Revelation 1:18).
- Death should therefore be considered an enemy – but a defeated enemy.

- Because of Jesus, death is a conquered enemy.
- It need not always be resisted or feared.
- Death is the doorway to eternity. We can trust that God is in control (Romans 8:28)
- Suicide is outside of the biblical moral parameters.
- PAS and euthanasia are also outside the moral parameters in Scripture.

## Termination of Life Support

- In the discussion about ethics and the termination of life support, a distinction is often made between withdrawing and withholding treatments.
- Ethically, if it is acceptable to withdraw treatment, then it is also acceptable to withhold that same treatment.

- When a treatment is removed for acceptable reasons, the physician does not intentionally cause the patient's death.
- Removal of life support does not constitute euthanasia or assisted suicide.
- Terminating life support is not "playing God" for the simple reason that in legitimate circumstances, terminating life support does not cause death, it merely allows the disease to take its natural course.

- For a Christian, death is the doorway to Heaven, which is the believer's ultimate goal, not this earthly life.
  - Therefore, under proper conditions, it is acceptable for patients and families to remove life support and allow death to run its natural course.
  - If a competent adult requests the removal of life support, if the treatment is futile, or if the burden of the treatment outweighs the benefit, removal is permissible.

## What Does It Mean To Say That A Person Is Dying?

- When we say that someone is dying, we mean that they have entered the dying process.
- The dying process is the final stage of the living process, since those who are in the process of dying are still in the process of living.
- Those who are dying must therefore be treated with the same respect and consideration due to all living human beings.
- Those who are dying need to know that we are with them, loving them, as they enter this final stage of their lives.

## How do we Know when Someone has Entered the Dying Process?

- When a person suffers a potentially fatal threat to their health (e.g., disease, injury), their impaired condition may be either reversible or irreversible.
- If the condition is reversible, appropriate medical intervention and treatment exists that may possibly restore a person to a state where they are no longer in imminent danger of dying.
- If no effective intervention or treatment is possible, the condition is irreversible (i.e., terminal) and the impaired condition will lead to death. This is what is meant when we say that a person is dying, or has entered the dying process.

## Two Key Considerations In End-of-life Issues

- Nearness to death –imminent or non-imminent. Imminent is when a person is expected to die in a relatively short period of time, such as hours, days, or weeks. If a person is not expected to die for months or years, then death is considered to be non-imminent.
- Ability to interact with the world – A person in the process of dying may be either conscious (or potentially conscious) or permanently unconscious.
  - A person who is conscious and in the dying process maintains the ability to communicate with those around them and express their wishes for continued medical intervention and treatment.
  - A person who is permanently unconscious and in the dying process must rely on other people to determine their level of care and continued treatments.

## How Should People In The Dying Process Be Treated?

- Whether death is imminent or non-imminent, our first consideration for dealing with people in the dying process is that we take no action with the intention of hastening the end of their life. As bioethicist Gilbert Meilander explains, “Allowing to die’ is permitted; killing is not. Within these limits lies the sphere of our freedom.”
- Within these limits lies four types of care that we owe the dying: curative care, symptom care, comfort care, and respect care.



## Curative Care

- Life is a gift from God that we may not choose to discard. When life can be continued, we must choose that option. Medical intervention that restores health and reverses the dying process should therefore be the first option.

## Symptom Care

- In some situations, a person may not be in imminent danger of dying yet may have a fatal condition that is not reversible. For instance, a person may have an inoperable cancerous tumor on their lungs that will eventually cause their organs to shut down. While they are in the non-imminent dying process, they may suffer symptoms such as shortness of breath that requires medical intervention, such as artificial respiration. Out of respect for life and to prevent unnecessary suffering, all necessary symptom care—a form of palliative care—should be provided until death become imminent.



## Comfort Care

- People in the dying process should not suffer needlessly. When death becomes imminent, palliative care should shift from symptom care to comfort care. The main distinction is that comfort care focuses on providing direct relief from the stress and pain of dying. Comfort care is provided to make the last state of dying as comfortable as possible.

