END OF LIFE

What Should We Do for Those Who Are Dying?

FAITH & DELIBERATION INITIATIVE
Writer: R. Gregg Kaufman
Executive Editor: Brad Rourke
Managing Editor: Ilse Tebbetts
Design and Production: Long’s Graphic Design, Inc.
Copy Editor: Ellen Dawson-Witt

Advisory Team: David Allred, John Dedrick, Elizabeth Gish, Amanda Wilson Harper, Ekaterina Lukianova, Jack Green Musselman, Erin Payseur-Oeth, Josh Ritter, and Jennifer Veninga

Religious Affiliations Represented:
Cooperative Baptist Fellowship, Evangelical Lutheran Church in America, Independent Nondenominational, Christian Church (Disciples of Christ), Unitarian Universalist Association, Orthodox Church in America, Roman Catholic Church, Southern Baptist Convention, United Church of Christ, and United Methodist Church.

End of Life: What Should We Do for Those Who Are Dying?
© Copyright 2020
Baylor Public Deliberation Initiative
All rights reserved

This publication may not be reproduced or copied without the written permission of the Baylor Public Deliberation Initiative. For permission to reproduce or copy please contact Josh Ritter at baylorpdi@baylor.edu

Cover and back cover art: Amanda Long
Relief in a cemetery:
© istock.com/Thomas Demarczyk
Angel statue in cemetery:
© istock.com/Thomas Demarczyk
About This Issue Guide

This discussion material is adapted from an earlier issue guide with the permission of the National Issues Forums Institute. It is intended to encourage productive participation of faith-based perspectives in public deliberation on the issue of end-of-life choices. This material is based on research done by a group of clergy and scholars from a wide range of Christian denominations who have participated in research exchanges with the Kettering Foundation.

Deliberative Dialogue

It’s not a debate. It’s not a contest. It’s not even about reaching agreement or seeing eye-to-eye. It’s about looking for a shared direction and seeking common ground for action by carefully listening to one another and sharing our thoughts about what we hold valuable.

Collaborating Institutions

Baylor University

Baylor University’s Public Deliberation Initiative (PDI) collaborates with the Kettering Foundation by participating in regular research exchanges focused on developing faith-based materials for public deliberation. PDI also contributes to this work by hosting the Faith & Deliberation Initiative on its website. For more information about Baylor University’s PDI and for access to discussion materials visit https://sites.baylor.edu/baylorpdi/

The Kettering Foundation

Founded in 1927, the Kettering Foundation of Dayton, Ohio (with an office in Washington, DC), is a nonprofit, nonpartisan research institute that studies the public’s role in democracy. It provides issue guides and other research for the National Issues Forums.

National Issues Forums Institute

National Issues Forums Institute (NIFI) coordinates a network of civic, education, and other organizations and individuals whose common interest is to promote public deliberation in America.
What ought to be done at the end of life is both a personal and a public decision. Medical advances make it more and more likely that critically ill people and their families will face difficult decisions. Americans will spend five times as much money on health care in the last year of their lives than in any one previous year.

Faith communities care for dying people. Given the advances in medicine and the death-with-dignity movement, consideration of end-of-life concerns with attention to religious identity and commitment is important.

This adaptation of the National Issues Forums Institute issue book, *End of Life: What Should We Do for Those Who Are Dying?* was prepared with an ecumenical Christian focus. People of other faiths may want to adapt it further for their own use.

In 1990, the US Supreme Court ruled in Cruzan v. Director, Missouri Department of Health that “clear and convincing evidence” is required before the removal of life support. In 1997,
the court upheld New York and Washington state laws banning physician-assisted death, leaving it for individual states to decide their legality. These rulings established legal precedence for a national conversation.

In Oregon, the 1997 Death with Dignity Law, a ruling upheld by the Supreme Court, was passed to allow for physician-assisted death at the request of terminally ill patients. In 2018-19, death-with-dignity laws were authorized in nine states and the District of Columbia. Clergy and ethicists are concerned that as more states pass laws that make it easier to die, the “right to die” may become a “duty to die,” and that some lives will be valued more than others.

