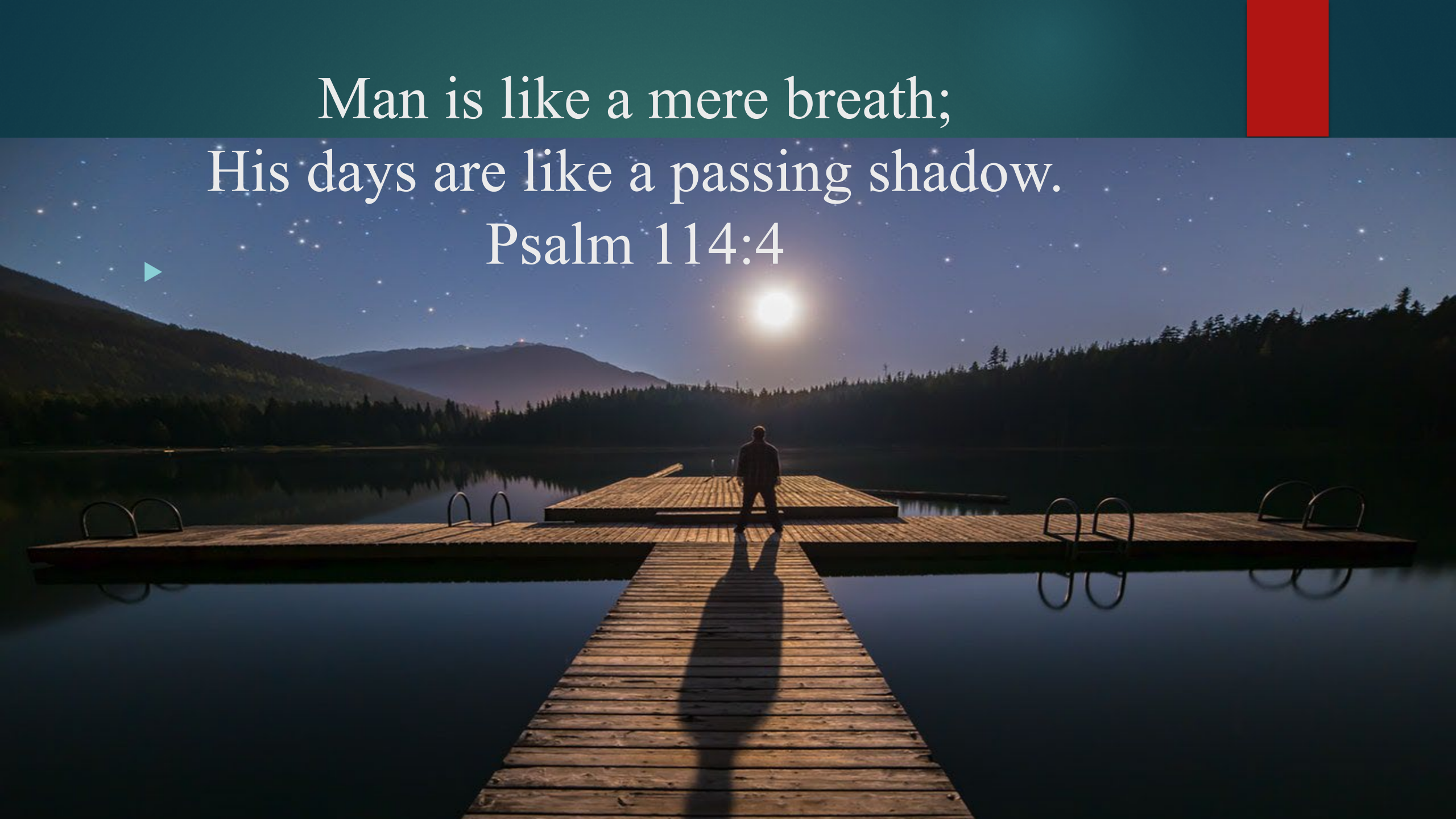




Gospel Directed End of Life Care

FOR THOSE ENTERING LIFE'S END AND THOSE
CARING FOR LOVED ONES

Man is like a mere breath;
His days are like a passing shadow.
Psalm 114:4



Life Expectancy (2020)

- ▶ Worldwide – 70.6 Men, 75.1 Women
- ▶ US – 74.5 Men, 80.2 Women
- ▶ As for the days of our life, they contain seventy years, or if due to strength eighty years, Yet their pride is but labor and sorrow; For soon it is gone, and we fly away. Psalm 90:10



Theological Considerations for Critical Decision Making

- ▶ 1. Acknowledge the sanctity of human life
- ▶ 2. Recognize God's authority over life and death
- ▶ 3. Show mercy and compassion
- ▶ 4. Have hope in Christ



1. Acknowledge the sanctity of human life

- ▶ As image bearers of God, this establishes our worth and potential.

