

Pastoral Care and Ethics at Life's End



by the Rev. John T. Pless

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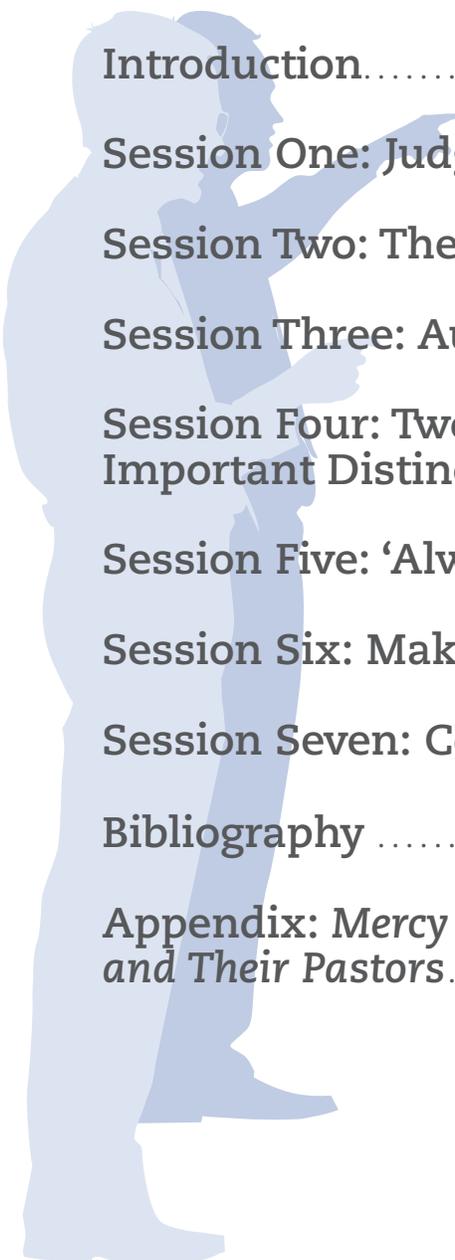
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Contents

A light blue silhouette of a person standing and pointing their right hand towards the right side of the page. The silhouette is positioned on the left side of the page, overlapping the table of contents.

Introduction.....	4
Session One: Judgments About Life and Death.....	5
Session Two: The Christian View of Death and Life.....	7
Session Three: Autonomy and Suffering.....	8
Session Four: Two Extremes and Important Distinctions	9
Session Five: 'Always Care, Never Kill'	10
Session Six: Making End-of-Life Decisions.....	10
Session Seven: Confidence in the Gospel	11
Bibliography	11
Appendix: <i>Mercy at Life's End: A Guide for Laity and Their Pastors</i>	13

Introduction

THE APPROACH OF DEATH often brings with it critical ethical questions, which are complicated by developing medical technology. Although it carries the potential for rescue from disease, it also raises moral issues as to how these achievements may be used to extend physical life when recovery is unlikely. Pastors need to be equipped to shepherd their people through the valley of the shadow of death with truthfulness and compassion. This unit, which seeks to assist pastors, has these objectives:

1. Pastors will come to better understand and pastorally address the cultural forces that undermine a life-affirming ethic in the face of death.
2. Pastors will be prepared to assist the dying Christian and his or her family in asking the right questions when decisions must be made about appropriate medical treatment when death appears inevitable.
3. Pastors will be more conversant with resources for pastoral care as death approaches.
4. Pastors will be equipped to help Christians think through the biblical and creedal foundations for a Christian ethic of care at life's end preemptively through Bible classes and sermons.

In large part, this unit is based on the booklet *Mercy at Life's End: A Guide for Laity and Their Pastors* by John Pless. The booklet may be ordered from Concordia Publishing House. A print-ready version also may be downloaded from the LCMS website. For your convenience, a copy of the booklet has been included as an appendix in these materials. It is suggested that participants read this booklet and have it, their Bible, and their *Pastoral Care Companion* on hand as the group engages in a discussion of the DVD presentation.

Session One: Judgments About Life and Death

Physician-assisted suicide is now legally permissible in several states. Culturally, we are experiencing a shift in thinking on the meaning of life and death. The shift can be understood in the historical context, which reaches back to the Enlightenment. Note the following key persons or episodes:

- › The word “euthanasia” was coined in the early 17th century by the English philosopher Francis Bacon. Likewise, “suicide” was a term invented in the 17th century for what had earlier been called “self-murder.”
- › To Voltaire and others of the Age of Enlightenment, suicide was chiefly a question of individual choice, an expression of personal liberty. No one was more expressive of this claim than the Scottish philosopher David Hume, who wrote *Essays on Suicide* to argue that suicide provides the individual with a chance for happiness, relieving him from burdens and lessening the burden that he is to others or to society. In his writing, the boundaries between suicide as a personal right and a social duty were never clear (see Dowbiggin, P. 31-32).
- › Modern history of euthanasia starts in 1870 with an article published by British schoolteacher Samuel D. Williams, which advocated for voluntary, active euthanasia and physician-assisted suicide. “Worthwhile life” should replace the dictum that “all life is sacred” (Dowbiggin, P. 50).
- › Darwin’s theory of evolution would accelerate the momentum of the euthanasia movement. In *The Descent of Man*, he worried about how modern medicine, hospitals, asylums and other charitable institutions affected evolution. Because they essentially protected society’s unfit from the blind ruthlessness of natural selection, they enabled the weak and improvident to survive and reproduce their own kind (Dowbiggin, P. 53). In 1883, Darwin’s cousin, Francis Galton, minted the term “eugenics” to refer to efforts to improve the biological quality of future generations. Positive eugenics would prevent the unfit from reproducing. Galton said: “What nature does blindly, slowly, ruthlessly, man may do providently, quickly, and kindly” (Dowbiggin, P. 54). Advocacy of eugenics and euthanasia in German society can be traced to Ernst Haeckel (1834-1919), who championed the cause in light of his embrace of Darwinist principles. “The death of the individual is a condition of life for the whole,” he said (Dowbiggin, P. 61).
- › Debate about euthanasia took on new vigor after World War I. Deprivation caused by the war prompted many to question whether the government should feed, clothe and house Germany’s physically and mentally handicapped (Dowbiggin, P. 78). Law professor Karl Binding and professor of psychiatry Alfred Hocke wrote their *Permitting the Destruction of Unworthy Life* in 1920. They posited that mentally or physically defective people were “not just absolutely worthless, but even of negative value.” This idea, so often evident in Darwinism, reflected the belief popular among German scientists at the time that individual life counted for little in contrast to community (Dowbiggin, P. 78-79). Inmates housed in German asylums were thought to be “constitutionally less valuable” than other citizens. Their existence and expense was an insult to the many German soldiers, “the finest flowers of humanity,” who had sacrificed themselves on the battlefield (Dowbiggin, P. 79). Hoche called for the overthrow of customary religious views of the sanctity of life and warned that the Hippocratic Oath was irrelevant to the conditions of state medicine.
- › The Voluntary Euthanasia Legalization Society of the 1930s would draw in such proponents of eugenics as Julian Huxley, George Bernard Shaw and H.G. Wells.