There are no easy answers. Religiously committed people and those who are not religious both struggle with these choices. Even when a religious denomination acknowledges euthanasia—painless ending the life of a patient suffering from an incurable and painful disease or in an irreversible coma—real-life situations can be fraught with tensions. Furthermore, since various faith teachings are different, we need to converge on public policy that would allow people with different beliefs to follow their conscience.

Discernment and Deliberation

For more than 30 years the National Issues Forums Institute has worked to engage citizens in civil discourse around a host of public issues. Many of the issues—wealth and poverty, immigration, criminal justice, education, and health care among others—are reflected in the teaching documents and formal resolutions of religious organizations.

In the deliberative dialogue process, conveners and neutral moderators bring small groups of people together to share their perspectives—ethical, emotional, and intellectual—with the expectation that listening to different views will help groups move toward common ground or judgments that can subsequently be shared with community decision-makers. In Christian communities, communal discernment has similar objectives. It asks the faithful to
prayerfully consult their sacred texts, discern divine wisdom, and discuss personal perspectives in order to arrive at collective decisions. Communal discernment is valued as an ongoing process that honors the Apostle Paul’s proclamation that all Christians are a part of the Body of Christ, and all have a role in forming the Body of Christ.

**An Effective Way to Hold a Faith-Based Deliberative Forum**

### 1. Welcome and Prayer

The convener or moderator introduces the topic to be deliberated and offers a prayer to “center” those gathered.

### 2. Sharing Personal Concerns

Participants briefly share their personal concerns about and connections to the issue, and reflect on God’s will.

### 3. Deliberation

Participants examine all the options. An approximately equal amount of time should be spent on each option.

### 4. Reflection

Review the conversation as a group, identifying areas of common ground or agreement as well as issues that must still be worked through. Allow enough time for this.

---

### 5. Questionnaire

Participants fill out a questionnaire.

**Beginning the Forum**

Participants are encouraged to share—in a sentence or two—some personal, from-the-heart concerns by responding to one of the following questions:

1. **As a child of God, what makes this issue real for you? Why are you concerned?**

2. **How might you discern how God wants us to care for the dying?**

---

**Forum Guidelines**

- Be in prayer and seek the spirit’s guidance.
- Follow the golden rule.
- Speak honestly for yourself by using “I” language.
- Listen to understand. Keep an open mind and heart.
- Disagree respectfully with others’ ideas.
EMBRACE DEATH as a Natural Process

This approach holds that dying is a natural part of life—something we must all inevitably face. Medical intervention can help us delay death as well as hasten it. Some believe that scriptures speak clearly against the latter, while rapidly advancing technology has caused serious problems for the former. This approach focuses on neither, but rather on the need to help patients die naturally, as peacefully and comfortably as possible. In this approach, the goal is to mitigate the pain, suffering, and fear involved in the dying process.

Too often, medical interventions buy time at the cost of more pain and suffering. In some cases, further treatment robs patients of precious remaining moments with loved ones. In worst cases, it leaves patients lingering indefinitely, kept alive only by life-support systems. This approach promotes hospice or palliative care for patients in hospitals, elder-care facilities, or in their homes so that family members, friends, and care-givers can walk alongside their loved ones through the dying process.
Hospice care proponents believe the quality of life to be as important as longevity, and concentrates on managing a patient’s pain and other symptoms so that the patient may live as comfortably as possible. Choosing hospice care is not giving up on life. Rather, it is making the most of the life patients have remaining by focusing less on medical treatment and more on patient comfort and quality of life.

Avoid Painful and Debilitating Treatments

In the United States, patients already have the right to decline medical treatment. Living wills and advanced medical directives can help family members make decisions on behalf of their incapacitated loved ones, especially those requiring life-support.

In suggesting life-sustaining interventions to terminally ill patients and their families, healthcare professionals should be absolutely clear about the potentially debilitating and painful side effects, as well as the potential benefits. Open and honest conversations with medical professionals are essential for patients making well-informed decisions regarding future treatment and medical interventions. The wishes of patients who decide to forego further medical treatment should be respected.

When end-of-life guidelines are not available, extensive and costly medical treatment can compromise the patient’s relationship with family, community, church, and God, as well as a dying person’s quality of life. Heroic interventions may also leave a patient’s family with crippling medical bills creating yet another burden in an already difficult time.