Then God said, “Let Us make man in Our image, according to Our likeness.” Genesis 1:26



Acknowledge the sanctity of human life

- ▶ As image bearers of God, this establishes our worth and potential
- ▶ Human life is a sacred gift from God

He Himself gives to all people life and breath and all things. Acts 17:25

For You created my innermost parts;
You wove me in my mother's womb.

Psalm 139:13-14



Acknowledge the sanctity of human life

- ▶ As image bearers of God this establishes our worth and potential
- ▶ Human life is a sacred gift from God
- ▶ We are commanded not to murder.

God entrusts us with life and commands us to cherish it.

You shall not murder. Exodus 20:13

Whoever sheds human blood,
By man his blood shall be shed,
For in the image of God
He made mankind. Genesis 9:6



Acknowledge the sanctity of human life

- ▶ Human life is a sacred gift from God
- ▶ We are commanded not to murder.
- ▶ As image bearers of God, this establishes our worth and potential
- ▶ God grants us this sacred gift to glorify Him.

Therefore, whether you eat or drink, or whatever you do, do all things for the glory of God. 1 Corinthians 10:31



Sanctity of Human Life Application Principles

- ▶ We advocate for the unborn and oppose physician assisted suicide.
- ▶ When struggling with an array of decisions at the end of life, we consider treatments with a reasonable potential for cure.
- ▶ Sanctity of life doesn't always mean “do everything at all costs”

If no cure is possible, doing everything may prolong death, risk harm, and increase suffering.

Disease process is of major importance in this decision

Decision murky at times, almost never easy

2. Recognize God's Authority over Life and Death

Death is the consequence of sin.

Therefore, just as through one man sin entered into the world, and death through sin, and so death spread to all mankind, because all sinned.

Romans 5:12

Sanctity of life does not refute the certainty of death

Death does not necessarily follow as specific punishment for specific sins



Recognize God's Authority over Life and Death

► Christ's example in the garden of Gethsemane

And He fell on His face and prayed,
saying, "My Father, if it is possible,
let this cup pass from Me; yet not as I
will, but as You will." Matthew 26:39

Christ knew that the Father had the power
to rescue Him, so He pleaded for mercy,
yet He accepted God's will.



3. Show Mercy and Compassion

- ▶ As followers of Christ, we must have empathy and mercy toward one another.
- ▶ Be merciful, just as your Father is merciful.

Luke 6:36

- Showing mercy during the dying process requires attention to suffering.
- Showing mercy never justifies active euthanasia or physician-assisted suicide.
- It does guide us away from aggressive, painful interventions if such measures are futile, or if the torment they inflict exceeds the anticipated benefit.



Show Mercy and Compassion

- ▶ Long life is a blessing but not the ultimate good.
- ▶ Richness in life springs from godly service, prayer, and worship.



4. Have Hope in Christ

- ▶ As Christians our hope is without equal.
- ▶ Blessed be the God and Father of our Lord Jesus Christ, who according to His great mercy has caused us to be born again to a living hope through the resurrection of Jesus Christ from the dead, to obtain an inheritance which is imperishable, undefiled, and will not fade away, reserved in heaven for you.
1 Peter 1:3-4



Have Hope in Christ

- ▶ Christ's resurrection transforms death from an event to be feared into an instrument of God's grace as He calls us home to heaven.

Jesus said to her, "I am the resurrection and the life; the one who believes in Me will live, even if he dies, and everyone who lives and believes in Me will never die."

John 11:25-26



Clarity Questions

- ▶ What is the condition that threatens my loved one's life?
- ▶ Why is the condition life threatening?



