

Perspectives On the End of Life

Psalms 139¹⁶; 1 Cor. 15⁵⁴; 2 Cor. 1⁸⁻⁹; Philippians 1²¹⁻²⁴

Introduction – **SLIDE1**

In last week's message we explored secular and biblical perspectives on life before birth. Today, we will be exploring secular and biblical perspectives on the end of life. A 17th Century French Philosopher suggested that, "We should not stare at the sun, nor at death" (given the intensity of each), but neither should nor can we avoid looking at it. For death comes near to each of us sooner or later. Death and dying are not just "out there" as abstract theoretical issues. Indeed, with advances in medical technology and the increasing in longevity it would seem that we are having to look at, and make, end of life decisions more often than many of us expected. **BLANK**

As a pastor I have sat in homes and hospitals and hospice facilities with people who were facing death. I have seen people, including family members, having to shift gears from how to get well, to how to die well. Often decisions have had to be made about if and when to remove life support.

But last year was my first experience of having a long time Christian friend in a care home choose to end his life with the help of a doctor. I knew how hard he had been finding the physical losses and his increasing & nearly total dependence on others, but I had *assumed* that a Christian would not make that choice. But he did and in talking with a Vancouver chaplain, Medical Assistance in Dying (as it is now called here in BC), has been requested by others too. **SLIDE**

A) Medical Assistance in Dying **SLIDE** what is it & why do people request it?

1) What is it? **SLIDE** According to our own BC government website:

Medical assistance in dying provides patients, who may be experiencing intolerable suffering due to a grievous and irremediable (incurable) medical condition, the option to end their life with the assistance of a doctor or nurse practitioner. **SLIDE**

Medical assistance in dying occurs when an authorized doctor or nurse practitioner provides or administers medication that intentionally brings about a person's death, at that person's request. This procedure is only available to eligible patients.

Language – A recurring theme in discussions regarding end of life issues is the words and language we use, particularly what Dr. John Wyatt calls “the sanitization of language to make ethically controversial actions more acceptable.”¹ So I find the language, Medical Assistance in dying to be curious if not down-right deceptive, because we all want medical assistance if we are dying, right! But what has been legalized is really medical assistance *for* dying. There is an old Chinese proverb which states: “The beginning of wisdom is to call things by their proper names.”^{Wyatt,193} That’s right. MAiD is really medically assisted suicide. **SLIDE7** It is helping to cause death, not merely allow it.

It is not the same as withholding or withdrawing *useless* treatment from a terminally ill patient (which is passive not active). Nor is it giving strong painkillers to a dying patient—something which may have the side affect of speeding up their death.² (the aim is to relieve pain³) “In both these cases death is already irreversibly present. To intervene with further treatment would only prolong the process of dying.”⁴ In other words, there is a fundamental difference between *causing* the person to die, and *allowing* that person to die.

So when long time medical doctor and pastor Dr. Martyn Lloyd-Jones was nearing the end of his earthly life due to illness, there came a moment when he refused further treatment, complaining to his doctor, “You are keeping me from the glory!”^{Sott,410} He expressed a deeply Christian perspective on death.

1 Corinthians 15

²⁰ But Christ has indeed been raised from the dead, the firstfruits of those who have fallen asleep....

⁵⁴ When the perishable has been clothed with the imperishable, and the mortal with immortality, then the saying that is written will come true: “Death has been swallowed up in victory.”

¹ John Wyatt, Matters of Life & Death (2009 Revised Edition), p. 195.

² As Dr. John Wyatt notes, when it comes to practical responses in the medical care of the dying: **(a)** *Good medicine knows its limits*, **(b)** *Good medicine recognizes the difference between intention and foresight* – such as giving “poisons” to treat cancer and not being able to foresee what the side effects might be, **(c)**

³ The *intent* is to relieve suffering with opiates or sedation. The side effect is that it may shorten life, but that is not the intention. Dr. Wyatt dispels the myth “that morphine is a highly dangerous and lethal poison”. “In fact they are not dangerous, lethal drugs, unless used in massive overdose....When the euthanasia doctors want to kill they do not use morphine.” Matters of Life & Death, p. 224.

⁴ John Stott, “Abortion and Euthanasia” in Issues Facing Christians Today (4th Edition), p. 410.

⁵⁵ “Where, O death, is your victory?

Where, O death, is your sting?”

⁵⁶ The sting of death is sin, and the power of sin is the law. ⁵⁷ But thanks be to God! He gives us the victory through our Lord Jesus Christ.

