GOSPEL, SOCIETY & Culture

THE VALLEY OF THE SHADOW OF DEATH

Is Physician Assisted Suicide the way to a good death?

RESOURCE PAPER 12, 2018

The shadow of death falls over all of life. We can ignore it or suppress it, but never escape it. The Bible is more honest than much modern culture, and it often reflects on life in the valley of the shadow of death.
Psalm 23 is confident that God is with his people even there.
Debates about euthanasia and Physician Assisted Suicide force us to think about the reality of death. This paper aims to help you think from a biblical perspective about spiritual, ethical, medical, social and legal aspects of the discussion.

The heart-breaking case of Brittany Maynard

Brittany Maynard's heart-breaking story captured world headlines in 2014 and put euthanasia onto the public agenda in a new way. Only 29 years old and newly married, she was diagnosed with a brain tumour on New Year's Day. Despite immediate surgery the tumour returned and by April her prognosis was bleak: probably only six months to live with very limited options. Whole brain radiotherapy might slow the progress of the cancer but the side-effects would be awful. Instead, Brittany decided to have minimal treatment while she ticked off some of her 'bucket-list': Alaska, British Columbia, Yellowstone National Park, and a helicopter ride in the Grand Canyon. And she moved from her home state of California to Oregon where she could access legalised Physician Assisted Suicide (PAS).

She chose November 1 as the date for her death. That morning she had another small seizure, a reminder of what her condition held in store for her — blindness and paralysis. She and her husband, Dan Diaz, went for a hike in the morning with family, friends and their dogs. She posted a Facebook farewell: "Goodbye to all my dear friends and family that I love. Today is the day I have chosen to pass away with dignity in the face of my terminal illness, this terrible brain cancer that has taken so much from me ... but would have taken so much more". She mixed the sedative she had been supplied and drank. For a few minutes she talked and joked with her friends and family and then fell unconscious. Her breathing slowed, then stopped. Her husband said, "It truly was the most peaceful experience that you could ever hope for when you talk about a person's passing".[1]

Brittany's story shows a great deal about the current discussion of euthanasia. It is immensely personal. Dan Diaz held back on many of the details of her final minutes saying they are 'sacred'. He is right. It is hard to think of a more intense or personal moment. The patient and family and friends deserve some privacy and protection. Hospitals and nursing homes close the door and draw the curtains around the dying.

Yet, euthanasia is also topic of public debate. To promote the cause, Brittany Maynard allowed herself to become the focus of intense interest. Her story hit the headlines and captivated social media. She gave several TV interviews, wrote an op-ed piece for CNN, kept a blog and had a series of you-tube clips with her and her family. Her case was highlighted by *Compassion and Choices*, an "end-of-life choice" organisation. Her beautiful wedding portraits, shots of adventure travel and happy informal snaps are just the kind thing that fill social media feeds. She was young and articulate. Many people felt connected with her and that gave the story punch. Her public advocacy helped to change the politics of euthanasia, bringing the millennial generation into the campaign.

Brittany's case aligned with the title of the organisation which promoted her story — *Compassion and Choices*. The horror of facing an awful, life-crushing disease at a young age stirs sympathy. How can you not feel compassion? It is also easy to understand that she wanted a choice about her death. We want control of our lives. Surely that should extend to death as well? The *Compassion and Choices* campaign succeeded a year later when California enacted the End of Life Option Act to allow Physician Assisted Suicide.

Many Christians and churches are opposed to legalised euthanasia. How do we think and talk about it in the face of horrific situations such as that of Brittany Maynard? What do we think about euthanasia? Can it be compassionate? How do we debate the issues in public? Should Christians oppose legislation like the California Act? What do we do when we, or our family members, face a situation like that of Brittany Maynard? This paper will help you think about issues of life and death in the light of the gospel.

Life and death and the gospel

The gospel announces that, in Christ, God is Lord of life and death. He gives life to all, claims the love and service of everyone as his creatures, and he is the Lord over death.

God is the Creator of all life. It all depends on him and it all praises him (see Ps 104). God, the Creator, puts a boundary around human life, since humans are made in his image. So God says that murder is wrong (Ex 20:13; Gen 9:5-6). There is a particularly special value and sacredness about human life. God doesn't put the same limit on animal life (Lev 24:17-18). He allows us to cut down trees and mine the earth. Of course, we should be careful in the way we use the environment, but people can and should use it. Human life, however, receives a special protection from God.

This protection extends to every human life. All people are made in God's image, so every person is valuable and every life counts. It is not just productive lives that matter, or those of or the rich, strong, male, white and able bodied. It is a terrible shame that people who claimed to follow Christ have allowed slavery or supported apartheid, because in doing so they robbed people of the dignity and protection they deserved as those in God's image.

The Christian commitment to the "sanctity of human life" is based on these truths. Every person is valuable and each human life is preserved for God. He determines life and death: we aren't free to do this. So, although the Bible does not *directly* address euthanasia, it clearly shows that human life is not ours to take.

There are, however, two exceptions in which it is permissible to take a human life: capital punishment and warfare. Each of these raise some complex questions about how they apply to modern life, and Christians differ in their understanding. (For a summary of arguments for and against capital punishment see: *https://www.thegospelcoalition.org/article/why-i-oppose-capital-punishment*). At the very least we can say that these are exceptional circumstances, only permitted for certain authorities to punish wrongdoers and protect people. The main reasons given in the Bible for capital punishment are in fact based on the idea that *unjustly* taking a human life is so wrong. God told Noah that "Whoever sheds human blood, by humans shall their blood be shed; for in the image of God has God made mankind" (Gen 9:6). This underlines, rather than denies, the sanctity of human life.