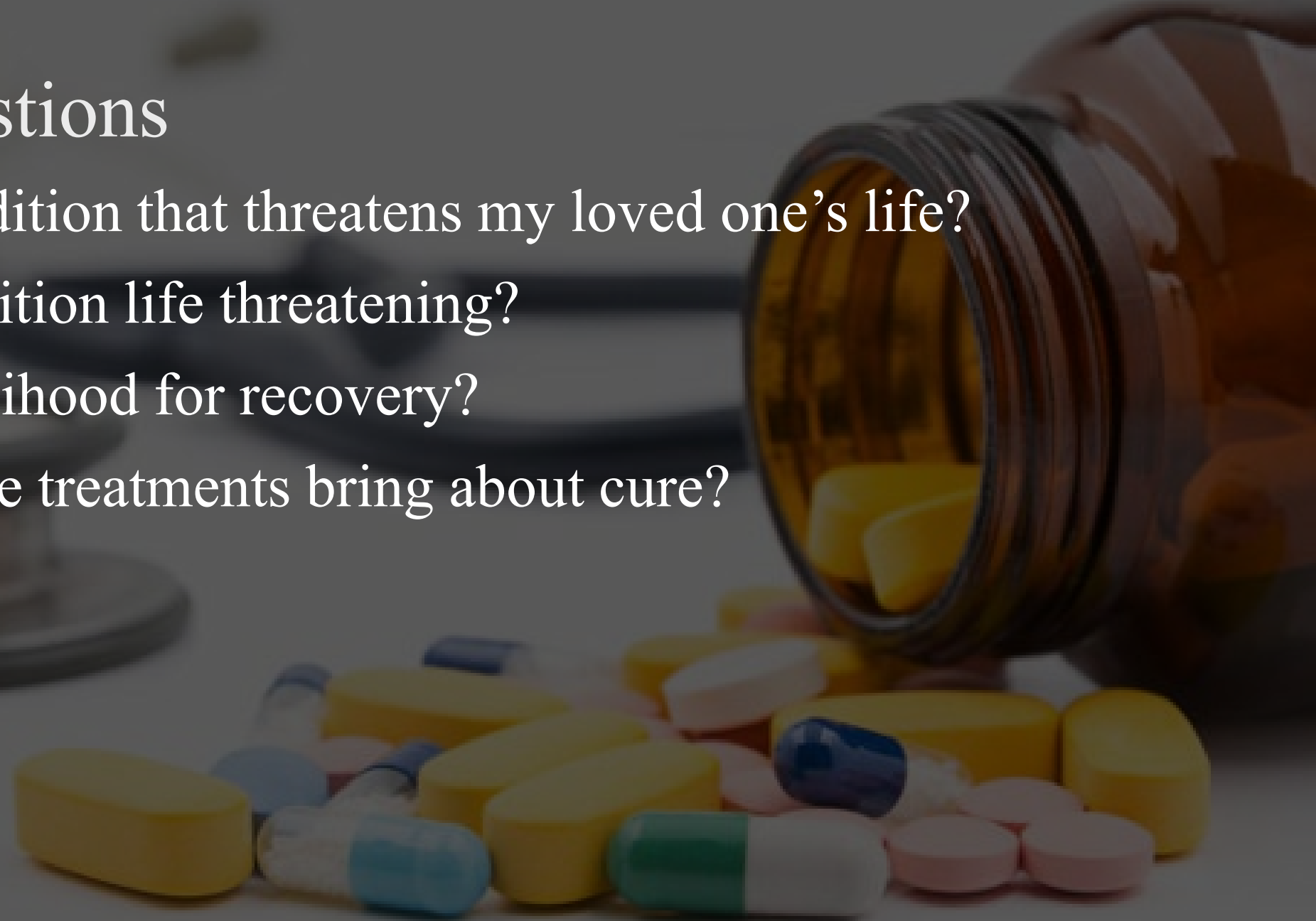
Clarity Questions

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- ▶ Why is the condition life threatening?
- ▶ What is the likelihood for recovery?



