

Concordia Seminary - Saint Louis

## Scholarly Resources from Concordia Seminary

---

Doctor of Ministry Major Applied Project

Concordia Seminary Scholarship

---

3-31-2000

### Dying Well: A Christian Perspective

William Morris

Concordia Seminary, St. Louis, [wncmorris@charter.net](mailto:wncmorris@charter.net)

Follow this and additional works at: <https://scholar.csl.edu/dmin>



Part of the [Practical Theology Commons](#)

---

#### Recommended Citation

Morris, William, "Dying Well: A Christian Perspective" (2000). *Doctor of Ministry Major Applied Project*. 69. <https://scholar.csl.edu/dmin/69>

This Major Applied Project is brought to you for free and open access by the Concordia Seminary Scholarship at Scholarly Resources from Concordia Seminary. It has been accepted for inclusion in Doctor of Ministry Major Applied Project by an authorized administrator of Scholarly Resources from Concordia Seminary. For more information, please contact [seitzw@csl.edu](mailto:seitzw@csl.edu).

DYING WELL:  
A CHRISTIAN PERSPECTIVE

WILLIAM L. MORRIS

31 March 2000

Concordia Seminary  
Saint Louis, Missouri

\_\_\_\_\_  
Robert W. Weise, Ph. D., Advisor

4/17/00  
DATE

\_\_\_\_\_  
Glenn A. Nielsen, Ph. D., Reader

4/14/00  
DATE

\_\_\_\_\_  
David J. Peter, D. Min., Director  
Doctor of Ministry Program

4/14/00  
DATE

CONCORDIA SEMINARY  
SAINT LOUIS, MISSOURI

DYING WELL:  
A CHRISTIAN PERSPECTIVE

A MAJOR APPLIED PROJECT SUBMITTED TO  
THE DEPARTMENT OF D. MIN. STUDIES  
IN CANDIDACY FOR THE DEGREE OF  
DOCTOR OF MINISTRY

BY  
WILLIAM L. MORRIS

NEW BOSTON (WALTZ), MICHIGAN  
31 March 2000

Scripture taken from the HOLY BIBLE NEW INTERNATIONAL  
VERSION<sup>®</sup>. Copyright © 1973, 1978, 1984 by International Bible Society.  
Used by permission of Zondervan Publishing House. All rights reserved.

Copyright © 2000 by William L. Morris  
All rights reserved.

## DEDICATION

To my father and mother, for bringing me to St. John Lutheran Church in Midland, Michigan ten days after my birth to prepare me for my death.

Because of the identity I received on January 31, 1960 through the waters of baptism, I will die well.

## TABLE OF CONTENTS

LIST OF TABLES .....	vi
ACKNOWLEDGEMENTS .....	viii
ABSTRACT .....	ix
Chapter	
INTRODUCTION .....	1
1. DYING WELL IN A POSTMODERN COMMUNITY .....	12
2. DYING WELL IN THE CHRISTIAN COMMUNITY .....	24
3. THE OREGON DEATH WITH DIGNITY ACT: AN EVALUATION .....	39
4. SURVEY ON DYING WELL: PASTORAL AND LAY THOUGHTS FROM THE MICHIGAN DISTRICT OF THE LUTHERAN CHURCH—MISSOURI SYNOD .....	49
5. RESULTS OF SURVEY RELATIVE TO SUFFERING .....	77
6. PASTORAL CARE IN DYING WELL WITHIN THE CHRISTIAN COMMUNITY .....	85
7. DYING WELL IN CHRIST: A BIBLE STUDY .....	95
CONCLUSION .....	116
Appendix	
1. THE OREGON DEATH WITH DIGNITY ACT .....	118
2. SURVEY ON DYING WELL .....	126
BIBLIOGRAPHY .....	131

## LIST OF TABLES

Table	Page
1. Responses to Question 2.....	50
2. Responses to Question 3.....	51
3. Responses to Question 4.....	53
4. Responses to Question 5.....	54
5. Responses to Question 6.....	55
6. Responses to Question 7.....	56
7. Responses to Question 8.....	57
8. Responses to Question 9.....	58
9. Responses to Question 10.....	59
10. Responses to Question 11.....	60
11. Responses to Question 12.....	62
12. Responses to Question 13.....	63
13. Responses to Question 14.....	64
14. Responses to Question 15.....	65
15. Responses to Question 16.....	66
16. Responses to Question 17.....	67
17. Responses to Question 18.....	68
18. Responses to Question 19.....	69
19. Responses to Question 20.....	70

20. Responses to Question 21.....	71
21. Responses to Question 22.....	72
22. Responses to Question 23.....	73
23. Responses to Question 24.....	74



## ACKNOWLEDGEMENTS

To my wife Cheryl

Your love, support and encouragement have made it possible for me to complete this project. You have sacrificed your time and assumed extra duties so that I might have time to work on this project. Fridays are ours once again.

To my children Amanda, Jessica, and Daniel

You have been understanding when this work took me from your lives. When either at St. Louis for classes or at my office working on my “paper,” you have patiently waited for “it” to be done. Now to the fishing pond.

To the members of St. John Lutheran Church, Waltz

You have supported me with time away from the parish, financially and with your prayers. We have together experienced what dying well means.

## ABSTRACT

This project assists pastors in preparing parishioners to confront the realities of suffering and dying with a God-given identity in a world that seeks to cure pain and suffering by killing. A survey of the pastors and laity of the Michigan District of The Lutheran Church—Missouri Synod was conducted to identify their understanding of dying well and to ascertain whether or not they have been influenced by our postmodern society. On a whole the pastors and laity viewed dying in Christ as dying well. A Bible study was developed to assist pastors in preparing parishioners to die well.

## INTRODUCTION

### 1. MY PERSONAL INTEREST IN DYING WELL

The first four years of my ministry, I served an aging congregation. I had many funerals those first years in the ministry, so many in fact that our four-year-old daughter would ask with longing, “When can I go to heaven?”

In those first years of ministry, I experienced little if any attempt of people trying to control their death. They had the understanding that when God calls you, it is your time to go. They didn’t hasten it or prolong it. They died well—they died in Christ.

Since those first formative years, I have experienced the death of my brother-in-law to leukemia, the death of a 13-month-old parishioner in an accident, the death of a 3-year-old parishioner in a car accident. However, the death that affects me the most and moves me to write about “*Dying Well*” is the death of an unborn child.

A young couple made a decision to end their unborn child’s life. They had been informed through counseling that “it” wouldn’t live long after birth. If it did live they would be physically and financially burdened by the child. The counselor made it very clear to them that life would not be the same if this child were born and that the merciful thing to do for both the parents and their child would be to terminate the pregnancy.

They wanted their child to be free from pain, so in the name of mercy they ended their child's life. In their view, their child had *died well*, although they didn't use the term. Their decision would keep their child from suffering. They did what Jack Kevorkian would often do, cure suffering by ending life.

Sadly, the couple didn't consult their pastor before making the decision for the abortion. The reason given was that they knew what he would say. This was not a matter of debating whether or not the fetus was a child. They firmly believed that this was a child. They even showed their pastor pictures of their aborted child. When the pastor questioned the counseling approach, they made clear that it was their decision to have the abortion.

I was their pastor and I remain affected by their decision to this day. They didn't want my counsel before the abortion—yet they wanted me to comfort them after their decision. I could not comfort them. There was neither remorse, nor the thought that what they did was wrong. As for the child, I did attempt to offer hope that their child was in the hands of a merciful God. Sadly the couple removed themselves from the community of faith and found a more accepting community.

So this little unborn child whose life was cut short by its parents moves me in part to write about dying well. I am also moved to write because of my brother-in-law's death to leukemia.

Wayne underwent radiation and chemotherapy to kill the cancer. He was given medication to control the pain. There were times when he was not lucid due to the medication. When the bone marrow arrived there was a note from the donor wishing the recipient well. This was a time of celebration. Yet it was also time of isolation. When family members would visit, they would have to wear gowns, gloves, and a mask; all which reinforced his isolation from those who loved him.

After two months in the hospital, he was able to leave the hospital for a few hours to attend his youngest brother's wedding. Since his immune system was almost nonexistent, he had to avoid contact with people. He wore a mask as he watched his youngest brother's wedding from the balcony.

The bone marrow transplant was a success. He and his donor were featured on a national television program designed to encourage others to become donors. He was flown to California where he met for the first time, Candy, the woman who had donated her marrow.

Gradually, Wayne regained his strength. He had four years of relatively good health. He even began milking cows again. And then the cancer was back. Wayne had said that if it ever came back he would never go through the agony of a bone marrow transplant again. But when given the choice of certain death or a chance at life, he chose life.

His chance of surviving a second bone marrow transplant was not good. He would not talk about the second transplant, or more correctly he

was not allowed to speak of his feelings and fears of dying because his family was concerned about how his mother would react.

Before he left for the hospital, Wayne put additional lights on just about every piece of machinery on the farm. He wanted to make sure that his family could see well when working at night.

When he left the farm for what he felt in his heart would be the last time, he attempted to speak with his mother about his feelings and fears even though he knew that it was a forbidden topic. She had been denying the possibility of his death. His last words as he left the farm were words of exasperation as he said to his mother "I am not coming back." This was his attempt at shedding light on his feelings and fears.

I was close to Wayne. I never had any brothers, so in a way Wayne was more than a brother-in-law to me. He would ask me why this was happening to him. I didn't have many answers for his questions, yet I was able to point him to Jesus. I assured him of Jesus' love and that all was well because he was God's child.

His death is difficult to write about. The second transplant was not successful. In order to give him every chance at getting better, the doctor recommended that he be given experimental drugs. The drugs did not help. When asked what more could be done, the doctor said that he could be placed on a ventilator, but he did not recommend it.

Wayne's father and his siblings made the decision not to place him on the ventilator. While his mother was present, she did not respond to the

requests of what she thought should be done. (She would later question this decision.) Wayne died well, but we, his family could have been better prepared to place our loved one into the hands of our Heavenly Father.

After experiencing the death of the unborn child as well as the death of my brother-in-law, it is my personal desire to shed light on the matter of dying well. The light of victory, God's Word, shines brightly and clearly into our world.

Where, O death, is your victory? Where, O death, is your sting? The sting of death is sin, and the power of sin is the law. But thanks be to God! He gives us the victory through our Lord Jesus Christ (1 Corinthians 15:55).

“For me to live is Christ, and to die is gain” (Philippians 1:21).

## 2. WHY THIS PROJECT IS NEEDED

Victory is a word that describes dying well. Victory is the Christian's perspective on death. Yet, victory came at a cost. It cost the life of Jesus, God's Son. He brought victory, through his death and resurrection. Death brings gain. The Christian understands the “gain” as the victory that Christ won by His death on the cross. Those who are baptized into Christ Jesus have been baptized into His death in order that they too might be raised as Christ is raised (Romans 6:4). Christ's victory over sin and death is proclaimed at a Christian's funeral. Christ took the penalty of eternal death upon himself, so that all who die in Christ, will live eternally.

Remarkably, the word *victory* is also used by non-Christians to describe their view of death. For example, Nina Bastable speaking of her

husband's assisted suicide states, "Up until his death, that disease had him by the neck. It was winning. I knew that he felt once he died—and I did too—that he cheated it and got away from it. He beat it [Multiple Sclerosis]."<sup>1</sup>

Nina Bastable viewed her husband's assisted suicide as a victory over M.S. He was autonomous. He was in control. He would not have to depend on anyone to help him go to the bathroom or wipe him. He would not be a burden. Therefore, he and his wife saw victory in his death.

This view of death presents a challenge: How does one die well? A good death is defined by many as one without suffering and/or loss of control. But the Bible says, "Blessed are the *poor* in spirit, for theirs is the kingdom of heaven" (Matthew 5:3). Blessed are those who realize they are totally dependent on God for life as well as salvation. Victory for the Christian comes through Christ's death alone.

Jack Kevorkian is praised by some as a messiah who has brought control to life's most uncontrollable hour, namely, death. He gives people the ability to decide when enough "suffering" is enough. This, of course, presupposes that there is no meaning in suffering or in being a burden, and that there is no eternal consequence to suicide.

My parishioners have been bombarded with news reports of Jack Kevorkian assisting people end their life. Although Kevorkian is now in jail, people are still saying, "I wouldn't choose it [assisted suicide] for myself but I don't want to tell somebody else that they can't have that choice." This kind

---

<sup>1</sup> Georgea Kovanis, "Life after Death," The Detroit Free Press, 7 July 1996, sec. G, p. 1.



of thought is commonly found in our current society; namely, that each person is able to decide what is right and what is wrong, and that there are no absolutes. Using this philosophy, many have bought into the idea that a quick, painless death at your own hand is a lesser evil than prolonged suffering.

How does the pastor move his people away from autonomy and their desire to control their own death? How can the pastor help his members die well? The answer is not to point them to their own strength and resilience; rather, the answer is to point them to Christ.

### 3. THE PURPOSE OF THIS PROJECT

The purpose of this project is to provide a Christian perspective of dying well. This project will assist pastors in preparing parishioners to confront the realities of suffering and dying with a God-given dignity in a world that more and more seeks to cure pain and suffering by killing.

A Christian perspective of dying well is attained through the Word of God. The Word of God is the first and last word on dying and death, as it offers hope and purpose to the Christian. Hope comes through knowing and trusting in Christ's death as payment for our sins. Hope comes through knowing that our worth and identity come from being God's child in baptism. Our baptismal identity is sure and certain, because it has its beginning and ending in Christ. We are valuable because God has connected us to Christ's righteousness—not because we do or don't do something.

Suffering will also be evaluated. Suffering is relative. What might cause suffering for one person doesn't necessarily cause suffering for another. Suffering that a Christian endures due to illness or disease can be used by God for the individual's good. Suffering can be eased for the Christian as Christ assures that nothing can separate the Christian from God.

That suffering has meaning is a novel idea for the world. Suffering in the world might indicate that you are not strong enough and you had better do something to gain strength or you will lose your identity as a valuable productive person.

As the topics of baptismal identity and suffering are explored, the fact that there are two opposing communities or mindsets at work will become clear. The Christian mindset that submits one's life to God and His control; and the current cultural mindset (labeled postmodern in this paper) that submits little to God and seeks control and autonomy even in death.

Christ's power was shown on the cross as He humbled Himself, enduring punishment for the sins of the entire world. He came to save. He came to serve. He came to die. The current cultural mindset would consider Jesus weak because He followed His Father's will rather than expressing His autonomy. It would seem He suffered a horrible death because death on a cross was thought to be without dignity.

As we look to Christ Jesus, we will clearly see the difference between the Christian mindset and that of our current culture. When the underlying

principles of each mindset are presented, we will see their conclusions in the realm of dying and death.

#### 4. A DESCRIPTION OF THE PROJECT

In February of 1999, I sent out 2244 surveys to the pastor and five laity of each of The Michigan District's 374 congregations to determine their view on dying well. The survey included 24 multiple-choice questions. The first question identified the participant as either a layperson or pastor. The remaining questions primarily sought to determine the participant's view on dying well. The questions functioned in a secondary way to identify whether or not they have been influenced by our current culture.

The information gathered from the survey will also provide areas of study to be included in a Bible Study. The Bible Study will address such issues as: identity/baptism, suffering, quality of life, withdrawal of treatment, dignity/worth and hopefulness. My intent is that the Bible study be used by pastors and lay leaders to guide people with the hope of the Gospel through life's most challenging hour, before that hour is upon them.

#### 5. THE ORGANIZATION OF THE PAPER

In the first chapter, *Dying Well in a Postmodern Community*, I will first define a postmodern community. Then I will identify the meaning of dignity, suffering, and quality of life according to the postmodern mindset.

In the second chapter, *Dying Well in the Christian Community*, I will first define a Christian community. Then I will identify the meaning of identity, dignity, burden, and suffering according to the Christian mindset as normed by the Bible. A contrast with the postmodern mindset will be included.

In the third chapter, *The Oregon Death With Dignity Act: An Evaluation*, I will describe the Act, highlight its underlying values, and give an evaluation of those values.

In the fourth chapter, *Survey on Dying Well: Pastoral and Lay Thoughts from The Michigan District of The Lutheran Church—Missouri Synod*, I will analyze the results of various questions that relate to dying well. The questions will be particularly examined to see the extent to which the Christian community has been or is beginning to be affected by the postmodern view of control and autonomy.

In the fifth chapter, *Results of Survey Relative to Suffering*, I will consider the role of suffering. The key questions to be answered will be: Does suffering have meaning and purpose? When a person wants to end a loved one's suffering, with whose suffering are they concerned?

In the sixth chapter, *Pastoral Care in Dying Well Within the Christian Community*, I will present how pastoral care and the Christian community comforts the Christian in time of dying and death through the Word, Holy Communion, the pastor's presence, liturgy and hymnody.

In the seventh chapter, I will gather the various chapters together and produce, *Dying Well in Christ: A Bible Study*. The study will be designed to help shed light on the subject of dying well and the related topics of identity, dignity, burden, suffering, and quality of life.

