

Lecture #20: Euthanasia (Part 2) (Lecture Outline)

"Give beer to those who are perishing, wine to those who are in anguish; let them drink and forget their poverty and remember their misery no more." (Prov 31:6-7)

1. There are great differences between ending life and prolonging death
 - a. "Ending life" - active or passive euthanasia (withholding essentials for life); Biblically unjustified
 - b. "Prolonging death" - extraordinary means to prolong life at all costs with no expectation of improvement; may not be justified Biblically, wisdom needed, comfort provided (Prov 31:6-7)
 - c. "Allowing to die" - withdrawing of extraordinary measures when no hope of restoring to better health (not triage or accident victim), if conscience ministry opportunity remains, for unconscious providing comfort and allowing natural course may be best
2. How would you define the differences between ordinary and extraordinary care?
3. Planning ahead is wise, but limited
 - a. Living wills (legal document stipulating what should be done if incompetent to make decisions in ones own life and death situations)
 - o Advantages
 - o Makes known what care is desired or not desired ahead of time
 - o Written document not subject to memory of someone else
 - o Can prevent unduly extending the dying process, expenses, emotional trauma
 - o Disadvantages
 - o Difficult to define "ordinary" and "extraordinary" care (and changes over time)
 - o Assessment of "hope of recovery" is imprecise (consciousness, quality of life?)
 - o May not anticipate actual conditions the patient finds themselves in
 - o May actually inhibit flexibility of the doctor if too much precision is included
 - o Patients' wishes may have actually changed in the given situation once it happened
 - o Litigation issues may be created requiring court rulings, thus delay in carrying out
 - o Alternative: Durable power of attorney (legal authority given to a designated proxy); "Values History" listing; "Advance Directives"
 - b. Other considerations
 - o Talking about our eventual death with family, relatives and/or others we are close to so that our desires are known and understood
 - o When medical authority indicates continuation of extraordinary medical treatment cannot succeed in preventing death, they may be discontinued?
 - o Treatment continues for patient's comfort and normal functioning (**Prov 31:6-7**)
 - o Be willing to openly discuss the situation with the Doctor
 - o Do not assume the hospital or its staff has the same respect for life that you do
 - o Ask to see the instructions provided to the nurses on duty should a crisis occur
 - o It's not right to require someone else to sacrifice their life for others (to minimize the economic burden on family, quality of life etc.)
 - o Believing patients should have the fullest possible access to the ministry of the saints (Reading of the word; prayer together, fellowship, company, council by friends and family)
 - o Non-believing patients should have the fullest possible access to be ministered to since they are facing an eternity without Christ (**Job 33:19-30**)
 - o Hospital verses home or hospices?
4. Bottom Line Thoughts
 - a. Society idolizes youth and wants to destroy the weakest amongst us (unborn; elderly; infirm; etc.)
 - b. We are to value life (no matter what the condition)
 - c. If facing life/death situations seek wise counsel, Biblical truths and principles, and pray fervently
 - d. In all of this - seek what will bring the greatest glory to Christ (**Phil 1:9-10**)
5. What can we realistically do as a testimony to this society?
 - a. Resist "Death with Dignity" laws which can cheapen life - write legislators and representatives
 - b. Write letters to the editor with well thought out arguments
 - c. Discuss with family and friends, relying upon Biblical principles more, and opinion less
 - d. Volunteer at hospitals, hospices, nursing homes, etc.
 - e. Take care of our own affairs as an example to others