## Respect Care

- The dying process often leads to deterioration of the body. Because a person is often unable to care for their own bodies, they may feel a loss of control. Our duty is to provide such care for people unable to take care of themselves in a way that restores their sense of dignity. We should, for example, ensure that their bodies are adequately cleaned and that they are afforded a level of decorum and privacy from unnecessary exposure. No matter what stage a person is in the dying – or living – process, respect care should be provided to all who are in need.

## Difference Between Palliative Care and Hospice

Both **palliative care** and **hospice care** provide comfort.

- **Palliative care** can begin at diagnosis of a serious illness or injury, and at the same time as **treatment**. Palliative care addresses physical, emotional, social, practical and spiritual issues.
- **Hospice care** begins after **treatment** of the disease is stopped and when it is clear that the person is not going to survive the illness. Hospice care is most often offered only when the person is expected to live 6 months or less.

## 4 Steps to Take to Prepare for the Dying Process

1. Know Jesus as Lord and Savior (Romans 6:23)
2. Make peace with those to be left behind (Romans 12:18; Matt 18:15; Matthew 6:14-15; Proverbs 19:11)
3. Didn't enter the world alone and won't leave it alone
4. Cast your anxieties upon the Lord (1 Peter 5:7)

## Ethical Questions of PAS and Euthanasia

- Physician–assisted suicide and active euthanasia involve a doctor actively playing a role in ending the life of a patient by either providing a lethal dosage of medicine or actually administering a lethal injection of drugs.
- From the context of a Christian worldview, only God has the right to take a life and euthanasia is tantamount to murder.

## Ethical Questions of PAS and Euthanasia

- In 1990 Dr. Jack Kevorkian helped Oregon schoolteacher Janet Atkins to take her life. Kevorkian continued to use his medical expertise to assist in the suicides of more than 100 others, before his eventual conviction of second-degree murder.
- In 1997, Oregon passed the “Death with Dignity Act,” which by 2016 had legally enabled over 1000 terminally-ill patients to end their lives.
- Four additional states have now enacted statutes, along with the District of Columbia.
- The Canadian government passed a bill legalizing physician-assisted suicide in June 2016, and policy challenges within the American medical community have heightened the debate in our own country

There are five primary arguments offered by proponents of physician-assisted suicide/euthanasia:

1. Argument from mercy to relieve suffering
2. Argument from patient autonomy which extends to the right of privacy and right to die
3. There is no moral difference between killing and allowing to die
4. Euthanasia does not always involve killing a person
5. PAS might have societal benefits.

## Autonomy

- The difficult ethical issue is how to make PAS/euthanasia available to those who desire it (if one agrees that the individual has such autonomy) while also preventing the abuse of nonvoluntary euthanasia.
- Each argument offered in favor of PAS/euthanasia might permit dangerous applications when extended:
  - the right to mercy might lead to involuntary euthanasia
  - the right to die might lead to the duty to die
  - possible societal resources might create a eugenics agenda.

## Suicide

- Suicide is the act of an individual ending his or her life.
- The Christian tradition has always assumed that suicide is morally wrong, but it is difficult to build a solid exegetical case from Scripture. Certainly, both the Old and New Testaments condemn murder (Ex. 20:13; Lev. 24:17; Deut. 5:17; Matt. 5:21, Matt. 19:18)
- All six accounts of suicide in Scripture are never specifically condemned.
- For those struggling with suicidal thoughts, there is hope and help. Take all suicidal ideation seriously.

## Pastors . . .

- Educate congregation about necessary end of life preparation:
  - An Advance Directive - a broad category of legal instructions set up for your healthcare.
    - Durable Power of Attorney for Health Care
    - Living Wills - a type of advance directive detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent, especially an advance directive.
- A **living will** differs from a durable **power of attorney** for health care because a **living will** delineates your wishes specifically, whereas a **power of attorney** for health care allows someone else -- your agent -- to make your health care decisions for you.