Philippians 1

²¹ For to me, to live is Christ and to die is gain. ²² If I am to go on living in the body, this will mean fruitful labor for me. Yet what shall I choose? I do not know! ²³ I am torn between the two: I desire to depart and be with Christ, which is better by far; ²⁴ but it is more necessary for you that I remain in the body.

- Cf. John 11; 14¹⁻⁶; 2 Cor. 5¹⁻¹⁰; 1 Thess 4¹³⁻¹⁸; 1 Pet. 1³⁻⁹; Rev. 21-22

2) Why is Medically Assisted Death requested? SLIDE

a) Some Ancient Reasons – look at some Bible stories with end of life choices

King Abimelek (Judges 9⁵⁴) = the son of Gideon’s female slave^{v.18} who convinces the citizens of Shechem to make him king. They do so and he uses their support to eliminate all his father’s legitimate heirs to the throne.⁵ He is verbally confronted by the only surviving heir (Jotham), but it will be three years before the tables turn on Abimelek (9²²⁻²⁵), ultimately leading to his being critically injured when ^{v.53}“a woman dropped an upper millstone on his head and cracked his skull.” He called out to his armor-bearer to draw his sword and kill him so they couldn’t say a woman killed him (a great indignity). ^{v.54}“So his servant ran him through [with the sword], and he died.”

King Saul (1 Sam 31¹⁻⁶; 2 Sam. 11¹⁻¹⁶) – In **1 Samuel 31** Saul is in a fierce battle against his enemies, the Philistines, when their archer overtake him. “*They wounded him critically*”^{v.3} so Saul tells his armor-bearer, “*Draw your sword and run me through, or these uncircumcised fellows will come and run me through and abuse me.*”^{v.4} Death was preferable to the pain of capture, abuse & great indignity. But v. 4 says “*his armor bearer was terrified and would not do it; so Saul took his own sword and fell on it.*” ⁵When the armor-bearer saw that Saul was dead, he too fell on his sword and died with him.”

⁵ “you have revolted against my father [Gideon’s] family. You have murdered his seventy sons...and have made Abimelek, the son of [Gideon’s] female slave, king over the citizens of Shechem because he is related to you.” (Judges 9:18) cf. 9²³⁻²⁴

Should the armor-bearer have done what Saul asked him to do? In the next chapter, **2 Samuel 1¹⁻¹⁶** we get David's perspective on it since one of the mercenaries in Saul's army, an Amalekite, escapes and comes to Dave with the news. He tells him what happened, how Saul was critically wounded but alters the ending, putting himself at Saul's side at that critical moment, telling David both that Saul asked "me" to "kill" him.

"So I stood beside him and killed him, because I knew that after he had fallen he could not survive. And I took the crown that was on his head and the band on his arm and have brought them here to my lord."

David's response was not what this messenger expected. Rather than be glad at Saul's death, David grieved, and rather than commend the servant for putting Saul out of his misery David commanded that he be executed for killing the LORD's anointed. Clearly no one, even in that situation, could end Saul's life and claim to be doing God's will.⁶

Elijah – A number of months ago we looked at the story of Elijah in 1 Kings 19, where he was so discouraged and depressed that he "prayed that he might die...[saying] 'Lord, take my life.'" (1 Kgs 19:4) While he wished for his life to end because of his emotional pain and deep discouragement, he assumed (rightly) that only God had the right to do so.

Job – Job also found himself in such great physical & emotional pain that he wished he had never been born (3³⁻⁷) or that he had died at birth (3^{11,16}).

"Why is light given to those in misery,
and life to the bitter of soul,
to those who long for death that does not come,
who search for it more than for hidden treasure,
who are filled with gladness and rejoice when they reach the grave?
...What I feared has come upon me;
what I dreaded has happened to me." (Job 3:20-22, 25)

b) Some Contemporary Reasons

The ancient reasons people gave for wanting to end their lives are very similar to the main contemporary ones: **SLIDE** fear of pain, fear of indignity, and

⁶ Others stories of suicide include: **Ahithophel** who hanged himself after betraying David (2Sam 17:23); **King Zimri** who burned down his house around himself at the final moment of his military defeat (1Kgs 16:18); **Samson**, eager for revenge on his enemies, did a final suicide mission (Jdg 16:28), and **Judas** "seized with remorse" for having "betrayed innocent blood...went away and hanged himself" (Mt 27:3-5). I totally disagree with Paul Middleton suggestion that "*If carried out for country or friends, or in the face of intolerable pain, incurable disease, devastating misfortune or shame, or to avoid capture on the battlefield, suicide constituted a noble death. Each of the instances of suicide found in the Bible fits comfortably with noble-death ideals.*" <https://www.bibleodyssey.org/en/people/related-articles/suicide-in-the-bible> There are no "positive" stories of suicide in the Bible. All of them are tragedies of people trying to escape the results of their own demise.