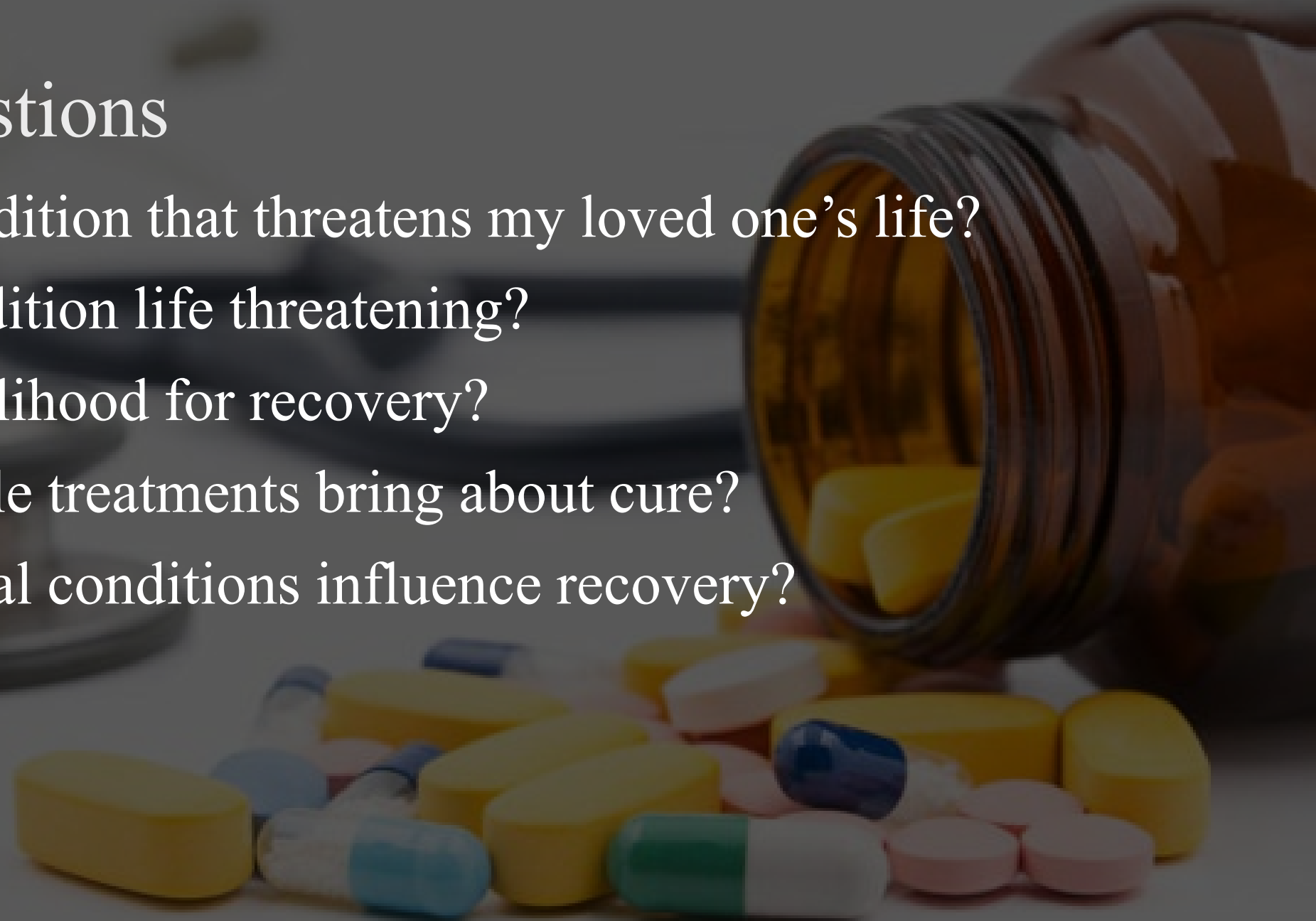
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Clarity Questions

- ▶ What is the condition that threatens my loved one's life?
- ▶ Why is the condition life threatening?
- ▶ What is the likelihood for recovery?
- ▶ Can the available treatments bring about cure?
- ▶ Do other medical conditions influence recovery?



Clarity Questions

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- ▶ Do other medical conditions influence recovery?
- ▶ Will the available treatments worsen suffering, with little chance of benefit?



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- ▶ What are the best and worst expected outcomes?

DNR or CPR?

- ▶ DNR - Do Not Resuscitate

 - Stop aggressive treatment

- ▶ CPR - Cardiopulmonary Resuscitation

 - Indicates “Full Code”

 - 30-50% survive

 - 6-15% live to leave the hospital

 - 50% of survivors suffer brain injury.

Do interventions aid recovery or prolong death and suffering?