- › In the 1970s and '80s, the Netherlands emerged as a leader in tolerating both assisted suicide and mercy killing.
- › Karen Ann Quinlan was injured in a car accident in April 1975. Her parents won a court battle to remove the respirator, but she lived for another nine years.
- › The living will actually dates back to the 1940s, although the template was drafted by the Euthanasia Educational Fund and Euthanasia Educational Council in 1969. In 1976, California became the first state to recognize the document.
- › The Hemlock Society, a national right-to-die organization, was founded in 1980 by Derek Humphry and Ann Wickett.
- › Nancy Cruzan was 25 years old when she crashed her car in 1983. She died in 1990 after 12 days without food and fluids.
- › The Oregon Death with Dignity Act passed in 1994, making provisions for physician-assisted suicide.

2. Recall the observation of Leon Kass: “In medical science, the unlimited battle against death has found nature unwilling to roll over and play dead. The successes of medicine so far is (sic) partial at best and the victory incomplete, to say the least. The welcome triumphs against disease have been purchased at the price of the medicalized dehumanization of the end of life; to put it starkly, once we lick cancer and stroke, we can live long enough to get Alzheimer’s disease. And if the insurance holds out, we can die in the intensive care unit, suitably intubated. Fear of the very medical power we engaged to do battle against death now leads us to demand that it give us poison” (Kass, P. 226). How is medicine being enlisted in the service of death?

1. How do you see these events shaping contemporary attitudes regarding death as a matter of individual entitlement?

Session Two: The Christian View of Death and Life

1. Read Gen. 3:19, Psalm 90, 1 Sam. 2:6 and Rom. 5:12–17. How would you formulate a biblical understanding of death in light of the way death is mythologized today? [At this point, groups may elect to read and study together Luther’s commentary on Psalm 90 (see *Luther’s Works* 13:73-74), keeping in mind that his lecture on Psalm 90 is a rhetorical defense of Moses aimed at confirming the authority of Moses’ ministry of the Law, which Luther saw as under attack by John Agricola and his antinomian followers. Luther asserts that Moses is “a stern minister of death, the wrath of God, and sin” (*Luther’s Works* 13:77). Luther focuses on the theological reality of death as God’s judgment on sin. In this lecture, Luther uses Law/Gospel language and speaks more directly about sin in relationship to God’s wrath and death.]

2. Sometimes we hear people say “he took his own life” as a euphemism for suicide. Yet this phrase is deceptive, for life is not ours to take. It belongs to the Lord. How is this affirmed by Luther’s exposition of the Fifth Commandment in the Small Catechism? Albrecht Peters notes that “the phrase ‘in the body’ marks the place where we encounter the fellow man and where we can take his life” (Peters, P. 215). How do we care for the neighbor in his body even when a cure is not forthcoming? How would you cover euthanasia and physician-assisted suicide in catechetical instruction?

Session Three: Autonomy and Suffering

1. Reflect on Werner Elert's observation: "Before God autonomy cannot achieve comprehensive fulfillment. It remains merely a demand of the ego" (Elert, P. 26). How would you critique the preoccupation with autonomy in light of Rom. 14:7-9?

2. How is suffering often confused with evil? How would you explain the difference to a person who is suggesting that we should do anything to bring an end to suffering? Reflect on Meilaender's observation: "The principle that governs Christian compassion, however, is not 'minimize suffering.' It is 'maximize care.' Were our goal only to minimize suffering, no doubt we could sometimes achieve it by eliminating sufferers ... Always care, never kill" (Meilaender, Bioethics, P. 65).

Session Four: Two Extremes and Important Distinctions

1. How do we navigate between the two extremes of choosing death on the one side and aiming for death on the other?

2. What is the difference between “terminal illness” and “irretrievably dying”?

3. Why is it that treatments may be refused or rejected while care must always be given?

4. What is the difference between a burden of treatment and the burdens of life?

5. How do we distinguish between the aim/intention of an action and the result of an action?

Session Five: 'Always Care, Never Kill'

Read Rom. 6:1–11 and 14:7–9. How does Baptism provide a foundation and focus for decision-making at the end of life?

Session Six: Making End-of-Life Decisions

1. In light of the “Questions to Ask in Making End of Life Decisions” (see page 21), reflect on an actual situation where you were called on to provide pastoral care to a family faced with decision-making at the end of life. Were these questions covered in one way or another in your pastoral conversations? Are there other questions that should be asked? What, if anything, would you do differently now?

2. How do you help families deal with uncertainty in the face of difficult decisions?

3. Review the material under “End of Life Decisions” in the *Pastoral Care Companion* (P. 221-227). Discuss the use of the appointed Scripture passages, hymns and prayers.

Session Seven: Confidence in the Gospel

Discuss potential approaches for faithfully teaching Christians to think biblically about end-of-life decisions. How might you incorporate this material into catechetical instruction and adult Bible classes?