Explore Palliative Care Resources

Palliative and hospice care can improve the quality of life for dying patients by decreasing pain, addressing depression, and providing overall comfort both for the patient and for families. By reducing the number of hospital stays and increasing patient and family comfort, the return on the investment can be measured in both dollars and patient and family comfort.

While hospitals are places for treatment and medical intervention, hospice care is often provided in the home or in home-like facilities, thus providing dying individuals comfort in familiar surroundings with loved ones. Trained hospice workers assist with daily hygiene, monitor pain management, and promote patient comfort. Hospice chaplains also provide companionship, as well as vital emotional and spiritual support to patients and their families.

A significant portion, if not all, of the costs associated with hospice and palliative care are covered by Medicare, Medicaid, veteran’s benefits, and private health insurance.

Demystify the Dying Process

Often, part of what makes death frightening is our lack of understanding or awareness. Many religious traditions mark death as a rite of passage to the afterlife. For many Christians, this is seen as the beginning of eternity. Yet, it is often shrouded in mystery and uncomfortable to discuss.

Efforts could be made to acknowledge death as a natural part of life, a part of our cultural conversation. Children and youth should be introduced to death when parents deem it appropriate so that they are prepared to make sense
of the passing of loved ones or of news reports of lives lost whether through illness or through violence or tragedy.

Schools could include death and dying as an important component of the curriculum to introduce young people to the developmental and lifespan processes related to death, dying, and grief, and to help them understand the biological and physiological processes of death. Educational options in churches could include discussion of the role of church members and pastors as they accompany people through the end of life, as well as theological understandings related to dying and death.

Churches and religious organizations could also offer classes to help individuals and families prepare for the medical, legal, financial, and family issues related to death and dying. Ministries should be created to walk alongside individuals and their families as they encounter impending death. The more prepared we are for death, the less frightening it seems and the more we can embrace it as a natural part of life.

### Faith-based Questions to Conside

When is declining treatment giving up on life? When medical care is no longer helpful, can our faith help us trust that a person’s physical finality is part of God’s vision for humanity?

How might we help our family members and friends die well? What scriptures come to mind?

In 2 Timothy 4:7, the Apostle Paul, awaiting his impending death, asserts, “I have fought the good fight. I have finished the race. I have kept the faith.” On the cross, Jesus declares, It is finished. (John 19:30)

### SUMMARY

This approach takes the view that as people face the end of their lives, the priority is comfort and quality of life, rather than treatment or prolonging the dying process. Medical providers, family, friends, and religious communities should focus on making the final weeks or months of life as rich and comfortable as possible.

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DRAWBACKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate death, dying, and grief courses into schools and churches.</td>
<td>Courses may create unwarranted fear or anxiety about death.</td>
</tr>
<tr>
<td>Help one another learn how to listen and talk to a dying person.</td>
<td>Listening is difficult work.</td>
</tr>
<tr>
<td>Educate patients and families about Hospice and palliative care resources.</td>
<td>This would involve stopping all but palliative treatment, which may cause conflict between patients, families, doctors, and ministers.</td>
</tr>
<tr>
<td>Remove financial incentives for doctors and hospitals to provide costly medical interventions.</td>
<td>This may compromise incentives for the development of new drugs, treatments, and tests.</td>
</tr>
</tbody>
</table>
Many churches and Christians choose to endorse preserving life at all costs. This approach holds that all life is valuable and always worth saving. Hasty decisions to forego “extraordinary measures” should be avoided. Even when people encounter suffering, they continue to contribute to the lives of family, friends, and others, and there are important traditions in Christianity that emphasize the redemptive nature of suffering.

Many see uncompromising respect for life as a moral imperative of a humane society. We are all God’s children in both health and severe sickness. This approach requires the employment of advanced medical treatments, participation in clinical trials, and the use of life-support machines for patients whose organs no longer work on their own. However, this approach is not only about extending professional medical treatment; it is also about family and community responsibility to prepare for encounters with death and walk with the dying person.
Advocate for Doctors to Be Accountable

Physicians take the Hippocratic Oath swearing to “do no harm.” According to this option, doctors should be held ethically and professionally accountable. In considering the termination of treatment, it is essential that doctors consult with other healthcare providers as well as institutional medical ethics committees who are not directly involved with the patient and chaplains or clergy who have training in end-of-life issues. This will allow for unbiased second opinions and important input from religious leaders, which will increase the potential for discovering viable options for sustaining patient lives.

