THE DAYS THAT WERE FORMED FOR ME —PSALM 139:16

The Christian Response to Assisted Suicide

THE LUTHERAN CHURCH—MISSOURI SYNOD

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Life Ministry

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INTRODUCTION

OUR HEAVENLY FATHER is the creator and sustainer of all human life. He not only knitted each of us together inside our mother's womb, but also formed each and every day of our lives before we were conceived (Ps. 139:13–16). Many in our world are wandering in a desert of confusion, measuring the quality of health and life against oddly-contrived notions that ignore the value that God gives to all human lives from conception to natural death. Our natural death is the day that He has formed and chosen to end our earthly life.

In many countries across the world, and some states in the U.S., this confusion has led to the legalization of euthanasia, also called assisted suicide. The promotion of proposed legislation highlighted so-called "death with dignity" for those in their seemingly last days of terminal illnesses. The suicides that have occurred condoned and assisted by physicians are far from dignified. A slippery slope has resulted, creating a culture of death, and at times a perceived "duty to die," for those who are no longer deemed valuable or worth continued health care by their society. Assisted suicide has been expanded beyond the final days of terminal illness to requests for life-ending prescriptions when discouraged people are weary of living. The pain of suicide, whether legalized euthanasia or otherwise, ripples out, affecting loved ones for the rest of their earthly days.

This culture of death does not need to continue. Christians must rise up and declare God's truth, pointing to Him as the author of all life and the one who determines when life ends. As the Body of Christ we care for everyone, providing mercy throughout all of human life, accompanying one another through the suffering of this world and bearing one another's burdens through the end of earthly life. Christians need not fear death, for we will be united with Christ in a resurrection like His (Rom. 6:5).

This small book, containing reprints of articles originally published in various LCMS Life Ministry newsletters, provides readers with a theological and practical understanding of assisted suicide and how Christians are to respond in societies that insist there is a "right to die" that allows for legalized euthanasia. Through the life-giving Word of God, legal assisted suicide, Satan and his culture of death are defeated. It is the fervent prayer of everyone involved in LCMS Life Ministry that God's Word would be proclaimed so that all would come to know the truth of Christ's atoning death and resurrection to eternal life, saving all who believe.

MERCY AT THE EDGES OF LIFE

"MERCY IS NOT SELF-EVIDENT,"[1] writes Oswald Bayer. We live in a world where the weak are often pushed aside and the most fragile among us, the unborn and the aged, are seen as legitimate targets for extermination — the act of killing them even identified as mercy. How different from the Holy Scriptures where mercy, a characteristic of the Triune God Himself, is instead about the donation of life and the doing of that which guards and defends this life without reference to how the quality of that existence might otherwise be evaluated. God shows His mercy to the weak and so the psalmist is bold to pray, "Do not cast me off in the time of old age; forsake me not when my strength is spent" (Ps. 71:9).

Gilbert Meilaender argues, rightly I think, that aging is not to be seen as a disease to be cured but as a stage of life to be embraced.[2] When aging is medicated as a disease, physician-assisted suicide becomes all the more tempting. If there is no cure for aging, why should those who suffer from it be required to endure its discomforts and indignities? Arguments that once the aged are no longer capable of enjoying an appropriate "quality of life" they should be free to bring that life to end and seek medical assistance in doing so have gained significant traction in our culture.

If "quality of life" is what defines human existence, such an argument makes sense. But Christians recognize that it is not a question of life's quality, but rather whose life it is. The euphemism for suicide, "she took her own life," is deceptive. It was never her life to take. Life is an endowment of God's mercy from conception to natural death. Human life is given dignity by the Creator without any merit or worthiness in us, to paraphrase the Small Catechism. It is always to be received as a gift and so protected from harm and danger no matter what its "quality" might be. This means that the Christian is under obligation not to "hurt or harm our neighbor in his body" and also "to help and support him in every physical need," to cite the catechism's explanation of the Fifth Commandment. It is not an act of courage to make yourself the author of your own death or to cause death for another. Courage is demonstrated in living the life which God has given — even with its burdens — to the end which God Himself will give. Death is never a gift we are entitled to give to ourselves or others.

