

Bioethics & Compassion

Quarterly Bible Study

LEADER'S GUIDE FOR STUDY 4

Life-and-Death Decisions

*With medical technology extending life indefinitely,
is it ever right to pull the plug?*

Advances in medical technology have helped more and more people survive extraordinary physical trauma. In a recent CHRISTIANITY TODAY article, Lindsey O'Connor reflects on her two-month coma. She writes that while life can be extended and viable beyond previous limits, there are fundamental questions and powerful emotions for Christians to consider—hopefully long before they are called upon to decide whether to try a medical procedure or allow a loved one to die.

What issues are involved in life-and-death medical decisions? Is each of us responsible for making a living will? How do we decide if someone should live or die? In this study, we'll address such questions and search for biblical guidance on making these high-stake decisions.

Lesson #4

Scripture:

Psalm 90:10–12; Psalm 139:15–16; Ecclesiastes 3:1–8; Luke 6:6–11; Philippians 1:18b–26; James 5:14–16

Based on:

"While I Was Sleeping," by Lindsey O'Connor, CHRISTIANITY TODAY, February 2004, Page 44.



CHRISTIANITY TODAY

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PART 1

Identify the Current Issue

Note to leader: Prior to the class, provide for each student the article "While I Was Sleeping" from CHRISTIANITY TODAY (included at the end of this study).



Every year a miraculous new medication seems to come out, an advanced therapy or an innovative piece of equipment that helps to extend the lives of those in critical conditions. Stroke sufferers can reverse paralytic effects if treated with a blood-flow reversal method within the first four hours. Accident victims can survive incredible physical trauma with new medications and therapies. At rates never before known, people are surviving heart attacks, aneurisms, blood clots, and other physical ailments.

Medical treatments can provide wonderful opportunities for survival and healing. At the same time, they can present terrible choices to loved ones who wish to be faithful but who confront harsh and painful medical realities. Patients can slip into deep comas for weeks—even years—on end. Christians are faced with basic choices: Should we allow our loved one to die and be with the Lord? Or, if we withhold medical treatment that *could* save that person's life, are we killing them?

The husband of the comatose Terri Schiavo wants to remove feeding tubes and prevent "heroic measures" so his wife can die in peace. Her parents, on the other hand, believe their daughter is responsive at some level and want to continue treatment so she can live. Who is right? Who is loving? Who is faithful?

Discussion starters:

- [Q]** Have you faced a life-or-death decision regarding a loved one's medical care? Describe the person's condition and the decisions you were called upon to make. What was the outcome?
- [Q]** Have you made a living will to communicate your wishes in the event of an incapacitating illness? If so, how did you make your decisions?
- [Q]** What are some wonderful medical advances of recent years? On the other hand, what ethical dilemmas have these advances created?
- [Q]** What is the role of prayer in critical medical situations? How should we pray for a critically ill person?
- [Q]** Identify some critically ill people whose cases have been covered in the news. Does the media appear to have particular views about life-and-death decisions?



PART 2

Discover the Eternal Principles**Teaching point one: God, who is the author of life, defines the span of life in every individual.**

Read Psalm 90:10–12 and 139:15–16. Although David lived 3,000 years ago and did not know of today's medical technology, he did make clear that God is the author of life and, as such, defines the span of life. David understood that as our Creator, God is sovereign over our lives, and we have little autonomy when it comes to life-and-death matters.

[Q] Look again at Psalm 90:10–12 and 139:15–16.

- David said he “was woven together in the secret place.” After creating us, does God continue to have sovereignty over our bodies? How?
- What does this Scripture mean: “All the days ordained for me were written in your book before one of them came to be”? Does God know the outcome of our life, even when it involves a seemingly senseless accident or illness? What are the implications of such foreknowledge?
- Do we have the right to interfere with such trouble or sorrow, or is it part of God's plan?
- In view of God's plan for our lifespan, do we err if we attempt to prolong life through sophisticated medical technologies?

[Q] How do you respond to Lindsey O'Connor's assertion that “if our chief end is to glorify God, then we can find purpose and meaning in a life that society deems a mere existence”? Can we glorify God in a vegetative state?