## CHAPTER ONE

### DYING WELL IN A POSTMODERN COMMUNITY

Her purpose in calling was of a professional nature. She wished to help a young couple of my congregation who had just had an abortion. The reason for her call was not so much to ascertain my position regarding the abortion, but rather to enlist tolerance. She spoke with great empathy for the couple. I was numb as she recounted the happenings of the past days. (This was the first I had heard of the abortion.) As a hospital social worker, she had been with them. She had cried with them. She had assured them that whatever they chose would be right, either to have the child or “send it on ahead,” that is, have an elective abortion. When I questioned the counsel that my members had received, she assured me that they had received “value neutral counseling.” I assured her that there was no such thing. This “clash” on the phone is illustrative of the clash between the Christian community with its moral absolutes, and the postmodern community with its more relativistic position on moral issues.

My purpose in this chapter is to define *Dying Well in a Postmodern Community*. I will define the following terms: postmodern community, dignity, suffering and quality of life. The first term will present select biases

of a postmodern community. The next three will be used to define dying well within a postmodern community.

## POSTMODERN COMMUNITY

Postmodern can simply mean the period of time that comes after the modern period, yet for the purpose of this paper it will be used as a short hand way to represent certain aspects of the current cultural mindset. The items for review here include truth and diversity.

In the postmodern community, diversity is idealized. Diversity is not just tolerated in a postmodern community, it is celebrated.<sup>2</sup> When there is diversity, you can decide for yourself what is right and what is wrong. The postmodern community rejects the thought that there is something absolute or transcendent. You can choose or even invent your own truth. Dr. Gene Veith, Jr., in his book *Postmodern Times*, states:

In issue after issue, people are casually dismissing time-honored moral absolutes. The killing of a child in the womb used to be considered a horrible, almost unspeakable evil. Today abortion is not just legal. It has been transformed into something good, a constitutional right. People once considered killing the handicapped, the sick, and the aged an unthinkable atrocity. Today they see euthanasia as an act of compassion.<sup>3</sup>

---

<sup>2</sup> Stanley J. Grenz, *A Primer On Postmodernism* (Grand Rapids: William B. Eerdmans, 1996), 19.

<sup>3</sup> Gene Edward Veith, Jr., *Postmodern Times: A Christian Guide to Contemporary Thought and Culture* (Wheaton: Crossway Books, 1994), 17.

The purpose of intellectuals within the postmodern community, according to Stanley Grenz, is to “jettison the Enlightenment.”<sup>4</sup> The void is filled with diversity of thought. All thoughts are true to the extent the community validates them. Grenz states that the community holds the ground rules by which truth is formed.

The postmodern worldview operates with a community-based understanding of truth. It affirms that whatever we accept as truth and even the way we envision truth are dependent on the community in which we participate. Further, and far more radically, the postmodern worldview affirms that this relativity extends beyond our perceptions of truth to its essence: there is no absolute truth: rather, *truth is relative to the community in which we participate* [italics added].<sup>5</sup>

The postmodern community does not acknowledge absolute truth. Instead, it acknowledges many “truths” in keeping with diversity. As a matter of fact, anyone who states an absolute truth is singled out as intolerant. Dr. Veith states: “Postmodernists reject Christianity on the same grounds that they reject modernism, with its scientific rationalism. Both Christians and modernists believe in truth. Postmodernists do not.”<sup>6</sup>

The basis for truth in the postmodern community is its construction of what it believes and holds dear. This construction of truth comes by way of a philosophy of diversity and tolerance. What unifies the postmodern community is not sameness of culture or tradition, but rather diversity and tolerance. As a result, in postmodernism all thoughts are true to the extent

---

<sup>4</sup> Grenz, 162.

<sup>5</sup> Ibid., 8.

<sup>6</sup> Veith, 20.



the community validates them. The community's construction of what it believes and holds dear becomes the basis for truth. How a community defines truth impacts what dignity is for life.

## DIGNITY

One significant area where postmodernism's community based truth is influential is the definition for human dignity. This community adopts certain criteria for dignity. It assesses if you are living a dignified life in a particular way. If you do not measure up to that definition, then it is your responsibility to "leave."

Dignity is a term that is often used when discussing *dying well*. One of the greatest desires of people at the time of death is to maintain their dignity. What is dignity? Dignity is defined by the dictionary as, "the quality or state of being worthy, honored, or esteemed."<sup>7</sup> The way the postmodern community ascribes dignity at the time of death is to provide control and ensure autonomy.

Derek Humphry illustrates the postmodern community's desire for control and autonomy at the time of one's dying and death. In his book *Final Exit*, he provides a "how to" book on suicide. The reason this is provided is to give control to the dying person. He states,

Personal autonomy concerning one's bodily integrity has taken hold in the public imagination . . . *Final Exit* is aimed at

---

<sup>7</sup>Webster's New Collegiate Dictionary, rev. ed. (1977), s.v. "dignity."

helping the public and health professional achieve death with dignity for those who desire to plan for it.<sup>8</sup>

In the book *Freedom to Die*, written by Humphry and Mary Clement, the desire for control and autonomy as one is dying is viewed as a right, a freedom. They state:

The right-to-die movement is consistent, furthermore, with the baby boomers' increasingly influential creed: "I want what I want when I want it, especially if it will make me feel better."<sup>9</sup>

Humphry includes a warning in his book *Final Exit* to those who believe in God. He states, "If you consider the God whom you worship to be the absolute master of your fate, then read no more. Seek the best pain management available and arrange for hospice care."<sup>10</sup>

Marilyn Webb writes in her book *The Good Death*:

Those who are religious argue that the choice of life or death is God's yet, given the sophistication of medicine today, this is a choice that is often manmade. The issue of more aggressive help—of legalizing assisted suicide—is the next battleground in what is already a twenty-year struggle through courts, legislatures, and state ballot measures for Americans to take back from medicine *control* [italics added] over their own bodies and their own deaths.<sup>11</sup>

From Humphry, Clement and Webb it is clear that the postmodern community ascribes control and autonomy as the manner in which a dying person can preserve some shroud of dignity.

---

<sup>8</sup> Derek Humphry, *Final Exit* (New York: Dell Publishing, 1991), xxvi.

<sup>9</sup> Derek Humphry and Mary Clement, *Freedom to Die* (New York: St. Martin's Press, 1998), 14.

<sup>10</sup> Humphry, *Final Exit*, 3.

<sup>11</sup> Marilyn Webb, *The Good Death* (New York: Bantam Books, 1997), 125.

Dignity was one of the driving forces that led Nina Bastable and her husband to view assisted suicide as a victory. He was supposedly in control. He didn't have to depend on anyone to help him go to the bathroom or wipe him.

Jack Kevorkian, at a National Press Club Luncheon, defends assisted suicide as a dignified death.

Just one more point. Dignified death—oh, in the back of a van. You've all read that—or in a nice little cabin by a pond in the woods—it was beautiful. They tried to denigrate that too. So it's undignified—right? Well, let's take what people think is a dignified death. Christ—was that a dignified death? Do you think it's dignified to hang from wood with nails through your hands and feet bleeding, hang for three or four days slowly dying, with people jabbing spears into your side, and people jeering you? Do you think that's dignified? Not by a long shot. Had Christ died in my van—(laughter)—with people around Him who loved Him, the way it was, it would be far more dignified. In my rusty van. Anyone disagree?<sup>12</sup>

Kevorkian fits nicely in a postmodern community that defines dignity in terms of control and autonomy. When asked about his underlying philosophical belief, Kevorkian replied:

Yeah. It's quite simple: Absolute personal autonomy. I'm an absolute autonomist. Do and say whatever you want to do and say at any time you want to do or say it, as long as you do not harm or threaten anybody else's person or property (applause).<sup>13</sup>

---

<sup>12</sup> National Press Club Luncheon, speakers: Dr. Jack Kevorkian and Attorney Geoffrey Fieger (Federal News Service, July 29, 1996), 7.

<sup>13</sup> Ibid., 18.

When dignity is understood in terms of control and autonomy, is it any wonder that the postmodern community views some lives less worthy of living? Dr. Ira Byock, a hospice doctor, makes an observation of our society:

Unfortunately, society reinforces the belief that the loss of normal capabilities and independence renders a person undignified. Our society reserves its highest accolades for youth, vigor, and self-control and accords them dignity, while their absence is thought to be undignified.<sup>14</sup>

When you are no longer able to live a dignified life, which is defined by control and autonomy, then according to a postmodern community, you may end your undignified life by controlling your death. In fact, you are almost obligated to do so because the loss of control and autonomy means you will become a burden to someone who must take control: To be dependent is to be a burden—another postmodern anathema.

According to the postmodern community, there is little positive about living an undignified life or being a “burden.” This was a driving force for Nina Bastable and her husband, Austin. He didn’t want to burden his wife.

He hated having to rely on someone to feed him and wash him and change his underwear and wipe him after he went to the bathroom and that someone had to put him to bed at night and get him up in the morning to start the whole routine over again.<sup>15</sup>

*Death on Request*, a video filmed in the Netherlands, shows an actual euthanasia. Cees is the man who dies. Yet, before he dies, part of his diary is

---

<sup>14</sup> Ira Byock, *Dying Well* (New York: Riverhead Books, 1997), 86.

<sup>15</sup> Georgea Kovanis, “Life after Death,” *The Detroit Free Press*, 7 July 1996, sec. G, p. 3.

read. “How far can you go in asking your partner to make sacrifices?”<sup>16</sup> He did not want to be a burden to his wife anymore. He felt he had asked too much of her. He wanted to free her from her burden.

In a postmodern community, if you drain resources from others, you become a burden. Dr. Veith states:

Environmental arguments have fueled efforts to limit the world’s population by restricting the number of children born. The new anti-humanism is inevitably anti-child, assuming as it does that new human life is a problem, a drain on the earth and on the parents’ resources. We scarcely hear the classic view that a child is itself a resource, a valuable addition to the human race.<sup>17</sup>

Dr. Veith explains that postmodern policies have targeted children by establishing population restrictions. The children are viewed as a “drain” on human resources, rather than a blessing. Children are dependent on others for support; so are the elderly, the disabled, and the dying.

The postmodern community is free to exercise abortion and assisted-suicide with the purpose of freeing the community of undue burdens. If you cost too much, in terms of money or time, then you have a responsibility to unburden the community by dying. This is the burden Cees felt, and Cees died. His death illustrates *dying well* according to postmodernism.

---

<sup>16</sup>Herbert Hendin, Seduced by Death (New York: W. W. Norton, 1998), 133.

<sup>17</sup> Veith, 75.

## SUFFERING

Suffering is a term that frightens people. A person does not want to suffer yet knows that some suffering is inevitable. Suffering can affect a person physically and emotionally. Ira Byock credits Victor Frankl as saying, "The true root of suffering is loss of meaning and purpose in life."<sup>18</sup> Byock states, "Although each person's meaning is different, existence that is merely a burden and lacks a future with any direction or point produces the worst kind of suffering."<sup>19</sup>

Dr. Pellegrino states:

For the advocates of euthanasia and assisted suicide, suffering is an unmitigated evil without possible meaning. It compromises quality of life so that prolonging it is therefore cruel, sadistic, or masochistic. On this view, a life whose quality is not acceptable to its possessor, for whatever reason, is disposable.<sup>20</sup>

Suffering in a postmodern community is not just physical, it also includes anything that prohibits control and autonomy. When control and autonomy are restricted then self-determination is lost. That is a severe suffering for postmodern identity.

When suffering becomes too great, then it would logically follow that you might use any means acceptable to the community in which you reside to relieve suffering. Suffering can be used as an opportunity to exercise the ultimate in control and autonomy, namely, death. The postmodern

---

<sup>18</sup> Byock, 83.

<sup>19</sup> Ibid.

<sup>20</sup> John Kilner, Arlene Miller, and Edmund Pellegrino, eds., Dignity and Dying: A Christian Appraisal (Grand Rapids: Eerdmans Publishing Company, 1996), 111.

community instills meaning and purpose in suffering by giving you the choice to end suffering through death. The merciful thing to do if the suffering is too great is to end your suffering by taking your life, or by helping someone take his/hers. This was the counsel received by my members as they decided to end their unborn child's life and "send it on ahead." They had been told it was the merciful thing to do.

### QUALITY OF LIFE

Who determines quality? Just as with dignity, the postmodern community determines what is seen as quality of life. This community would use such terms as have been defined in this chapter to make a decision on quality. Is it a dignified life? Is he/she a burden? Is the suffering too great? Is he/she able to exercise control and autonomy? The answer to these questions would determine whether or not a person has quality of life. The postmodern community determines quality of life by these standards.

A community that values control and autonomy will ascribe less quality of life to the person who is less able to exercise his/her control and autonomy. This is seen in the medical world. Decisions are made in regards as to whom should receive what procedures. One method used to determine who should receive treatment is Quality-Adjusted Life-Years. It attempts "to combine expected survival with expected quality of life."<sup>21</sup> Quality-Adjusted

---

<sup>21</sup> John La Puma and Edward F. Lawlor, "Quality-Adjusted Life-Years: Ethical Implications for Physicians and Policymakers," Journal of the American Medical Association 263, (June 6, 1990): 2917-2921.

Life-Years is the measurement used to determine the value of a certain medical procedure for a specific group of people. The number assigned is not arrived at from discussion with the individual, but rather is derived from the community in which the person lives.

Quality-adjusted life-years assume that quality of life can be measured well enough to make policy judgments about it. They also assume that at some point—the same point for all persons—*life becomes so miserable that it is worse than death* [italics added].<sup>22</sup>

When quality of life is defined by the postmodern community in terms of control and autonomy, then such a system of Quality-Adjusted Life-Years fits in quite nicely. It presupposes that there are lives unworthy of living. The lower quality of life, determined greatly by one's control and autonomy, the less valuable life becomes.

## CONCLUSION

The purpose of this chapter was to present what it means to *die well* in a postmodern community through the definition of a postmodern community, dignity, suffering, and quality of life.

Dying well in the postmodern community occurs when control and autonomy are exercised. Dying well means that relief is given to the person dying as well as to the caregiver, and that their concerns of dignity, burden, suffering and quality of life are answered in death.

---

<sup>22</sup> Ibid.



When there are no moral absolutes in a community, then morality is formed by those who can package their thoughts in the most compelling way. When there is no transcendent identity, then the community determines matters of life and death. When there is no dignity, no control, no autonomy and when suffering becomes unbearable, then assisted-suicide, abortion and even euthanasia are viable choices. Dr. Veith states:

Without a moral framework, society disintegrates into warring factions and isolated depraved individuals. The result is a replay of the violence, perversion, and anarchy described in the book of Judges, which at once diagnoses the moral collapse of ancient Palestine and *precisely defines postmodernist ethical theory*: [italics added] “everyone did what was right in his own eyes” (Judges 21:25 NKJV).<sup>23</sup>

---

<sup>23</sup> Veith, 198.

## CHAPTER TWO

### DYING WELL IN THE CHRISTIAN COMMUNITY

The conversation on the phone was surreal. I listened in disbelief as he recounted what had happened. He backed his car out of the garage and somehow his 13-month-old grandson was run over. I don't remember what I said except that I would see him at the hospital. When I arrived, he gave me a bear hug and asked, "Why did this have to happen to us?"

Death didn't come instantaneously. Mark was air lifted to a larger hospital. As his parents drove the 35 miles they asked, "What have we done to deserve this? God must be punishing us."

That night Mark underwent surgery to stop the bleeding—but the bleeding did not stop. The doctor explained that Mark was dying. His mother and father decided to have the ventilator removed. A rocking chair was brought into the intensive care unit, and Mark was placed in his mother's arms. She rocked him and talked with him and kissed him until the early hours of the morning, when he died.

Even though Mark's death occurred over a year ago, tears still well up in my eyes when I remember that day—that Mother's Day. Yet, as tragic as his death was, he died well—he died in Christ. For when he was about a month old, his mother and father brought him to church and he was baptized.

By God's grace, Mark was given a new birth into the family of God. He had a new identity. He was a child of God. He was joined to Christ. He was joined to the Christian community.

My purpose in this chapter is to define *Dying Well in the Christian Community*. I will define the following terms: Christian community, identity, dignity, burden, and suffering. I will contrast the Christian community's understanding of these terms against that of the postmodern community.

## CHRISTIAN COMMUNITY

The Christian community simply means those who belong to Christ through faith. It transcends denominations to include all Christians. However, when assessing what it means to die well within the Christian community, the local congregation will become the primary focus.

The Christian believes in absolutes. God transcends us. We are not the measure of all truth; God is the measure. God's Word is authoritative for the Christian. As was shown in the first chapter, this is in direct conflict with the postmodern community. "The postmodern worldview operates with a community-based understanding of truth."<sup>24</sup> The postmodern community places itself as the gatekeeper of truth, whereas in the Christian community Christ is truth. The Apostle Paul writes to Timothy assuring him that Christ and His church are the pillar and foundation of all truth.