Our responsibility to the aged, injured and infirm is always to care and never to kill. Anything which aims for the death of those who suffer is murder, which God strictly prohibits in His Law. Even when death is inevitable, it is our calling to "help and support" the neighbor "in every physical need." We are never authorized to end suffering if it involves terminating the life of the one who suffers. While it is true that the dying are not obligated to accept therapies that are burdensome or promise little hope of a cure, none of us may excuse ourselves from the burdens of life. Protestations like "I don't want to be burden to anyone" are a fundamental denial of our humanity. To be a human being is to be a burden and to be a burden bearer (see Gal. 6:2). Rather than deserting the dying or accelerating their movement toward death, Christians show mercy by supporting them in this body and life, thereby bearing their burdens even as we commend them into the hands of a merciful Savior.

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1 Oswald Bayer, "Mercy From the Heart," *Logia: A Journal of Lutheran Theology* XIX (Eastertide 2010), 30.
2 Gilbert Meilaender, *Should We Live Forever? The Ethical Ambiguities of Aging,* (Grand Rapids: Eerdmans, 2013), 1–19.

SUFFERING AND THE THEOLOGY OF THE CROSS

Question and Answer with the Rev. Dr. Harold Senkbeil

Q. Why do people suffer?

A. The source of human suffering is found in the Garden of Eden, where our first parents elected themselves God and chose what seemed right to them over what God had told them. So it happened that "in Adam all die" (1 Cor. 15:22). Ever since, suffering has been the lot of fallen humanity. Death and consequently suffering of all sorts is the result of sin.

Q. Sometimes people say of someone suffering that he or she must have done something to anger God to deserve this punishment. How would you respond?

A. This way of thinking makes some sense, for suffering looks (and feels) exactly like punishment — until you learn from Jesus, that is. One day His disciples asked Him about a blind man: "Who sinned, this man or his parents, that he was born blind?" (John 9:2). Jesus pointed out that the man's suffering was not a punishment for sin, but rather an opportunity for God to reveal Himself; then Jesus proceeded to restore the man's sight.

That's the way it is with suffering in your life and mine, even when God doesn't take the problem away. When we suffer, He provides an opportunity for us to learn whole new dimensions of His love and mercy — which we often receive through the words and deeds of Christians moved by God's own love in Christ.

Q. What, briefly, is the "theology of the cross," and what does it mean to someone who is suffering?

A. Martin Luther once said, "Our theology is a theology of the cross." By this he meant that all thinking and speaking about God must conform to God's own Word. And God's Word, from start to finish, is woven throughout with one scarlet thread: the Word of the Cross, which is "folly to those who are perishing, but to us who are being saved it is the power of God" (1 Cor. 1:18).

Human reason and logic teach us that suffering is bad, and glory is good. God turns things around: With Him what seems logical actually is foolishness, and those things people brand weakness in reality are strength. "A theologian of glory calls good evil and evil good," Dr. Luther wrote in his 1518 Heidelberg Theses. "A theologian of the cross calls a thing what it actually is."

Take Peter, for example. When our Lord disclosed that He was about to suffer many things in Jerusalem at the hands of His enemies, and be killed, and on the third day rise, His staunchest disciple took Him aside and tried to persuade Him He was mistaken: "Far be it from you, Lord! This shall never happen to you" (Matt. 16:22). Peter was calling good (suffering and the cross) evil — and He considered evil (avoiding the sacrifice of the cross) good. Jesus called it as He saw it. He said to Peter, "Get behind me, Satan! You are a hindrance to me. For you are not setting your mind on the things of God, but on the things of man" (Matt. 16:23).

Thus, people who are suffering need to become theologians of the cross. Despite all appearances to the contrary, God has not turned His back on them. Rather, He hides Himself in human suffering just as surely as He did at Calvary. When it seems that God is absent, when we can neither see nor sense Him, in actuality He is truly present.