God not only places his protection on human life, he also claims our lives for himself. Every human is made as someone who should know God and live for him. The Westminster Shorter Catechism famously says that our chief end (that is, our great purpose) is "to glorify God and enjoy him forever". This theological perspective on life challenges many modern assumptions about a genuinely good life. Autonomy and choice are not the highest human aspirations. Yes, we have responsibilities and choices — but the goal is not merely to exercise that capacity, but rather to direct it toward God. Similarly, suffering is bad, but turning away from God is worse; so human suffering can serve the greater end of leading us to God. Paul speaks of this when he says that Christians "glory in our sufferings", because we see that through God's grace they can develop our character and direct us to God as our true hope (Romans 5:1–5). This challenges several of the assumptions that support the arguments for the legalisation of euthanasia. Freedom to choose to avoid suffering and to embrace death in our own timing do not make a well lived life. God often calls us to persevere through suffering for his sake.

Death and dying are inevitable because of sin. God warned Adam that if he ate from the tree of the knowledge of good and evil he would certainly die. When Adam ate, God declared that humanity would now return to the dust from which we are made. In God's mercy, death did not come instantly, but it came. Human life is limited and there is no way that anyone can avoid the reality of death. Death is "the last enemy" (1Cor 15:26): that is, it continues its cruel dominion over humans throughout history. There is no escape from death until God brings human history to a close and puts all enemies under Christ's feet. Death not only ends human life, it fills it with pain. Bodies ache, breath labours, disease spreads, organs fail — all of this is an inevitable reality of life in this present age. This is not, in itself, an argument against euthanasia. It is, though, a reminder that legalising euthanasia can be a way of seeking to avoid the inevitable. Life, for all its joys and blessings, will also have pain and suffering. It is wiser to be prepared to face this rather than to plan to avoid it.

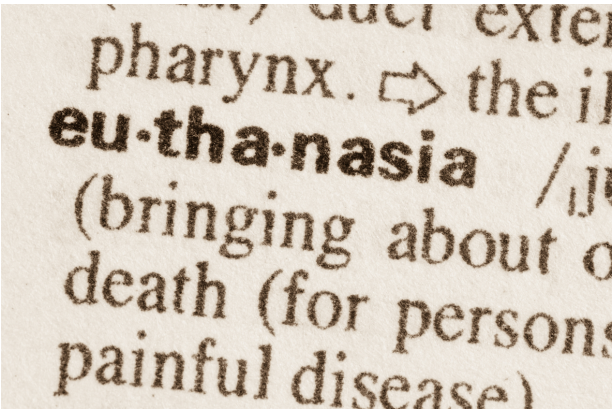
Death is inevitable but it does not have the final word. Jesus says, "I am the resurrection and the life. Those who believe in me, even though they die, will live, and everyone who lives and believes in me will never die" (John 11:25–26). The last enemy will, finally, be subdued. The end of 1 Corinthians 15 is filled with triumphant confidence springing from Jesus' resurrection. Yes, death has come to all because of Adam, but Christ has now been raised and his resurrection ensures his final victory over death and the resurrection of all who are in him (1 Cor 15:20-26). Believers will be transformed in the resurrection to be like Christ - imperishable, glorified, powerful, immortal - because they are transformed by the life-giving Spirit of Christ (1 Cor 15:42-53). The passage closes with the declaration of victory over sin and death: "thanks be to God! He gives us the victory through our Lord Jesus Christ" (1 Cor 15:57).

Care for the sick and dying

Resurrection hope allows Christians to face death and dying with assurance. Yet because God is opposed to death and suffering, Christians do not merely resign and accept it. Death and suffering are inevitable, but they are not the whole story. Christians seek healing, where possible. The true and living God is "the Lord who heals" (Ex 15:26). The Bible celebrates healing as an element of God's blessing and salvation (Ex 23:25-26; 2Ki 20:5; Ps 103:3; 107:20; Jer 30:17; Hos 11:3). Jesus' miracles revealed the power of the kingdom over the interrelated realities of demons, disease and death, and he spoke of a kingdom in which all these effects of sin would finally be overthrown. Christians know suffering will come – they are realistic about it, but not passive. When healing is possible, we embrace that. When it isn't, we should offer care and support for the sick and dying.

The Christian commitment to healing and care is the historical origin of public hospitals. Greek and Roman culture had medical services, but these were anything but philanthropic. Early Christian congregations cared for people in the surrounding community, irrespective of their status, and they established institutions to provide medical care.[2] From the third century, most urban Christian congregations had an arrangement to care for the poor and the sick; and during the fourth century they began to set up hospitals as distinct institutions. Since then, Christians have always had a commitment to providing medical care, often as part of their mission.

These great truths frame the Christian view of life and death: human life is God's gift which no one is free to take; every life belongs to God and is meant to serve him even through suffering; in the face of inevitable disease and death Christians seek healing and offer care; and in Christ there is the promise of resurrection life beyond death. Together these mean that Christians oppose taking life, are realistic about death and but also refuse to live as if death is the end. This, then, determines how we think about euthanasia.



Getting the terms straight

When we turn to the question of euthanasia, it is important to be clear about terminology. Some of the terms are technical and quite specific, and can also influence our thinking and discussion.

Euthanasia literally means "good death". The word is used to describe a wide range of actions might which lead to the ending of a person's life and to situations in which deliberately refraining from acting leads to the someone's death.

