

# WE ARE SALT

END OF LIFE – PART B



## WHAT DOES GOD SAY

Last week we looked at what our God tells us about these issues. What stuck in your mind on God's thoughts:

About life? .....

About death? .....

About suffering?

Romans 5:3-5

1 Peter 1:6-7

Hebrews 12:7-11

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## KNOW THE STRENGTHS AND WEAKNESSES OF MEDICINE

### MEDICINE IS A SCIENCE

really good at what you can measure

totally unequipped for spiritual side and morality

How does the following information help you understand where doctors are coming from?

## ETHICS OF HEALTH CARE

### Autonomy

Patient has the right to retain control over his/her body

### Beneficence

Health care worker must do all they can to benefit the patient, do the most good.

### Non-Maleficence

Do no harm

### Justice

medical decisions should be fair - equal distribution of scarce resources and new treatment, uphold laws

One hypothetical case study involves a patient who has an ovarian cyst that, left untreated, will result in kidney failure. An operation to remove the cyst is the best treatment, but the patient is frightened of needles and is against the surgery that would require a needle to give her anesthesia. The doctor must work with the patient to respect the fact that she dislikes needles and doesn't want the operation (her autonomy), and needs to find a solution that would prevent her from going into kidney failure, which is in her best interest (beneficence). Although the surgery is the best choice, forcing the patient to accept the needle would be harmful to her (non-maleficence). Finally, the doctor needs to consider the impact that the patient's choices might have on others if she starts to go into preventable kidney failure, she'll need dialysis, which affects other people who need the same treatment (justice). So before making the final decision the doctor must consider all four principles of health care ethics, which will help the physician make the choice that will have the best possible benefits for both the patient and society.<sup>6</sup>

## ATTITUDES GOD WANTS US TO DEVELOP

Romans 14:8

Let God be God.

Luke 22:42

Peace of grace and forgiveness and God's wisdom.

Sustaining life or prolonging the dying process?

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<sup>6</sup> <https://online.sju.edu/graduate/masters-health-administration/resources/articles/four-principles-of-health-care-ethics-improve-patient-care>

## ONE THOUGHT

How well does this quote fall in line with what we've discussed so far from God's Word?

*A decision regarding resuscitation is our effort to be a good steward of God's blessing of life and to recognize his ultimate authority over life and death. A decision not to resuscitate represents our recognition that when a major organ failure occurs where an attempted resuscitation might occur, we feel all other indicators point to God calling him home. It is NOT a decision to end his life but rather an acknowledgment that based on all the things we know, there is not a reasonable expectation that an attempted resuscitation would be successful, but would only inflict more pain and suffering and perhaps even causing an earlier and more agonizing death.*

*What makes a feeding tube different than a DNR order is that a feeding tube generally does no harm. A resuscitation procedure could harm someone and agonize dying whereas a feeding tube is maintenance. It assures the body gets the needed nutrition while serving as an alternative to oral feeding which can, in the aging and infirm, possibly cause choking (aspiration) and a serious (potentially fatal) lung infection.*

## PRACTICAL QUESTIONS:

HUSBAND IS DIAGNOSED WITH STAGE 4 CANCER.

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### QUESTIONS OF LENGTH AND QUALITY OF LIFE

Without treatment, next 3 months will be relatively good, last month won't do much. In heaven in 4 months total.

With treatment, next 6 months painful and sick. In heaven 6 months total.

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### QUESTIONS OF TREATMENT

Develops pneumonia. Do you treat or not treat? Treatment will prolong life \_\_\_\_ months.

Cancer progresses to where husband no longer has appetite or able to eat food. Insert feeding tube or not?

Same answer if husband not terminal but still needs feeding tube?

LOVED ONE IS TERMINAL WITH INTENSE PAIN. PAIN MEDICATION IS GIVEN IN DOSES LARGE ENOUGH TO EASE THE PAIN, BUT IN THE PROCESS ALSO STOPS THE HEART.

Thoughts?

DURABLE POWER OF ATTORNEY FOR HEALTH CARE (DPAHC)

## WHAT QUESTIONS WOULD YOU LIKE ANSWERED?

What is life?

When is it OK to turn off the machines?

Is "not preserving life" taking a life?

Where is it written that if your life is in danger, you can kill?

When God comes calling/knocking (health failing, loss of quality of life, chest pains) do I dial 911?

Where is the line in determining to help or not to help?

What if someone doesn't want help? - depression vs. health choice

Is deciding not to receive treatment for a terminal disease suicide?

Is terminating treatment midstream suicide?

How does one know when it is time to let go?

When is it OK to take a life?

When is it OK to refuse life-saving aid?

When a person cannot make these decisions on their own due to loss of mental stability or unconsciousness, who can make these decisions?

## RESOURCES

<https://christianliferesources.com> - resources on these issues

<https://tinyurl.com/WELSDPAHC> - form to fill out to receive advanced medical directive for Virginia

<https://tinyurl.com/L4Lendoflife> - explains advanced medical directive