Q. How can a trial of suffering actually strengthen faith?

A. The apostle Paul, a great man of faith, was greatly troubled by what he called his "thorn in the flesh" (2 Cor. 12:7). No less than three times he earnestly prayed that God would remove the source of his suffering. The answer Paul received to his prayer is instructive: "My

grace is sufficient for you, for my power is made perfect in weakness" (2 Cor. 12:9). The power of God is carried out in the context of human weakness. When everything is going fine in our lives, we sometimes forget about God; we become self-sufficient. But when trouble and hardship come our way, we recognize that our own ingenuity and strength is not enough to see us through. It's then, when we are at the end of our rope, that the sobering reality begins to dawn: all we are and all we have are gifts from our gracious God.

This is the great mystery of suffering: God sometimes sends it our way to draw us closer to Him in faith. St. Peter used a metallurgy analogy to teach this sobering truth: As gold is purified by fire, so faith is put to the test by trials. But when Jesus comes again in glory, then the faith which is now sorely tested in suffering will result in praise and glory and honor (1 Peter 1:7). Until then we walk by faith and not by sight. Clinging to the sure and certain Word of our gracious Lord, we find strength to carry on from one day to the next, knowing and trusting the One who laid down His life that we might live in Him.

Q. How is the theology of the cross comforting to Christians who are suffering?

A. When we understand that God Himself comes hidden under suffering and the cross, we will not be surprised when we too suffer. Jesus gave us advance warning, after all: "If anyone would come after me, let him deny himself and take up his cross and follow me" (Matt. 16:24). The paradox is that Christ is never closer to us than when we suffer. As He Himself suffered, and by that suffering won freedom and peace for us all, so He has ordained it that all who are called by His Name should suffer for that Name.

Our suffering is not punishment. Rather, by the grace of God it is the way He intends to conform us to the image of His Son (Rom. 8:29). We are not masochists; we certainly don't seek suffering. But when it comes our way, we will not run away. Rather, we recognize that suffering is another opportunity to examine our sinful hearts, confess our sins, and find relief and peace in the wounds of Christ, who suffered once upon His cross that we might be released from guilt and shame and take our place within the shelter of His love.

Q. Some advocates of euthanasia and assisted suicide claim that a life of suffering is not worth living, or that "God wouldn't want that for me." How would you respond?

A. There's a lot of fuzzy thinking in that area these days. The founders of this nation wrote of the "inalienable right" to the "pursuit of happiness." We seem to have raised that several notches in recent years; now most people believe they have an inherent right to happiness defined in their own terms.

But let's face it: Who are we to read God's mind? How do I know what He wants for me in the midst of great suffering? We do know the following for sure, because it is written in the Holy Scriptures:

1) God forbids us to take human life — including our own. I have no God-given "right to die" in the manner and time I choose for myself.

2) God uses human suffering to work His mysterious will. He hasn't promised me a rose garden, but He has promised His presence and His peace in the midst of my pain.

Q. Can you recall a story from your years in the parish that illustrates the hidden blessing in suffering?

A. I've known many saints of God over the years who have exemplified great patience under suffering and the cross, but let me give you one example. Let's call her Sarah. Sarah's son (we'll call him Stanley) had been injured at birth and was profoundly retarded. Though he grew long and lanky, his brain development was only a few months; so for all his life he had to be carried, fed and burped, then tended just like any newborn. Sarah made all his clothing because there was none in any store that would fit the frame of her grownup infant. She ground all his food, and often stroked his throat so he swallowed properly.

Doctors who knew his condition recommended that he be institutionalized, but Sarah and her husband wouldn't have it. They cared for him day and night for well over thirty years until he died of natural causes. With good care in an institution, medical personnel estimated that he might have lived for six or seven years.

What a prison sentence that must have been, many no doubt would say. Not so for these people. Though Sarah grew old caring for this baby, she and her husband nursed him tenderly until the day he died. Never once did she complain.