There is an important distinction between "active" euthanasia and "passive" euthanasia. Indeed, this is such an important distinction, that it is better not to use such terms (and gladly some new terms have been developed). *Active euthanasia* involves an action, such as giving an injection, which is intended to cause a patient's death. In the past this has been called *mercy killing*. By contrast, *passive euthanasia* involves allowing a patient to die due to the effects of their disease. This may involve taking them off a ventilator which has been sustaining breathing. It is better to call this 'allowing to die', than to think of it as if it were another version of euthanasia.

Active euthanasia is wrong because it consists of taking a life. However, in some circumstances, it is quite right to decide to no longer treat someone and to allow them to die of a condition which is clearly taking their life. That is, the expected course of the disease is such that the patient will die in the next hours, days or weeks. It is not a question of whether to try to cure the disease or even to reverse many of the symptoms; there is no effective treatment which is likely to bring substantial healing. It is not always easy to know if that is the case, but often the likely course is obvious. "Allowing to die" often means refraining from actions, such as not giving a patient renal dialysis (which maintains the chemical balance of the blood as a replacement for kidneys which have stopped functioning). A further example would be the decision not to resuscitate a patient who is in the end stage of a terminal disease and has a heart attack.

Note that "allowing to die" will not be relevant for someone suffering from a condition that will not lead to their death. Someone who has severe depression and wishes to die should be treated, and not allowed to follow through on their current desire, one which we hope will disappear as the depression eases.

The *intentions* of actions are important in assessing them. God has made us as people who are able to plan our actions and set goals, so the morality of our actions depends significantly on our intentions. That is not the only relevant way in which we judge our actions, but it is an important one. It is wrong to treat a patient in a way which deliberately seeks to end their life; but usually it is very appropriate to seek to relieve pain and make the person as comfortable as possible.

We do not have a responsibility to extend a person's life as long as possible, irrespective of the condition of that life. There is room for recognizing that a patient will have greater comfort and dignity if he or she is not put through further treatment but helped to be comfortable and allowed to prepare for death. The mythology of our society is that we can always hold off death with our medical prowess. Despite the fact that every day we see the evidence against it, yet this view of life and death persists. Christians know that death remains the last enemy, and that there is a point at which we should accept that and try to help others to accept it.

Clarifying the distinction between euthanasia and allowing to die does not solve all our ethical conundrums. There are still very difficult decisions to be made about how long and how aggressively to keep treating patients. These

decisions need to be made carefully and, when possible, the patient and his or her family should be the ones who make decisions, on the basis of good information and with the support of the medical staff. Modern medical practice emphasises the right of the patient to make decisions about their care, and the Christian view of the dignity of humans supports this approach. The practical reality of dealing with serious illness is that decisions have to be made about what is likely to happen, and in the midst of uncertainties the patient's wishes should be primary.

Recent discussion has made more use of the term *Physician Assisted Suicide (PAS)*. This term applies to a situation, such as that of Brittany Maynard, in which the patient is able to take a drug prescribed for them by a doctor. It makes clearer that the choice to end life belongs to the patient, not the doctor, and may reduce some fears of doctors acting arbitrarily to end the life of a vulnerable patient. The term shifts the responsibility and action away from the physician to the patient and views ending the patient's life as their own action (hence it is termed suicide). It is often argued that to be able to choose to end one's own life is a basic human right, and is significantly different to a doctor taking a patient's life.[3]

The argument for PAS often includes the claim that choosing to end one's life is the equivalent of refusing treatment. That is, the same argument that is made for the equivalence of allowing to die and killing, in the case of euthanasia, is applied to the patient's choice in PAS. But if those arguments are not convincing in the case of the doctor's action, then they are not convincing when applied to the patients action. In neither case is allowing to die the same as taking life. What is more, Christian teaching has been that suicide — taking one's own life — is wrong. Western societies are increasingly concerned about suicide and campaign to prevent it. In this, they recognise that life is valuable and should be preserved and protected. It is tragic that PAS is promoted alongside suicide prevention schemes. In reality, the protections for the abuse of PAS differ little from those of euthanasia.[4]

The appeal of Physician Assisted Suicide

The debate about PAS highlights how we think about humans and what makes life worth living. Our society often assesses human life by how functional or useful it is. People whose minds or bodies do not seem to work well might be viewed as having come to the end of their (useful) lives. We also often assume that the goal of life is gaining pleasure and avoiding pain. So, when someone has enormous pain, then almost anything can be justified if it relieves the pain. Further, our society views people as autonomous —we believe that as far as possible we should make our own decision about our own lives and bodies according to our own right.

These views combine to give our society a perspective which is inclined to accept PAS. A poll taken in May 2015 suggests that 72% of Australians think that PAS should be allowed for people with incurable disease with severe pain.[5]

Ironically, medical advances have contributed to the increasing pressure for euthanasia. In the last century, our ability to understand and treat medical conditions has improved remarkably. Many people survive longer, with conditions which used to lead to death far more quickly, and they face extended pain (though many more people are also cured of very painful conditions or relieved of pain effectively). Modern medicine is increasingly proficient at diagnosing and predicting the course of illnesses and what effect treatments will have. It is often possible to keep a person alive for months or years even when the disease will end their life eventually.

One effect of medical improvements is that health care costs have soared. In 1960-61 health care cost 3.8% of the Australian GDP; in 2007-08 it cost 9.1% of GDP (figures from *The Australian Institute of Health and Welfare*). It is no surprise that we begin to wonder about the cost of treating people who are dying, and dying painfully. Christians should be sensitive to the issue of cost, but we won't be willing to accept that increased medical ability changes the basic ethical stance that the goal of medical care is to preserve life. Nor will we measure the value of

human lives by the dollar costs of caring for them.