Although I hope to come to you soon, I am writing you these instructions so that, if I am delayed, you will know how people

---

<sup>24</sup> Grenz, 8.

ought to conduct themselves in God's household, which is the church of the living God, the pillar and foundation of the truth. (1 Timothy 3:14-15).

Jesus knows that the temptation of the devil to believe in something other than God's truth is powerful, so He prays for His disciples that they would remain in His truth.

My prayer is not that you take them out of the world but that you protect them from the evil one. They are not of the world, even as I am not of it. Sanctify them by the truth; *your word is truth* [italics added] (John 17:15-17).

As we live in a postmodern context, Jesus prays to the Father to keep us in the truth and away from the deceptive lies of the devil. The means through which the Christian is kept in the truth is the Gospel. Christ comes to His people in Word and Sacrament to supply our every need. He enables us to be whom He has made us, namely, His children.

*Dying well in the Christian Community* will be illuminated as the light of God's Word defines the following terms: identity, dignity, burden and suffering.

## IDENTITY

When God formed Adam from the ground and Eve from Adam, there was no identity problem. "God created man in his own image, in the image of God he created him; male and female he created them" (Genesis 1:27). Adam said, "This is now bone of my bones and flesh of my flesh she shall be called 'woman,' for she was taken out of man." Adam and Eve knew who they were—the creation of God.

This clear identity was lost when they gave into the temptation of the devil. They desired to be something different than what God made them. They wanted to be like God. This is where the identity crisis takes place. Adam and Eve, now unsure of their standing with God, attempt to hide from an all seeing God.

Because of their sin, Adam and Eve's perfect "one flesh" relationship is lost. What was to be a joy-filled life of service to each other and God, now becomes lives lived focused on themselves. For example, when Adam was confronted with his sin, he blamed the woman and God for giving him the woman. The one person whom God made especially for him he threw to the judgment of God in an attempt to save himself.

Eve would die, but so would Adam. The judgment of God was that they both would die and so would their children. "By the sweat of your brow you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return" (Genesis 3:19).

The death of Eve would not save Adam. It would require the death of God's Son. God graciously promised Adam and Eve that His Son would come to restore them. In the curse of the serpent came the promise of salvation. "And I will put enmity between you and the woman, and between your offspring and hers; he will crush your head, and you will strike his heel" (Genesis 3:15).

The identity of Jesus is seen clearly as He comes to serve rather than be served. His divinity is revealed as He suffers and dies, willingly carrying

out the will of His Father. The clear identity that Adam and Eve lost is restored through Christ. “For as in Adam all die, so in Christ all will be made alive” (1 Corinthians 15:22).

This identity restoring salvation is ours “by grace through faith” (Ephesians 2:8). In Baptism, we receive the benefits of Christ’s death and resurrection.

We were therefore buried with him through baptism into death in order that, just as Christ was raised from the dead through the glory of the Father, we too may live a new life. If we have been united with him like this in his death, we will certainly also be united with him in his resurrection (Romans 6:4-5).

This baptismal unity with Christ restores our true identity. We are God’s children. We are children of the King of kings and Lord of lords. We have salvation. We have victory over death. We have value and worth, all because God has declared it so, not because we do or don’t do something.

What a difference our baptismal identity makes. In the postmodern community, you have to “tailor a coherent personal identity”;<sup>25</sup> in the Christian community, a new identity is graciously given in baptism. In the postmodern community, identity is dependent on you; in the Christian community, identity is dependent on Christ. Dr. Robert Kolb points out that our identity is in Christ and is not found in other people or events.

The baptized child of God has received the promise that he or she is not determined by the past, nor by the hate and envy and cruelty of others. Our identity as the children of God is not

---

<sup>25</sup> Grenz, 156.

determined by wind and weather, by fate or luck, or the likes and dislikes of even the most important people in our lives.<sup>26</sup>

Jesus describes his children in the Sermon on the Mount. He calls us “blessed.” Because our identity is tied to Christ, we are “blessed.” My translation of Matthew 5:3: “The ones (totally) dependant (on God) for support are privileged recipients of Divine Favor, for they already have the Kingdom of Heaven.”

The disciples are not to attempt to change their identity by seeking to become greater. “It is enough that the student is like his teacher and the slave like His master” (Matthew 10:24). In Matthew 18, the disciples come to Jesus and ask Him, “Who is the greatest?” Jesus explained to them that to be great they would have to serve each other rather than look to be served.

I tell you the truth, unless you change and become like little children, you will never enter the kingdom of heaven. Therefore, whoever humbles himself like this child is the greatest in the kingdom of heaven (Matthew 18:3-4).

Just as a child is dependent on others, so the disciples would realize that they are dependent on Jesus for everything, especially for their identity as His children. The Beatitudes presented the path that the disciples would follow as they would be identified with Jesus.

Blessed are those who are persecuted because of righteousness, for theirs is the kingdom of heaven. Blessed are you when people insult you, persecute you and falsely say all kinds of evil against you because of me. Rejoice and be glad, because great is your reward in heaven, for in the same way they persecuted the prophets who were before you (Matthew 5:10-12).

---

<sup>26</sup> Robert Kolb, Making Disciples Baptizing: God’s Gift of New Life and Christian Witness (St. Louis: Concordia Seminary Publications, Fascicle Series, number 1, 1997), 71.

Our identity is in being united to Christ Jesus, through the sacrament of baptism. This identity is sure and certain for it has its origin in God. As children of God, we should not expect any different treatment from the world than what He received.

Therefore, when you have an identity in Christ, death becomes gain. Dying well in the Christian community is directly tied to the identity given through baptism into Christ's death and resurrection. We are rightly called "blessed."

Because of Adam and Eve's sin in the Garden of Eden, they were not allowed to eat from the Tree of Life. Now, because Christ's perfect life and sacrifice on the cross, those joined to him in baptism will eat of the Tree of Life in heaven. "Blessed are those who wash their robes, that they may have the right to the tree of life and may go through the gates into the city" (Revelation 22:14).

## DIGNITY

How can something that came as a result of sin be dignified? Death is undignified by its every nature. Death kills. Death hurts. Death ends life. The idea that the end of life is supposed to be dignified is a myth. Death destroys because it is supposed to destroy.

Christians and non-Christians alike die. One difference is that the Christian will suffer only physical death; whereas the non-Christian will suffer both physical and spiritual death.



In an attempt to make death dignified, the postmodern community speaks of death as something natural. What is meant is that death is as much a part of life as living is a part of life. Therefore, death is not to be feared because it is just part of living. This is an attempt to lessen the loss of control as you die. "It is just a natural process."

Dr. Francis Pieper disputes the claim that death is natural. He states:

Of all who attribute death to the very nature of man instead of to the guilt of sin one can only say that they have not begun to understand that ever-present, all-important fact—the death of man as the punishment for sin, and are therefore, according to Scripture, minus a knowledge all men need. Secondly, such people do not grasp the meaning of the death of Christ, which likewise is a momentous fact because Christ's death is the propitiation for the sins of mankind, reconciling men unto God, and thus is our life.<sup>27</sup>

Dr. Pieper points out that when a person thinks that death is natural, he does not understand the meaning of his own death or the death of Christ. Death is punishment for sin. Christ's death brought payment for our sins. It was only Christ's death that could save humankind. When we understand that death is the punishment for sin, then we are less likely to view death as natural.

When death is no longer viewed as natural, then dignity is not something that can be ascribed to it.

Can a Christian die a dignified death? Yes and no. All death by its nature excludes dignity, yet a Christian can endure death in a dignified manner because of baptismal identity. This God-given identity gives, declares, and conveys dignity.

---

<sup>27</sup> Francis Pieper, Christian Dogmatics (St. Louis: Concordia Publishing House, 1950-1953), 3:509.

## BURDEN

“I don’t want to burden my family.” I have heard that statement many times from the elderly. The elderly feel useless and burdensome. The elderly don’t want to “burden” their family, because their families have lives to live. How can the approach of death be anything but burdensome?

Burden is defined as, “something that is carried.”<sup>28</sup> Carrying something may or may not be easy and enjoyable. A second definition reflects the postmodern view of burden as, “something oppressive or worrisome.”<sup>29</sup> There are many things that can burden both the one dying and the caregiver. In an attempt to keep from becoming a burden, people have begun to make decisions regarding their care. While this can be good, sometimes what your loved one desires might not be what God desires.

Christ unites the Christian to Himself and other Christians. As a result, the Christian shows “tenderness and compassion” (Philippians 2:1).

St. Paul writes,

Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interests of others (Philippians 2:3-4).

As we look to the interests of others, we will see them not as a burden, but as children of God. We will see their identity in Christ and assure them that they are part of the Christian community. They are our family.

---

<sup>28</sup>Webster’s New Collegiate Dictionary, rev. ed. (1977), s.v. “burden.”

<sup>29</sup> Ibid.

Dr. Martin Luther was asked if a person could flee from a deadly plague. He had stayed to minister to the sick and dying in Wittenberg during the plague.

To flee from death and save one's life is a natural tendency, implanted by God and not forbidden unless it be against God and neighbor, as St. Paul says in Ephesians 4 [5:29], 'No man ever hates his own flesh, but nourishes and cherishes it.' It is even commanded that every man should as much as possible preserve body and life and not neglect them, as St. Paul says in 1 Corinthians 12 [:21-26] that God has so ordered the members of the body that *each one cares and works for the other* [italics added].<sup>30</sup>

Dr. Gilbert Meilaender writes about a workshop on "advance directives" which he attended. He recounts comments from the participants which dealt with the fear of becoming a burden to their families. He then states that he wants to be a burden to his family.

At this point in my life, for example, I would surely turn over to my wife my power of attorney. In doing so I simply announce to medical caregivers: 'Here is the person with whom you must converse when the day comes that you cannot talk with me about my medical care. . . . No doubt this will be a burden to her. No doubt she will bear the burden better than I would. No doubt it will be only the last in a long history of burdens she has borne for me. But then, mystery and continuous miracle that it is, she loves me. And because she does, I must be a burden to her.'<sup>31</sup>

---

<sup>30</sup> Martin Luther, Luther's Works, American Edition, Jaroslav Pelikan and Helmut T. Lehmann, general editors. (St. Louis: Concordia Publishing House; Minneapolis: Augsburg-Fortress Press, 1955-1986) 43:123.

<sup>31</sup> Gilbert Meilaender, "I Want to Burden My Loved Ones," First Things (October 1991) :12-14.

Dr. Meilaender will be a burden to his wife, not because of anything lacking in him, but rather because his wife loves him. This is the view of burden in the Christian community.

The postmodern community, illustrated by Cees, asks, "How far can you go in asking your partner to make sacrifices?" On the other hand, the Christian community assures the person of his/her identity in Christ and helps him/her carry his/her burdens.

## SUFFERING

The difference between the postmodern community and the Christian community is clearly seen in suffering. There is meaning to suffering in the postmodern community only to the extent you exercise your autonomy and control by ending suffering. In the Christian community, suffering has meaning and purpose to the extent God uses suffering to benefit a Christian.

That God can use suffering for our good is a novel idea to the postmodern community. The postmodern community tries to eliminate suffering by abusing medical knowledge.

What we in America have done is to attempt to use our medical knowledge and medical power to 'tame the terror and eliminate the darkness'—which is suffering—from our lives. We have asked medicine to do something that is not its fundamental purpose. In its care of the body, medicine and its technology can dull the sword of disease or pain or even death, but it cannot, itself, either tell us where to 'draw the line,' or come to grips with the issue of suffering.<sup>32</sup>

---

<sup>32</sup> Marsha Fowler, "Suffering," *Dignity and Dying: A Christian Appraisal*, eds. John Kilner, Arlene Miller and Edmund Pellegrino (Grand Rapids: William B. Eerdmans Publishing House, 1996), 48.

Only in the Christian community can you “come to grips with the issue of suffering.” Christ endured the ultimate suffering as He received the punishment for the sins of the world. Through His suffering, He brought peace, namely the forgiveness of sins.

As stated in chapter 1, Ira Byock credits Victor Frankl as saying, “The true root of suffering is loss of meaning and purpose in life.”<sup>33</sup> Byock states, “Although each person’s meaning is different, existence that is merely a burden and lacks a future with any direction or point produces the worst kind of suffering.”<sup>34</sup> Dr. Richard Eyer, a hospital chaplain, states the difference between pain and suffering.

Pain can be defined as a greater or lesser degree of physical discomfort. For example, pain usually follows surgery, and pain medication is given for relief. Suffering, on the other hand, can be defined as the existential anxiety, fear, worry, or hopelessness that may or may not accompany pain. Suffering is a reaction to pain.<sup>35</sup>

Because we are connected to Christ through baptismal identity, we have a purpose in life. We are God’s children no matter what our mental or physical condition. God is with us, and this gives us hope.

Dr. Eyer rightly applies Dr. Luther’s theology of the cross to God’s presence in our suffering.

In short, the theology of the cross says that God comes to us through weakness and suffering, on the cross and in our own sufferings. The theology of the cross says, “My grace is sufficient for you, for my power is made perfect in weakness.”

---

<sup>33</sup> Byock, 83.

<sup>34</sup> Ibid., 83.

<sup>35</sup> Richard Eyer, Pastoral Care Under the Cross (St. Louis: Concordia Publishing House, 1994), 44.

The theology of glory on the other hand says that God is to be found, not in weakness but in power and strength, and therefore we should look for him in signs of health, success, and outward victory over life's ills.<sup>36</sup>

God is with us in suffering. He will see us through this life to the life to come. He will supply our every need. Within the Christian community, God comes to us through Word and Sacrament. He comes through the weakness of the cross showing us His divinity.

## CONCLUSION

Who determines the meaning of the quality of life? In the postmodern community, the community defines quality; whereas in the Christian community, Christ through baptism gives quality.

The terms defined in this chapter in light of God's Word are in stark contrast to the definition of the same terms by the postmodern community. When identity is found in Christ, quality becomes a state that is granted or declared by God.

All life is a gift. All life has quality. Quality is not ascertained by what you can or cannot do, or having or not having certain characteristics but rather by what Christ has done on the cross. We are not the measure of all things; God is the measure. When God declares that all life has worth and value, we dare not create our own quality-adjusted life-year, as if to say some lives are not worth living.

---

<sup>36</sup> Ibid., 27.

The Christian community “finds” its truth in the Word of God. This truth is absolute. God is the measure of all things. We are the creation; He is the creator. He sent His Son that we might have life and live it to the full (John 10:10).

To bring about this new life, we are given a baptismal identity, which makes us His children by uniting us to Christ’s suffering, death and resurrection. When there is baptismal identity, there is reason to live. When there is reason to live, then suffering becomes bearable. When suffering is bearable, then assisted-suicide, abortion and euthanasia are no longer viable choices.

I close this chapter as I began it by referring to little 13-month-old Mark. As tragic as his death was, he died well—he died in Christ. By God’s grace, Mark was given a new birth into the family of God through the waters of baptism. He was given a new identity. He was a child of God. He was joined to Christ. He was joined to the Christian community.

Mark’s death has had a great impact on my life. I was with the family on that tragic day. I was present as the doctor explained that he was dying. I was present as his father and mother decided to have the ventilator removed. I was present as his mother rocked him in ICU. I cried with them in their sorrow, just as I had earlier rejoiced with them at his baptism.

Mark’s death illustrates what it means to die well in the Christian community.

For none of us lives to himself alone and none of us dies to himself alone. If we live, we live to the Lord; and if we die, we

die to the Lord. So, whether we live or die, we belong to the Lord. For this very reason, Christ died and returned to life so that he might be the Lord of both the dead and the living (Romans 14:7-8).



CHAPTER THREE  
THE OREGON DEATH WITH DIGNITY ACT:  
AN EVALUATION

On November 8, 1994, the State of Oregon adopted The Death with Dignity Act by a vote of 51% in favor and 49% opposed. After various appeals, the issue came before the voters again. They had the opportunity to repeal the “Death With Dignity Act,” but the repeal effort failed by a 60% to 40% margin on November 4, 1997.<sup>37</sup> My purpose in this chapter is to give an overview of The Death With Dignity Act, to ascertain key values implicit in The Act, and then to offer an evaluation.