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Appendix: Mercy at Life's End: A Guide for Laity and Their Pastors

by the Rev. John T. Pless

Preface and Acknowledgements

Christians are increasingly confronted with situations where they must make decisions concerning appropriate medical care when life appears to be ending. A variety of factors might complicate the decision-making process. In some cases, pastors may find themselves dealing with families where poor decisions have been made under the emotional stress of the moment. In other cases, family members are in disagreement and conflict over what is deemed an appropriate course of action. This booklet is offered with the hope that it will be of assistance to both pastors and Christian laity in thinking biblically about how to demonstrate the mercy of the Triune God to those to whom death draws near within the boundaries that our Creator has established and hallowed by His Word.

The booklet is envisioned to have multiple uses and multiple audiences. For instance, the booklet might be used in whole or in part by a pastor as he counsels those who are confronted with crucial decisions about medical treatment and care for themselves or their loved ones. Here the booklet provides some guidance in “asking the right questions” when these decisions need to be made so that we always aim to care, not kill. Another potential use for this booklet might be in adult Bible class. It is prudent that pastors help their people think through end-of-life issues in advance. Chronic illness, tragic accidents and other circumstances where death seems imminent can cloud clear thinking. With emotions rubbed raw, decisions can be made too hastily. Christians will desire to make decisions about life and death that are in accord with God’s Word, rather than those that might be driven by fear or an unbiblical notion of what constitutes

compassion. It is a good thing to think through the basis and boundaries of end-of-life decisions before we find ourselves at the hospice or in the intensive care unit.

This book grows out of my work as a pastor and, more recently, as a teacher of pastoral theology and theological ethics at Concordia Theological Seminary in Fort Wayne, Ind. Teaching future pastors and deaconesses who will regularly confront these issues has given me an opportunity to think more deeply about how we are to faithfully speak both God’s Law and Gospel in the face of death. Pastor Peter Brock, formerly a student and now the pastor of St. John Lutheran Church in Bingen, Ind., has been a long-standing conversation partner in matters of ethics and pastoral theology, especially as these disciplines relate to the end of life. I am grateful for these conversations, which reach back to his student days, and I trust he will see something of them in these pages.

Maggie Karner, director of LCMS Life and Health Ministries, proposed this project. Maggie’s patience and encouragement have enabled me to bring this booklet to completion. Dr. Kevin Voss of the Concordia Bioethics Institute at Concordia University Wisconsin, Mequon, Wis., has offered insightful suggestions that have greatly improved this work. I am thankful for the assistance and advice of these colleagues, but I take the responsibility for any deficiencies herein.

Mercy at Life’s End is offered to the church in these days of Easter with the prayer that our risen Lord will make good use of it to extend the light of His Gospel to all who walk through the valley of the shadow of death, that they might trust in Him alone and be brought with joy to the resurrection of the body and the life everlasting.

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Saturday in the Week of the Resurrection of Our Lord 2013

*“Our thoughts are more about dying than about death. We’re more concerned about how we shall face dying than about conquering death. Socrates mastered the art of dying, Christ overcame death as eschatos echthros (1 Cor. 15:26). Being able to face dying doesn’t yet mean we can face death. It’s possible for a human being to manage dying, but overcoming death means resurrection. It is not through the *ars moriendi* but through Christ’s resurrection that a new and cleansing wind can blow through our present world.”*¹

*“The aim of the philosophical doctrine of immortality is to make dying easy, but the doctrine of the resurrection takes death with complete seriousness. The natural man’s dread of death is not chased away by the consolations of philosophy.”*²

Introduction

Werner Elert, a prominent Lutheran theologian of the last century, once wrote, “Death does not intrude the field of ethics as a stranger who really belongs in biology, but he is at home here.”³

We are more comfortable keeping death in the realm of biology. Then there can be completely naturalistic explanations of death. Death, after all, is just part of life, and a natural one at that. Just as summer finally must give way to fall and fall to winter, so youth gives way to age and the aged must go the way of death. One generation passes on to give room to the next. We can be rather stoic about death because it is no more than the final turn in the cycle of life’s circle. Then the suggestion of the postmodern philosopher, Jacques Derrida, makes sense: you can give yourself the gift of death. Death is yours for the taking. Enter euthanasia and the nobility of assisted suicide. If life will be taken from me, at least I can take it — I can determine the time and the place. I don’t have to go whimpering and whining into that dark night. I can choose the means, the locale and the time of the final exit.

¹ Dietrich Bonhoeffer, “Letter to Eberhard Bethge—March 27, 1944” in *Dietrich Bonhoeffer Works*, Volume 8: Letters and Papers from Prison, edited by John W. de Gruchy, translated by Isabel Best et al (Minneapolis: Fortress Press, 2010), 333.

² Hermann Sasse, “Jesus Christ is Lord: The Church’s Original Confession” in *We Confess Jesus Christ*, translated by Hermann Sasse (St. Louis: Concordia Publishing House, 1984), 19.

³ Werner Elert, *The Christian Ethos*, translated by Carl Schindler (Philadelphia: Fortress Press, 1957), 161.

But death is not content to remain locked up in the clinic. Death knows itself to be more than an inevitable biological episode. Death is more biology: “The sting of death is sin, and the power of sin is the law” (1 Cor. 15:56). Death, sin and the Law — that’s the trio. It is sin that gives death its sting. And it is the Law, which as the apostle says comes in to increase the trespass (Rom. 5:20), that is the potency of sin.

Death nails life down. It is irrevocable. You cannot do a retake. You cannot play it over again. There are no second chances. Death renders a verdict. The problem is not simply that we are mortal, but that we die sinners. Sweet eulogies uttered at pagan memorial services are fake absolutions, pathetic attempts to declare the deceased righteous and good on account of his vocational achievements, his personal traits, his hobbies or whatever else. Death still wins the victory.

Over and against this, we have another word. It is the prophetic word brought to fulfillment: “Death is swallowed up in victory.’ ‘O death, where is your victory? O death, where is your sting?’” (1 Cor. 15:54–55). It is a word that shows death for what it is. It is sin that gives death its lethal poison, and it is the Law that gives sin its potency. From those tyrants we cannot free ourselves by retreating to nature, by fantasizing about a soul that migrates from one body to the next. Platitudes that invite us to ponder death not as judgment and destruction but as transformation and change fail. Death will not stay put with biology. Death makes it certain that flesh and blood will not inherit the kingdom of God.