A lot of people would call that suffering. But Sarah and her husband had another word for it: love. And that house was full of love. There you could glimpse the love of God — if you had eyes to see it — especially when Stanley's sightless eyes lit up and a grin passed across his face at the voice of his mother or father while they caressed his tousled hair.

You see, they knew the God who had abandoned everything for the sheer joy of redeeming a world gone bad, though it cost Him His life. In His reckless love He gave up all He had to show His love. And so we should not be surprised when His love shows up under cover, masquerading as hardship and suffering. To get His love, you take the suffering along with it. The wonder and the mystery of it is that there's blessing in that suffering — for there you find His love in disguise. That's the beauty of God's love in Christ; sometimes it shows up in the strangest places.

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ASSISTED SUICIDE: COMING TO A STATE NEAR YOU?

Since this article was originally written, eight states (California, Colorado, Hawaii, Oregon, Vermont, Maine, New Jersey and Washington) and Washington D.C. have legalized assisted suicide. Legislation has been proposed in 14 other states.

IMAGINE THE FOLLOWING: You are standing in line at your local pharmacy, waiting to pick up a prescription for antibiotics, when you overhear the pharmacist telling another person, "Take all of this with a light snack and alcohol to cause death." A family member has been diagnosed with cancer. Her doctor has prescribed medication he believes will both slow down the cancer's growth and make her more comfortable. However, when she goes to have the prescription filled, she is told her health care plan doesn't cover that prescription, but it will pay for assisted suicide.

Impossible? No.

In fact, assisted-suicide prescriptions are part of the Oregon experience, and Oregon's suicidal approach to health care includes payment for assisted suicide while refusing to authorize coverage for treatments that patients need and want. Soon, this will take place in Washington State as well. Both states have transformed physician-assisted suicide into a medical treatment.

Background

Oregon's assisted-suicide law has been in effect since 1998. When that law first passed, its supporters thought other states would rapidly follow suit. But they didn't. Proposals for Oregon-style laws were made in more than 20 other states. Each and every one failed. Those who favor assisted suicide developed a plan called "Oregon plus One," a strategy to make one more state an assisted-suicide haven. Led by Compassion & Choices (the former Hemlock Society) and the Portland, Ore.-based Death with Dignity National Center, they decided to select one state to target for a concerted effort, believing that if they could score a victory in just one more state, that would break the log jam and open the way to further progress toward their goal of death on demand.

They selected Washington State. Beginning in 2006, the groups went into full gear. First, they poured money into focus groups to hone their message. They hired top-notch political consulting firms. They selected former Washington Governor Booth Gardner as their spokesperson. By early 2008, when they began gathering signatures to put the measure — called the "Washington Death with Dignity Act" — on the November ballot, they had carefully laid the groundwork for what turned out to be one of the most expensive initiative campaigns in Washington State history. Assisted-suicide advocacy groups from across the country and from as far away as Australia provided most of the funding that resulted in a war chest of close to $5 million. Their efforts paid off. Oregon is no longer the only state that considers assisted suicide to be a medical treatment. Washington State became the "plus one." Within less than a month, a Montana district court judge, citing Oregon's law and Washington's vote, ruled that Montana citizens have the right to assisted suicide under the state constitution's right to privacy and right to dignity provisions. Without question, Oregon-style assisted-suicide measures will appear in legislatures across the country and voters in states that permit ballot initiatives will see "death with dignity" proposals in the very near future.

Expansion inevitable

Oregon's and Washington's laws and the Montana decision provide that assisted suicide is available to terminally ill competent adults who must self-administer the lethal drugs. At the same time, personal autonomy and ending suffering are the two prime reasons given for permitting assisted suicide. But those reasons, in and of themselves, require that the practice not be limited to self-administration by a terminally ill, competent adult.