AN OVERVIEW OF THE ACT

The Act is divided in six sections. The first section is called “General Provisions.” This section of the Act defines twelve terms that will be used throughout the document. They are: 1) adult, 2) attending physician, 3) consulting physician, 4) counseling, 5) health care provider, 6) incapable, 7) informed decision, 8) medically confirmed, 9) patient, 10) physician, 11) qualified patient, and 12) terminal disease. The term “humane and dignified

---

<sup>37</sup> The Oregon Death With Dignity Act: A Guidebook for Health Care Providers, eds. Kathleen Haley and Melinda Lee (Portland: The Center for Ethics in Health Care, 1998), 56.

manner” is used twice in this section, once in the definition of informed decision and once in the definition of qualified patient.<sup>38</sup>

The second section of The Act is called “Written Request for Medication to End One’s Life in a Humane and Dignified Manner.” In this section the proper procedure for requesting physician-assisted suicide is spelled out. Two witnesses must sign the written request indicating “that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request.”<sup>39</sup>

The third section of The Act is called “Safeguards.” This section of the Act describes fourteen safeguards that are to be observed as the physician assisted suicide is carried out. They are: 1) attending physician responsibilities, 2) consulting physician confirmation, 3) counseling referral, 4) informed decision, 5) family notification, 6) written and oral requests, 7) right to rescind request, 8) waiting periods, 9) medical record documentation, 10) residency requirement, 11) reporting requirements, 12) effect on construction or wills, contracts and statues, 13) insurance or annuity polices, and 14) construction of Act.

Under the first safeguard the attending physician has nine responsibilities to ensure that the patient is making an informed decision and is given the medicine necessary to end his/her life in a human and dignified manner. The attending physician’s responsibilities include verifying

---

<sup>38</sup> Oregon Revised Statue, 127.800. s1.01 (1997).

<sup>39</sup> ORS 127.805. s2.01.

“whether a patient has a terminal disease, is capable, and has made the request voluntarily.”<sup>40</sup> He is also required to send the patient to another “physician for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily.”<sup>41</sup>

The third safeguard, counseling referral, comes into play if either the attending physician or the consulting physician has the opinion that the “patient may be suffering from a psychiatric or psychological disorder, or depression causing impaired judgement, either physician shall refer the patient for counseling.”<sup>42</sup> No medication to end the patient’s life will be given until it is determined that he/she is not suffering from a mental disorder.

The fifth safeguard, family notification, is also one of the attending physician’s nine responsibilities. He/she is to ask the patient to notify his/her family. “A patient who declines or is unable to notify next of kin shall not have his or her request denied for that reason.”<sup>43</sup>

The sixth, seventh, and eighth safeguards are designed to ensure that the patient is given every opportunity to change his/her mind and that he/she is indeed making an informed decision. In the sixth safeguard the patient has to sign and make an oral request for medication. The seventh safeguard gives the patient the right to rescind his/her request. The eighth safeguard

---

<sup>40</sup> ORS 127.815. s3.01.

<sup>41</sup> Ibid.

<sup>42</sup> ORS 127.825. s3.03.

<sup>43</sup> ORS 127.835. s3.05.

establishes a waiting period of “no less than fifteen days shall elapse between the patient’s initial oral request and the writing of the prescription.”<sup>44</sup>

The eleventh safeguard, reporting requirements, states that The Oregon Health Division will annually review a sample of the records maintained in keeping with the requirements of the Act. “The information collected shall not be a public record and may not be made available for inspection by the public.”<sup>45</sup> The Health Division will make available an annual statistical report to the public containing information gathered under section two of the Act.

The twelfth and thirteenth safeguards state that when a patient chooses to end his/her life “in a humane and dignified manner” by ingesting medication, this action shall have no legal effect on wills, contracts, and/or statutes. Neither will life, health nor accident insurance or annuity policy be effected by the patient’s action to end his/her life.<sup>46</sup>

The final safeguard states that nothing in this Act “shall be construed to authorize a physician or any other person to end a patient’s life by lethal injection, mercy killing or active euthanasia.”<sup>47</sup> The safeguard goes on to say that the actions of this Act “shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.”<sup>48</sup>

---

<sup>44</sup> ORS 127.850. s3.08.

<sup>45</sup> ORS 127.865. s3.11.

<sup>46</sup> ORS 127.870. s3.12 and ORS 127.875. s3.13.

<sup>47</sup> ORS 127.880. s3.14.

<sup>48</sup> Ibid.

The fourth section of the Act is called “Immunities and Liabilities.” This section seeks to protect the medical personnel, the hospital, and health care provider from “civil or criminal liability or professional disciplinary action for participating in good faith”<sup>49</sup> in carrying out the Act. It also states that medical personnel, hospitals and health care providers may choose not to participate in the Act.

Under liabilities it is stated that if a person without the permission of the patient “willfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect of causing the patient’s death shall be guilty of a Class A felony.”<sup>50</sup> The same is stated for any person who would attempt to influence the patient toward requesting medication to end his/her life.

The fifth section of the Act is called “Severability.” This section ensures that the Act can be carried out even if some part or section is deemed invalid. The Act “can be given full effect without the invalid section or application.”<sup>51</sup> The patient will not be denied the medication to end his/her life in a humane and dignified manner because a section or application was deemed invalid.

The sixth and final section of the Act is called “Form of the Request.” It is the form that the patient would fill out to request medication to end

---

<sup>49</sup> ORS 127.885. s4.01.

<sup>50</sup> ORS 127.890. s4.02.

<sup>51</sup> ORS 127.895. s5.01.

his/her life “in a humane and dignified manner.”<sup>52</sup> It puts the requirements of the Act in a logical step-by-step form.

#### KEY VALUES IMPLICIT IN THE ACT

The very title of the Act includes one word that is a value, dignity. The entire Act has dying with dignity as its goal. The Act uses this term no less than fourteen times, yet it is not defined. This lack of definition is inconsistent since in section one no less than twelve terms are defined.

The values of control and autonomy are implicit in the Act. In order for a humane and dignified death to occur as outlined in the Act the patient must have autonomy and control.

In section three of the Act, it can be seen that control and autonomy are implicit values. The fourteen safeguards are in place so that the patient’s will is followed. They safeguard the patient’s autonomy and control by giving the physician the authority to refer the patient to a psychologist to determine whether or not he/she is suffering from a mental disorder. If it is determined that he/she is not suffering from a mental disorder then the patient can exercise his/her autonomy and seek a humane and dignified death.

In section four of the Act, it can also be seen that control and autonomy are implicit values. The patient’s choice for physician assisted suicide can not be used as grounds to appoint a guardian or conservator.<sup>53</sup>

---

<sup>52</sup> ORS 127.897. s6.01.

<sup>53</sup> ORS 127.885. s4.01.

Also in section four, if a person violates a patient's autonomy and control by either forcing physician assisted suicide or by destroying the rescission of his/her request shall be guilty of a Class A felony.<sup>54</sup> It is clear that the patient's autonomy and control are implicit values of the Act.

The values of autonomy and control in The Oregon Death With Dignity Act are revealed in a report of The Oregon Health Division.

Our findings revealed that finances and fear of pain did not appear to be critical considerations in the choice of physician-assisted suicide. Instead, persons who chose physician-assisted suicide were primarily concerned about *personal autonomy and control* [italics added] over the manner in which they died.<sup>55</sup>

The values of autonomy and control, which are implicit in the Act itself, are the very values that are held dear by people who have chosen physician assisted suicide.

## EVALUATION

In the first legal physician assisted suicide in Oregon, the patient (Mrs. A) had some difficulty finding a physician to carry out her wishes. Her own physician didn't help for reasons not revealed. The second physician contacted believed she was depressed. So unable to end her life, her husband called Compassion in Dying. They found a doctor who prescribed the lethal

---

<sup>54</sup> ORS 127.890. s4.02.

<sup>55</sup> Chin, available from <http://www.ohd.hr.state.or.us/news/1999/0217pas.htm>; Internet; accessed 27 November 1999.

drugs.<sup>56</sup> Barbara Coombs Lee, the director of Compassion in Dying stated, “If I get rebuffed by one doctor, I can go to another.”<sup>57</sup>

The counseling provision on the surface seems to ensure that the person who is simply depressed would not be allowed access to assisted suicide. Yet counseling is only an option if deemed necessary by the physician.<sup>58</sup> The “counseling” would not nor could it include a presentation of the hope found in God. This counseling would be “value neutral counseling.”

The Oregon Death With Dignity Act has as its goal to provided terminally ill Oregonians with a humane and dignified manner to end their life. The Act accomplishes part of its goal, it provides a manner in which Oregonians can end their life legally without loss financially; but it fails to provide a humane and dignified death.

As I stated earlier, a definition can be deduced from the Act. It is that when a person exercises his/her autonomy and chooses to end his/her life, it then is a humane and dignified death. This is dying well according to the postmodern community. Since death is seen as natural and suffering has little meaning, a dignified death is one that defeats (so it is thought) death and suffering by ending life.

---

<sup>56</sup> Kathleen Foley, M.D., Herbert Hendin, M. D., and Margot White J.D., “Physician-Assisted Suicide: Reflections on Oregon’s First Case,” Issues in Law and Medicine, 14, no. 3 (1998): 244.

<sup>57</sup> Foley, citing William Claiborne, “In Oregon, Suicide Option Brings a Kinder Care,” Washington Post, 29 April 1998, sec. A, 1.

<sup>58</sup> ORS 127.825. s3.03.



The Act on the surface encourages the patient to contact family; yet, the reality is that if the family were truly a support, the patient would not be in this position. The family might well support their “loved one” in his/her decision to end his/her life; yet, this support is selfish at best. It echoes back to Cees, as he asked, “How far can you go in asking your partner to make sacrifices?” The answer in the postmodern community is “not far.”

The Act offers a hopeless person false hope as he/she is allowed to end his/her life. This is the same false hope offer by Jack Kevorkian. It is the false hope of control. It is the false hope of autonomy. It is the false hope of acting in the place of God.

The Act is the postmodern community’s attempt at providing a humane and dignified death. When compared to the Christian’s hope in Christ, it falls woefully short.

How can something that came as a result of sin be dignified? Death is undignified by its every nature. Death kills. Death hurts. Death ends life. The idea that the end of life is supposed to be dignified is a myth. Death destroys because it is supposed to destroy. Christ is our only hope. He has seen us through spiritual death in baptism. He will see us through the penalty of physical death as well.

We have seen that in the postmodern community a dignified death is one that is controlled by the person dying. In the Christian community, death, which came as a result of sin, can not be considered dignified. However, as the dying person relies on the control of God in his/her life

rather than his/her own autonomy, then death brings victory. The meaning of death with dignity is understood differently by the postmodern and Christian communities.

CHAPTER FOUR  
SURVEY ON DYING WELL: PASTORAL AND LAY THOUGHTS  
FROM THE MICHIGAN DISTRICT OF THE LUTHERAN  
CHURCH—MISSOURI SYNOD

On February 8, 1999, I sent out 2244 surveys to the 374 parishes and pastors of the Michigan District of The Lutheran Church—Missouri Synod. I asked one pastor of each church to fill out a survey and then to distribute five other surveys to lay members of his congregation. I asked that these five lay members include the chairman of the elders and the chairman of the congregation. I suggested that the other three might be from the ladies group, the youth group, or senior group.

Of the 2244 surveys that were sent out, I received back 1072 useable surveys, 879 from the laity and 193 from the pastors. A few were sent back but had not indicated whether they were a pastor or a lay person, so I was unable to include them in the total.

The purpose in sending out the survey was to ascertain the view of dying well by the pastors and laity of the Michigan District. The timing of the survey came after the defeat of a proposal to legalize physician-assisted suicide in Michigan. So the topic of what constitutes dying well had been before the respondents. This survey attempts to reveal general trends of

thought regarding the topic of dying well in the Christian community and to ask if there is any tendency of moving toward the postmodern community's view of dying well.

The first question asked the person to identify himself/herself as either a pastor or a layperson. Of the 2244 surveys sent out, 879 identified themselves as laity and 193 as pastors for a total of 1072. The respondents were asked to answer the next questions by circling the response that best represented his/her theological position. Some of the respondents wrote additional information about their views of dying well on the survey and others wrote a separate letter.

**Question 2. A good death is: (a) dying in Christ, (b) dying without pain, (c) not being alone, (d) being in control of the time, (e) not possible.**

Table 1. —Responses to Question 2.

	<i>in Christ</i>	<i>without pain</i>	<i>not alone</i>	<i>control</i>	<i>not possible</i>	<b>Total</b>
Laity	807	17	9	1	5	839
	96.2%	2.0%	1.1%	0.1%	0.6%	100.0%
Pastors	186	0	0	0	6	192
	96.9%	0.0%	0.0%	0.0%	3.1%	100.0%
<b>Total</b>	993	17	9	1	11	1031
<b>Average</b>	96.3%	1.6%	0.9%	0.1%	1.1%	100.0%

The purpose of question two was to ascertain what the laity and pastors believed was a good death. The answers reflect that both laity and pastors hold to the understanding that a good death is dying in Christ. Ninety-six percent of laity and pastors answered that a good death is dying in Christ. There was little difference between laity (96.2%) and pastors (96.9%) on this question. Both groups understand by a large majority, that a good death is when a person dies in Christ.

The other responses from the laity include two percent who said a good death was one without pain, one percent who said it was not dying alone, one tenth of a percent who stated it was control of the time, and five who stated that a good death was not possible. These answers might indicate a subtle influence of a postmodern view of dying well.

**Question 3. You would withdraw medical treatment if the financial cost were too high. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 2. —Responses to Question 3.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<i>Total</i>
Laity	20	77	306	277	190	870
	2.3%	8.9%	35.2%	31.8%	21.8%	100.0%
Pastors	3	18	51	83	36	191
	1.6%	9.4%	26.7%	43.5%	18.8%	100.0%
<b>Total</b>	<b>23</b>	<b>95</b>	<b>357</b>	<b>360</b>	<b>226</b>	<b>1061</b>
<b>Average</b>	<b>2.2%</b>	<b>9.0%</b>	<b>33.6%</b>	<b>33.9%</b>	<b>21.3%</b>	<b>100.0%</b>

Questions three through ten dealt with withdrawing medical treatment. Medical treatment was not defined for the respondents. It was assumed that medical treatment would mean treatment received when under a physician's care and that comfort care such as food and water would not be considered medical treatment. The purpose of these questions was not to define medical treatment, but rather to compare the reasons for withdrawing medical treatment.

The purpose of question three was to reveal the thoughts of the laity and pastors as to withdrawing treatment when money was the sole factor. Their answers reveal that the majority (67%) of both laity and pastors would not remove medical treatment on the sole basis of financial cost. Ten percent of laity and pastors stated that they would remove medical treatment on the basis of cost, which might indicate a subtle postmodern influence. Twenty-one percent of laity and pastors felt that they neither agreed nor disagreed with the question.

**Question 4. You would withdraw medical treatment if the suffering were too great. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 3. —Responses to Question 4.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	56	224	250	147	185	862
	6.5%	26.0%	29.0%	17.1%	21.5%	100.0%
Pastors	8	33	56	65	25	187
	4.3%	17.6%	29.9%	34.8%	13.4%	100.0%
<b>Total</b>	<b>64</b>	<b>257</b>	<b>306</b>	<b>212</b>	<b>210</b>	<b>1049</b>
<b>Average</b>	<b>6.1%</b>	<b>24.5%</b>	<b>29.2%</b>	<b>20.2%</b>	<b>20.0%</b>	<b>100.0%</b>

The purpose of question four was to reveal the thoughts of the laity and pastors as to withdrawing medical treatment when the suffering was too great. Their answers reveal that forty-nine percent of laity and pastors would not remove medical treatment if the suffering were too great. Of that number there is a much higher percentage of pastors (35%) that answered strongly agree than did laity (17%), perhaps this is a subtle influence of postmodern thought. Thirty-one percent answered that they would remove medical treatment if the suffering were too great. Twenty percent of laity and pastors answered neither agree nor disagree. Suffering (30%) appears to be more of a reason to withdraw medical treatment than financial cost (11%).

**Question 5. You would withdraw medical treatment if the patient requests it. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 4. —Responses to Question 5.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<i>Total</i>
Laity	101	397	140	72	160	870
	11.6%	45.6%	16.1%	8.3%	18.4%	100.0%
Pastors	14	66	46	32	30	188
	7.4%	35.1%	24.5%	17.0%	16.0%	100.0%
<b>Total</b>	<b>115</b>	<b>463</b>	<b>186</b>	<b>104</b>	<b>190</b>	<b>1058</b>
<b>Average</b>	<b>10.9%</b>	<b>43.8%</b>	<b>17.6%</b>	<b>9.8%</b>	<b>18.0%</b>	<b>100.0%</b>

The purpose of question five was to reveal the thoughts of the laity and pastors as to withdrawing medical treatment when the patient's request was the sole factor. Their answers reveal that twenty-seven percent of laity and pastors would not remove medical treatment if the patient requested it. When looking at the pastors alone forty-two percent would not remove medical treatment compared to twenty-four percent of laity. Fifty-four percent of laity and pastors would remove medical treatment if requested by the patient. When looking at the laity alone fifty-seven percent would remove medical treatment compared to forty-two percent of pastors. Eighteen percent of laity and pastors answered that they neither agreed nor disagreed. When the person requests (54%) medical treatment to be removed



ranks higher by percentage than suffering (30%) and financial cost (11%).

This indicates more influence of postmodern thought as a person's autonomy is viewed as something that must be upheld.

**Question 6. Imminent death means: (a) minutes, (b) hours, (c) days, (d) weeks, (e) six months.**

Table 5. —Responses to Question 6.

