

Controlling the End?  
Painful Questions About the End of Life  
July 12<sup>th</sup>, 2020

Intro

As we close our series on death, dying, and what happens next, I want to talk about two related issues that are painful, sensitive, relevant, and yet often skipped over because they are uncomfortable.

Both have to do with choosing the timing of the end of life.

The first has to do with whether we should ever remove life support from a dying person.

I know from talking with many of you over the years that many of you have already faced this. You've been at the bedside of a dying parent, consulting with the doctor about when it is time to let a disease take its course. This very weekend someone from our small group is experiencing this with his father.

Many of you will be there in the future. Are you prepared? Have you thought about what is morally acceptable? You don't want your research to begin when your heart is clouded by grief.

The second has to do with suicide. I think we cringe to even discuss it because we fear that it's a problem that will become worse by talking about it. And yet I likely don't need to convince you of its importance. If your life hasn't been shaken by the suicide of someone close to you, you likely know others who have.

In the last 20 years, the suicide rate has climbed 35%. It's the 10<sup>th</sup> leading cause of death in the US.

How are we to think about suicide Biblically? How can we help someone who is vulnerable? What can you do if you find yourself thinking that maybe the suffering is making life unlivable? Is the door of heaven closed to someone who takes their own life?

1. Is it ever ethical to remove life support from a person?
  - a. Are we **taking** a life or **allowing** someone to die?
  - b. All humans have inherent dignity because they are made in the **image of God**.
    - i. **Genesis 1:26-27** Then God said, "Let Us make man in Our image, according to Our likeness; and let them rule over the fish of the sea and over the birds of the sky and over the cattle and over all the earth, and over every creeping thing that creeps on the earth." <sup>27</sup> God created man in His own image, in the image of God He created him; male and female He created them.
    - ii. **Genesis 9:6** "Whoever sheds man's blood, By man his blood shall be shed, For in the image of God He made man.
    - iii. Our starting point of the ethics of the question is that human life has meaning and significance because of the one who made people in His image.
  - c. God is the ultimate giver and taker of **life**.
    - i. **Deuteronomy 32:39** 'See now that I, I am He, And there is no god besides Me; It is I who put to death and give life. I have wounded and it is I who heal, And there is no one who can deliver from My hand.
    - ii. **Exodus 20:13** "You shall not murder.
      1. Repeated in the NT in MT 19:18 and Rom
    - iii. There is a humanist bent in much of the "right to die" arguments that places man and his desires at the very center of the ethical question. As believers, we need to realize and remember that life and death starts with the Lord, not us.

- iv. Bruce Ashford: “Because God takes pleasure in the life he has given, death grieves him. He expresses deep displeasure when one human being takes the life of an innocent other (Gen 4:10–11). He reminds us that murder offends him specifically because it is an affront to God’s own image (Gen 9:5–6). God looks on every member of humanity with a more tender compassion than a mother looks on her own newborn child, and he agonizes over their every pain.”
- d. Active vs. passive
  - i. Active – ***Inducing*** the death of a person who is undergoing intense suffering, and who has no practical hope of recovery.
    - 1. Taking a purposeful action to end life
    - 2. Commission
    - 3. Taking a life
    - 4. Examples: Taking a pill, intentional overdose for the purpose of inducing death
  - ii. Passive – Choosing not to ***provide*** or deliberately ***withdrawing*** life-sustaining equipment, surgery, or medications from a patient, when such action may result in his or her death.
    - 1. Withholding treatment to sustain life
    - 2. Omission
    - 3. Permitting a death
      - a. Ordinary means – removing a feeding tube
      - b. Extraordinary means – removing kidney dialysis, iron lung, discontinuing cancer treatment
  - iii. Christians should never support ***active*** euthanasia, but there may be circumstances that allow for passive euthanasia.
- e. If basic care is met, there is a place to evaluate the ***extent*** of treatment that should be given in terminal cases.
  - i. This is the distinction between taking a life and allowing someone to die.
    - 1. When we take a life through an active step, it is the action that kills them.
    - 2. When we allow someone to die, the cause of death is the disease, injury, or aging process itself.
  - ii. How should we decide if intervention (either starting or continuing treatment) is right or if we should allow death to take its course? (Wayne Grudem, *Christian Ethics*)
    - 1. Is there is a reasonable human hope of ***recovery***?
      - a. Should never take life but at some point a decision may be made that the ongoing medical treatment or proposed procedure would offer little by way of life expectancy and is only minimally prolonging the unavoidable.
      - b. We may, in some circumstances, choose not to continue life-preserving technology. It may be a decision to trust in the Lord’s goodness and sovereignty. He can still resuscitate the person contrary to medical expectations or He may take them home as expected.