Teaching point two: God does not equip us to make completely knowledgeable decisions about life and death—but he stands ready to guide us in decision making.

Read Luke 6:6–11. Jesus discerned the difference between maintaining a religious regulation—total rest on the Sabbath—and a divine gift of healing. Jesus said to the accusing Pharisees, “I ask you, which is lawful on the Sabbath: to do good or to do evil, to save life or to destroy it?”

[Q] Why did Jesus violate the Law's clear restrictions against working on the Sabbath? Why would the Pharisees be puzzled or angry at Jesus' actions?

[Q] What does Jesus' decision to heal say about the importance of medical intervention to preserve life and ultimately promote healing? To what extent are there parallels between these two situations?

[Q] Lindsey O'Connor notes how her husband Tim demonstrated a model decision-making process regarding lifesaving measures: research, counsel from the doctors, weighing futility versus benefit in treatment, consideration of Lindsey's wishes and his own motives, and most especially, constant prayer and godly counsel. What makes this approach a model decision-making process? What happens when little time is available?



Teaching point three: Faithful prayer using a variety of methods and styles can have a profound effect on critical medical situations.

Read James 5:14–16. In the historical setting of the New Testament church, life was uncertain. When people became ill, death often was close at hand because little was known about the illness or possible treatments. James urged those who were sick to call on the elders of the church for prayer and anointing for healing, declaring that “the prayer offered in faith will make the sick person well.” Why? “The prayer of a righteous man is powerful and effective.”

- [Q]** What is the role of prayers of petition? What is the role of prayers of intercession? What is the role of Christian service—sometimes called prayer in action? How do such prayer methods have an impact on a critically ill person? How can prayer change the expected course of an illness or injury?
- [Q]** Lindsey O'Connor describes how, through her several-month comatose experience, her family and friends prayed for her, her husband, her family, and her doctors and nurses, and carried the tremendous burden of service in helping the family. How do you think these people prayed? What did they pray? How would you explain their outcome to other families whose loved ones passed away in spite of their prayers?
- [Q]** What role does a church community have in lifting up in prayer the critically ill, their families, and those who treat them? If a church wanted to start a prayer ministry or assist families in crisis, where and how would the members begin such a ministry?

Teaching point four: Medical technology can advance God's sovereign purpose—or it can promise more than it can deliver.

Read Ecclesiastes 3:1–8 and Philippians 1:18b–26. O'Connor comments on the Terri Schiavo controversy and asks, “Is there a morally acceptable line for relinquishing life support? Could sanctity *and* dignity of life walk hand in hand?” As the Preacher says in Ecclesiastes, there is a time for everything under heaven—including a time to be born and a time to die.

The apostle Paul demonstrates a Christian approach to life and death. In the midst of suffering and hardship, Paul says, “For to me, to live is Christ and to die is gain. If I am to go on living in the body, this will mean fruitful labor for me. Yet what shall I choose? I do not know!” Paul, like every human being, has a choice between life and death—but when medical technologies enable us to interfere with dying, do we interfere with God's will? If we do not preserve life, do we kill? This is the dilemma Christians face.

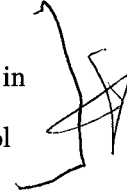
- [Q]** To what extent does medical intervention interfere with “a time to die”?
- [Q]** What guidelines can help us weigh the difficult choices for medical intervention? When do we mobilize all possible technology, and when do we let go and accept death?
- [Q]** To whom should Christians go for counsel on this issue? How can different people—like doctors, pastors, and friends—offer different perspectives for guidance?
- [Q]** Should there be limits to medical advancement? Or are we obliged to pursue every possibility for the extension of life?



PART 3

Apply Your Findings

In *Leadership Handbook of Outreach and Care*, Wayne Wills writes that medicine's only legitimate role is to "enhance the quality of life." Pastors help family members to weigh the consequences of a particular course of treatment against the benefits—and to put their trust in God for the outcome. "When this is not done," Wills observes, "the medical-industrial complex's 'technological imperative'—whatever *can* be done *must* be done—may take control by default."