Hospice Care

1974 - America's first hospice - Connecticut House, Wald

1982 - Medicare Hospice Benefit created

1983 - Four levels of hospice care created

-Routine home care

-General inpatient care - GIP

Hospice house

Hospital

Nursing home

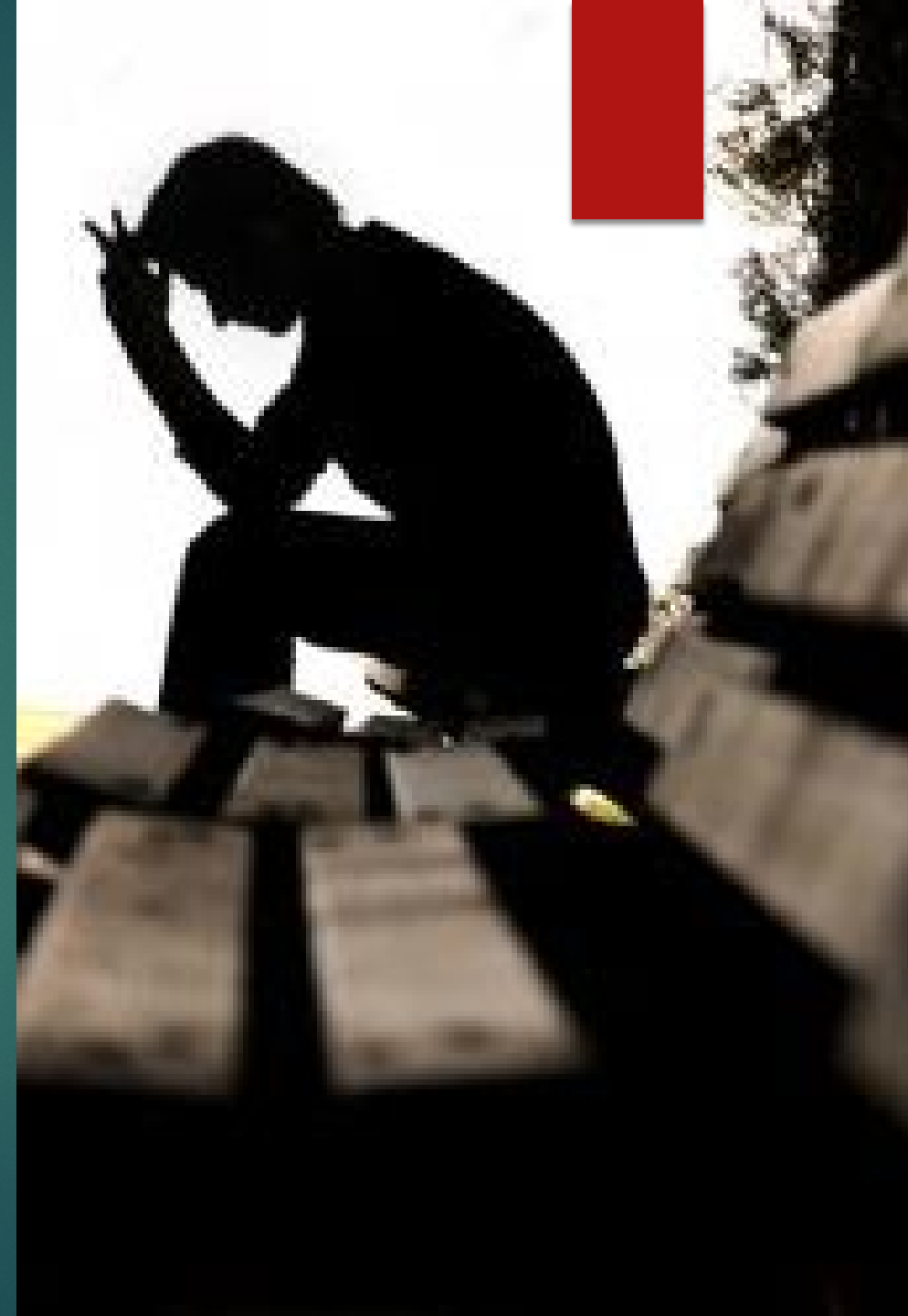
-Continuous home care

-Respite care



Hospice

Research shows that a year after a loved one dies in the ICU, up to 40% of family members report higher rates of depression, anxiety, and complicated grief, as opposed to die in the home or in hospice.