Consider the following: If personal autonomy is the basis for permitting assisted suicide, why would a person only have personal autonomy if he has been diagnosed (or misdiagnosed) with a terminal condition? If assisted suicide is proclaimed by the force of law to be a good solution to the problem of human suffering, isn't it both unreasonable and cruel to limit it to the dying? Once we have changed assisted suicide from a bad thing to be prevented to, at least in some cases, a good thing to be facilitated, isn't it easy to see how the early "safeguards" could be seen as obstacles to be surmounted? On what basis could one deny a good and compassionate medical treatment to those who are suffering from chronic conditions? Or to children? Or to those who never have been or are no longer competent? If a lethal dose of drugs is considered a good medical treatment, isn't the requirement of "self-administration" both illogical and overly restrictive? What about the person who is physically unable to self-administer the lethal dose? After all, is there any other medical treatment that a physician can prescribe for, but not administer to, a patient?

Contrary to what some may believe, talk of expanding assisted suicide is not a notion that originates with its opponents. It is actually the leaders of the right to die movement who have discussed that goal, often openly. For example, in his 1991 book *Final Exit*, Derek Humphry, co-founder of the Hemlock Society, explained that restrictive laws would eventually encompass people with disabilities. Humphry wrote, "When we have statutes on the books permitting lawful physician aid-in-dying for the terminally ill, I believe that along with this reform there will come a more tolerant attitude to the other exceptional cases."

In a December 2007 cover story, the New York Times Magazine explained that former Washington Governor Booth Gardner, who headed up the campaign that legalized assisted suicide in that state, acknowledged that he envisioned his campaign as part of a larger agenda. "Gardner's campaign is a compromise; he sees it as a first step. If he can sway Washington to embrace a restrictive law, then other states will follow. And gradually, he says, the nation's resistance will subside, the culture will shift and laws with more latitude will be passed." In the 2008 book, *Giving Death a Helping Hand*, Margaret Battin (an advisory board member of the Death with Dignity National Center) wrote that she doesn't believe assisted suicide should be "safe, legal and rare." Rather, she said it should be available "as a preemptively prudent, significant, culminative experience." In the same book, Battin spoke approvingly of a situation in which two young men were planning a fishing trip several months in advance. One of the young men made certain that the trip would not conflict with his father's scheduled death.

What can be done? Do we want to have a society where assisted suicide is common, where it is considered normal? Do we want to go from a situation where, initially, people are horrified by assisted suicide, but then tolerate it and, finally, accept it? Do we want to see a time in the not-too-distant future when people feel guilty for not choosing assisted suicide? That is what we're leaving for our children and grandchildren if we don't prevent its spread.

So in case you are wondering about what you can do, I would ask you to become aware of this. Many people in Washington, including those who voted for the "death with dignity" initiative, didn't have a clue about its implications. All of us need to help others understand what legalized assisted suicide really means. That is the only way that we can prevent its spread. We must work to prevent assisted suicide from becoming the American way of death because not only our lives but the lives of our children and our grandchildren depend on it.

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PHYSICIAN-ASSISTED SUICIDE: DEATH WITH DIGNITY?

"TAKING A STAND FOR LIFE" involves all life-and-death issues, those at the beginning and at the end of life. One of the most contentious topics in health care today is physician-assisted suicide (PAS), also known as physician-assisted death or aid in dying.

Physician-assisted suicide is a process whereby patients with terminal diseases, who are deemed to have less than six months to live, can make legal requests of physicians to help them end their lives. This is typically accomplished with a prescription for a lethal overdose of barbiturates. According to Oregon's Death with Dignity Act (DWDA), one of the first laws of that type to be passed in the country and used as a model by other states, the prescribing physician is protected from liability and criminal action, a second physician's opinion is needed, there must be a written request and two oral requests separated by a 15-day waiting period, and counseling is required if a doctor deems the patient to be suffering from depression. Patients are not required to notify their families of this decision. Once the medication is taken, most deaths occur within three hours, although they may take longer. Since the DWDA was enacted in Oregon, 2518 people have ended their lives this way, including 188 patients in 2019. According to the Oregon Public Health Division, prescriptions written for PAS are going up every year. For example, 24 were written in 1998 and 290 in 2019.