A group of Australian doctors have argued that PAS and euthanasia are often attractive due to misunderstandings of patients and their families as well as among clinicians. Patients and their families often assume that the process of dying at the end of a terminal disease is "inherently painful, undignified, and traumatic for both patient and family". They often think that the only choice is between euthanasia and aggressive, intrusive, highly technological treatment, over which they have little control. They are not aware of the range of options available in palliative care.

Similarly, physicians, with little experience of high quality palliative care, may not be aware of the options for end of life care. Studies show that some doctors focus entirely on questions of physical pain "while patients and families want a broader spiritual, psychological, and social focus". Both groups can fail to distinguish between active euthanasia and allowing to die. This may have the effect of pushing practices to two extremes: either they are loath to use pain relief because they view this as akin to ending life; or they pursue life-ending actions without exploring genuine palliative care.[6]

The Christian response

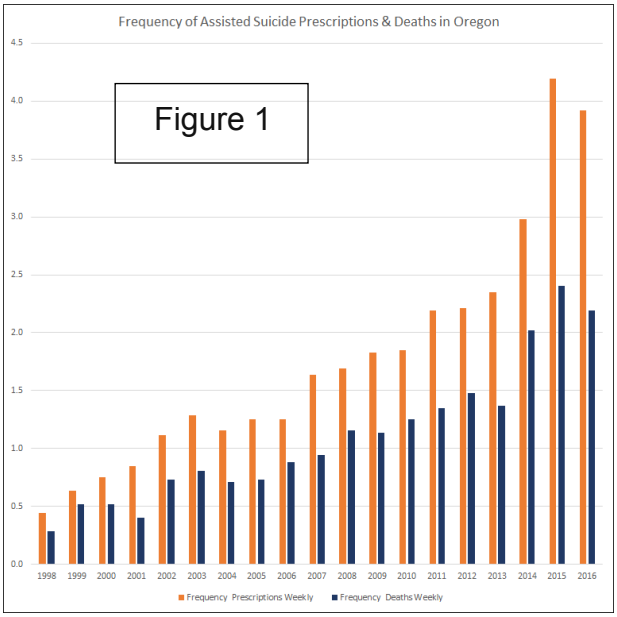
The Christian commitment to the sanctity of life — God's protection of human life — should lead us to oppose the idea of killing people, or allowing them to take their own lives, in order to reduce pain. A Christian view does not measure the value of a life by how pleasurable it is or by how useful the person is. What is more, we have responsibilities to God and each other which should shape our lives. We cannot view the great goal of life as avoiding suffering; our goal is to live for God and to care for others. God may call us to live with pain and to care for others while we, and they, suffer. Our Christian perspective is quite different to the point of view which focuses on utility, pleasure and autonomy.

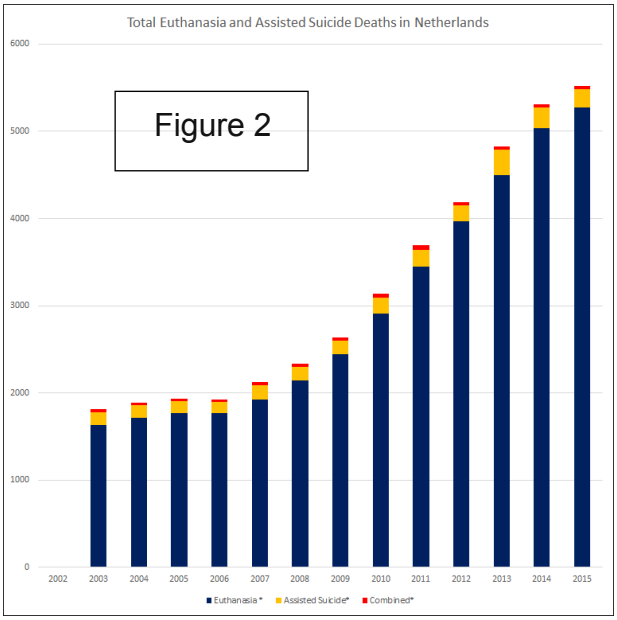
Stanley Hauerwaus, a well-known Christian ethicist, gives four compelling reasons why a Christian perspective will not accept PAS. First, we receive life as a gift from God even when it is distorted by illness, and God gives purpose to our lives even in pain and sickness. Second, each of us has a duty to God and to the community to live and to encourage others to live, even when that means enduring in suffering. Third, if a life is taken this means the community has failed to care for a person God has put among it, and the person has failed to serve the community in which they have been placed. Individuals are called to be part of the community and it is called to care for them. PAS shortcuts those responsibilities. Finally, we have given the medical professions the task of acting for our community by caring for people and sustaining life, and we cannot ask the same professions to be part of ending life.[7]

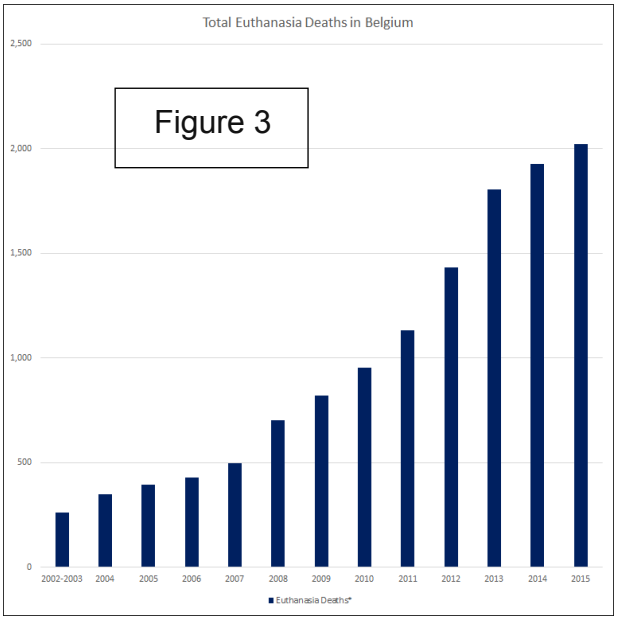
The legalisation of euthanasia or PAS brings a threat to vulnerable people. People with disabilities, especially children, can become prime candidates for termination. If the value of life is assessed on the basis of intellectual and physical abilities, and freedom from pain and suffering, then it becomes easy to judge that it would be