Support Laws to Preserve Life

Passing laws is one way to ensure that medical doctors do all they can to preserve lives. While the US Supreme Court granted states the freedom to engage “in serious, thoughtful exam-

inations of physician-assisted suicide,” it also ruled in favor of state laws that banned physician-assisted death, forcing doctors to maintain the life of a patient unless they had advance directives to the contrary. Thirty-six states have passed laws making medical aid in dying illegal, while nine states and the District of Columbia support such aid. This approach calls for US courts to uphold these bans and calls for citizens to oppose state legislation that legalizes physician-assisted death.

Society should minimize the number of people who die without receiving every benefit of modern medicine’s ability to prolong and sustain their lives decades beyond a negative prognosis. Valuing every life equally means that everyone would get the same care, even if the public has to pay for it. Affirming the precious nature of life would also honor the religious commitments that many Americans cherish.

Prepare Family Members for End-of-Life Responsibilities

Many families struggle with end-of-life choices. Depression, fear of talking about death, and lack of counseling contribute to the challenge. Another big obstacle is the distance that often separates family members from each other. Aging parents can live considerable distances from their children. Although doctors, friends, and clergy play a role, nothing compares to the presence of family at the end of a life.

In this view, families need to learn to make responsible choices and talk about the dying process. Sacrifices—often the commitment of serious financial resources—may well have to be made so that their members can receive
all available treatments at the end of their lives. And family members should be prepared to stand up for a patient’s right to get those treatments, regardless of his or her ability to pay for them.

Doctors must be able to talk to families, including children, and support them in providing care for the dying. Clergy need to go beyond the immediate help that their own visits provide and work with the family and with the congregation. Clergy and pastoral care teams can play an important role in teaching others how to give the right kind of care to people as they face serious illness and death.

**Faith-based Questions to Consider**

How might religious faith contribute to medical ethics relative to prolonged treatment of patients near death?

How might we walk alongside our family members and friends in the midst of suffering and dying? What scriptures come to mind?

“For it was you who formed my inward parts, I praise you for I am fearfully and wonderfully made.”

(Psalm 139:13-14)

**SUMMARY**

This approach takes the view that our first priority is preserving life and treating it as sacred. We should do everything possible to ensure that health-care providers will provide life-extending treatments to those who are seriously ill or dying. We should also seek to make sure that families and communities take on the moral responsibility for their sick and dying loved ones.
### ACTIONS

- Support the role of family participation in medical decisions for the dying.
- Encourage people to create a living will and advanced medical directives to ensure that they receive the benefit of all possible treatment options.
- Encourage doctors treating terminally ill patients to seek peer consultations with colleagues and hospital ethics committees.

### DRAWBACKS

- In many cases, family members could be unprepared or unwilling.
- This may require people to face the reality of death before they are willing to do so.
- Specific requirements for consultations will add more duties for already-overwhelmed health-care professionals.
For many individuals and communities, religious faith plays an important role in decisions about prolonging life when death appears inevitable. Some Christian denominations strongly support the free will of each individual, combined with informed scriptural interpretation, to make their own decisions about end-of-life care. And although many other Christian churches do not favor an individual’s choice to end life, this approach emphasizes the importance of showing mercy to and honoring the moral conscience of terminally ill people who seek to hasten their own death.

Support Legalization of Physician-Assisted Death in All States

Oregon, California, Montana, Colorado, Vermont, Washington, Hawaii, New Jersey, New Hampshire and the District of Columbia have authorized death-with-dignity practices. Laws in these states allow physicians to prescribe drugs which patients may choose to take when or if they are no longer willing to endure the pain and suf-
ferring. It does not mean that patients would use them. In 1997, when Oregon authorized physician-assisted death, less than 1 percent of patients who received such prescriptions actually used them.