Hospice

Improves survival

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graph TD; A[Improves survival] --> B[Enriches last days]; B --> C[Results in less family grief];
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Enriches last days

Results in less family grief

Hospice

Only 20% of Medicare patients used hospice services before death

55% in hospice less than 1 month

Hospice

► Comfort measures only - CMO

This is not euthanasia or physician-assisted suicide

Critical distinction is intent.

Euthanasia's intent is to end life

Comfort measures seek to stop interventions that prolong suffering and allow the underlying illness to cause death.

CARE ALWAYS CONTINUES



Hospice

▶ Attempts to support the family to finish life in faith, peace, and service

- Discuss matters most important to you

- Goals for the end of life

- Educates patient and family

- Emotional support

- As disability worsens, support increases

 - 24 hour care

 - Hospice house

 - Hospital GIP

Hospice Care

- ▶ IDG meetings (interdisciplinary group)
- ▶ Hospice Doctor
- ▶ Medications
- ▶ Covered by insurance (charity)
- ▶ Qualifications (6 month)
- ▶ Home care and home equipment, i.e., Oxygen, DME - Durable medical equipment
- ▶ Social (includes legal issues, help with funeral costs)
- ▶ 24 hour (Trained to perceive signs of distress and end dying process)
- ▶ Respite Care



Hospice possible disadvantages

DENIAL OF DIAGNOSTIC TESTS,
SUCH AS BLOOD WORK AND X-RAYS

HOSPITALIZATION IS DISCOURAGED

PARTICIPATION IN EXPERIMENTAL
TREATMENTS OR CLINICAL TRIALS

PRIMARY CARE GIVER IS REQUIRED

The End

As our bodies fail, we need to draw close to God, our rock and salvation.
We rest our hopes on Him by faith.

The LORD is my rock and my fortress and my savior,
My God, my rock, in whom I take refuge;
My shield and the horn of my salvation, my stronghold. Psalm 18:2

My flesh and my heart may fail,
But God is the strength of my heart and my portion forever.

Psalm 73:26

▶ We must recognize our own mortality but still seek God daily and serve Him until our last remaining breath.

But if I am to live on in the flesh, this will mean fruitful labor for me; and I do not know which to choose. But I am hard-pressed from both directions, having the desire to depart and be with Christ, for that is very much better.

Philippians 1:22-23



Advanced Care Planning



- ▶ Advanced care planning

Includes all documents and plans

Don't leave end of life care to loved ones without equipping them for the task (50% of the time this occurs)

Intended to help discern wishes/goals for end-of-life care

Healthcare proxy forms designate a surrogate decision maker, indicate wishes for life-sustaining treatment, and include living wills/trusts

Healthcare Agent

Caring for Your Dependents and Pets

Organ Donation

Life Saving Measures

Choices About Your Body After You Die

Life Sustaining Measures



Advanced Care Planning

Healthcare proxy, also called healthcare durable power of attorney

1. Legally designates who the physician should consult for medical decisions on behalf of patients who can't communicate.

Primary, Secondary



Advanced Care Planning

2. Living Wills

Outline treatment preferences but also include space for narrative of values and specific concerns. i.e., nutrition, permanent unconscious, intolerable pain...



Advanced Care Planning

3. POLST - Physician Orders for Life Sustaining Treatment

Designed to protect against unwanted interventions in emergency settings.



Advanced Care Planning

- ▶ Advanced directives are a tool. The biggest value is not in the technical considerations but in the conversations they promote and the guidance they convey.
- ▶ Surrogate decision making requires that the individual differentiates his loved ones' preferences from his own desires. What would he choose for himself?



Resources

- ▶ *Between Life and Death. A Gospel-Centered Guide to End-of-Life Medical Care.* Kathryn Butler, MD
- ▶ National Hospice and Palliative Care Organization
<https://www.caringinfo.org>
Downloadable advanced directive forms from all states in the US
- ▶ Five Wishes Program
<https://www.agingwithdignity.org/five-wishes/about-five-wishes>
Guides individuals through drafting a living will

Living Will for Daniel J. Dahlhausen, MD

In the event that a severe illness or accident incapacitates me, I wish for my wife Elizabeth Dahlhausen (chief surrogate) to direct decisions for my medical care on my behalf. Should catastrophe also incapacitate her, this responsibility should fall to [secondary surrogate].

Living will



As a bondservant and follower of Jesus Christ, I wish to preserve God-given life when feasible but not to ignore His authority over the extent of my life or to allow treatments that would extinguish my ability to faithfully serve Him. In general, I would pursue treatments that promise recovery but not those that prolong death or permanently eliminate my abilities to reason and communicate.