better to release a child from a difficult life with limited development. Similarly, elderly people who require a great deal of care, and who may have limited quality of life, might feel that they should relieve their families of their burden. Similarly, people suffering from mental illness can see PAS as a solution to their situation, or as something which is required of them by society. A recent report to the New Zealand Parliament, which was very even-handed in its treatment of the cases for and against PAS, noted in its conclusion that the committee was "particularly concerned about protecting vulnerable people, such as individuals with dementia or reduced capacity", and that some of the committee "remain unconvinced that the models seen overseas provide adequate protection for vulnerable people".[8]

The fear that euthanasia will be extended to very vulnerable groups is illustrated in the European experience. Dr. Theo A. Boer, a professor of health care ethics at the Theological University in Kampen in the Netherlands, supported the legalisation of euthanasia and PAS and was on the review committee on assisted dying for the Dutch government. In 2016 he explained his growing concern over the situation in the Netherlands. The number of assisted deaths began increasing in 2007 "for no apparent reason", tripling between 2002 and 2014 till they were one in 25 deaths in the Netherlands. There were also 300 non-voluntary deaths annually, each of which was illegal but impossible to prosecute (this figure was derived from anonymous surveys). Along with the increasing numbers of cases, Boer became concerned about the very different type of patients seeking death. "Whereas in the first years the vast majority of patients—about 95 percent—were patients with a terminal disease who had their lives ended days or weeks before a natural death was expected, an increasing number of patients now seek assisted dying because of dementia, psychiatric illnesses, and accumulated age-related complaints." Several reported cases involved patients whose suffering was due to old age, loneliness and bereavement. He is also concerned about the normalisation of assisted dying, which was being treated as a preferred







form of death, rather than an exception. Further, he is disturbed by the growing pressure to allow children access to assisted dying. Already, in the Netherlands, infants up to one year old can be euthanised by a physician with parental consent and a child over 12 can choose assisted dying.[9] There is now a campaign to allow children of any age the right to choose their own death. Belgium brought in child assisted death legislation in 2016. Boer concludes:

> "Neither the Netherlands nor Belgium has made a serious attempt to address the rising incidents of assisted dying and the shift from seeing assisted dying as a last resort to seeing it as a normal death. It appears that once legalization of assisted dying has occurred, critical reflection is difficult."[10]

Working for the common good

The discussion so far in this paper gives a clear case for why Christians should be opposed to the legalisation of PAS. Our basic commitment to the sanctity of life and the fact the legalised suicide puts vulnerable groups at risk are the two key reasons. Christians should be advocating for better palliative care, not for legalising euthanasia.

The argument in the public square can be emotive, and often appeals to the rights of the dying and to compassion. It is important that Christians are clear that opposition to PAS is not due to lack of compassion. To legislate for assisted suicide will promote a culture of death in our society which will especially put at risk people with disabilities and as well as the elderly. That is a case which we should be able to make to our friends, and in more public discussion.

When legislation for PAS is proposed, as it inevitably will be, Christians should be ready to contact their parliamentary representatives and express their concerns. It is worth signing petitions, but it is even more powerful to make personal contact, as well as writing letters to newspapers or commenting in social media.

Caring for the dying

Engagement in the public square is important, but care for the dying is more important. Christians do not celebrate pain and suffering. Human beings are God's image bearers, so we will want to ease their suffering where we can. This is why Christians have led the development of palliative care which aims to ease the pain of the dying.

In the nineteenth century, the hospice movement began with Jeanne Garnier in France, Mary Aikenhead from the Irish Sisters of Charity, and Rose Hawthorne in the United States. Each of these women was motivated by her Christian faith to help care for the dying.[11] They each began a group of institutions which "placed a strong emphasis on the cure of the soul, even when the life of the body was diminishing".[12]

Dame Cicely Saunders (1918 – 2005), a Christian believer, is generally credited with beginning the discipline of palliative care in modern medicine. She described a hospice as "a stopping place for pilgrims".

She observed that her care could do something to relieve physical and mental burdens, but that "we can see so clearly that the real work is not ours at all but Our Lord's, Who by His saving death draws near to all the dying".[13] While others have certainly been involved in the development of palliative care, its Christian origins highlight the Christian concern for the dying.

Good palliative care is concerned for the comfort of the patient, and seeks to provide for them physically, emotionally and spiritually. Physical comfort for the dying includes pain control and the management of other distressing symptoms. This kind of treatment does not promise to remove all physical suffering, but it can offer patients significant control over their pain and give them the capacity to deal with personal matters, including relational and spiritual issues. Emotional care begins with providing patients with warm human support, especially continued connection with family and friends, as well as with wider society. It allows a patient sufficient space and time alone to process thoughts and feelings, and provides

opportunities for those thoughts and feelings to be shared with others. It requires carers to be aware of, and to seek to relieve, the anxiety and depression which sometime accompanies a terminal disease. Spiritual care allows a patient to seek meaning in their life and death and to reflect on their situation. It should include opportunities to ask spiritual questions and to find peace with God in Christ.[14]

It is important that a patient and their family are involved in decisions about medical care at the end of life. Doctors and medical staff should explain the situation and treatment options as clearly as possible to the patient and family, and allow them time to ask questions and process the information. It can be tempting for families to "protect" a patient by not telling them that they are likely to die soon, but it is far better to allow the person to know, and to talk through what they want to have happen in medical care and other matters.