“The sting of death is sin, and the power of sin is the law. But thanks be to God, who gives us the victory through our Lord Jesus Christ” (1 Cor. 15:56–57). Alive or in the grave, there is victory in this Lord. At His coming the dead will be raised. The perishable nature will be clothed with that which will not rot or decay; the mortal nature puts on immortality. We wait for that day, anticipating it every time we confess the Nicene Creed, saying, “I look for the resurrection of the dead and the life of the world to come.”

We know the truth about death. Indeed, it is a terrible thing, whose sting is sin and whose power is the Law. But Easter announces the victory. The One who was made sin for us gives us forgiveness in His blood. The One who died in our place gives us His indestructible life. The end of life's story is not the obituary; the final destination is not the cemetery. The end of the story is Christ Jesus crucified and risen from the dead. The end of the story is your resurrection. In light of this truth, we are set free to face the questions of mercy and care at life's end with the full confidence that the Lord who gives us life and will one day recall this life to Himself always has more to give. We will neither take our own lives or those of others nor will we hold on to them selfishly when the Lord, who has already called us from death to life in Baptism, calls us to die for that final time.

Death with Dignity?

When the true God disappears, the fairy tales arrive, said Luther.⁴ Our age is inundated with fairy tales regarding death. One fantasy is that death with dignity is something that can be sought after and achieved. But in the Holy Scriptures, death is the "last enemy," the result of sin. Luther said, "Originally death was not part of his [man's] nature. He dies because he provoked God's wrath. Death is, in his case, the inevitable and deserved consequence of his sin and disobedience."⁵ Luther states the biblical truth (see Gen. 3:19; Ps. 90; 1 Sam. 2:6; and Rom. 5:12–17). Where there is sin, there death reigns. It is God Himself who executes the death sentence! There is no dignity in death.

Contrast this with the way that death is often pictured today. Death is seen as part and parcel of the grand scheme of things. Our culture perpetuates the myth that death is natural, nothing more than an inevitable and unavoidable turn in the cycle of life. As spring follows winter, as the brightness of the dawn comes after the darkness of night, so death comes after life. In the ever-turning and never-

⁴ As cited by Adolph Koerberle, *The Quest for Holiness*, translated by John C. Mattes (Minneapolis: Augsburg Publishing House, 1938), 41.

⁵ *Luther's Works*, Volume 13:94.

ending repetition of existence, life leads to death and death back to life.

Or else death is seen as arbitrary and accidental. Then it is thought that death can be prevented or stalled. Advances in medical technology prolong life and lessen, at least temporarily, the effects of aging and disease. Improved diet and regular exercise are thought to delay death. Efforts in education are marshaled to increase public safety, making death less likely on the highways and in the workplace. Some even dream of a future where science will have found a way to perpetually renew and repair the body. If death finally cannot be avoided, we will at least engineer the time and the place. We will take our own life before it can be ripped from us. This is called euthanasia or suicide.

Yet for all its attempts to naturalize death, to deny its linkage to our sin and God's wrath, and to beckon death to conform its arrival to our timing, our age retains some recognition that death is about a judgment. It is evidence of Lutheran theologian Oswald Bayer's assertion that the universe is structured so to demand justification.⁶ We are always trying to justify ourselves. At the end, we want our lives to be accounted right, to be declared of worth and value. Listen to the eulogies delivered at the funeral rites for unbelievers. They attempt to justify, that is, they render a judgment that the life of the deceased was worth something because he was a devoted husband who was faithful to his wife, a loving father who sacrificed for his children, a successful businessman or a skilled mechanic, an active member of the Rotary Club or Republican Party, and the list goes on. Is it not strange that those who would deny the existence of God feel themselves compelled to justify life in the face of death? If it is true that death is just part of life, why do people go to such great lengths to defend themselves against it?

Christians alone are finally able to see death for what it is — God's own termination of sin. God's Law speaks and carries out a death sentence. It is

⁶ See Oswald Bayer, *Living by Faith: Justification and Sanctification*, translated by Geoffrey W. Bromiley (Grand Rapids: Eerdmans, 2003), 1–7.

not simply that human beings are mortal and are therefore deprived of life. Then the cure would be immortality.

Rather, human beings are sinners who must die. The answer to death is not to be found in engineering a way around death or through death to “the other side,” but by hearing a word of Absolution that announces and bestows the forgiveness of sins. Where there is forgiveness of sins, death is robbed of its terror. Death swallowed up by the death of Jesus on the cross now becomes the portal to life everlasting. Luther puts it like this in his great Easter hymn, “Christ Jesus Lay in Death’s Strong Bands”:

No son of man could conquer death,
Such ruin sin had wrought us.
No innocence was found on earth,
And therefore death had brought us
Into bondage from of old
And ever grew more strong and bold
And held us as its captive.
Alleluia!

Christ Jesus, God’s own Son, came down,
His people to deliver;
Destroying sin, He took the crown
From death’s pale brow forever:
Stripped of pow’r, no more it reigns;
An empty form alone remains;
Its sting is lost forever.
Alleluia!