Why all the attention now? In the spring of 2014 an emotional video featuring Brittany Maynard, a 29-year-old woman with terminal brain cancer, "went viral" on the internet. Brittany told the world about her decision to take her own life on November 1, 2014, which she eventually did. The video, promoted by Compassion and Choices, portrayed Brittany as an adventurous, spirited woman who lived life to the full and loved to travel to exotic locations. Her mother called her "larger than life." Brittany said that what is important in life is to "seize the day," and if people cannot do the things they cherish, life is not worth living.

Two chief arguments often given for legalization of PAS are autonomy and mercy. Autonomy means that each person has the right to self-determination. In the medical realm, it is the idea that "I have the right to say what happens to my own body." It is the dominant ethical principle in today's health care. In most cases, physicians need an authorization by a patient or the patient's decision maker to conduct tests and carry out treatment plans. Autonomy appeals to our human tendency to want to be in control of our lives; it is a very persuasive concept. Mercy, or compassion for those who are suffering, is another powerful argument. Many people feel that society should allow a compassionate, pain-free death for those with terminal illnesses.

While autonomy and mercy are prominent arguments for PAS, other people are concerned about the wave of PAS legislation currently sweeping our country. Maggie Karner, who was director of LCMS Life Ministry and chair of the LCMS Sanctity of Human Life Committee, responded to Brittany's video with one of her own. Maggie was diagnosed with the same brain cancer as Brittany, but Maggie clearly indicated that she was not going to take her life. She urged Brittany not to be pressured by any arbitrary date to kill herself. While ardently pro-life, Maggie did a masterful job of using non-religious themes to encourage Brittany to "come off that ledge" and "not to leap." Maggie emphasized that the world would be a poorer place without Brittany and that families can be strengthened by caring for someone with a fatal illness.

She said that some good might come out of this distressing situation if Brittany were to enroll in a clinical trial so others with the same condition could benefit. (Ironically, shortly after Brittany died, the television news program *60 Minutes* described how Duke University was using the poliovirus to treat certain forms of brain cancer.)

Given this background information, how then can we take a stand for life against the seemingly unstoppable effort to legalize PAS? One method is to do as Maggie has done and use non-religious arguments to persuade others not to support "death with dignity" laws. This method is appropriate if religious perspectives cannot gain a hearing in a specific setting, such as in a professional association meeting. It is helpful to know that two powerful secular viewpoints oppose legalization of PAS. Physicians, as a group, object to the fact that they are involved in the killing. The *Hippocratic Oath* says, "Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course." Doctors have traditionally been concerned with healing and doing good for their patients; therefore, most of them are troubled when their noble profession will be morally implicated in intentional patient deaths. Similarly, pharmacists object to the fact that they will be caught up in the suicides of patients when they must dispense lethal medications in compliance with a doctor's prescription.

A second influential, non-religious viewpoint opposes PAS because of the potential for adverse social consequences. One concern is that society will unlikely stop with "modest" proposals of PAS. Some fear that PAS for decisional patients will lead to PAS for those who cannot make medical decisions for themselves, such as the developmentally disabled. Then that might lead to forms of voluntary active euthanasia, during which a decisional patient requests a physician to give them a lethal injection. Then that might lead to nonvoluntary euthanasia; Belgium has already permitted active euthanasia of children with serious illnesses. This is the so-called slippery slope argument, which is valid if it can be shown that it is reasonable to expect that the first step "down the hill" will inevitably lead to the bottom. A second social concern is the likelihood of PAS abuse, neglect and mistake. For example, some minority groups are troubled that they will be disproportionately pressured into PAS as compared to whites. There is also a real worry that hospice programs might suffer in jurisdictions that allow PAS. The concern is that rather than receiving adequate pain control and individualized care, terminal patients will be encouraged to take the "easy way out."