Caring for people as they approach death should be part of the ministry of the church. We may not need to run hospices, but we should be attentive to those in our congregations and community who are dying. Often people feel they have been abandoned in the last stages of their lives, and dying then becomes an even more painful and lonely experience. Christians should be ready to visit and to offer care. Pastoral care of dying people is very taxing – it may not look like an efficient use of ministry time, and we can easily slip into focussing on more 'strategic' ministry. We must resist this tendency. The church can express Christ's love at the bedside of the dying. Lots of Christians work in professions which care for the sick. We should encourage our brothers and sisters in this ministry, but not think that their work absolves us of being involved in some way in this ministry.

Churches can also support family members who are caring for a dying relative. The family members may be part of the congregation, or it may be that the person facing death is a church member. In either case, appropriate people in the church should make contact with the family and offer practical, emotional and spiritual support. It might be that the family would appreciate a church friend to visit the dying person on some days, which would allow them some respite; or perhaps they would benefit from the provision of a meal or some house cleaning. The church should offer to pray with and for them. Caring for a dying family member is difficult and exhausting, and church support is a very concrete expression of our commitment to the value of life and dying well.

Facing death

Most of this paper has been primarily concerned with euthanasia and public policy. The story of Brittany Maynard also highlighted that death and dying is, first of all, a very personal challenge. Ancient Christian wisdom holds that preparing to die well is a life-long task. *Ars Moriendi (The Art of Dying)* is a Christian work written in the 15th century to help people prepare for death. In the following centuries, many Christian authors wrote similar works, including Jeremy Taylor's *Holy Living, Holy Dying* (1650-51). Taylor stresses that a good death completes a good life, which should be lived in light of mortality.

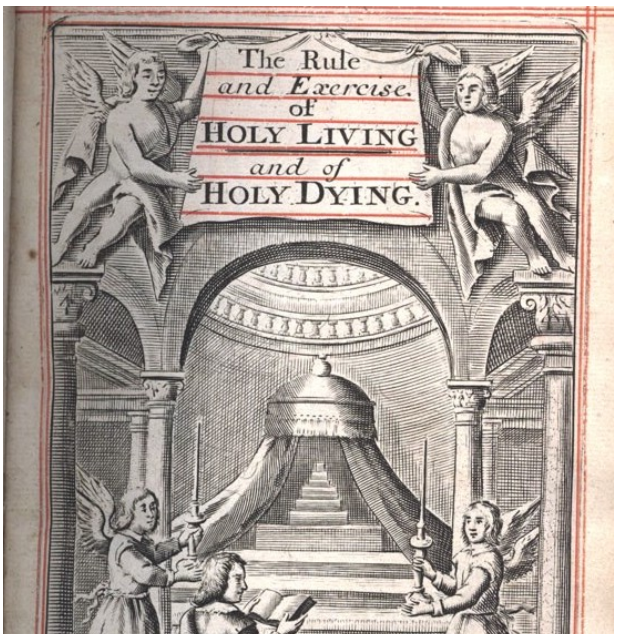
So, to think of facing death, and helping others face death, is really to think of the whole of the Christian life and ministry. In the space available, this paper can only touch on a few key issues. We suggest that you speak with your local pastor for a deeper conversation.

Spiritual preparation

Death is the final enemy and one of the great spiritual challenges. When you or a loved one face the prospect of approaching death there are inevitable spiritual questions (even if many people prefer to suppress them).

For Christians, the death and resurrection of Christ are a promise that God will sustain us through death and bring us to life with him and, finally, to resurrection and glory. Psalm 23 has long been a comfort for believers facing their own death or the death of loved ones: "… though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me … Surely your goodness and love will follow me all the days of my life, and I will dwell in the house of the LORD forever" (Psalm 23:4-6).[15] This confidence is based on the word and work of the Good Shepherd who will not lose any of his sheep for whom he gave his life (John 10:11–30).

Often believers facing death need the reassurance of these truths from others, as well as the chance to read and meditate on them. It is important to keep a dying person within the circle of Christian fellowship, as far as possible.



Pray for them and with them, share news of their church family and encourage people to visit (if appropriate). Many churches arrange worship services, including the Lord's Supper, as part of their care for a dying person.

For those who do not have faith in Christ, the prospect of death can, and should, still raise important spiritual questions. Asking about death, life after death and resurrection are often part of spiritual preparation for death. A person might have fears and doubts that they need to express, and it may not be easy for them to find a person to whom they can voice thoughts. The Christian visitor who will listen to deep spiritual questions can offer a great service. Many people come to a living faith in Christ only in the last months and weeks of life as they face the prospect of death. God often uses a gentle, reassuring gospel witness to lead people to Christ in these circumstances.

Believers and non-believers may find that facing death leads them to reflect on past actions for which they feel guilt, or relationships which they regret. Dealing with this may be part of providing social support, but also has a significant directly spiritual dimension. Again, this calls for careful listening, allowing the person time and space to reflect on the past. It can also be an opportunity to apply the gospel of reconciliation with God, and to see how that works out in family relationships or with friends.

Social needs

Dying can be a lonely experience. Death, itself, is something which each of us encounters without our family and friends; but in modern society the path to death is often far more isolated than it need be. People find themselves physically limited and it can seem that everyone else is still busy with their own lives. The dying person may lack anyone to whom they can convey fears and doubts; but also long to have someone with whom to share a joke or a drink. Christian community can be a strong witness to the gospel at such times.