	<i>minutes</i>	<i>hours</i>	<i>days</i>	<i>weeks</i>	<i>six months</i>	<b>Total</b>
Laity	196	298	214	72	50	830
	23.6%	35.9%	25.8%	8.7%	6.0%	100.0%
Pastors	28	79	59	12	5	183
	15.3%	43.2%	32.2%	6.6%	2.7%	100.0%
<b>Total</b>	224	377	273	84	55	1013
<b>Average</b>	22.1%	37.2%	26.9%	8.3%	5.4%	100.0%

The purpose of question six was to reveal the thoughts of the laity and pastors as to what imminent death means and to prepare them to answer question seven. Imminent death often enters into the discussion concerning medical treatment. Question six reveals that the majority, fifty-nine percent of laity and pastors, understand imminent death to mean hours or minutes. Days (27%) had the next highest percentage for laity and pastors. When the scale went to weeks and six months the percentages dropped to eight and five percent respectively. The majority of laity and pastors understand imminent death as being minutes (22%), hours (37%), or days (27%).

**Question 7. You would withdraw medical treatment if death were imminent. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 6. —Responses to Question 7.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	100	353	209	78	126	866
	11.5%	40.8%	24.1%	9.0%	14.5%	100.0%
Pastors	17	86	41	12	29	185
	9.2%	46.5%	22.2%	6.5%	15.7%	100.0%
<b>Total</b>	117	439	250	90	155	1051
<b>Average</b>	11.1%	41.8%	23.8%	8.6%	14.7%	100.0%

The purpose of question seven was to reveal whether or not medical treatment would be removed if death was believed to be imminent. Their answers reveal that thirty-two percent of laity and pastors would not withdraw medical treatment if death were imminent. The majority of laity and pastors at fifty-three percent answered that they would remove medical treatment if death were imminent. These percentages support the understanding that when death is believed to be imminent (minutes 22%, hours 37%, or days 27%) medical treatment may be removed. Fifteen percent of laity and pastors answered that they neither agreed nor disagreed.

The percentages show that laity and pastors assert that medical treatment may be removed when the patient requests it (54%), death is

imminent (53%), suffering too great (30%) or when financial cost (11%) is too high. When a person withdraws medical treatment the motive has to be evaluated. Every case has to be evaluated separately. Why would the patient want medical treatment withdrawn? Are these valid reasons? Do they reflect the faith of the patient or the desire to cause death?

**Question 8. A futile treatment is one that cannot achieve the goals of the treatment no matter how many times it is repeated. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 7. —Responses to Question 8.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	211	538	63	13	46	871
	24.2%	61.8%	7.2%	1.5%	5.3%	100.0%
Pastors	51	115	9	1	13	189
	27.0%	60.8%	4.8%	0.5%	6.9%	100.0%
<b>Total</b>	<b>262</b>	<b>653</b>	<b>72</b>	<b>14</b>	<b>59</b>	<b>1060</b>
<b>Average</b>	<b>24.7%</b>	<b>61.6%</b>	<b>6.8%</b>	<b>1.3%</b>	<b>5.6%</b>	<b>100.0%</b>

The purpose of question eight was to establish a meaning for futile treatment in preparation for question nine. The answers of the laity and pastors reveal that a large majority, eighty-six percent, believe that a futile treatment is one that can not achieve the goals of the treatment no matter how many times it is repeated. Eight percent disagreed with this definition. Five

percent answered neither agree nor disagree. Laity and pastors had similar percentages in all responses.

**Question 9. Futile treatment may be removed if: (a) there is no quality of life, (b) the suffering is too great, (c) the patient requests it, (d) death is imminent, (e) the person is an organ donor.**

Table 8. —Response to Question 9.

	<i>no quality</i>	<i>suffering</i>	<i>requested</i>	<i>death imminent</i>	<i>organ donor</i>	<b>Total</b>
Laity	132	47	284	343	10	816
	16.2%	5.8%	34.8%	42.0%	1.2%	100.0%
Pastors	15	0	61	101	1	178
	8.4%	0.0%	34.3%	56.7%	0.6%	100.0%
<b>Total</b>	147	47	345	444	11	994
<b>Average</b>	14.8%	4.7%	34.7%	44.7%	1.1%	100.0%

The purpose of question nine was based on the assumption that most respondents would view the withdrawal of futile treatment as a correct action, so I provided different circumstances in which a person might withdraw futile treatment. Forty-five percent of laity and pastors stated that futile treatment may be removed when death is imminent, thirty-five percent said if the patient requests it, fifteen percent said if there is no quality of life.

**Question 10. Withdrawing futile treatment is the same as killing the patient. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 9. —Responses to Question 10.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	8	43	476	283	64	874
	0.9%	4.9%	54.5%	32.4%	7.3%	100.0%
Pastors	2	3	76	99	9	189
	1.1%	1.6%	40.2%	52.4%	4.8%	100.0%
<b>Total</b>	10	46	552	382	73	1063
<b>Average</b>	0.9%	4.3%	51.9%	35.9%	6.9%	100.0%

The purpose of question ten was to reveal if the laity and pastors believed withdrawing futile medical treatment was the same as killing. Their answers reveal that eighty-eight percent of laity and pastors understand that withdrawing futile treatment is not killing the patient. A small percentage of laity (5.8%) and pastors (2.7%) believe withdrawing futile treatment is killing. Seven percent neither agreed nor disagreed.

**Question 11. Quality of life is: (a) being baptized, (b) being able to communicate, (c) being able to earn an income, (d) not being a burden, (e) being autonomous/being in control.**

Table 10. —Responses to Question 11.

	<i>baptism</i>	<i>communication</i>	<i>income</i>	<i>not a burden</i>	<i>autonomous</i>	<b>Total</b>
Laity	355	111	6	74	236	782
	45.4%	14.2%	0.8%	9.5%	30.2%	100.0%
Pastors	137	12	0	7	22	178
	77.0%	6.7%	0.0%	3.9%	12.4%	100.0%
<b>Total</b>	<b>492</b>	<b>123</b>	<b>6</b>	<b>81</b>	<b>258</b>	<b>960</b>
<b>Average</b>	<b>51.3%</b>	<b>12.8%</b>	<b>0.6%</b>	<b>8.4%</b>	<b>26.9%</b>	<b>100.0%</b>

The purpose of question eleven was to have the laity and pastors choose a definition of quality of life from the supplied definitions. Their answers reveal that forty-five percent of the laity and seventy-seven percent of pastors responded that baptism was quality of life. Lay respondent number 228 was willing to state baptism was quality of life until he thought that it might mean that he would be kept alive on life support since he was baptized.

Lay respondent number 127 wrote:

As for the quality of life question # 11, I don't think that is a cut and dried issue. Quality of earthly life should be more than laying in a bed not being able to move or eat or go to the bathroom. I think you should be able to make decisions as to how you die, like with pain management. But certainly NOT with someone injecting you with something to end your life NOW.

Lay respondent number 167 stated at the end of the survey:

Some families can not let go of family members so [they] do every procedure possible to prolong existence [such as] ventilators, force feeding [done] for their own sakes, not [for] sake of [the] person going to heaven.

The following definitions of quality of life might indicate a subtle influence of postmodern thought. The second highest percentage after baptism for both laity (30.2%) and pastors (12.4 %) was being autonomous/being in control. Lay respondent number 195 stated that quality of life is “a personal determination.”

The third highest percentage for both laity (14.2%) and pastors (6.7%) was being able to communicate. If a patient is unable to communicate it is said that his/her quality of life is low. Perhaps what is happening is that the caregiver is unable to communicate with the one ill and therefore ascribes less quality of life because he/she gets less back from the patient who is unable to communicate.

The fourth highest percentage for both laity (9.5%) and pastors (3.9%) was not being a burden. Although the percentages are low, being a burden, nevertheless, evokes even lower quality of life.

**Question 12. Suicide would be a viable choice if: (a) there were no family support, (b) cost of care were too high, (c) the person chose it, (d) the law allowed it, (e) never.**

Table 11. —Responses to Question 12.

	<i>no support</i>	<i>cost too high</i>	<i>choice</i>	<i>legal</i>	<i>never</i>	<b>Total</b>
Laity	0	0	27	4	841	872
	0.0%	0.0%	3.1%	0.5%	96.4%	100.0%
Pastors	0	0	0	1	190	191
	0.0%	0.0%	0.0%	0.5%	99.5%	100.0%
<b>Total</b>	0	0	27	5	1031	1063
<b>Average</b>	0.0%	0.0%	2.5%	0.5%	97.0%	100.0%

The purpose of question twelve was to reveal if the laity and pastors thought suicide would ever be a viable option. Their answers revealed that the large majority, ninety-seven percent of laity and pastors stated that suicide would never be a viable choice. The overwhelming majority understands that suicide is not a viable choice for the Christian. Lay respondent number 572 states that suicide would never be acceptable then writes:

From personal experience, just 3 weeks ago, I believe a person can be robbed of his ability to ascertain hope through gross misapplication of medication by the medical/psychiatric profession. Wrong diagnosis/wrong medications.



Three percent of laity answered suicide would be a viable choice if the person choose it. Lay respondent number 426 stated that “under some limited circumstances” suicide would be viable. Lay respondent number 430 stated that it would be a viable choice if “there was great suffering and death was reasonably imminent.” A half percent of laity and pastors stated suicide would be viable if it was legal. Although the percentages are small they reveal an influence of postmodern thought.

**Question 13. Dying well means: (a) euthanasia, (b) control, (c) minimal suffering, (d) death in Christ, (e) none of the above.**

Table 12. —Responses to Question 13.

	<i>euthanasia</i>	<i>control</i>	<i>low suffering</i>	<i>in Christ</i>	<i>none</i>	<b>Total</b>
Laity	1	5	38	795	15	854
	0.1%	0.6%	4.4%	93.1%	1.8%	100.0%
Pastors	0	0	5	183	5	193
	0.0%	0.0%	2.6%	94.8%	2.6%	100.0%
<b>Total</b>	1	5	43	978	20	1047
<b>Average</b>	0.1%	0.5%	4.1%	93.4%	1.9%	100.0%

The purpose of question thirteen was to have the laity and pastors chose a definition of terms that would define dying well. Their answers reveal that ninety-three percent of laity and pastors state that dying well is dying in Christ. (In Question 2, ninety-six percent stated that a good death is dying in Christ.) Their high percentage is strongly Christian.

The four percent of laity and three percent of pastors stated that low suffering was dying well. Six tenths of a percent of laity stated that dying well was control and one tenth of a percent stated that it was euthanasia. These percentages, even though they are low, reveal a subtle influence of postmodern thought.

**Question 14. A person who is prepared for death is one who: (a) has his/her finances in order, (b) has made peace with his/her family, (c) realizes any money spent on him/her now is a waste, (d) has faith and repentance, (e) none of the above.**

Table 13. —Responses to Question 14.

	<i>finances</i>	<i>made peace</i>	<i>spending a waste</i>	<i>faith &amp; repentance</i>	<i>none</i>	<b>Total</b>
Laity	1	3	1	844	11	860
	0.1%	0.3%	0.1%	98.1%	1.3%	100.0%
Pastors	0	2	0	188	3	193
	0.0%	1.0%	0.0%	97.4%	1.6%	100.0%
<b>Total</b>	1	5	1	1032	14	1053
<b>Average</b>	0.1%	0.5%	0.1%	98.0%	1.3%	100.0%

The purpose of question fourteen was to provide various descriptions of when a person is prepared for death and have the laity and pastors choose one. Their answers reveal that ninety-eight percent of both laity and pastors responded that a person is prepared for death when he/she has faith and

repentance. It is interesting to note that the laity (98.1%) actually tallied a slightly higher percentage than the pastors (97.4%) on this question.

**Question 15. My (our pastor's) sermons speak about dying. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 14. —Responses to Question 15.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<i>Total</i>
Laity	114	492	76	10	148	840
	13.6%	58.6%	9.0%	1.2%	17.6%	100.0%
Pastors	44	131	5	0	11	191
	23.0%	68.6%	2.6%	0.0%	5.8%	100.0%
<b>Total</b>	158	623	81	10	159	1031
<b>Average</b>	15.3%	60.4%	7.9%	1.0%	15.4%	100.0%

The purpose of question fifteen was to determine if the pastors' spoke about dying and death in their sermons. The answers reveal that seventy-two percent of laity and ninety-two percent of pastors agreed that the sermons in their congregation speak about dying. Ten percent of laity and three percent of pastors disagreed that their pastor's sermons speak of dying.

While three percent is very low, it is difficult to understand how even three percent of pastors who work in the midst of disease and death everyday can state that they do not speak of dying in their sermons. Ten percent of laity stated that their pastor's sermons do not speak of dying.

**Question 16. I am familiar with the mindset of assisted suicide advocates. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 15. —Responses to Question 16.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	59	386	114	185	92	836
	7.1%	46.2%	13.6%	22.1%	11.0%	100.0%
Pastors	39	117	15	12	10	193
	20.2%	60.6%	7.8%	6.2%	5.2%	100.0%
<b>Total</b>	<b>98</b>	<b>503</b>	<b>129</b>	<b>197</b>	<b>102</b>	<b>1029</b>
<b>Average</b>	<b>9.5%</b>	<b>48.9%</b>	<b>12.5%</b>	<b>19.1%</b>	<b>9.9%</b>	<b>100.0%</b>

The purpose of question sixteen was to reveal whether or not the laity and pastors are familiar with the reasoning of those who argue for physician assisted suicide. Their answers reveal that fifty-three percent of laity are familiar with the mindset of assisted suicide advocates, compared to eighty-one percent of pastors. Thirty-six percent of laity and fourteen percent of pastors are not familiar with the mindset of assisted suicide advocates.

**Question 17. When a mentally competent adult's life has become physically intolerable he/she should have the right to end his/her life. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 16. —Responses to Question 17.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<i>Total</i>
Laity	7	55	295	434	80	871
	0.8%	6.3%	33.9%	49.8%	9.2%	100.0%
Pastors	0	4	49	135	5	193
	0.0%	2.1%	25.4%	69.9%	2.6%	100.0%
<b>Total</b>	<b>7</b>	<b>59</b>	<b>344</b>	<b>569</b>	<b>85</b>	<b>1064</b>
<b>Average</b>	<b>0.7%</b>	<b>5.5%</b>	<b>32.3%</b>	<b>53.5%</b>	<b>8.0%</b>	<b>100.0%</b>

The purpose of question seventeen was to ascertain whether or not the laity and pastors believe that a mentally competent person should be able to end his/her life. Their answers reveal that eighty-six percent of laity and pastors disagree that a person should have the right to end his/her life. This reveals a strongly Christian belief. Contrasted to seven percent of laity and two percent of pastors who agree that a person should have the right to end his/her life. These responses indicate a strong influence of postmodern thought. Lay respondent number 71 answered a person should have the right to end his/her life and then wrote “in a democracy.” Lay respondent number

496 also agreed and then wrote, “never for myself, but agree that others have freedom of choice.”

**Question 18. Suffering has meaning. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 17. —Response to Question 18.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	168	476	65	23	130	862
	19.5%	55.2%	7.5%	2.7%	15.1%	100.0%
Pastors	96	83	0	0	13	192
	50.0%	43.2%	0.0%	0.0%	6.8%	100.0%
<b>Total</b>	<b>264</b>	<b>559</b>	<b>65</b>	<b>23</b>	<b>143</b>	<b>1054</b>
<b>Average</b>	<b>25.0%</b>	<b>53.0%</b>	<b>6.2%</b>	<b>2.2%</b>	<b>13.6%</b>	<b>100.0%</b>

The purpose of question eighteen was to reveal whether or not laity and pastors believe that suffering has meaning. Their answers reveal that ninety-three percent of pastors believe that suffering has meaning as compared to seventy-four percent of laity. Lay respondent number 199 stated that he/she agreed that suffering has meaning, then wrote “Romans 5:3.” (We also rejoice in our sufferings, because we know that suffering produces perseverance.)

No pastor disagreed that suffering has meaning, yet seven percent neither agreed nor disagreed. Eleven percent of laity disagreed that suffering

has meaning. These percentages from both pastors and laity might indicate a subtle influence of postmodern thought regarding suffering.

**Question 19. A person has the right to control his/her death. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 18. —Responses to Question 19.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	22	95	313	331	104	865
	2.5%	11.0%	36.2%	38.3%	12.0%	100.0%
Pastors	2	14	55	102	19	192
	1.0%	7.3%	28.6%	53.1%	9.9%	100.0%
<b>Total</b>	24	109	368	433	123	1057
<b>Average</b>	2.3%	10.3%	34.8%	41.0%	11.6%	100.0%

The purpose of question nineteen was to reveal whether or not the laity and pastors believe that a person has the right to control his/her death. Their answers indicate that seventy-five percent of laity and seventy-two percent of pastors disagree that a person has a right to control his/her death. This view is strongly Christian.