Medical staff can provide direction on medical options and potential consequences, but there is no sure outcome in the vast majority of cases. That's why, when family members face medical dilemmas with loved ones, it is crucial to balance research and information with faith and obedience. At the same time, there is no one right way for faithful people to make difficult medical decisions.

- [Q]** Can—and should—Christians counter the imperative that whatever can be done must be done? How have you seen this imperative at work among family members and friends? What have been the results?
- [Q]** Another factor to consider is what procedures and medications insurers will cover, and what happens if a person is uninsured. What ethical dilemmas do insurance policies present?
- [Q]** How can the Christian community have a more influential and positive role in providing ethical medical guidance to our society?
- [Q]** What would happen if you fell into a coma tomorrow? Would your family and doctors know your wishes for treatment?

—Study by John R. Throop, a writer on theology, ethics, and church ministry. He is an Episcopal priest and is pastor at Christ Church Limestone near Peoria, Illinois.

Recommended Resources

-  *Birth and Death: Bioethical Decision-Making*, by Paul D. Simmons (Westminster John Knox Press, 1983; ISBN 0-664-24463-7)
-  *Holy People, Holy Lives: Law and Gospel in Bioethics*, by Richard C. Eyer (Concordia Publishing House, 2000; ISBN 0-5700-5255-6)
-  *Leadership Handbook of Outreach and Care*, James D. Berkeley, gen. ed., specifically "Medical Ethics," by Wayne Wills, pp. 320–321 (Baker Books, 1994; ISBN 0-8010-9042-3)
-  *Medicine of God: Christian Medical Ethics for These Times*, by Ruth Oliver (Trafford Press, 2002; ISBN 1-5536-9514-3)
-  *Playing God: Dissecting Biomedical Ethics and Manipulating the Body*, R. C. Sproul, ed. (Baker Books, 1997; ISBN 0-8010-5725-6)



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ARTICLE

While I Was Sleeping

Why my husband finally refused to end my life during my two-month coma.

By Lindsey O'Connor, for the study, "Life-and-Death Decisions."

My blood ran cold as I watched the video of Terri Schiavo. I shivered at the news that this brain-injured woman was comatose or in a persistent vegetative state while the video seemed to show otherwise. The chill was more than just my journalistic intrigue. People everywhere were debating the right to "die with dignity" and wondering what it would be like to be in Schiavo's place, but I didn't exactly have to imagine.



One year before the day Schiavo's feeding tube was pulled, I awoke briefly from a 47-day coma, only to go back under for several more weeks. Severe childbirth complications resulted in two emergency surgeries and the transfusion of 20 units of blood and blood products—about twice the blood volume of my body. I remained comatose and on life support in the ICU for two months.

My family expected my death repeatedly during my coma. I developed acute respiratory distress syndrome, which is often fatal, and it critically impaired my lungs. I had pneumonia, a toxic blood infection, blood clots, kidney failure, and life threateningly low blood pressure and oxygenation. My family was told I had anoxia—brain damage from oxygen deprivation. I lay hooked up to a ventilator and a feeding tube, receiving maximum doses of drugs to keep me alive. Heroic measures and life-and-death decisions were daily realities for my family.

My husband slept and ate little. Tim juggled his job with being constantly available to me, to doctors' consultations, and to our family. He described our surreal journey in e-mail updates that were forwarded by many people around the world. He also undertook "Caroline therapy": laying our mother-deprived newborn on my chest while I slept, so she would sleep too.

Tim learned to be an effective advocate for a critically ill patient by researching my diagnosis thoroughly and making the doctors make him understand. And on days when his faith was in shock and he was too numb to pray, the prayers of others and a Holy Spirit-inspired mind propelled him beyond his capacity. Yet the possibility of a



brain-damaged wife, or the thought that he was about to be a single father of five, including our newborn baby, always hovered.