Emotional support

Elizabeth Kübler-Ross, in the influential book On Death and Dying (1969), traced five stages of grief in the experience of people facing death: denial, anger, bargaining, depression, and acceptance. This has often been generalised as the stages of grief. Later research (and common experience) has made it clear that people do not necessarily track through these stages consistently. It is useful to be aware that it is not unusual to have a range of reactions to the news of a terminal condition, and to recognise that people will often express discomfort and distress before reaching some level of acceptance. It can be useful to share something of this with a dying person to help them process their own emotional response. More importantly, a person needs to be able to express these feelings without sensing that they are being judged for them. They may find it difficult to express them to family members, and a church visitor or pastoral carer may be an important listening ear.

Legal issues

There are several legal issues to be aware of when you or a family member have a terminal condition. The advice below is general. You should seek advice about your own situation from a lawyer.

Power of attorney

In NSW, you can appoint someone to make some, or all, financial decisions on your behalf through a document called a "power of attorney". The person who holds this power may be a relative or close friend or a trustee organisation of your choice — they must, however, be willing and able to take on that role. There are two kinds of power of attorneys: (1) a general power of attorney and (2) an enduring power of attorney. A general power of attorney gives a person authority to manage your financial affairs for a specified time (such as an extended period of time travelling overseas) while you are capable of doing so (also known as 'capacity'), but ceases to have effect if you lose capacity. An enduring power of attorney authorises someone to manage your financial affairs when you do not have capacity. Having the right type of power of attorney in place is important especially in circumstances where someone may lose capacity to make decisions.

For more information, visit:

http://www.legalaid.nsw.gov.au/publications/factsheets-and-resources/who-will-decide-for-you-if-you-cant-decide-for-yourself-think-about-planning-ahead

http://www.tag.nsw.gov.au/what-is-a-power-of-attorney.html

A will

A will sets out your wishes for the distribution of your assets after your death, and names your executor (the person to carry out the will and ensure your assets are distributed according to your wishes). Christians are called to be good stewards with the money God has given to us (Matthew 25:14-30) and the decisions about what happens to that money after our death are important. It is wise to ensure that the people who depend on you are provided for financially. It is also an opportunity to make a contribution to ministries and other causes that you have supported.

Medical directives

Doctors are bound by law to obtain consent for any proposed medical treatment. A patient and their family should seek to talk to the doctor and other medical staff about which treatment options the patient wants and does not want.

A patient's preferences can be formally expressed in a document known as a "Advanced Care Directive" (ACD), which sets out their wishes and the values that need to be considered before medical treatment decisions are made on your behalf. Although there is no legislation which govern these in NSW they are encouraged by the NSW Health Department, and a court decision in the NSW Supreme Court has determined that, where possible, medical staff must follow a directive.

Not all medical decisions can be anticipated, and some may have to be made when a patient is unable to make them. It is possible to appoint someone as an "enduring guardian" who is then authorised to make decisions about your medical care. This is done by executing an enduring guardianship appointment form. Like an enduring power of attorney, an enduring guardianship only comes into effect when you lose capacity to make medical decisions.

Both ACDs and enduring guardianship allow a patient to have a clear say about their wishes for treatment as their condition declines.

For more information, see the resources list at the end of this paper.

Conclusion

Christians face life and death in the light of Christ's death and resurrection. This looks very different to common views of death in our society. Many Australians wish to avoid death as far as possible and would prefer to die with little or no awareness of it, and no pain. In contrast, the litany of the Book of Common Prayer asks the Lord to deliver believers from "sudden death". Christian wisdom understands that we need time to prepare for death physically, emotionally and, most importantly, spiritually. While our society is terrified at the hint of death and pain, Christians can look it in the eye because it is an enemy which will not have the final word. John Donne, the 17th century English preacher and poet, wrote his hymn "To God, My God, In My Sickness" as preparation for death. The opening words are a Christian response to death:

Since I am coming to that Holy room,
Where, with Thy choir of saints for evermore,
I shall be made Thy music; as I come
I tune the instrument here at the door,
And what I must do then, think here before.

Christian brothers and sisters who, by God's grace, face death like this testify to the rest of us that the modern view of death is not the only view. It can be a time to "tune the instrument at the door".

Resources

D.J.Atkinson, "Life, Health and Death", 87-92 *New Dictionary of Ethics and Pastoral Care* IVP, 1995
An excellent overview of Christian ethics in the area of life, death and medical care.

N. M. de Cameron, "Euthanasia", 357-9 *New Dictionary of Ethics and Pastoral Care* IVP, 1995
A specific discussion of euthanasia.

D.P. Gushee, *The Sacredness of Human Life: Why an Ancient Biblical Vision Is Key to the World's Future.* Grand Rapids: Eerdmans, 2013
A presentation of why Christians hold that human life is "sacred", how that has been lost in Western thought and the implications of recovering this view. While some of Gushee's conclusions are open to debate, the book makes a powerful case that issue of end of life relate to the wider question of how we view human life.

G. Meilaender, "Euthanasia and Christian vision" 655-62, S. E. Lammers and A. Verhey (eds) *On moral medicine: theological perspectives in medical ethics* Eerdmans, 1987
A careful discussion by a Christian ethicist arguing that acts which result in ending a life can not be simply redescribed as acts motivated by a desire to relieve pain.

B.L. Peterson *Foundations of Pastoral Care* Kansas: Beacon Hill, 2007, 229-49
Some practical guidelines about pastoral care for people facing death, and their family and friends.