fear of the loss of independence. As John Stott noted on this issue, “One of the strongest incentives of those campaigning for euthanasia is that (understandably) they are afraid of what they see as the only alternative, namely having to endure (or see loved ones endure), the horrors of a lingering, distressing, anguished, messy end.”⁷ (Woody Allen quote “It’s not that I’m afraid of death, it’s just that I don’t want to be there when it happens.”) As one prominent activist and spokesperson for legalizing euthanasia put it, **SLIDE13**

“Basically I’m afraid. It’s not so much that I’m afraid of death, but I am afraid of the process of dying.”

To these three fears (fear of pain, fear of indignity, fear of dependence), some have added a fourth fear, the fear that their health care provider might become their killer (e.g. Elizabeth Wettlaufer). This was also an ancient fear and is why the Hippocratic Oath became necessary. A crucial clause in the Hippocratic Oath is a general promise to heal and not to harm: **SLIDE14**

*“I will use treatment to help the sick according to my judgment and ability, but I will never use it to injure or wrong them....I will not give poison to anyone, even though asked to do so, nor will I suggest a plan...”*⁸

The early Christians found unlikely allies in the Hippocratic guild of doctors and found that much of their oath fit in with their own Christian perspectives.⁹ The Hippocratic-Christian consensus against euthanasia has held for most of the last 2,000 years. But many in our culture want to dispense with it because one way modern people cope with these deep-rooted fears is to hope for a quick and unexpected death. It is interesting that, whereas to many previous generations, sudden death was seen as one the worst ways to die, now it is seen as the best. E.g. He had a heart attack and died in his sleep (“Well at least he went quickly. Never knew what hit him, lucky beggar! I hope I go like that.”) When our greatest hope becomes to avoiding our greatest fear (i.e. the pains of the dying process), euthanasia become the answer we turn to. Sad isn’t it! Thankfully, according to scripture, there is a much better way to live & die. **SLIDE15**

⁷ John Stott, “Abortion and Euthanasia” in Issues Facing Christians Today (4th Ed.), p. 412.

⁸ See John Wyatt, “The Hippocratic tradition and the practice of modern medicine” in Matters of Life & Death, 241.

⁹ Wyatt, p. 243.

As we have already seen, Jesus' victory over sin and death on the cross has transformed how his followers see death, still as an enemy yes, but an enemy that has lost its bitter sting. For *“we know that if the earthly tent we live in is destroyed, we have an eternal house in heaven, not built by human hands.”* ² Cor 5:1

The Bible also gives us a distinctive perspective on the sanctity of human life.

1) The Sanctity of Human Life **SLIDE16**

As we saw last week, the creation count tells us that all human beings are made in God's image (Gen. 1²⁶⁻²⁷). The value of human life is therefore intrinsic and God-given and is not subject to our physical health or abilities (or lack of them). The Bible speaks of raising a hand against a human being (or even a word—James 3⁹; cf. Mt 5²²), as being an assault on God himself. Following the flood account, this sanctity of life principle is made explicit in God's instructions to Noah: *“Whoever sheds human blood, by humans shall their blood be shed; for in the image of God has God made mankind.”* (Gen. 9⁶).

In addition to upholding the sanctity of human life, the Bible also underlines the sovereignty of God. **SLIDE17**

2) The Sovereignty of God

Having been created by God, we are stewards, not owners, of the lives that God has given. Life is God's gift, and its end, as its beginning, is determined by his **sovereignty**. As Psalm 139¹⁶ says, “Your eyes saw my unformed body, all the days ordained for me were written in your book before one of them came to be.”

“ordained” (יָצַר) = form (when used of people often = potter's work), when used of God it refers to his creative activity (occurs with *bara*—'create' and *asa*—'make'). It is used of his preordained purposes¹⁰ (2 Kg 19²⁵; Is 37²⁶; 46¹¹; Ps 139¹⁶)¹¹ as well as his current plans (Jer 18¹¹). ^{TWOT,898}
“book” – cf. Ex. 32³²⁻³³; Job 14⁵;

¹⁰ “Verse 16 does not point to a notion of divine predestination but foreknowledge.” Craig C. Broyles, *Psalms* (NIBC), p. 486. So also James Waltner, *Psalms* (BCBC), p. 664.