This approach supports the expansion of legal pathways to hasten death as a compassionate and merciful option and advocates the expansion of death-with-dignity laws to all 50 states. A May 2013 Gallup poll found that 70 percent of Americans supported the use and development of end-of-life initiatives.

Empowering dying patients to control both their lives and their deaths can help reduce feelings of helplessness and depression. Some sources report that close to 60 percent of practicing physicians have received requests from patients to help them die. Although difficult, these requests open opportunities for physicians to discuss the existing options and their consequences. This option holds that patients should have every opportunity to choose life or death when facing a terminal illness. This decision is best exercised when patients are well informed about the risks and outcomes of their choices.

While many religious organizations oppose the hastening of death, many people of faith struggle with these questions, and official church teachings do not always translate into easy answers. This approach holds that individuals, religious communities, and families should engage with the sacred texts, religious teachings, and their own lived experiences as they weigh what actions they might consider as the end of life nears.

---

**Standardize Protocols to Hasten Death in the Face of Suffering**

People have found many creative, and sometimes dangerous, ways to end their lives in the face of prolonged suffering or a long and difficult process of dying. Some stop eating and drinking, while others inhale carbon monoxide or take various drugs. Without standardization, people are left to experiment. Many medical procedures are standardized; this approach supports the standardization of procedures to hasten death near the end of one’s life in order to reduce suffering.

This approach says that people who choose to end their lives should be able to do so without legal or religious stigma and without the risks of further harming themselves or others by using dangerous and nonstandard methods. It’s about safety, mercy, and honoring the moral conscience of those who face the risk of a prolonged and painful death.

**Remove Legal Penalties for Doctors Who Agree to Honor Patients’ Wishes**

Canadian and United States palliative health care research findings reveal that a high percentage of terminally ill patients support physician-assisted death, whether or not it is legal. One study reported that 4.7 percent of physicians admitted to honoring more than half the requests they received by giving lethal injections to suffering patients who asked for them. By doing so, physicians risk having their licenses revoked and being charged with a criminal offense.
This approach holds that physicians should not be penalized for fulfilling a patient’s request to end his or her suffering. In this view, physician-assisted death should be legalized in every state, with appropriate regulations and safeguards. Patients choosing to exercise this option should be given information and support services to assist their decision-making and provide peace of mind to their loved ones.

**Faith-based Questions to Consider**

What role does moral conscience play in our faith? When is hastening death taking life into our own hands? What scriptures might help us better understand these complicated questions?

How can the faith community, friends, and loved ones respond with care and mercy when the person’s end-of-life wishes conflict with a religious organization’s teaching.

“He has shown you, O mortal, what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God.”

(Micah 6:8)

**SUMMARY**

This approach is concerned that stiff legal penalties and the fact that very few states have legalized physician-assisted deaths unfairly burden many Americans and deprive them of their right to choose how they will die and reduce their own suffering. The decision to hasten death at the end of life is, for many, a complex moral and religious decision that would benefit from robust conversations between religious communities, families, and loved ones where all options could be discussed without shame or judgement.
<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>DRAWBACKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Support federal legislation to legalize physician-assisted death in</td>
<td>• States would lose the legislative authority which was granted to them</td>
</tr>
<tr>
<td>all 50 states.</td>
<td>by the Supreme Court in this matter.</td>
</tr>
<tr>
<td>• Provide legal protection for health-care professionals as long as</td>
<td>• Some patients might not receive quality care toward the end of their</td>
</tr>
<tr>
<td>they carefully follow the rules set for physician-assisted end-of-life.</td>
<td>lives</td>
</tr>
<tr>
<td>• Offer more faith-based opportunities to discuss personal choice to</td>
<td>• Entertaining the concept of euthanasia or suicide would contradict the</td>
</tr>
<tr>
<td>end one’s life when struggling with terminal illness.</td>
<td>teachings of many religious organizations.</td>
</tr>
<tr>
<td>• The AMA should standardize protocols for physician-assisted death.</td>
<td>• Many doctors would regard such protocols as violating their Hippocratic</td>
</tr>
<tr>
<td></td>
<td>oath.</td>
</tr>
</tbody>
</table>