Our children took on responsibilities uncommon for their ages. Three birthdays and our 15-year-old Claire's high-school homecoming came and went while I slept. The children discovered that profound sadness can coexist with moments of normalcy and surprising pockets of happiness. But in the dark, a brave front gave way to deep fears as 10-year-old Allison finally admitted to her father, "I'm so afraid of not having a mommy."

We experienced the body of Christ in action as our local church and others completely ran our home and came in the middle of the night when I'd take a dive. My fellow members of the Advanced Writers and Speakers Association held a day of prayer and fasting, unaware that their prayers ascended on my worst day.

Three of my close friends took weeklong turns in our home caring for the baby and children. Our eldest daughter, Jacquelyn, decided to leave her freshman year in college to become the baby's primary caregiver.

She also experienced a faith crisis. One night, in her car in the hospital parking lot, she pictured her life two ways—with God and without. Was her faith in God just her parents' teaching to invoke good moral choices, or was it real, hers, and worth anything at all? She pondered that age-old question: How could God let something so terrible happen? She decided that as difficult as this was to get through with God, going it alone terrified her. Her faith became her own that night.

Our story is like a movie shown on two screens: my loved ones' experience on one, my experience on another. Their story happened to me but I missed it, missed two months of my life and the greatest tragedy my family's been through. My story shows me giving a happy birth, then having trouble, then going to sleep before the surgeries. I awaken from a drug-induced coma, thinking it was the next morning, and hear my husband say, "You've been here for 47 days." Later that day, I slip back into the coma for several more weeks, then awake to the invasion of the body snatchers, unable to breathe or move on my own, my heart severed from my newborn.

When Schiavo's story broke, I waded through the murky ground of what many felt but few voiced. Many prolife Christians agreed that what was being done to Schiavo was terribly wrong, but still deep questions swirled: Who would want to be in her position? Is there a morally acceptable line for relinquishing life support? Could sanctity *and* dignity of life walk hand in hand?

The In-Between

When Dr. James Dobson was a guest on Sean Hannity's national talk-radio show discussing Schiavo, he recounted my story. Add me to the list of poster adults for not



pulling the plug. Yet from my new perspective, the sanctity of life versus the dignity of life still seems complex.

Gradually I've begun to remember bits of my comatose state: The swimming-through-mud feeling of trying to surface to awareness. The frightening dreams. The intense and very real spiritual warfare, a battle as unto death. The fog of being strapped in a chair with daytime television on to "stimulate" me, vaguely registering that people were in my room, but unable to comprehend that, let alone communicate. It was like watching someone through opaque glass underwater, visible but obscure and unreachable. And the weeks of living in the shadowland between my coma and full awareness, with times of frustration beyond belief.

I remember Tim holding one of my hands, a neurologist the other, and telling me to squeeze their hands. Unable to do so or to speak, I felt my brain screaming, "Why can't I do this? Maybe I'm dying." Later, my inability to use the call button left me banging a spoon on the bedside table for an hour and a half. No one came. They thought it was the repetitive motor response of a brain-damaged woman.

These memories seeded a need for clarity in answers and—just as important—a passion to ask the right questions in life-and-death issues. William Temple, who was Archbishop of Canterbury in the 1940s, wrote that the "church must announce Christian principles and point out where the existing social order is in conflict with them."

What then are the Christian principles at the heart of this argument? Two come to mind: "Thou shalt not murder" is a protective boundary whose removal would incite societal moral free-fall. And life is sacred and reflects God's image, with innate value regardless of its quality or productivity.

But if God values us, whole or brain-damaged, and there's value in being a loving caregiver to an incapacitated person, what about the seeming purposelessness of that patient's existence? A second biblically derived principle sheds light here: if our chief end is to glorify God, then we can find purpose and meaning in a life that society deems a mere existence. God can be glorified even through our suffering.

But how do we apply this truth in the modern hospital, especially when science can seem to be extending suffering while extending life? When is it morally right for a Christian to remove or refuse medical treatment? How do we determine when or if we can remove life support from our loved ones? When is it okay to issue a Do Not Resuscitate (DNR) order? Can we request that we not be kept alive artificially without violating the Sixth Commandment?