It was a strange and dreadful strife
When life and death contended;
The victory remained with life,
The reign of death was ended.
Holy Scripture plainly saith
That death is swallowed up by death,
Its sting is lost forever.
Alleluia! ⁷

By Jesus’ death the last enemy is disarmed, for where the forgiveness of sins reigns, death is deprived of its sting. There is only life and salvation. So we confess in the Small Catechism that it is Jesus who has purchased and won us from

⁷ *Lutheran Service Book* 458:2–4.

sin, death and the power of the devil “that I may be His own and live under Him in His kingdom and serve Him in everlasting righteousness, innocence, and blessedness, just as He is risen from the dead, lives and reigns to all eternity.”⁸

Jesus, who was made sin for us, dies with the dignity of a condemned criminal bearing our shame. Handed over to wicked men, Jesus is stripped, beaten and pinned to a cross where He dies as one judged guilty. Yet in this single death, sin is atoned for by the blood of God’s Son. Death is defeated not by a raw act of God’s power, but by the passion of God’s Son — the suffering that submits to death destroys death. For where sin is removed, the last enemy has lost its grip on sinners. By becoming the victim, Jesus wins the victory. Luther puts it nicely in an Easter sermon from 1529: “Christians from their own standpoint are a Judas, a Caiaphas, a Pilate and find themselves condemned. But there is another Person who took my sins on himself. On Good Friday they are all laid around his neck. But on Easter I look at him, and then he has none. . . . Thus sin is completely taken away in the resurrection. Everyone should learn this today, that all of us should abandon thoughts about ourselves and should not pass judgment on ourselves according to our feelings. For this is contrary to Christ and the Gospel, which says that Christ has taken away the sin from our hearts and consciences and laid them on himself. For this reason the apostles praise the resurrection unceasingly.”⁹

Jesus’ resurrection from the grave is more than a confirmation of the fact that there is life after death. It is not part of an inevitable cycle of life to death and then back again to life. Jesus is raised from the dead without the sins He took to the cross; they are left buried forever. Put to death for our trespasses and raised again for our justification, Jesus’ resurrection announces and declares that sins are forgiven.

⁸ *Luther’s Small Catechism with Explanation* (St. Louis: Concordia Publishing House, 1986), 16–17.

⁹ *The 1529 Holy Week and Easter Sermons of Dr. Martin Luther*, translated by Irving L. Sandberg and edited by Timothy Wengert (St. Louis: Concordia Publishing House, 1999), 127.

When Jesus comes to His disciples who had locked themselves up in fear on Easter evening (see John 20:19–23), He brings to them the glad news of His resurrection with His word of peace and the sight of His pierced hands and punctured side. His word of peace is in effect an absolution. Coupled with the marks of His passion, Jesus' words bestow on His disciples the result of His death for sin: peace with God. When the Lord speaks His peace to the disciples a second time, breathing on them His Spirit, He sends them to forgive sins: "If you forgive the sins of any, they are forgiven" (John 20:23). Only Jesus' forgiveness, won at Calvary in His dying, holds power over death. Where there is no forgiveness of sins, death remains lord. But where Jesus forgives sin, death is toppled from the throne. Death no longer can hold sinners in its iron grip.

All of us will die. Unbelievers die in their sins. The consummation of such dying is hell. Believers die to their sins. The consummation of such dying is heaven. The forgiveness of sins bestows the gift of the resurrection to life everlasting. Embedded in the Absolution is the promise of the resurrection. When you hear your pastor speak those words, you are given the gift of your own resurrection ahead of time. When you hear the Absolution, Christ Jesus is telling you that your sins will not hold you captive in the grave.

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. You need not worry about a death with dignity for you have the Absolution. It is a word that gives life to the dead, and it is for you.

Euthanasia as an Evasion of the Last Enemy

Physician-assisted suicide is now legal in Oregon, Washington and Montana. Euthanasia is not yet legal in any state of the union. Even in places where these practices are illegal, they are being

performed.¹⁰ In the Netherlands, euthanasia is commonly practiced in cases of chronic or terminal illness as well as depression.¹¹ Although both practices have the same goal, they have different means to that end. In physician-assisted suicide, the patient performs the act after receiving the necessary means or information from the physician, whereas the physician participates directly in the action that ends life in euthanasia.

University of Chicago Professor Leon Kass writes, "In medical science, the unlimited battle against death has found nature unwilling to roll over and play dead. The successes of medicine so far is partial at best and the victory incomplete, to say the least. The welcome triumphs against disease have been purchased at the price of the medicalized dehumanization of the end of life; to put it starkly, once we lick cancer and stroke, we can live long enough to get Alzheimer's disease. And if the insurance holds out, we can die in the intensive care unit, suitably intubated. Fear of the very medical power we engaged to do battle against death now leads us to demand that it give us poison."¹²

Arguments for euthanasia and physician-assisted suicide usually rest on two points. First, there is the commitment to autonomy or self-determination. Death is added to the long list of items that our culture deems to be a "right." Arguments for the "right to die" have grown out of the principle of autonomy. The ascendancy of autonomy as a guiding principle came, in part, as a reaction against the perceived paternalism of the medical profession. Commenting on Jack Kevorkian, Erick Chevlen observes, "Just as rape is not about

¹⁰ For evidence of early cases of euthanasia in the United States, see the story of Dr. Harry Haiseldon, the so-called "Black Stork" who euthanized infants in Chicago in the early 20th century, in Edwin Black, *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York: Thundermouth Press, 2003), 252–260. Also see Ian Dowbiggin, *A Concise History of Euthanasia: Life, Death, God, and Medicine* (Lanham, Maryland: Rowman & Littlefield Publishers, 2005), 73–74.

¹¹ See Wesley Smith, *Culture of Death* (San Francisco: Encounter Books, 2000), 110–111, for an account of the Dutch court's vindication of Dr. Boutdewijn Chabot, a psychiatrist who assisted in the suicide of Hilly Bossher, who was suffering mental anguish after the death of her two children.

¹² Leon Kass, *Life, Liberty and the Defense of Dignity* (San Francisco: Encounter Books, 2003), 226.

sex so euthanasia is not about comforting the dying. It is about power. What is intolerable to the euthanasiast is not suffering or dying, but not having control over life and death. In his enduring fascination with death, Kevorkian has never really lived.”¹³ Charles Arand, a theologian of The Lutheran Church—Missouri Synod, observes, “The advocates of a right to die do not view the central issue as a matter of life and death; it is a matter of autonomy and self-determination.”¹⁴ In a similar vein, Michael Banner, a British ethicist, writes, “If fate cannot be avoided or resisted it may at least be defied by being chosen; if death cannot be beaten, it may at least be engineered and managed in an act of human defiance and dominion; if my much vaunted ‘right to life’ is about to expire, I can at least claim a ‘right to die’ in one last gasp of assertion; if we cannot hide from death, we can at least go out to meet it in an act of noble challenge, robbing it of its victory over us by scornfully giving up our lives before they can be taken from us.”¹⁵

Second, there is an argument from compassion, the understandable desire to bring relief to those who suffer greatly.