Living Will

Goals for End of Life

- To serve God, I need to think, reason, pray, and to exchange ideas in fellowship with others.
- I wish to be lucid enough to spend time in prayer, reading, and reflection.
- I need to be able to fellowship with loved ones and other believers.
- I need to be able to be able to receive and understand God's written Word, The Bible.

Living Will

Goals for End of Life

- I am willing to endure moderate physical discomfort, dependence on others, and long-term ventilator dependence if I am able to exchange ideas meaningfully.
- I do not wish for aggressive, life prolonging measures if they are futile or in the event of end-stage terminal illness, advanced dementia, or brain injury sufficiently severe so that I am unable to reason and communicate.

Living Will

Reversible Illness

If a potentially reversible illness, I wish to be FULL CODE and receive all interventions to save my life, as long as recovery is possible. Included measures are, but not limited to:

- Endotracheal intubation
- Mechanical ventilation
- Cardiopulmonary resuscitation
- Electrical defibrillation /dialysis/ artificially administered nutrition

Living Will

Limitations of Care

- In the case of partial recovery with disability, I consent if this would meet my goals listed previously. In particular, if I can still interact meaningfully with others, being able to converse and reason. In contrast, I do not accept aggressive treatment for:
- Nonrecoverable fatal illness, advanced dementia, end stage terminal illness with 6 month or less life expectancy, coma, persistent vegetative state, or minimally conscious state.

Living Will

Core Limitations

In the case of advanced dementia or nonrecoverable fatal illness, I would allow friends, family, and caregivers to feed me by hand as I am able to tolerate.

In the case of an end-stage terminal illness, I would accept dialysis and a feeding tube if that would allow me more days spent in fellowship and prayer.

Living Will

I do not fear death but have only joy in the saving work of Jesus Christ and in anticipating the life to come.

“When passing thro’ the gates of pearly splendor,
Victors we rest with Thee thro’ endless days.”

Gospel-centered advanced directives considerations

1. HUMAN LIFE IS SACRED. Our lives are a gift from God. We are made in the image of God, and each of us has inherent dignity and value. We are to cherish and protect life.
2. GOD HAS AUTHORITY OVER LIFE AND DEATH. Death escapes no one. It claims us all. We should strive against death when there is hope of cure, but when such efforts are futile, we must consider God's providential love and His ability to orchestrate good even at life's end.
3. WE ARE CALLED TO LOVE ONE ANOTHER. God desires us to have mercy and compassion. He calls us to care for the ill and alleviate suffering. We must carefully and realistically evaluate the anticipated benefits of treatments that inflict agony on others and even on ourselves.
4. HOPE IN CHRIST. As Christians our hope is without equal. God's love endures for us even in our final moments on earth. We look toward eternal fellowship with God in heaven and the resurrection to a new body. We need not fear death. Christ's resurrection transforms death from an event to be feared into an instrument of God's grace as He calls us home to heaven.
5. QUESTIONS ABOUT ILLNESS OR DISEASE
 - What is the life-threatening condition?
 - Why is the condition life-threatening?
 - What is the likelihood of recovery?
 - How do previous medical conditions influence the possibility of recovery?
 - Can available treatments cure?
 - Will available treatments worsen suffering with little chance of benefit?
 - What are the best and worst expected outcomes?
6. QUESTIONS FOR CREATING AN ADVANCED DIRECTIVE
 - What are my goals for the end of life?
 - How can I continue to serve God at the end of life?
 - How much suffering is too much?
 - What trials am I willing to endure to achieve my goals at the end of life?
7. DOCUMENTS
 - Healthcare power of attorney
 - Living will or preferably a trust
 - POLST - Physician Orders for Life Sustaining TreatmentQuestions to be answered:
 - Who are the healthcare agents?
 - Who will care for dependents/pets?
 - Organ donation?
 - Life sustaining measures?
8. RESOURCES
 - Between Life and Death, A Gospel-Centered Guide to End-of-Life Medical Care*. K. Butler, MD
 - National Hospice and Palliative Care Organization, <https://www.caringinfo.org>
Downloadable advanced directives forms from all states in the US
 - Five Wishes Program, <https://www.agingwithdignity.org/five-wishes/about-five-wishes>.
Guides individuals through drafting a living will