- c. Some period of time must be given after a person enters a comatose state to give them an opportunity to respond.
      - d. Difficult to prescribe a precise timetable.
        - i. Are we sustaining life or prolonging death?
    - 2. Are we **able** to help?
      - a. Parable of the good Samaritan (Luke 10:30-37)
      - b. Are the medical expenses more than we can bear?
    - 3. Has the patient expressed their **wish** to be allowed to die?
    - 4. Example of S.H. – significant stroke, quick decision needed for whether to give permission for surgery or allow the disease to take its course. There was a reasonable hope of recovery and surgery was available.
  - iii. What about a feeding tube for food and water (nutrition and hydration)?
    - 1. Grudem: In most cases we should provide food and water as an act of compassion so the patient does not die of starvation or thirst rather than from the disease or injury itself.
    - 2. Grudem: At times the medical situation is more complex, and a decision about nutrition and hydration may be more difficult. Christian Medical and Dental Association recommends that nutrition and hydration should be continued unless it is harmful to the patient or clearly contrary to the patient’s expressed wishes.
      - a. CMDA: In the active stages of dying, as the body systems begin to shut down, the alimentary tract deteriorates to where it cannot process food, and forced feeding can cause discomfort and bloating. As a person can typically live for weeks without food, absence of nutrition in the short term does not equate with causing death.
      - b. For more info see the complete statement by the CDMA: <https://cmda.org/wp-content/uploads/2018/04/Artificial-Hydration-and-Nutrition.pdf>
  - f. Treatment that is designed to relieve pain may be utilized even if it may hasten death as a **secondary** effect.
    - i. In ethics this is known as “the principle of double effect.”
    - ii. Administering morphine to reduce suffering knowing that it may cause the body to shut down more quickly as a secondary effect.
2. Is a person who commits suicide ever able to enter heaven?

This is the question – Is a person who commits suicide ever able to enter heaven? Common to wonder. I was just asked the question this week.

But we need to back up a bit because it is such a sensitive and important topic. My quick answer is, “yes.” But there is much more that must be said.

- a. Suicide is a serious and **growing** problem.
  - i. Like many of the things we have covered in this series, suicide is hard to even talk about.

- ii. In the last 20 years, the suicide rate has climbed 35%. It's the 10<sup>th</sup> leading cause of death in the US. Men are 4 times more likely to die by suicide but women are 3 times more likely to attempt suicide. All ages are vulnerable. Idaho ranks 7<sup>th</sup>, just behind other Western states like Montana, Wyoming, and Utah.
  - iii. It falls into the growing category of "Deaths of despair," along with drug overdoses.
  - iv. Peter Sagal paraphrasing another author, "You might think suicide ends your pain, but it just shifts and magnifies it to everyone else."
- b. What does the **Bible** teach about suicide?
- i. Suicide is the unjustified taking of human life, so it is sin.
    - 1. **Exodus 20:13** "You shall not murder.
    - 2. It violates the dignity of an image bearer of God.
  - ii. The Bible records five incidents of suicide.
    - 1. Abimelech in Judges 9:50-57, Saul and his armor-bearer in 1 Samuel 31:1-6, Ahithophel in 2 Samuel 17:23, Zimri in 1 Kings 16:18-19, Judas Iscariot in Matthew 27:5
      - a. Like many events recorded in scripture, there aren't direct evaluations given in the text, but in each case they aren't presented as characters to follow. Rather they are tragic ends to lives that veered away from the Lord.
      - b. Either external pressures that feel too great or internal pressures (unrepentant sin, guilty conscience) - what is called a "noisy soul."
  - iii. But others suffered so greatly that they entered states of despair where they would rather just die.
    - 1. Moses
      - a. **Num. 11:14-15** "I alone am not able to carry all this people, because it is too burdensome for me. <sup>15</sup> "So if You are going to deal thus with me, please kill me at once, if I have found favor in Your sight, and do not let me see my wretchedness."
    - 2. Elijah
      - a. **1 Kings 19:4** But he himself went a day's journey into the wilderness, and came and sat down under a juniper tree; and he requested for himself that he might die, and said, "It is enough; now, O LORD, take my life, for I am not better than my fathers."
    - 3. Jonah
      - a. **Jonah 4:8** When the sun came up God appointed a scorching east wind, and the sun beat down on Jonah's head so that he became faint and begged with *all* his soul to die, saying, "Death is better to me than life."
  - iv. All our sins are covered by Jesus.
    - 1. **Colossians 2:13-14** When you were dead in your transgressions and the uncircumcision of your flesh, He made you alive together with Him, having forgiven us all our transgressions, <sup>14</sup> having canceled out the certificate of debt consisting of decrees against us, which was hostile to us; and He has taken it out of the way, having nailed it to the cross.
    - 2. Not only those we commit before we come to Christ or are baptized
    - 3. Not only those that are "minor."