¹¹ For the similar concept see Ps. 31¹⁵ “The days of mortals are determined; you have decreed the number of their months and have set limits they cannot exceed.”; Job 21²¹ “...when their allotted months come to an end”; Acts 17²⁶ “...he marked out their appointed times in history...”

From God’s perspective, and in his opinion, none of us are “unplanned” or accidents, or become worn out and worthless and ready to be thrown away. Even when we feel functionally worthless and lose our independence, we are still intrinsically valuable to God and subject to his will.¹²

3) Significance in Suffering **SLIDE18**

Our culture has lost the belief that suffering can have any positive value at all. Most people believe pain is useless, futile, destructive, incomprehensible, terrifying. “For many the purpose of existence is to maximize personal happiness, and if we can’t be happy then at least we can try to anaesthetize the pain.”^{Wyatt,198} But we have much to learn from our fellow Christians in other parts of the world (e.g. the Confession of Faith story and what they found “missing” from it...an article on “Suffering”)

It is not so much that suffering impairs our ability to choose, but that suffering threatens our belief that we are in ultimate control. As one writer put it rather bluntly, “Suffering challenges our tendency to be control freaks. It challenges the widespread fantasy that we can be autonomous.”^{Wyatt,219} Researchers have found that this desire to control when or where or how we exit is the most common reason people have given for choosing assisted suicide.¹³ One Oregon doctor commented, (e.g. legal in Oregon since 1997)

“They are not using assisted suicide because they need it for the usual medical kinds of reasons, they are using it because they tend to be people who have always controlled the circumstances of their lives and they prefer to control their death in the same way.”¹⁴

The dependence that many fear actually holds an opportunity to connect like Christ did. As one writer put it, “Suffering is not fundamentally a question which demands an answer but a *mystery which requires a presence.*”¹⁵

¹² I’m reminded of the Psalmist’s prayer, “Do not cast me away when I am old; do not forsake me when my strength is gone...Even when I am old and gray, do not forsake me, O God, till I declare your power to the next generation, your might to all who are to come.” (Psalm 71:9,18)

¹³ In published studies of PAS in Oregon, the most common reasons given were ‘controlling the time of death’, ‘being ready to die’, ‘wanting to die at home instead of in a hospital’, ‘existence being pointless’, ‘losing independence’ and ‘poor quality of life.’ It is striking that severe or unbearable pain is an uncommon reason given for suicide. Wyatt, pp. 203-204.

¹⁴ Quoted by John Wyatt, p. 204

¹⁵ Wyatt, p. 220. Cf. Dr. Paul Brand, Pain: The Gift Nobody Wants, p. 276.

Closing Story

Dr. Paul Brand tells the story of feeling helpless treating a tiny baby named Anne. *“She was one of my first patients, brought to me by her young, idealistic missionary parents. Anne was their only child, and they were alarmed by a sudden onset of vomiting. By the time I saw the baby, after they had traveled a long distance to Vellore, she was terribly dehydrated. I examined her and reassured the parents that though Anne’s intestines seemed to be completely blocked, I should be able to deal with it surgically.”* He performed what he thought was *“a routine surgery”* and after a few days sent her home, but within a week they were back... So he repeated the surgery with greater care... But it soon became clear that her body lacked some crucial element of the healing process. He tried everything technique he knew but nothing worked! *“I confess that I was unable to keep my ‘professional distance’ around little Anne and her parents.... When Anne’s tiny, wasted body was wrapped for burial, I cried in grief and helplessness. I cried during the funeral procession to the cemetery, almost as if it had been my own child. It felt like a miserable failure... For more than thirty years, in fact, I remembered Anne with a sense of failure...”*

Years later Dr. Brand was invited to speak at the church where Anne’s father was a pastor. When Otto introduced him from the pulpit, he said simply, “I don’t need to introduce Dr. Paul Brand. I’ve told all of you about him. He is the doctor who cried at our Anne’s funeral.... *“Medically,”* said Brand, *“I failed... But what I learned, some thirty years later, is that we in the health profession have more to offer than drugs and bandages. Standing side-by-side with patients and families in their suffering is a form of treatment in itself.”*¹⁶ That goes for all of us.

- Cf. recalling the day Mike E. died...

¹⁶ Pain, pp. 277-279.