A second way of standing for life is to proclaim clearly who you are, what you believe, and why. As Christians, we are to be "the salt of the earth" and "the light of the world" (Matt. 5:13–14). Sometimes we need to stop pussyfooting around and stand up for the truth. We know that death is an enemy, not something to be embraced as "part of the circle of life." Our Lord defeated death at the great cost of His life on the cross. Death cannot win. Death is not just an aspect of science or biology; it is a spiritual matter. Professor John Pless writes in his booklet *Mercy at Life's End: A Guide for Laity and Their Pastors* (available free of charge at *lcms.org/life*), "Easter robs death of the dignity it claims for itself. We are freed from the mythologies of our culture that would seek to give us power over death. Easter gives us something far better. Easter gives us a sure and certain word: Jesus died for your sins. God has raised Him from the dead. The grave cannot hold Him and neither will it be able to keep those who are His" (p. 8). It is wrong to seek death intentionally as a solution to life's problems. The Bible emphasizes the reality of our dependence on God, our total reliance on Him for temporal and eternal life. As hard as we might try, we cannot autonomously escape the consequences of sin.

If you are opposed to PAS, contact your legislator and offer these reasons and others why legalization of PAS is a bad idea, medically, socially and theologically. You will have to use your Spirit-guided judgement as to which approach might be more effective. I have been told by several lawmakers that if voters take the time to make their views known, they will pay attention!

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END-OF-LIFE DECISIONS

THE VERY SAD, VERY PUBLIC dialogue between Maggie Karner and Brittany Maynard in 2014 serves to remind us that while we have the capability to end life on our own terms, and it is legal in eight of our U.S. states, it is not morally right for Christians to utilize those means. The timing of our death, like the timing of our birth, is in God's hands. God also has given modern medicine amazing technology for healing arts. This raises a related question: Does the availability of that technology obligate us to use any and all means to keep a loved one alive as long as possible, even when they are clearly dying? Just because we can do something, does that mean we ought to? Modern medicine can keep a heart pumping and lungs working artificially almost indefinitely. It is increasingly difficult to draw a line and say, "We've done all we can do."

There is always some other procedure or treatment to be tried. Again, we are left with a question of timing. This issue is difficult for life-affirming people because it feels like playing God. The Rev. John Pless offers some guidance by saying that the issue comes down to our motivation. He states that our guiding motto should always be one of aiming to care for the patient (providing comfort and pain relief), but never aiming to kill.

Hastening death is wrong, unbiblical, even diabolical. Some people have chosen to call it "death with dignity." However, for me death with dignity has always meant dying in the faith looking forward with joy to one's crossing over through death to life eternal. Robbing loved ones of that witness by hastening death is playing God. But what about shortening that witness through unnatural means (sedative pain medications, heroic and often painful therapies, etc.)? Had nature been allowed to "take its course," the patient may have experienced more lucid days, rather than existing for weeks or months by virtue of some invasive, aggressive and radical procedure. The very language suggests a violation of the natural rhythms and order of life. It is important that we have the conversation with our loved ones that begins, "When the time comes…" I asked Maggie Karner about this very thing. She suggested that all people should appoint a health-care advocate/power of attorney to help make decisions if they become incapacitated. Talk with this person ahead of time and make sure they know how important it is to you that we don't play God with these decisions. This health-care advocate can make decisions in real time and ask questions of both the doctors and your pastor right in the moment to make the best, most life-affirming decisions possible.

If we deny this opportunity by "ending life on our own terms," we deny God the opportunity to be our comfort in time of need. It was decided among immediate and extended family recently that Maggie's daughter, who is a nurse, will handle the end-of-life healthcare questions that arise if Maggie or her husband becomes incapacitated. "When my brothers and sisters faced these end-of-life questions with my father years ago, it was a life-changing, faith-building experience that drew us all closer to God. I'm hoping my family has a similar experience as we face my death together," says Karner. God needs to be our God as we step from the valley of the shadow of death into the glorious light of life eternal. This is a hard matter. It is both sad and faith-strengthening. It is the final culmination of our faith and of our life under the cross. This is where the sanctity of life meets the hope and promise of facing death with faith (as opposed to so-called "death with dignity"). When my family all gathered in my dad's living room four months prior to his death from pancreatic cancer and observed the rite of "The Commendation of the Dying," it had a profound effect on my dear Uncle Al, a life-long agnostic. Al died of a heart attack not long after

my dad. But I did talk with him the last time we met, and he reiterated that the experience in that living room drew him closer to God. "The Commendation of the Dying" closes with these words: "Go in peace. May God the Father who created you; may God the Son who redeemed and saved you by His blood; may God the Holy Spirit who sanctified you in the water of Baptism receive you into the company of saints and angels to live in the light of His glory forevermore."