A Lutheran approach to these arguments ought to begin with a critique of their underlying assumptions. Human beings are not autonomous. “The doctrine of creation, after all, establishes the fundamental nature of every human creature. It affirms that the human creature is a theological being who always exists in relation to God. That relation may be defined thus: God gives; we receive. As creatures, human beings are inextricably bound to God and those through whom God bestows life and thwarts death. Second, as those recipients of life, we in turn become channels to sustain the life of others. The doctrine of creation, rather than supporting a strict principle of autonomy, would speak of a theology of dependence and interdependence, or better put in Lutheran terms, a theology of

13 Cited by Richard C. Eyer in *Tentatio* (August 1999), 2.

14 Charles Arand, “Personal Autonomy versus Creaturely Contingency: The First Article and the Right to Die.” *Concordia Journal* (October 1994), 387.

15 Michael Banner, *Christian Ethics and Contemporary Moral Problems* (Cambridge: Cambridge University Press, 1999), 82.

receptivity and vocation. Any talk of autonomy or freedom must take place within the parameters set up by God in the structures of creation.”¹⁶ Ours is an “ethics of gift,”¹⁷ to use the language of Oswald Bayer. We may not act as though life were ours to take. There is something profoundly wrong with the euphemism often used for suicide: “He took his own life.” Life is not self-generated or self-owned; it is a gift to be received and cherished until the Lord Himself recalls it.

Suffering is not to be confused with evil. Here Luther’s theology of the cross is helpful. Note Thesis 21 of the Heidelberg Disputation: “A theology of glory calls evil good and good evil. A theology of the cross calls the thing what it actually is.”¹⁸ Our vocation in serving those who suffer is to provide merciful care even when there is no cure. We are never to purposefully use death as a means to terminate suffering in the name of compassion. “The principle that governs Christian compassion, however, is not ‘minimize suffering.’ It is ‘maximize care.’ Were our goal only to minimize suffering, no doubt we could sometimes achieve it by eliminating *sufferers*. . . . Always care, never kill.”¹⁹ This guiding principle also is reflected in a statement produced by the Ramsey Colloquium, a group of Christian and Jewish theologians, philosophers, legal scholars and ethicists, in a 1991 document titled *Always to Care, Never to Kill: A Declaration on Euthanasia*. It says: “In relating to the sick, the suffering, the incompetent, the disabled, and the dying, we must learn again the wisdom that teaches us *always to care, never to kill*. Although it may sometimes appear to be an act of compassion, killing is never a means of caring.”²⁰

Important Distinctions

Two opposite extremes are to be avoided in caring for the dying. On the one hand, we ought

16 Arand, “Personal Autonomy versus Creaturely Contingency,” 388.

17 See Oswald Bayer, “The Ethics of Gift.” *Lutheran Quarterly* (Winter 2010), 447–468.

18 Luther’s Works, Volume 31:53. Also see Gerhard Forde, *On Being a Theologian of the Cross* (Grand Rapids: Eerdmans, 1997), 81–90.

19 Gilbert Meilaender, *Bioethics: A Primer for Christians*, third edition (Grand Rapids: Eerdmans, 2005), 65.

20 The Ramsey Colloquium, “Always to Care, Never to Kill” in *Last Rights: Assisted Suicide and Euthanasia Debated*, edited by Michael M. Uhlmann (Grand Rapids: Eerdmans, 1998), 147.

not choose death or aim for death. But neither should we act as if continued life is the only good or the highest good. When death comes, life is not to be held in defiance or fear. The Christian is free to die in the confidence of the resurrection, for the last enemy has been defeated (see Rom. 6:1–11; 14:7–9).

In avoiding both extremes, it is helpful to think in terms of several sets of distinctions.

There is the distinction between **treatments, which may be refused, and care, which should never be denied.**²¹ Treatment refers to the use of “artificial means to prolong a patient’s life once his vital processes have ceased spontaneous functions. Furthermore, this term also embraces those measures which are very dangerous, difficult, painful, or even costly, whose good effects are not deemed to be proportionate to the difficulty and inconvenience involved.”²² In the refusal of extraordinary measures, *Christian Care at Life’s End*, a report produced by the Commission on Theology and Church Relations (CTCR) of The Lutheran Church—Missouri Synod, suggests that four factors be taken into consideration:

1. When irreversibility is established by more than one physician;
2. When a moment in the process of dying has been reached where nothing remains for medical science to do except to offer proper care;
3. When possible treatment involves grave burdens to oneself and others;
4. When there are no means left to relieve pain and no hope of recovery remains.²³

Care must never be denied. Wesley Smith has noted the way in which “Futile Care Theory” has corroded traditional medical ethics: “Now, with Futile Care Theory, some hospital protocols *require* feeding tubes to be withdrawn from PVS patients, even *over the objections* of family

21 Here see Meilaender, *Bioethics: A Primer for Christians*, 71–75.

22 The Commission on Theology and Church Relations (hereafter CTCR), *Christian Care at Life’s End* (St. Louis: The Lutheran Church—Missouri Synod, 1993), 52.

23 *Christian Care at Life’s End*, 52.

decision makers and in spite of patient desires expressed in advance medical directives. Indeed, Dr. Ronald Cranford, the neurologist/bioethicist who promoted dehydration in the Cruzan, Michael Martin, and Robert Wendland cases, has acknowledged that these changes ‘proceeded’ in this ‘logical and incremental way.’ Further, Cranford expects the same pattern to unfold in the futility debate, although he expects wrangling to be ‘more complex and controversial’ than was the argument over whether it should be ethical to withhold food and fluids.”²⁴

While care is never futile, there are treatments that are futile, that is, useless. Here it is important to press for clarity of definition, as physicians may rightly speak of the futility of a medical procedure or treatment. A treatment may be refused or discontinued if it is deemed futile, but care is never futile and is not to cease until natural death.