My family lived these agonizing questions. Two weeks after the initial dance on the edge came a death vigil. As I lay dying, the respirator whirred, pumping air into my lifeless-looking body and then sucking it out. My chest rose and fell to the machine's rhythm, yet my lungs failed to properly oxygenate my blood. Paralytic drugs



immobilized me. Vasopressor drugs fought to keep my blood pressure up. My limbs were blue and as cold as refrigerated meat. It did not look like I had any upper-level brain function. I was expected to die before morning.

I later learned that 40 or more friends and relatives stood vigil in the waiting room. My friend Sue brought our son in to join his siblings for the grim task of saying goodbye. She said to my pastor, Brent, "So, this is it?" He nodded.

Sharon marveled at our Christian paradox through grief: "She may see the face of Jesus today."

Susan, one of my best friends, looked at my gray, barely recognizable body and said, "Death is ugly, isn't it?"

Kathy, my other best friend, said goodbye and left distraught with my baby.

My dad touched my feet and said, "I taught these feet how to walk." He agreed with Tim as he made end-of-life decisions.

Tim said, "Even though we have hope, there is still pain. The difference with a Christian worldview is that the outcome is established. Even if we leave things unsaid, we'll have an opportunity to talk again."

Through the long night, Tim hammered out the heart-rending ethics and options. He cited the radical drugs I was receiving, which essentially cut off blood flow to my extremities so the body could concentrate circulation and pressure to the vital organs.

"Does this constitute heroic measures?" he asked.

"Yes," answered the doctor.

"So would it be ethically acceptable and appropriate to limit this medicine?"

"It would be acceptable," she said.

Tim anguished about the ghoulish side effects and the possible dire outcome. Torn by his pain in my suffering, he issued a DNR order under certain circumstances. Then he rescinded it. Then he issued it again. Then, again, he rescinded it. Removing the respirator and feeding tube was never an option. What he questioned continuing was the heroic measure of a drug so strong that doctors privately call it "leave 'em dead."

"She's suffering and she's not there," Tim said.

"But we don't know that," Susan said.

"Tim, there's a high likelihood she's going to die tonight, so keep your fingerprints off of it," counseled Brent.



Mama Goes North

Thankfully, God's leading through the counsel of community left every lifesaving measure in place, including the "leave 'em dead" drug. Tim's was a model decision-making process: He researched my situation; he consulted with doctors; he considered the futility or burden over benefit of treatment; he remembered my wishes; he questioned his own motives. Most important, he prayed constantly and sought godly counsel.

I don't remember waking up the second time. Weeks after I woke up I was still on a vent, unable to speak. I went into the hospital on August 30, 2002, and came home just before Christmas, still unable to walk or breathe on my own. But in February 2003, while still incapable of driving and doing most things, I did rewrites on a book I had turned in the week before the birth (ironically titled *If Mama Goes South, We're All Going with Her*). Discovering I could still think and write was another miracle, since in the hospital I couldn't read (coma can affect vision) or concentrate. I didn't know if I'd ever be able to resume my work.

I sometimes hear comments that Lazarus could have heard. One of my Christian doctors said, "There's no medical reason you are alive. You are a miracle at the hand of God." Tim often reminds me, "Life is fragile, so leave nothing unsaid." In spite of daily physical effects of the trauma, I've learned that radical obedience (in my case, having a baby at 40) is worth any cost, that prayer is inconceivably important, that miracles still happen, and that I have a faith worth dying for.

Would I want to live without cognitive awareness? Well, no. Wanting to avoid suffering is human. Even Christ asked if his suffering could be avoided. I believe there are times when it is acceptable and ethical to remove medical treatment from our loved ones. But in all cases, we should weigh our desire to be released from suffering against a greater desire to glorify God. If I had predetermined no life support (or only short-duration support), as some have in advance directives, I'd be dead. I'd also perhaps have missed the greatest opportunity of my life to bring God glory, because he can use us for his purposes in any bodily state—even while we're sleeping.

*—Lindsey O'Connor is an author, speaker, and former news anchor.
Her most recent book is *If Mama Goes South, We're All Going with Her* (Revell, 2003).*

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