There seems to be a subtle influence of postmodern thought as fourteen percent of laity and eight percent of pastors agree that a person has the right to control his/her death. Lay respondent number 71 stated here as

he/she did in question 17 that “in a democracy” a person has a right to control his/her death.

**Question 20. Dying is a cultural metaphor that means treatment failure. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 19. —Responses to Question 20.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	7	53	383	329	81	853
	0.8%	6.2%	44.9%	38.6%	9.5%	100.0%
Pastors	3	4	61	110	14	192
	1.6%	2.1%	31.8%	57.3%	7.3%	100.0%
<b>Total</b>	10	57	444	439	95	1045
<b>Average</b>	1.0%	5.5%	42.5%	42.0%	9.1%	100.0%

The purpose of question twenty was to reveal what the laity and pastors thought about the statement, “dying is a cultural metaphor that means treatment failure.” Namely, that to our present culture death comes as a result of treatment failure. Their answers reveal that eighty-four percent of laity and eighty-nine percent of pastors disagree that according to our present culture dying is a metaphor that means treatment failure. In fact, as was shown in chapter one, the postmodern community understands death as something natural. Seven percent of laity and four percent of pastors agreed that dying is a cultural metaphor that means treatment failure.



**Question 21. Death is part of the cycle of life. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 20. —Responses to Question 21.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	464	377	7	15	8	871
	53.3%	43.3%	0.8%	1.7%	0.9%	100.0%
Pastors	72	62	18	24	14	190
	37.9%	32.6%	9.5%	12.6%	7.4%	100.0%
<b>Total</b>	536	439	25	39	22	1061
<b>Average</b>	50.5%	41.4%	2.4%	3.7%	2.1%	100.0%

The purpose of question twenty-one was to ascertain if the laity and pastors would discern from the phrase “cycle of life,” a naturalistic view of death. Their answers reveal the large majority of the laity (96%) and pastors (71%) for an average of ninety-two percent agreed that death is part of the cycle of life.

Two percent of laity and twenty-two percent of pastors responded that death is not part of the cycle of life. Lay respondent number 37 disagreed that death is part of the cycle of life and then stated, “death is the terrible consequence of sin.” Pastoral respondent numbers 80, 90, and 155 also disagreed and then wrote respectively, “The wages of sin is death,” “Death is the result of sin,” and “Due to sin.”

**Question 22. Society’s message to the dying is to get out of the way and make room for those who are younger, vigorous, and still able to contribute to society. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 21. —Responses to Question 22.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<i>Total</i>
Laity	60	247	279	183	97	866
	6.9%	28.5%	32.2%	21.1%	11.2%	100.0%
Pastors	28	82	43	18	21	192
	14.6%	42.7%	22.4%	9.4%	10.9%	100.0%
<b>Total</b>	<b>88</b>	<b>329</b>	<b>322</b>	<b>201</b>	<b>118</b>	<b>1058</b>
<b>Average</b>	<b>8.3%</b>	<b>31.1%</b>	<b>30.4%</b>	<b>19.0%</b>	<b>11.2%</b>	<b>100.0%</b>

The purpose of question twenty-two was ascertain whether or not the laity and pastors believed that society holds the view that the weak and dying are to make room for the more productive members. Their answers reveal that thirty-five percent of laity and fifty-seven percent of pastors for an average of forty-six percent agree that society’s message to the dying is to get out of the way and make room for those who can contribute to society. Fifty-three percent of laity and thirty-three percent of pastors for an average of forty-three percent disagreed.

The average answers of both laity and pastors are almost evenly divided between agreeing (46%) and disagreeing (43%) that society's message to the dying is to get out of the way.

**Question 23. Life must be preserved at all costs. (a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.**

Table 22. —Responses to Question 23.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	102	202	348	85	130	867
	11.8%	23.3%	40.1%	9.8%	15.0%	100.0%
Pastors	19	31	84	27	29	190
	10.0%	16.3%	44.2%	14.2%	15.3%	100.0%
<b>Total</b>	<b>121</b>	<b>233</b>	<b>432</b>	<b>112</b>	<b>159</b>	<b>1057</b>
<b>Average</b>	<b>11.4%</b>	<b>22.0%</b>	<b>40.9%</b>	<b>10.6%</b>	<b>15.0%</b>	<b>100.0%</b>

The purpose of question twenty-three was to ascertain whether or not the laity and pastors felt that life should be persevered at all costs in the context of dying. Their answers reveal that thirty-five percent of laity and twenty-six percent of pastors agree that life must be preserved at all costs. Fifty percent of laity and fifty-six percent of pastors disagreed that life must be preserved at all costs. Fifteen percent of both laity and pastors neither agreed nor disagreed.

When confronted with a dying Christian, it is not life at all cost.

Neither do we hasten his/her death. The percentages of both laity and pastors who agree (33%) and those who disagree (52%) that life must be preserved at all costs, indicate the struggle that all Christian caregivers encounter at the end of life. Namely, how much medical treatment should be provided?

**Question 24. A Christian is eternally hopeful in the face of death.**

(a) strongly agree, (b) agree, (c) disagree, (d) strongly disagree, (e) neither agree or disagree.

Table 23. —Responses to Question 24.

	<i>strongly agree</i>	<i>agree</i>	<i>disagree</i>	<i>strongly disagree</i>	<i>neither</i>	<b>Total</b>
Laity	604	234	11	3	19	871
	69.3%	26.9%	1.3%	0.3%	2.2%	100.0%
Pastors	164	25	0	1	3	193
	85.0%	13.0%	0.0%	0.5%	1.6%	100.0%
<b>Total</b>	<b>768</b>	<b>259</b>	<b>11</b>	<b>4</b>	<b>22</b>	<b>1064</b>
<b>Average</b>	<b>72.2%</b>	<b>24.3%</b>	<b>1.0%</b>	<b>0.4%</b>	<b>2.1%</b>	<b>100.0%</b>

The purpose of question twenty-four was to ascertain whether or not the laity and pastors believe that a Christian can be hopeful at the time of death. Their answers reveal that ninety-six percent of laity and ninety-eight percent of pastors agreed that a Christian is hopeful in the face of death. Two percent of laity and pastors neither agreed nor disagreed. About two percent of laity and a half percent of pastors disagreed. Lay respondent number 132

stated, “My wife is a 36-year victim of MS [Multiple Sclerosis] it is easy to have the right answers on good days, much more difficult on bad ones.” Lay respondent number 231 stated “being a Christian isn’t always easy.”

## CONCLUSION

As I reflect on the results of this survey, the high majority (93%) of pastors and laity understand dying well to mean, “dying in Christ,” and also that the Christian can be hopeful (96%) at the time of death.

Yet, a desire to control and rule as one dies was revealed. The comment from lay respondent number 71 that “in a democracy” a person should have a right to end his/her life. This desire can be found in the patient as well as in the caregiver. The comment from lay respondent number 132, “My wife is a 36-year victim of MS [Multiple Sclerosis] it is easy to have the right answers on good days, much more difficult on bad ones,” shows the struggle of a Christian as he seeks to provide care for his wife.

The “right answers” are what the Christian desires, yet there is no answer book. We live by grace. Every case is different, yet Christ is the same. As a Christian we are to be in the world not of the world, yet the postmodern community is having an effect on the laity and pastors of the Michigan District. In an attempt to lessen the assault of the postmodern community on the Christian’s view of dying well, I identified the following areas from the survey to be emphasized in this project: identity, dignity, burden, suffering and quality of life.

In chapters one and two these terms were used in defining dying well in the postmodern community and in the Christian community. These same terms will be used in a Bible study in chapter seven with the goal of preparing the Christian to die well. In chapter five, the responses from the surveying dealing with suffering will be evaluated.

## CHAPTER FIVE

### RESULTS OF SURVEY RELATIVE TO SUFFERING

In this chapter, the results of the survey relative to suffering will be examined. Generally speaking, people want a quick painless death. When a person dies suddenly, an often-heard comment is: “That’s the way I want to go.” Lay respondent number 870 stated in a comment on the bottom of the survey that his/her “father died 5 months ago with a heart attack at home. Fast and [at] home is the way to go.”

This comment reveals much about suffering and dying well. Many people speak of dying fast as a “better” death than dying slowly. A person who has been at the bedside of a dying person will attest to not only the suffering of the loved one dying, but also to his/her own suffering as his/her loved one is slowly taken from his/her life. However, what is not considered with such a wish for a quick death, is the lost of opportunity to say “good-bye.”

If given the choice of dying without pain and suffering, most would chose it. There is a desire to get the “dying” over with so the suffering will stop. This is the appeal of The Oregon Death with Dignity Act, to end the suffering and pain.

As has been shown in chapter three, Oregon’s Death with Dignity Act exemplifies dying well in the postmodern community. The Act gives a

person the right to end his/her suffering and pain through death. Yet, the reason most people chose assisted suicide is not because they are in great pain but rather because they fear losing control and their autonomy, and that loss causes them suffering.

As was shown in chapter two, death comes as a result of punishment for sin. We are uncomfortable in the midst of death because it is our enemy. When suffering and pain come to our loved one and to us, we want the suffering to end. Yet God can use pain and suffering for our good. This happens not as we struggle to maintain our control, but rather as we submit to His control.

In question 11, all the choices provided to define quality of life except baptism indicate a desire to be in control. While this question doesn't directly involve the issue of pain and suffering; nevertheless, people use pain and suffering as a way to determine their quality of life. Table 10, page 60, reveals that thirty percent of laity responded that quality of life was being autonomous that is, being in control. Lay respondent number 228 was willing to define quality of life as being baptized until he thought that it might open the door to keeping him "alive" on life support.

The fact that a person is baptized should not bring the thought that he/she will now be kept alive solely because he/she is God's child. Rather, being baptized in Christ, the child of God knows that his/her life is in the hands of his/her Heavenly Father.



Question 12 relates to pain and suffering because that is often the reason given for a person who is considering suicide. It is said that pain and suffering are too great, so the answer is suicide. In reality it is loss of control and autonomy that brings a person to consider suicide.

Lay respondent number 430 stated that if “there was great suffering and death was reasonably imminent,” suicide would be a viable choice. The reasoning here is that the person is going to die anyway, so what difference does it make if he/she dies an hour earlier if it means relief from pain and suffering? The difference is clear for the Christian. The Christian knows that God is the one who determines a person’s days on earth, not people. Table 11, page 62, reveals that three percent of laity responded that suicide would be a viable choice if the person chose it.

Question 17 describes an adult who is mentally competent and is experiencing a life that is “physically intolerable.” The question is then asked if such a person should have the right to end his/her life. Table 16, page 67, reveals that seven percent of laity and two percent of pastors agreed that such a person should have the right to end his/her life. When life is “physically intolerable,” or when there is “too much suffering,” these laity and pastors agree that a person has a right to end his/her life.

Question 19 asks whether or not a person has the right to control his/her death. Table 18, page 69, reveals that fourteen percent of laity and eight percent of pastors believe that a person has the right to control his/her death. Lay respondent number 71 stated that “in a democracy” a person has

the right to control his/her death. This desire for control is often associated with the desire to avoid pain and suffering.

In question 2 one of the choices given to define a good death was “dying without pain.” Table 1, page 50, reveals that two percent of laity chose this response. The two percent that chose this answer did so over the choice of “dying in Christ,” which does not indicate a rejection of Christ, but rather a great concern over pain.

Question 13 offers the choice of “minimal suffering” to define what dying well means. Table 12, page 63, reveals that four percent of laity and three percent of pastors responded that “minimal suffering” was dying well. This is significant because it was chosen over “death in Christ.” Once again a great concern for suffering is revealed.

In question 4 the point of withdrawing medical treatment was presented when the suffering was too great. Table 3, page 53, reveals that thirty-three percent of laity and twenty-two percent of pastors would withdraw medical treatment when the suffering was too great. When a loved one is suffering, we suffer. When considering withdrawing medical treatment this systemic relationship needs to be considered. Whose suffering is too great? This question begins to get at the motive for withdrawing medical treatment.

Question 18 asks whether or not suffering has meaning. Table 17, page 68, reveals that ninety-three percent of pastors agree that suffering has meaning. In comparison, seventy-four percent of laity agree that suffering

has meaning. While suffering is not something we go out of our way to find, the majority of laity and pastors understand that suffering has meaning. Yet eleven percent of laity responded that suffering does not have meaning.

This brief summary of the results show that when pain and suffering are present, then there is more of a desire to end a person's life. This is seen in the example of withdrawing medical treatment if the suffering is too great. While this desire to end pain and suffering is well intended, the relation between the patient and the caregiver must not be overlooked. Sometimes it is the pain of the caregiver that is too great, rather than the pain of the patient. Peter Filene writes, "Pain is private excluding outsiders, but suffering can be shared between the victim and the caregivers."<sup>59</sup>

Dr. Richard Eyer states the difference between pain and suffering.

Pain can be defined as a greater or lesser degree of physical discomfort. For example, pain usually follows surgery, and pain medication is given for relief. Suffering, on the other hand, can be defined as the existential anxiety, fear, worry, or hopelessness that may or may not accompany pain. Suffering is a reaction to pain.<sup>60</sup>

Dr. Eyer goes on to tell of a man named Jack whom he visited in the hospital. Jack had broken his leg and was hoping to be placed on permanent disability. "Shortly into therapy it became evident that Jack did not want to overcome his pain and, in fact, [he] needed his pain as an excuse to avoid therapy . . . the possibility of losing his pain caused Jack's suffering."<sup>61</sup>

---

<sup>59</sup> Peter Filene, In the Arms of Others (Chicago: Ivan R. Dee, 1998), 166.

<sup>60</sup> Eyer, 44.

<sup>61</sup> Ibid.

Ira Byock credits Victor Frankl as saying, “The true root of suffering is loss of meaning and purpose in life.”<sup>62</sup> Byock states, “Although each person’s meaning is different, existence that is merely a burden and lacks a future with any direction or point produces the worst kind of suffering.”<sup>63</sup> As demonstrated in chapter two, without a baptismal identity, there is no direction or point to life. But as a baptized Child of God, he/she has been granted a blessed life—one in which suffering has meaning.

The fact that suffering has meaning was made clear to me as I visited a middle-aged pastor in a hospital. I was his circuit counselor. I went to offer him comfort in his illness. I was having a difficult time understanding how God could allow this man of God to die. I thought to myself, “He has four young children and a wife. Who will take care of them?” As I looked at him lying in that hospital bed, I imagined myself in his place. It felt so unfair.

With mixed emotions I confronted the task of comforting him. Not knowing what to say, I asked him if there was a Scripture passage that he would like me to read. He asked me to read 2 Corinthians 1:3-7.

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God. For just as the sufferings of Christ flow over into our lives, so also through Christ our comfort overflows. If we are distressed, it is for your comfort and salvation; if we are comforted, it is for your comfort, which produces in you patient endurance of the same sufferings we suffer. And our hope for you is firm, because we know that just as you share in

---

<sup>62</sup> Byock, 83.

<sup>63</sup> Ibid.

our sufferings, so also you share in our comfort (2 Corinthians 1:3-7).

After I finished reading, he explained to me how these verses gave him great comfort. As he spoke, I realized that I was overcome with the theology of glory; he was rooted firmly in the theology of the cross. He saw His comfort in the sufferings of Christ on the cross. His sins were paid for and eternal life was given.

After leaving him, I stopped by his house to see his wife. Their four-year-old son was there. He said to me that his daddy was coming home for Christmas. I imagined one of my children saying the same words to a visiting pastor—my heart broke. His daddy did come home for Christmas. He died a few weeks later.

This middle-aged pastor, even in the midst of the possibility of losing his life, as well as his wife and four children, had his eyes on the sufferings of Christ. It was in Christ's sufferings that his sufferings made sense. This is the theology of the cross. It is only at the cross that suffering has meaning and purpose. Dr. Eyer describes Dr. Luther's theology of the cross:

In short, the theology of the cross says that God comes to us through weakness and suffering, on the cross and in our own sufferings. The theology of the cross says, "My grace is sufficient for you, for my power is made perfect in weakness." The theology of glory on the other hand says that God is to be found, not in weakness but in power and strength, and therefore we should look for him in signs of health, success, and outward victory over life's ills.<sup>64</sup>

---

<sup>64</sup> Eyer, 27.

Question 24 highlights the significance of the theology of the cross and suffering. It asks whether or not a Christian is hopeful in the face of death. This question relates to suffering in that where there is no hope suffering increases. Table 23, page 74, reveals that ninety-six percent of laity and ninety-eight percent of pastors agree that a Christian can be hopeful in the face of death.

Lay respondent number 199 wrote “Romans 5:3” next to his/her agreement that suffering has meaning. This passage also brings out the reason for hope. The reason for hope comes from Christ’s death and resurrection.

Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And we rejoice in the hope of the glory of God. Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us (Romans 5:1-5).