We need to make a distinction between **irretrievably dying and being terminally ill.**²⁵ There are illnesses that may rightly be classified as terminal in that there is no cure and eventually the illness will lead to death. For example, there are people who may live with terminal cancer for years. Technically they may be said to suffer from a terminal illness, but death is not imminent. By contrast, there are others who are irretrievably dying, that is, the body itself has begun to shut down. Barring divine intervention, the nearness to death is not measured by months or even weeks, but by days and hours.

There is a distinction between the **burdens of treatment** and the **burdens of life**. “Medical treatments can be refused or withheld if they are either useless or excessively burdensome. No one should be subjected to useless treatments, no one need accept any and all lifesaving treatments, no matter how burdensome. In making such decisions, the judgment is about the worth of the treatments, not about the worth of lives. . . . We may reject a treatment; we must never reject

24 Wesley Smith, *Culture of Death: The Assault on Medical Ethics in America* (San Francisco: Encounter Books, 2000), 131.

25 This distinction is drawn from Meilaender, *Bioethics: A Primer for Christians*, 72.

a life.”²⁶ Burdens of life include such things as frailty of body due to age, accident or chronic illness. Also included here would be such conditions as physical pain, mental distress, loneliness and the like. These conditions may make life troublesome and unpleasant, but they are burdens that are common to humanity. We are not to choose death as a way of liberating ourselves from these realities on the account that they are burdensome. On the other hand, not every burdensome treatment need be embraced. We are not obligated to accept treatments when the burdens of the treatment far outweigh the benefits. Here one might think of an aggressive regimen of chemotherapy when the cancer is so far advanced as to make it unlikely that the patient will live very long.

We distinguish the **intention or aim of an action** from the **result of an action**. This distinction is illustrated by Gilbert Meilaender by examples drawn from the bravery of a soldier and the faithfulness of a martyr.²⁷ The soldier does not commit suicide when he rushes into battle in an effort to defend his fellow combatants. Knowing that death will likely occur because he selects this heroic act, the soldier is not aiming at death but the defense of his friends. Yet he dies as a result of this act. In a similar manner, a Christian seeks to faithfully confess Christ and not deny Him even when threatened by pagans. The Christian aims at faithfulness, not death. Yet she dies on account of her refusal to deny her Lord. We call this martyrdom, not suicide. Medical treatment may include therapies that are intended to manage pain or restore health. While these treatments aim at healing and relief, they sometimes may result in a shortening of life. Here the principle of “double-effect” may come into play.

This principle and its connection to the care of the suffering is summarized in four points by attorney and ethicist Rita Marker:

1. The action taken (in this case, treating pain and relieving suffering) is “good” or morally neutral.

²⁶ “Always to Care, Never to Kill,” 45.

²⁷ See Meilaender, *Bioethics: A Primer for Christians*, 69–70.

2. The bad effect (in this case, the possibility of death) must not be intended, but only permitted.
3. The good effect cannot be brought about by means of the bad effect.
4. There is a proportionately grave reason to perform the act (in this case, the alleviation of severe pain) and thereby risk the bad effect.²⁸

Aiming at the “good effects” of treating disease, alleviating pain and managing pain may indeed entail potential “bad effects,” creating additional medical complications or shortening life. The bad effects are never intended. They cannot be used as means of achieving a good effect. They should be considered in the context of our Christian confession of life and death and the place that medicine has within this biblical understanding.

The Christian understanding that life is “not a second God” (as Karl Barth says in *Insights: Karl Barth’s Reflections on the Life of Faith*) and the realization that God is the Creator and Lord of life shape our approach to death: “This vision of the world, and of the meaning of life and death, has within Christendom given guidance to those reflecting on human suffering and dying. This moral guidance has amounted to the twofold proposition that, though we might properly cease to oppose death while aiming at other choiceworthy goods in life (hence, the possibility of martyrdom), we ought never aim at death as our ends or our means.”²⁹

At this point, something should be said about organ donation. This practice has been a blessing in extending health and life to others, but it also has with it a dark side that threatens to make of the human body a commodity that can be manipulated to the point of engineering death so that organs might be acquired for transplantation. Organs can be a gift of life to those whose own organs are failing through disease or injury, yet they should not be seen as products to be harvested from the dying. Utilizing the organs of the dead is to be done only by respecting and protecting the bodily integrity of the dying.

²⁸ Wesley Smith, *Culture of Death*, 106–107.

²⁹ Gilbert Meilaender, “Euthanasia and the Christian Vision” in *Last Rights: Assisted Suicide and Euthanasia Debated*, 245.

Asking the Right Questions

Confronted by the inevitable approach of death, Christians may be confronted with situations where it is highly improbable that continued medical therapy will produce beneficial results for the patient. It may even be that these procedures subject the dying person to further risk, are costly or are experimental in nature. In such cases, Christians guided by the truth that we are always to care and never to kill are often faced with difficult decisions. Mindful of the fact that “we [are not to] hurt or harm our neighbor in his body, but help and support him in every physical need” (Explanation to the Fifth Commandment in the Small Catechism),³⁰ it is suggested that Christians consider the following questions when they must make decisions for themselves or others. These questions might be discussed with family members, medical professionals and one’s pastor.

1. What is the medical prognosis given by the attending physician(s)? Has a “second opinion” been sought? Does this opinion confirm or call into question the original prognosis?
2. Have the patient’s vital processes already begun to shut down, indicating that death is inevitable barring divine intervention?
3. Is treatment being discontinued to hasten death (hence “choosing death”) or because the treatment itself has become burdensome with no realistic hope of recovery?
4. Are there other pressures being applied that would tilt the bias toward death, such as the need for the patient’s organs for transplantation?
5. Is adequate physical care (nutrition and hydration) provided for the dying person even when treatment is discontinued or life support systems are withdrawn?
6. What spiritual advice and guidance has been provided by the pastor on the basis of the Holy Scriptures?

³⁰ Here also note the observation of Albrecht Peters: “In his interpretation of the prohibition against killing, Luther understands it consciously as a protective commandment. The Lord surrounds the bodily life of our neighbor with a shield wall, lest we hurt him ‘in his body.’” From Albrecht Peters, *Commentary on Luther’s Catechisms: Ten Commandments* translated by Holger Sonntag (St. Louis: Concordia Publishing House, 2009), 215.