B. Davis *Departing in Peace: biblical decision-making at the end of life*, Phillipsburg: P&R, 2017
A biblically informed and immensely practical guide to facing some of the difficult decision in end of life care, written for Christians facing issues in their own live, families and pastoral care. Some sections need a little translation from an American setting.

M. Somerville *Death talk : the case against euthanasia and physician-assisted suicide,* Montreal: McGill-Queen's UP, 2104; 2nd ed.
A broad consideration of why the legalisation of euthanasia/PAS has gained support in Western culture, and how it will distort medical and the wider culture.

Other resources with information about legal provisions in New South Wales

http://www.legalaid.nsw.gov.au/publications/factsheets-and-resources/who-will-decide-for-you-if-you-cant-decide-for-yourself-think-about-planning-ahead
http://www.tag.nsw.gov.au/what-is-a-power-of-attorney.html
http://www.tag.nsw.gov.au/advance-care-directives.html
http://www.tag.nsw.gov.au/what-is-an-enduring-guardian.html
http://www0.health.nsw.gov.au/policies/gl/2005/pdf/GL2005_057.pdf

References

1. 'It was her time': Brittany Maynard's husband on letting her go: http://www.today.com/health/brittany-maynards-husband-talks-about-letting-her-go-1D80424130

2. See G.B. Ferngren, *Medicine and Health care in early Christianity* (Baltimore: Johns Hopkins University, 2009).

3. J. Bowes, "Live and let die: A case for death with dignity" (2015, Mar 30). University Wire http://www.stanforddaily.com/2015/03/30/live-and-let-die-a-case-for-death-with-dignity/

4. Dixon, Nicholas. "On the Difference between Physician-Assisted Suicide and Active Euthanasia." The Hastings Center Report 28, no. 5 (1998): 25-29.

5. http://www.essentialvision.com.au/voluntary-euthanasia-3

6. Hudson, P., Hudson, R., Philip, J., Boughey, M., Kelly, B., & Hertogh, C. (2015). Legalizing physician-assisted suicide and/or euthanasia: Pragmatic implications. Palliative & Supportive Care, 13(5), 1399-1409.

7. See *Suffering Presence*, University of Notre Dame Press, 1986, pp.100-13

8. Report of The Health Committee, Presented to the House of Representatives, August 2017, 48. https://www.parliament.nz/resource/en-NZ/SCR_74759/4d68a2f2e98ef91d75c1a179fe6dd1ec1b66cd24

9. http://nltimes.nl/2016/09/19/expert-child-euthanasia-center-imminent-netherlands/

10. T. A. Boer, "Rushing toward death?" *The Christian Century*, 133, (2016, Apr 13): 24-27.

11. http://endoflifestudies.academicblogs.co.uk/women-pioneers-in-19th-century-hospice-care/

12. http://www.deathreference.com/Ho-Ka/Hospice-in-Historical-Perspective.html#ixzz3aBWG7h9e

13. C.M. Saunders, *Cicely Saunders: Selected Writings 1958-2004* (Oxford: OUP, 2006) ,60. See S.E. Johnson, "Living Fully Until We Die", *Christian History and Biography* (2009) http://www.christianitytoday.com/ch/thepastinthepresent/storybehind/livingfully.html

14. Holewa, Kathryn A., and John P. Higgins. "Palliative care — the empowering alternative: a Roman Catholic perspective." *Trinity Journal* 24, no. 2 (September 1, 2003): 207-219

15. The "shadow of death" is a literal rendering of a single Hebrew word, which can also be translated as 'deep darkness' (see NIV). It is used for death in other Old Testament passages (Job 38:17; Jer 2:6). The LXX (the old Greek translation of the Old Testament) usually takes it to mean the shadow of death as does Matthew 4:16 translating Isa 9:2. See D. Kidner, *Psalms 1–72: An Introduction and Commentary*. IVP/Accordance electronic ed. (Downers Grove: InterVarsity Press, 1973.)

Figure 1, page 8 : http://www.consciencelaws.org/background/procedures/assist020.aspx#death-01

Figure 2, page 8 : http://www.consciencelaws.org/background/procedures/assist019.aspx#death-01

Figure 3, page 8 : http://www.consciencelaws.org/background/procedures/assist018.aspx#death-01

The Gospel, Society and Culture committee aims to provide resources which are faithful to Scripture, relevant to the life and mission of the church, engaged with contemporary Australian culture and informed by careful research. Resource Papers aim to be consistent with the confessional position of the Presbyterian Church of Australia and to reflect positions on social issues expressed by the Assembly of the Presbyterian Church in NSW. They have not been approved by the Assembly and so do not represent the official view of the Presbyterian Church of NSW.
For more information about The Gospel, Society and Culture committee see www.gsandc.org.au
The research and writing for this Resource Paper was done by Rev Dr John McClean. John is the Convener of the GS&C Committee, and lectures in Systematic Theology at Christ College in Sydney, where he also serves as Vice-Principal. His area of teaching includes ethics and he writes a regular a column on ethics in Pulse. John and his family are members of Springwood-Winmalee Presbyterian church.

Image page 1: Shutterstock image ID 614080049
Image page 2: courtesy Sheryl Sarkoezy
Image page 3: Shutterstock image ID 482667661
Image page 4: Shutterstock image ID 537141784
Image page 5: Shutterstock image ID 274195127
Image page 7: courtesy Sheryl Sarkoezy
Image page 10: Shutterstock image ID 11824285
Image page 11: https://www.hordern.com/pages/books/2408463/jeremy-taylor/the-rule-and-exercises-of-holy-living-and-holy-dying

All images used by permission or from the public domain.