Hope does not disappoint us because it is based in and comes from God’s grace. It is not a whimsical hope that things turn out all right, but rather a confident belief in the merits won through Christ’s death and resurrection. This was the hope that the middle-aged pastor clung to in faith and this hope did not disappoint him. It will not disappoint us either. This is the hope that the pastor points the dying brother/ sister to—not to his/her resilience or autonomy.

CHAPTER SIX  
PASTORAL CARE IN DYING WELL  
WITHIN THE CHRISTIAN COMMUNITY

I received a message that John would not live long. I went to his house. His family had gathered around him. He was in a rocking chair next to the window. (Two years earlier I had buried his wife, now the Lord was calling him.)

As I knelt next to him I took his hand in mine. I told him that I was there and he squeezed my hand. As I knelt next to John, a person God had placed in my care, I assured him of his baptismal identity. I assured him that when death would come he would be with Christ because of what Christ had done for him on the cross. Even though he was unable to respond through speech or sight, he squeezed my hand.

As I knelt there assuring John of God's love for him, speaking words of Scripture, I found myself once again in the midst of death. Even though I have been in the midst of death many times before, each and every time it hurts. It hurts because it is supposed to hurt. Death is punishment for sin. Death is not something a pastor gets used to. If he does, then the pastor needs to ask himself whether or not he is emotionally detached from the person dying.

That day I shed some tears as I ministered to John. At other times tears do not come, yet death still hurts. I do not believe it does the dying person any good if the pastor loses control of his emotions; yet, on the other hand, I question a stoic approach that calls all emotion on the part of a pastor out of place. There is a time and a place for emotions. If the pastor distances himself emotionally it can contribute to the feeling of isolation.

### ISOLATION

When a person is dying he/she can become isolated from family, friends and even from the Christian community. Disease can bring isolation, as the patient is no longer in his/her “right” mind. For example, when an Alzheimer patient dies, the family often says we lost him/her twice, once when he/she got the disease and once when he/she died. This comment shows the extent of isolation people experience during dying and death.

A person needs to be connected to family, friends and the Christian community especially at the time of dying. Gowns, gloves, masks all reinforce to the dying person isolation/separation. While I don’t question the need for such protection, it is evident that the dying person needs to be reassured of his/her connection to those who love him/her and of God’s connection to him/her.

Dying and death are not a comfortable “topics” to be around. It causes hurt, so often a person looks for excuses to avoid dealing with dying



and death. This fear of hurt on the part of family and friends can cause a lack of community.

When there is a lack of community, a person will create his/her own community. The postmodern community, by embracing diversity and tolerance, has created community. A person who is isolated by dying can create his/her own community of “caring” people by opting for assisted suicide. There is a ready made community of physicians and nurses and social workers all who are present to support the patient in whatever choice he/she makes. The end result is death, yet the patient does not die alone. The patient dies in “community.”

The postmodern community’s answer to isolation is to exercise control and autonomy that will bring an end to isolation. This presents pastors and the Christian community with an opportunity to reach out with the community that Christ has established through his death.

Yet, even at times when a Christian is dying, there is an attempt to create a community centered on control and autonomy. With the best intention friends and family gather around the dying person. However, instead of a community centered on the cross it is centered on glory. Dr. Eyer tells of a patient who had friends present in her room around the clock, yet by his estimation she was isolated.

Dawn and her friends were involved in a “conspiracy of faith,” trying to hold off the devil and death itself with prayer and mutual encouragement. Unfortunately, Dawn and her friends believed that illness and death were enemies that could be controlled and defeated by their faith. This faith seemed to border at times on a “power of positive thinking.” Together

they stood against the Evil One and fought any attempt to expose Dawn's fears about her illness or pending death. Their naivete toward the power of sin and death thrived on the theology of glory and kept Dawn *isolated* [italics added] in the midst of her friends. In fact, it kept the friends spiritually and emotionally *isolated* [italics added] from each other, almost as if some code of ethics forbade them to talk about defeat and death.<sup>65</sup>

Dying and death can bring isolation. The pastor can reassure the dying person of God's connection to him/her. He enters into the isolation that dying brings speaking the Gospel.

#### THE PASTOR'S PRESENCE

When a pastor visits a parishioner who is dying, he enters into the isolation that dying brings. He comes as God's servant. He comes with words of comfort from God. He comes with hope. Question 24, table 23, page 74, showed that ninety-six percent of laity and ninety-eight of pastors agreed that a Christian is hopeful in the face of death.

No doubt this hopefulness wavers. When a person is having "a good day," it is easier to be hopeful because the person can see how things are working out. When a person is having "a bad day," it is much more difficult. As lay respondent number 231 said, "My wife is a victim of MS [Multiple Sclerosis] it is easy to have the right answers on good days, much more difficult on bad ones."

The pastor points the dying person to his/her Savior, Jesus. It is in the "viewing" of the cross that the dying parishioner sees hope. The pastor's

---

<sup>65</sup> Eyer, 30-31.

calling is to speak of Jesus and the redemption He earned for the dying person. Nothing else can truly help a dying person. It might seem so trite when compared to what the physicians and other caregivers do, yet this ministry by the pastor is the work of God and has eternal results. Dr. Capps states:

To be a pastor means to be eternally hopeful. Other professions may be hopeful by virtue of their own personal attitudes toward life or their own personal religious faith, but pastors are hopeful by virtue of their profession. One could say, to put it most starkly, that a pastor who is no longer eternally hopeful has ceased to be a pastor . . . I believe that the basic and fundamental role of the clergy is to be providers or agents of hope, and it is terribly difficult, if not impossible, to be an agent of hope if one has oneself lost hope.<sup>66</sup>

Dr. Capps uses John Bunyan's *The Pilgrim's Progress* as a way of illustrating the hopefulness of which he is speaking. John Bunyan's *The Pilgrim's Progress* follows the life of Christian as he journeys here on earth. Along the way different characters help him as he travels. One that is almost always with him is Hopeful. Hopeful was there when he was crossing the Jordan River. Christian said, "I sink in deep waters, the billows go over my head, and the waves go over me." Hopeful assured him that he could feel the bottom. He held his head above the waters and pointed him to Christ.<sup>67</sup>

As true man, Christ had the sure hope that His Father would raise Him from the dead. In the midst of dying and death, Christ, who is the source of all hope, uses pastors in the lives of others to be messengers of

---

<sup>66</sup> Donald Capps, *Agents of Hope* (Minneapolis: Fortress Press, 1995), 3.

<sup>67</sup> *Ibid.*, 4.

hope. Therefore, the pastor can hold a dying parishioner's head above the "waters," assuring him/her that "Christ is here" and that "I can feel the bottom."

## BAPTISM

The pastor's presence to the person dying would be nothing more than just another visitor if not for the fact that the pastor represents God and speaks God's word of comfort. The first word of comfort is one of identity. It is important to remind the person dying who he/she is as a baptized child of God and thereby also reminding the person of who God is.

What a joy it is to remind a dying person of his/her baptism. This is hope. The fact that a person has been baptized into Christ's death and resurrection brings hope beyond understanding. Christ has died in his/her place. There is no eternal death for the person baptized, for Christ has taken away all sin and given eternal life to all baptized believers.

Even though a dying person's physical ability may change, baptism assures him/her that he/she is God's forgiven and redeemed child. Because of this new identity the Christian is called "blessed."

The pastor can assure a dying person who is feeling isolated that in baptism he/she was made part of the family of God. Although he/she may feel alone, the fact is that his/her heavenly Father comes daily to him/her in the waters of baptism and the Word.

## HOLY COMMUNION

Because the dying person has a new identity by baptism, he/she can also partake of the meal of Christ's body and blood. When a dying person receives the body and blood, in the bread and the wine, he/she receives the forgiveness of sins. This communion is with God and also with the saints in glory. The dying person is connected with other believers and with God Himself.

When Christ instituted this meal, He was celebrating the Passover with His disciples. The Passover meal retold of God's deliverance of His children from the slavery of the Egyptians. This deliverance came about by the blood of a perfect lamb. As Christ instituted His supper, He did so as the Lamb of God. It was through His death, that we would have life.

Luther writes in the Large Catechism:

We must never regard the sacrament as a harmful thing from which we should flee, but as a pure, wholesome, soothing medicine which aids and quickens us in both soul and body. For where the soul is healed, the body has benefited also.<sup>68</sup>

When the dying person partakes of this meal of forgiveness, he/she recalls Christ's death. His death brings life and salvation. His death is given so that all might be saved. His death grounds the dying person in the theology of the cross, rather than in the theology of glory.

---

<sup>68</sup> Martin Luther, *Large Catechism: Lord's Supper*, par. 68, trans. and ed. T. G. Tappert, *Book of Concord* (Philadelphia: Fortress, 1959), 454.

## LITURGY AND HYMNODY

We are blessed in the Lutheran church to have a rich heritage of liturgy and hymnody. Many older members are able to recite parts of the liturgy or a hymn verse. One saint of God would sing her confirmation song when I brought her communion. Other couples would recite prayers they had learned in German.

Our liturgy and hymnody focus our eyes on God. We come before God as His children in need of His forgiveness, and we receive His forgiveness in the words of absolution as the pastor pronounces God's forgiveness. Our liturgy does not present a theology of glory, rather it proclaims forgiveness through the cross. As parishioners recall parts they had memorized, their thoughts turn toward God.

I have often used from the Lutheran Agenda the *Commendation of the Dying*. The simple yet profound prayer of the kyrie, "Lord, have mercy," is the prayer of the dying parishioner as well as of all the loved ones gathered around. They pray that God would have mercy in this hour of death.

The prayers appeal to God to grant forgiveness of sins and to comfort the dying with the promise of the resurrection. There are Psalms and various Scripture passages dealing with death and life. After the reading of a Psalm and another Scripture, there is the option of reading one of the familiar canticles, namely the Agnus Dei and the Nunc dimittis. The pastor then says:

Go in peace, name. May God the Father, who created you, may God the Son, who redeemed and saved you with his blood, may God the Holy Spirit, who sanctified you in the water of Holy Baptism, receive you into the company of the

saints and angels to live in the light of his glory forevermore.  
Amen.<sup>69</sup>

I have spoken these words to parishioners encouraging them with God's word and His love. When my brother-in-law was near death, the pastor was called. We gathered around Wayne's bed, and the pastor led us in the *Commendation of the Dying*. Wayne's reaction was not visible, yet I know, for myself, it was comforting to hear his pastor speak of his baptismal identity and to commend him to his Heavenly Father.

#### CONCLUSION

Pastoral care of the dying begins at baptism. In baptism a new identity is given. He/she is now part of the family of God. Pastoral care exhorts with the law of God; comforts with the gospel of Christ. When a person relies on his/her own autonomy and control in the time of death, the pastor shows through God's Word that he/she is totally dependent on Jesus Christ for comfort and assurance and that heaven is his/her home.

The pastor enters into the isolation of dying with his parishioner. He represents God and speaks God's Word. He reminds the dying of his/her baptism and assures him/her that he/she is connected to God and the communion of saints. The pastor brings comfort as Holy Communion is celebrated. The dying person receives the very body and blood, which was shed for the forgiveness of sins. The pastor ushers the dying from this world to the next as he uses the *Commendation of the Dying*.

---

<sup>69</sup> Lutheran Worship Agenda (St. Louis: Concordia Publishing House, 1984), 167.

Pastoral care at the time of death is not easy. It hurts to be with people who are dying. Yet, because of Christ's death and resurrection, we have hope. The pastor speaks this hope earned on the cross first to himself and then he is ready to offer it to the dying. The ministry of presence brings the presence of Christ the comforter.



CHAPTER SEVEN  
DYING WELL IN CHRIST:  
A BIBLE STUDY

The purpose of this chapter is to present a Bible study that will affirm that when Christians die well, they die in Christ. This study will focus the parishioner on Christ rather than on his/her own resilience or self-determination in the face of death. The study is written for adults eighteen years old and up. The study has five sessions: 1. Dying and Death, 2. Dying and Baptism, 3. Dying and Dignity, 4. Dying and Suffering, and 5. Dying Well. For the purpose of this study, I will include instructions for the leader of the Bible study typed in italics. When using this Bible study, a separate student copy without the leader notes should be produced.

SESSION ONE  
DYING AND DEATH

**Introduction:** Why do people die? Is death a natural part of life? What does our current culture teach about death? How does this teaching affect us? Come join us this week as we seek answers to these questions from God's Word.

**Goals:**

- That the participant is actively involved in the study of dying and death.
- That the participant is presented with the different views of death from both the postmodern community and the Christian community.
- That the participant is shown that when death is viewed as natural then different criteria for a good death are in place.

**Purpose:** Through this study we seek how God prepares us to die well in Christ. In Session 1, our purpose is to show that death is not natural and that it has come as punishment for sin.

*Note to leader: Set class around tables and have Bibles [although they should be encouraged to bring their own Bibles] and pencils available. You will also need to have clipped articles from newsmagazines about death, which reveals the postmodern community's view on dying well. A white board with different colored markers will be needed as well.*

**Prayer:** Heavenly Father, we ask for the guidance of the Holy Spirit as we study dying and death. May we clearly see why death has come and through this, more fully appreciate our redemption. In Jesus' name. Amen.

*Note to leader: Take five minutes for the participants to introduce themselves. Ask them to write down a question that he/she would like answered over the course of this class and/or a reason he/she is taking this class on dying well.*

**1. When thinking of dying and death what are some words that come to mind?**

*Note to leader: Painless, quick, why, without suffering, sorrow, separation, part of life, victory are some possible answers. Give ample time for those who would like to share more about the word they chose. He/she maybe in the midst of mourning the loss of a loved one, and desire to talk about his/her loss. Write all the responses on a whiteboard so that all can see them. Then go on to the next question.*

**2. When reading what the Bible says about dying and death what words come to mind?**

Genesis 2:17

Genesis 3:19

1 Corinthians 15:21

*Note to leader: After reading the passages, write the words or phrases that are given on the whiteboard. Highlight the difference between the two lists.*

**3. Death is a natural part of life. True or false.**

*Note to leader: Using chapter two, pages 30-31, show that death is not a natural part of life. To the contrary the postmodern community attempts to speak of death as natural so as to lessen the fear of death.*

**4. Case study.**

**Presentation of Case:** “At the grocery store, Nina Bastable stopped herself from buying a big box of her husband’s favorite cereal. She couldn’t stand the taste of the fruit and granola mix and knew it would end up just sitting in the cupboard, because in two days she’d be the only one left to eat it--her husband was going to commit assisted suicide. . . . Her husband, Austin Bastable, 53, almost completely paralyzed from the

neck down because of multiple sclerosis, would die on May 6 in the presence of retired pathologist Dr. Jack Kevorkian. . . . Austin Bastable hated the way the disease forced him into a wheelchair--able to move only his head, left arm and, on good days, his right hand. He hated having to rely on someone to feed him and wash him and change his underwear and wipe him after he went to the bathroom and that someone had to put him to bed at night and get him up in the morning to start the whole routine over again. . . . She said her husband's death was a great weight off her and that she was relieved. She said she was happier than she'd been in a long time. 'Up until his death, that disease had him by the neck. It was winning,' she explained. 'I knew that he felt once he died--and I did, too--that he cheated it and he got away from it. He beat it.'<sup>70</sup>

*Note to leader: Point out that when death is viewed as natural, assisted-suicide is the natural progression for some. The postmodern community views a person's death as victory. In contrast the Christian community views Christ's death as bringing victory. Christ conquered death. The postmodern person tries to cheat death.*

## **5. Hopeful in the face of death?**

*Note to leader: Nothing has changed since Adam and Eve sinned. They wanted control and to be autonomous; we want control and to be autonomous. We are sinners. Our own sinfulness as well as the world around us affects us.*

- Postmodern community is hopeful only to the extent a person is able to exercise his/her control and autonomy over dying and death. The values of control and autonomy are implicit in The Oregon Death With Dignity Act.

---

<sup>70</sup> Kovanis, 1.

- The Christian is hopeful as a result of his/her baptized identity. He/she confidently relies on Christ's victory instead of his/her own resilience and self-determination.

## 6. The Christian's response to dying and death.

- Know that it is not just natural but rather exists as punishment for sin (Genesis 2:17).
- Know that all die because of sin (Romans 6:23).
- Know that all need a Savior from sin; that Savior is Jesus (Genesis 3:15).
- Turn to God's Word and sacrament, for forgiveness for seeking control and autonomy.
- Know that God alone has control and autonomy as we live as His baptized children (Matthew 5:3).

**Prayer:** Dear Heavenly Father, we know that death was not part of life at the beginning but rather came as a punishment for sin. Keep us from the postmodern error of thinking death is our friend. We thank you for sending Jesus who made us His friends through baptism delivering us from eternal death. Amen.

**Hymn:** "Stricken, Smitten, and Afflicted" LW 116.

*Note to leader: Note especially stanza three, as it speaks of the punishment for sin.*

**Next time** as we continue our study on *Dying Well*, our focus will be on our identity. What gives us our identity? Does our identity lessen as we experience the indignity of death? Is it possible to lose our identity?