Family members should not think that they have to make decisions immediately, even though there may be pressures from medical personnel to do so. It may be helpful for the family to meet with the pastor outside of the medical facility in order to have a more prayerful, non-clinical setting for deliberation. When there is doubt about how to proceed, it is advised that we exercise a bias for life. It is better to err on the side of life than death.³¹

The *Pastoral Care Companion* focuses the work of pastoral care of the dying and their families in circumstances where decisions will need to be made at the end of life: “Care of the irretrievably dying always includes provision of those ordinary items needed to sustain life (nutrition and hydration). Once the dying person’s vital processes have ceased their spontaneous functions, the decision may be made to discontinue the use of artificial means to prolong life or extraordinary forms of treatment. While never aiming for death, the Christian will not hold on to physical life as the only or highest good. The same Lord who gives life also takes it away. Therefore when the time of death comes, Christians do not cling to life in defiance or fear. The pastor will be prepared to guide his people in thinking through decisions regarding the end of life within the scope of God’s will revealed through the Scriptures. Trusting in the sure promises of our Lord’s resurrection, the pastor will use God’s Word to comfort and strengthen family members as they commend their dying loved ones to the hands of a merciful Savior.”³² Pastors will shepherd Christians through terrain where decisions cannot so easily be classified as “right” or “wrong,” with the realization that there are boundaries that we should not transgress. Hence we avoid doing anything that might be causative of death even as

³¹ Here note the perspective of Jürgen Moltmann: “Is there an ethical rule of thumb for a decision at the border between life and death? In a seminar meeting about medical ethics, an experienced doctor said to me *in dubio pro vita* — in case of doubt, decide for life. If there is still the faintest hope of saving life, try your utmost; if there is no longer any hope, accept the unavoidable.” From Jürgen Moltmann, *Ethics of Hope* translated by Maragret Kohl (Minneapolis: Fortress Press, 2012), 75.

³² The Lutheran Church—Missouri Synod Commission on Worship, *Pastoral Care Companion* (St. Louis: Concordia Publishing House, 2007), 221.

we recognize that there does come a time when we should no longer grab at this life as though it could be maintained forever.

Given the ambiguities that leave us in uncertainty, we make the best decisions we are able to make on the basis of God's Word. But finally, we trust even more strongly in the forgiveness of sins purchased for us in Christ's atoning death and guaranteed in His resurrection. The prayer of the *Pastoral Care Companion* speaks to this point as we commit our dying loved ones to the mercy of Christ Jesus: "Almighty God, You breathed life into Adam and have given earthly life also to name, Your dear child and servant. Trusting in Your compassion, we commend him/her to You; through Jesus Christ, Your Son, our Lord, who lives and reigns with You and the Holy Spirit, now and forever."³³ Our confidence lies not in our ability to make perfect decisions in life and death matters where the boundaries are often blurred, but in Jesus Christ who holds us in His merciful hands. Even our best decisions can be faulty. We also trust in His forgiveness for the wrong decisions made out of ignorance or with minds darkened by sin. The Christian lives only by the promise that the blood of Jesus Christ cleanses from all sin (see 1 John 1:7).

When natural life is clearly ending, neither seeking death nor in futile desperation attempting to thwart or delay the inevitable, the Christian heeds the call of the Lord. In this sense, we may speak with Paul Althaus, a German Luther scholar of the last century, of the vocation to die: "To die willingly means to accept God as God, to honor Him as the One who alone has immortality, who is God by the very fact that He gives us life and the right to take it back. We die to honor God. This is true all the more because He wants to be praised through our faith, and nothing calls for faith as much as dying. There is no other divine service like that in which man, with all his hopes and desires, with all his thirst for life, obediently submits to God's call to die, and in his own end relies on God, commits himself into the hands of the Invisible when all things visible fade away. The perfection of the Son of God lies in His obedience

³³ *Pastoral Care Companion*, 225–226.

to death. So we, too, must joyfully accept as God's grace that He calls us to the divine service of dying. By our death we are allowed to give praise to God."³⁴ With faith in God's promise to provide His children with the resurrection of the body to life everlasting, we can face death as the gateway to life everlasting with Him.

For Further Reading and Study

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Online Resources

Other helpful resources for addressing end-of-life issues may be found at:

Lutherans for Life: www.lutheransforlife.org

Christians for Life (WELS): www.christianliferesources.com

Concordia Bioethics Institute: www.cuw.edu/Departments/institutes/bioethics

The Center for Bioethics and Human Dignity: www.cbhd.org

LCMS Life Ministries: www.lcms.org/life

Appendix A: A Guide for Families Making Ethical Decisions at Life's End

A family member waiting for word about the condition of a patient may be approached by the physician for input on whether to initiate or continue life support measures. The following guidelines may be helpful in making decisions compatible with the patient and the Christian decision-maker's faith.

Always ask to speak with the physician directly if a request for a medical decision is made from a nurse or other staff person.

1. Ask the doctor: "What is the medical condition of the patient at this time?"

(You are asking for an objective medical evaluation, not a philosophical opinion of the patient's condition.)

2. Ask the doctor: "What is the prognosis?"

(You are asking whether the patient is expected to recover or not.)

3. Ask the doctor: "Is the patient dying at this time?"

(If the patient is not dying, it would be morally wrong to intend to cause the death of the patient.)

4. Ask the doctor: "Is the patient awake?"

(If so, you will want to be supportive by discussing his or her condition with the patient and by offering to pray to ask for guidance before a decision is made.)

5. Ask the doctor: "Is the patient in any pain at this time?"

(You are asking whether pain gives urgency to your decision.)

6. If a decision is needed immediately, err on the side of life, not death. If a decision is not needed momentarily, say, "I need time to talk with my family and/or pastor, and I will call you within _____ (length of time)."

(You are saying you need the input of others concerned for the patient.)

7. If the situation allows, leave the hospital and meet with your family and pastor at church in a prayerful environment. This distance from the hospital environment sometimes helps you think more clearly. Make sure you tell the nurse you are leaving.

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