- a. David was a murderer and yet was forgiven
  - 4. Not only those we specifically confess
    - a. Does God only forgive those sins for which we have specifically confessed and repented? If so, I'm in trouble.
    - b. What if there are others sins that we die while still nurturing? Bitterness at a loved one, unpaid back taxes or financial fraud, etc.
    - c. What if as we were visiting outside today after church I reacted in anger and said something rude. I'm still dealing with sinful anger when on the way home as my car is crossing Yellowstone someone runs a red light, strikes my vehicle, and I die. Do I go to hell because in my final moments I was harboring sin?
  - v. We enter heaven solely by grace along through faith alone in Christ alone.
- c. How can you help someone who you think is considering suicide? (Kevin Carson, David Powlison, David Murray)
  - i. **Ask.**
    - 1. David Murray: "Although it's counter-intuitive, the most important thing to do is to ask the person if they are thinking about taking their life. Do so in a non-threatening, non-confrontational way, to make it as easy as possible to speak openly about their thoughts and feelings. 'I see you're hurting very deeply. I'm so sorry and really want to help. Is it bad enough, that you've been thinking about taking your own life?'"
  - ii. Acknowledge the reality of the **pain.**
    - 1. Broken relationships? Physical suffering? Feeling hopeless but can't pin down why? Shame and guilt from mistakes and failures?
    - 2. That sounds really hard, I'm so sorry you're going through this, that sounds miserable, those pressures sound really difficult
  - iii. Help the person see the **connection** between his/her pain and what he/she wants.
    - 1. David Powlison: "Your suicidal feelings and actions don't come out of the blue. They have reasons you can discover and understand. Your particular reasons will show you how you're experiencing, interpreting, and reacting to your world."
  - iv. Challenge constricted **options** and irrational **thoughts**.
    - 1. They may feel they are stuck with only one way out – but that isn't true. There is hope for change because of the goodness and closeness of the Lord.
  - v. Explore the perceptions of **hopelessness**
    - 1. David Powlison: "Your Savior is not surprised or put off by your hopeless feelings. He wants you to bring your despair to Him and cry for help right now, in the middle of your darkness and pain."
    - 2. **Psalm 86:7** In the day of my trouble I shall call upon You, For You will answer me.
    - 3. Powlison – Today is your day of trouble. Tell Jesus all your sorrows, all your troubles, and all the reasons suicide is on your mind.
- d. What should you do if you are considering suicide?
  - i. Ask for **help**

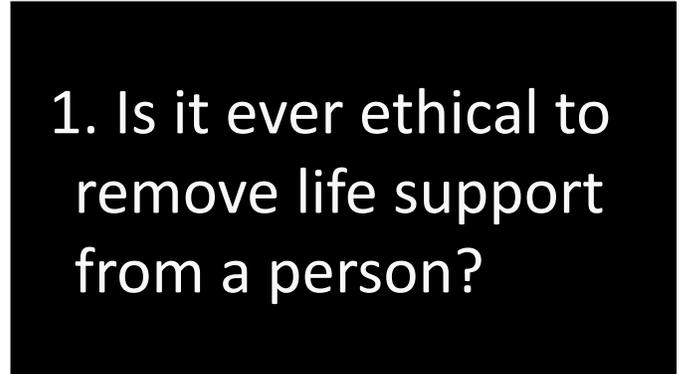
1. From the Lord
2. From others
- ii. Consult with your medical **doctor** to address physiological contributors.
  1. Post-partum depression, side effects from other medications, etc.
- iii. **Grow** in godly life skills
  1. Conflict resolution
  2. Seeking and granting forgiveness
  3. Become a giver

### 3. Conclusion

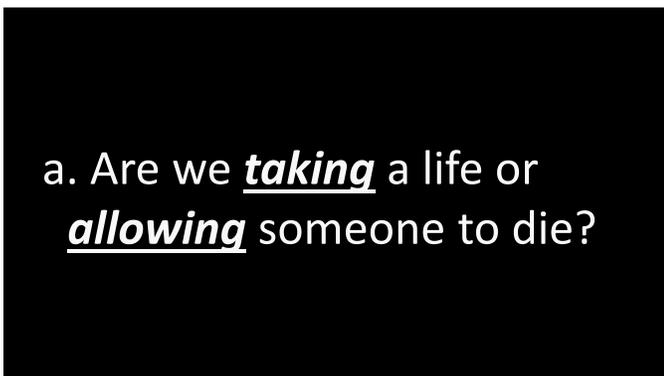
- a. Our very lives are in the hands of the Lord. Let's trust Him until the very end.



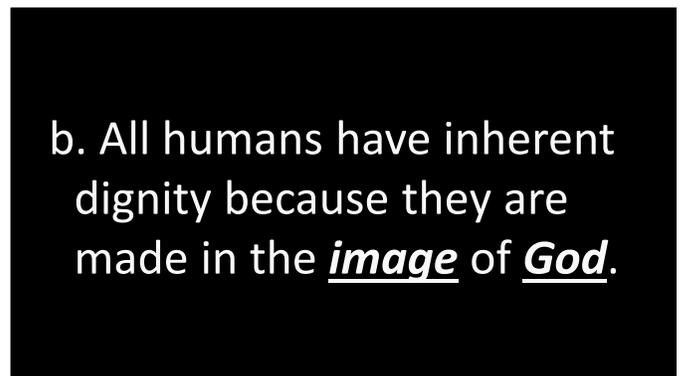
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e. If basic care is met, there is a place to evaluate the **extent** of treatment that should be given in terminal cases.

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