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MERCIFUL CARE AT THE END OF LIFE

THE "RIGHT TO DIE" has now been added to the growing list of entitlements allotted to human beings. People who are terminally ill or chronically injured and elect physician-assisted suicide, now legal in several states and the District of Columbia, are given heroic status and praised for exercising the option of taking their own lives before they are taken from them. A prominent Princeton ethicist, Peter Singer, argues that physician-assisted suicide should not only be readily accessible, but also in some cases be administered by physicians even to those who do not request it.

How are we to respond? The Lutheran ethic has been helpfully described by German theologian Oswald Bayer as an "ethic of gift." That is, ethics is first and foremost not asking the question "What should I do?" but rather "What have I been given?" Bayer's approach is a helpful way of framing the issues related to decision-making when we or those we love are irretrievably dying. Our immediate questions should not be about "quality of life" or a person's "worth" in terms of abilities. Rather our starting point should be that we are dealing with the life God has given, and so should tend to and care for it even if it is diminishing and nearing death.

Under the Fifth Commandment we are obligated, as Luther explains, not to "hurt or harm our neighbor in his body, but help and support him in every physical need." A cure may be elusive and healing may be beyond our grasp, but we are never to kill or make death therapeutic. In whatever condition, as long as there is life, it is to be received as a gift from God and cared for appropriately as we are able. An "ethic of gift" means that we receive life; we do not take it. This enables us to steer a course between two unacceptable options. On the one hand, we are never to purposefully seek death as a way of alleviating suffering. On the other hand, we must not selfishly grab on to biological life when it is clear that the Creator is recalling to Himself the life that He gave. Human life from conception to natural death is a precious gift not because this life is free from suffering or because it possesses particular capacities for performance but because the Triune God has assigned dignity to it. Our beginning and our ending are in the hands of the Lord and Giver of life.

It is a good thing for pastors to do what might be called pre-emptive pastoral care, in teaching and preaching on the end of life framed by the "ethic of gift." It was for that purpose that I wrote *Mercy at Life's End* a few years ago. It is more than likely the case that by the time the pastor comes into the ICU or hospice to minister to those who must make critical decisions about treatment and/or care for a dying loved one, nerves are frayed and emotions are raw. People, even Christians, are not always thinking with biblical clarity. For this reason, it is good for Christians to think through ahead of time how we are to make distinctions between the burdens of life that may not be refused (but are to be borne with the patience that comes from faith in Christ) and burdens of treatment that may be refused. In all of these situations God's gift of human life is to be honored and cared for even as death draws near.

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ADDITIONAL RESOURCES

Mercy at Life's End by John T. Pless
lcms.org/Document.fdoc?src=lcm&id=2514

A Small Catechism on Human Life by John T. Pless
Contact LCMS Life Ministry at *lifeministry@lcms.org*.

LCMS Life Library — Euthanasia
lcms.org/life-ministry/library/euthanasia

Christian Care at Life's End, a report of the LCMS Commission on Theology and Church Relations
lcms.org/Document.fdoc?src=lcm&id=361

From Healing to Relief of Suffering by Rev. Richard Eyer
files.lcms.org/wl/?id=AKlLJ4rzqg9osBwkfsVPMCQ1kPvzcDnm

I Want to Burden My Loved Ones by Gilbert Meilaender
files.lcms.org/wl/?id=dFWmBUqLffj106dkQ7Nt0dES0czyIlCc

That They May Live by The President's Commission on the Sanctity of Life
files.lcms.org/wl/?id=kvr8ICQIcBEaGIli5pyo8H5r0FAIZdn5