## SESSION TWO

### DYING AND BAPTISM

**Introduction:** Who are you? What defines your identity? What “principles” guide your life? The postmodern culture states that it is up to the individual to determine his/her own identity which then serves as the foundational principles. Come join us this week as we celebrate the identity we have in Christ and discuss the differences we have with the postmodern community as we face dying and death.

**Goals:**

- That the participant is actively involved in the study of dying and baptism.
- That the participant is shown the value of his/her baptismal identity in Christ especially in the time of dying and death.
- That the participant is presented with the different understanding of “truth” in the postmodern community and the Christian community.

**Purpose:** Through this study it is hoped that we will be better prepared when our final hour on this earth comes. In this session, the purpose is to show that baptismal identity enables us to face dying and death well, because Christ has faced it for us.

**Prayer:** Heavenly Father, we ask for the guidance of the Holy Spirit as we study dying and baptism. May we be moved to rejoice in our baptismal identity and rely on it as we confront dying and death. In Jesus' name. Amen.

- 1. Death came as punishment for sin. Our identity, original righteousness—the image of God, was lost as a result of sin. Look up the following passages that reveal our lost identity.**

Genesis 1:27

Genesis 3:19

Psalm 51:5

Gal. 5:17

1 John 3:8

- 2. Name some ways that our current culture attempts to fill the void of identity created when sin entered the world.**

*Note to leader: Have current newsmagazines and local newspapers available. After discussing ways that the current culture attempts to fill the void, then use the newsmagazines and newspapers to find additional ways while working in small groups. Materialism and self-absorption will be evident.*

- 3. Respond to the following:**

Our land lies east of Eden, and in this land Self is sovereign. The catechetical instruction we grow up with has most of the questions couched in the first person: How can I make it? How can I maximize my potential? How can I develop my gifts? How can I overcome my handicaps? How can I cut my losses? How can I live happily ever after, increase my longevity,

preferably all the way into eternity? Most of the answers to these questions include the suggestion that a little religion along the way wouldn't be a bad idea.<sup>71</sup>

*Note to leader: Ask the participants to respond to all the "I" statements. The point is made that the individual provides identity rather than coming from God. God is viewed as ancillary.*

#### **4. Some facts about our current postmodern culture.**

*Note to leader: Read chapter one, pages 12-23.*

- Diversity is celebrated.
- The individual establishes his/her own "foundation," by creating a coherent personal identity.
- There is no absolute Truth only "truth" established and defined by the postmodern community.

*Note to leader: Point out that the way the postmodern community fills the void of identity is to allow the individual to determine his/her own identity, which is based on the community's identity.*

#### **5. Our identity has been regained through Christ and given to us through baptism.**

Genesis 3:15

1 Corinthians 15:22

Titus 3:5

Romans 6:4-5

1 John 3:1-2

---

<sup>71</sup> Eugene Peterson, Subversive Spirituality (Grand Rapids: Eerdmans Publishing Company, 1997), 151.



**6. Because our identity has been restored to us through baptism we are called “blessed.”**

*Note to leader: Read pages 26-30, which speak of the identity that is ours through baptism.*

Psalm 1

Matthew 5:3-14

Revelation 22:14

**7. As you consider dying and death, what difference exists between your baptismal identity and an identity based in the postmodern community?**

*Note to leader: Write the responses on the whiteboard. The responses will center on the difference of a God-given identity opposed to human-given identity. The Christian’s baptismal identity is sure and certain because it is a gift from God not from human works. Christ’s death brings victory. Death according to postmodernism brings only the end.*

**8. God Knew Your Name.**

*Note to leader: Show the video “God Knew Your Name,” available from The President’s Commission on the Sanctity of Life, LCMS. The video powerfully shows through the music and words of James Likens, that God knew our name through out the stages of our earthly life.*

**Prayer:** Dear Heavenly Father, we thank and praise Your name for calling us Your children through the waters of baptism. We thank You for sending Your Son Jesus that we might have our identity restored to us. May we

always look to our baptisms to be comforted in that we have been buried into Christ's death and raised with Him in His resurrection, that You know our name. Amen.

**Hymn:** "Go, My Children, with My Blessing" HS98 887.

Next time as we continue our study on *Dying Well*, our focus will be on dignity. The Christian and postmodern communities will be contrasted as we ask, "What makes a death dignified?"

### SESSION THREE

#### DYING AND DIGNITY

**Introduction:** "I don't want to die an undignified death." "I want a death with dignity." We can understand the desire to die with dignity. But what is death with dignity? Is it even possible to die in a dignified manner? Come join us this week as we seek answers to these questions.

**Goals:**

- That the participant is actively involved in the study of dying and dignity.
- That the participant is presented with the criteria of a dignified death according to the postmodern community.
- That the participant understands that only through Christ's death can our death have dignity.

**Purpose:** The purpose is to show that since death is punishment for sin (Session 1), it cannot possibly be dignified. Yet, through Christ's death the Christian can die in a dignified manner.

**Prayer:** Heavenly Father, we ask for the guidance of the Holy Spirit as we study dying and dignity. May we be strengthened in our baptismal faith as we consider Your Son's death so that by Your grace we might die with dignity. In Jesus' name. Amen.

**1. Why does death come?**

*Note to leader: Point back to session 1 to reinforce that death has come as a result of sin and is punishment for sin. Read pages 30-31 for background on the postmodern and the Christian view of death.*

**2. What is death with dignity?**

*Note to leader: Ask the participants what makes death dignified. Some possible answers might be being autonomous and in control. Others might be dying in Christ. Write their responses on the whiteboard, without evaluating them.*

**3. What are people generally afraid of concerning dying and death?**

*Note to leader: There may be various answers here, but the one answer that most often turns up is that the person doesn't want to lose his/her control and autonomy. These terms most likely will not be used rather they will most often speak about not wanting to be a burden and their desire of not to suffer.*

**4. What is the appeal of physician assisted suicide?**

*Note to leader: Read pages 15-19 that define the postmodern understanding of death with dignity. Also see pages 44-45 that identify control and autonomy as implicit values in The Oregon Death With Dignity Act. The entire Act is in appendix 1. Generally the answer from the postmodern*

*society will be that a dignified death provides control and autonomy as a person is dying. They are no longer a burden. Read Jack Kevorkian's comment about Christ's death not being a dignified death on page 16 and ask for responses.*

**5. "I want to burden my loved ones."**

*Note to leader: Dr. Meilaender states that he wants to burden his loved ones. He states that because he is loved by his loved ones, he must then be a burden to them. Ask the participants what their thoughts are regarding this bold statement. Then look up Philippians 2:3-4.*

At this point in my life, for example, I would surely turn over to my wife my power of attorney. In doing so I simply announce to medical caregivers: 'Here is the person with whom you must converse when the day comes that you cannot talk with me about my medical care. . . . No doubt this will be a burden to her. No doubt she will bear the burden better than I would. No doubt it will be only the last in a long history of burdens she has borne for me. But then, mystery and continuous miracle that it is, she loves me. And because she does, I must be a burden to her.<sup>72</sup>

Philippians 2:3-4

**6. Loved ones always care and never harm.**

*Note to leader: Show a clip from the video "Withdrawal of Treatment: Feeding, Hydration and Persistent Vegetative State," in which Dr. Harris describes an individual who requires great care and is unable to care for him/herself. Then he asks you to guess the age of the individual. He then states he was describing a six-month-old infant.*

---

<sup>72</sup> Meilaender, 12-14.

Dr. Martin Luther was asked if a person could flee from a deadly plague. He had stayed to minister to the sick and dying in Wittenberg during the plague.

To flee from death and save one's life is a natural tendency, implanted by God and not forbidden unless it be against God and neighbor, as St. Paul says in Ephesians 4 [5:29], 'No man ever hates his own flesh, but nourishes and cherishes it.' It is even commanded that every man should as much as possible preserve body and life and not neglect them, as St. Paul says in 1 Corinthians 12 [:21-26] that God has so ordered the members of the body that *each one cares and works for the other* [italics added].<sup>73</sup>

### 7. Can a Christian die a dignified death?

*Note to leader: Yes and no. All death by its nature excludes dignity; yet, a Christian can endure death in a manner worthy of the Christ because of baptismal identity. This God-given identity gives, declares, and conveys dignity. This baptismal identity assures the Christian of God's love that enables he/she to place his/her hope and confidence in God rather than in his/her own autonomy and control.*

**Prayer:** Dear Heavenly Father, we thank You for sending Your Son to suffer the undignified death on a cross that we might die a dignified death in and through Christ. Grant us the will and the wisdom to always care for our loved ones even though world might view them as burdens, may we view them as Your valuable children. In the name of Jesus. Amen.

**Hymn:** "Oh, that the Lord Would Guide My Ways" LW #392.

---

<sup>73</sup> Luther, 43:123.

Next time as we continue our study on *Dying Well*, our focus will be on suffering. The Christian and postmodern communities will be contrasted as we struggle with the role of suffering in dying.

## SESSION FOUR

### DYING AND SUFFERING

**Introduction:** “I don’t want to die an undignified death.” Suffering frequently is used as a gauge for dignity. If there is too much suffering, then life is said to be unworthy of living. What is the purpose of suffering? Come join us this week as we seek answers to these questions.

**Goals:**

- That the participant is actively involved in the study of dying and suffering.
- That the participant discerns between the purpose of suffering in the postmodern and Christian communities.
- That the participant understands that for the Christian suffering can only be redeemed at the foot of Christ’s cross.

**Purpose:** The purpose is to view the suffering of a person dying, as well as the suffering of “watching” a loved one die, through the lens of Christ’s cross.

**Prayer:** Heavenly Father, we ask for the guidance of the Holy Spirit as we study dying and suffering. May we be strengthened in our baptismal faith as

we consider Your Son's suffering and death so that by Your grace we might understand our sufferings in the light of His. In Jesus' name. Amen.

## 1. What is suffering?

### *Note to leader:*

*Write responses on the whiteboard. Then quote from page 19: Ira Byock credits Victor Frankl as saying, "The true root of suffering is loss of meaning and purpose in life."<sup>74</sup> Byock states, "Although each person's meaning is different, existence that is merely a burden and lacks a future with any direction or point produces the worst kind of suffering."<sup>75</sup> Pain can be defined as a greater or lesser degree of physical discomfort. For example, pain usually follows surgery, and pain medication is given for relief. Suffering, on the other hand, can be defined as the existential anxiety, fear, worry, or hopelessness that may or may not accompany pain. Suffering is a reaction to pain.<sup>76</sup>*

## 2. Suffering as understood by the postmodern community.

### *Note to leader:*

*Dr. Pellegrino states: For the advocates of euthanasia and assisted suicide, suffering is an unmitigated evil without possible meaning. It compromises quality of life so that prolonging it is therefore cruel, sadistic, or masochistic. On this view, a life whose quality is not acceptable to its possessor, for whatever reason, is disposable.<sup>77</sup>*

- Anything that prohibits the exercise of control and autonomy results in suffering.
- The postmodern answer to overcome suffering is for the person to exercise his/her control and autonomy and end his/her life.

---

<sup>74</sup> Byock, 83.

<sup>75</sup> Ibid.

<sup>76</sup> Eyer, 44.

<sup>77</sup> Kilner, Miller, and Pellegrino, eds., 111.

### 3. Suffering as understood by the Christian community.

- Suffering is a disruption of God's good plan.
  - Genesis 3
- Suffering is used by God for the Christian's good.

*Note to leader: From table 17, page 68, shows that 93% of pastors and 74% of laity surveyed believes that suffering has meaning.*

- Genesis 50:20
- Romans 8:28
- 2 Corinthians 1:3-7
- Romans 5:1-5

*Note to leader:*

*There are really two distinct lines of interpretation which the Scriptures give to human suffering. The first is that suffering comes from God's just wrath for the sake of punishment given to contented sinners/unbelievers. The second is that suffering comes from God's undeserved love for the benefit of the sufferer and others, a benefit given to repentant sinners/believers.<sup>78</sup>*

C. S. Lewis states, "God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains: it is His megaphone to rouse a deaf world."<sup>79</sup>

---

<sup>78</sup> Paul Raabe, "Human Suffering in Biblical Context," Concordia Journal, 16, no. 2 (1989): 147.

<sup>79</sup> C. S. Lewis, The Problem of Pain (New York: Macmillan, 1962; reprint, New York: Touchstone, 1996), 83.



#### **4. The theology of glory versus the theology of the cross.**

*Note to leader: Use the quote from Dr. Eyer on pages 35-36 to explain the difference between the theology of glory and the theology of the cross.*

- Job 1:21
- Job 23:3-12
- 2 Corinthians 12:9

#### **5. Example.**

*Note to leader: Invite the participants to share with each other times of suffering they or others have experienced. Then read pages 7-9 of "The Problem of Suffering." Pastor Schulz is the author and he is writing about the "suffering, death and life" of his daughter. "My Kyleigh is hidden. Hidden, not by snow and grass and earth, but by the hand of God himself. Hidden by the hidden God who made my little girl suffer and die."<sup>80</sup>*

#### **6. I Know that My Redeemer Lives.**

- Job 19:23-27
- Romans 8:31-39

*Note to leader: As the Christian suffers in this world, he/she knows that Christ has won the victory. Victory is theirs through Christ's sufferings and death. It is in Christ that the Christian's sufferings find meaning.*

**Prayer:** Dear Heavenly Father, we thank You for sending Jesus to suffer and die on the cross. Help us to look to the cross of Jesus when we experience sufferings. May we be drawn closer to You as we are shown

---

<sup>80</sup> Gregory Schulz, The Problem of Suffering (Milwaukee: Northwestern Publishing House, 1996), 9.

through suffering that we are totally dependant on You for support in this life and the life to come. Amen.

**Hymn:** “All Depends on Our Possessing” LW #415

Next time we will conclude our study on *Dying Well* by drawing from the first four sessions to determine how a person dies well.

## SESSION FIVE

### HOW TO DIE WELL

**Introduction:** It will happen to all of us. We all will have to face it. Is it possible to die well? How does a person die well? Come join us as we conclude our study on *Dying Well*.

**Goals:**

- That the participant is actively involved in the study of dying well.
- That the participant discerns between the dying well of the postmodern and Christian communities.
- That the participant understands that only the Christian can truly die well.

**Purpose:** The purpose is to review sessions 1-4 to be prepared to die well.

**Prayer:** Heavenly Father, we ask for the guidance of the Holy Spirit as we conclude our study on dying well. May we be strengthened in our baptismal faith as we consider the Biblical understanding of dying well, and seek to be prepared when our final hour comes. In Jesus’ name. Amen.

**1. A blessed identity.**

- Titus 3:5

➤ Matthew 5:3-14

➤ Revelation 22:14

*Note to leader: Read pages 26-30 which speak of the identity that is ours through baptism. Because the Christian is totally dependent on God for support, He graciously gives us the kingdom. As a person is dying it is vital for him/her to remember his/her baptism when God created faith and called him/her blessed. Christ's death brings victory for the Christian.*

## **2. The Christian community.**

➤ Confession and absolution

➤ 1 John 1:8-9

➤ John 20:19-23

➤ Communion

➤ Matthew 26:26-29

➤ Comfort with the comfort we have received from God.

➤ 2 Corinthians 1:3-7

*Note to leader: When the Christian is connected to God's Word and Sacrament he/she has the assurance that God will supply his/her every need. The Christian will then not be isolated, but will be supported by God and his/her fellow believers. Using Eyer's example from pages 87-88 show how Christians can be isolated even when surrounded by a great number of family and friends.*

## **3. Medical decisions.**

➤ Living wills

➤ Durable Power of Attorney for Health Care

*Note to leader: Ask the participants what they know about living wills and durable power of attorney for health care. Review a durable power of attorney for health care from Dying with Dignity and Lutheran Homes of Michigan. Have the participants note the differences. Ask them what they would do if they felt that their loved one's wishes as expressed were not in harmony with God's wishes.*

**4. Because the Christian is blessed it is not life at all cost.**

- The Christian dies knowing that he/she is God's forgiven baptized child of God (Titus 3:5).
- The Christian dies knowing that the best is yet to come (Titus 3:7)
- The Christian dies knowing that his/her eternal life is a gift from God (Ephesians 2:8-9).

**5. Hopeful in Christ.**

*Note to leader: 93% of laity and pastors stated that dying in Christ is dying well. 96% answered that the Christian is eternally hopeful at the time of death. Every death hurts because death is punishment for sin. The death may or may not be physically painful. The sole criterion for dying well as stated by the laity and pastors of the Michigan District of The Lutheran Church-Missouri Synod is to die in Christ.*

For none of us lives to himself alone and none of us dies to himself alone. If we live, we live to the Lord; and if we die, we die to the Lord. So, whether we live or die, we belong to the Lord. For this very reason, Christ died and returned to life so that he might be the Lord of both the dead and the living (Romans 14:7-8).

## **6. Dying well is it possible?**

- No. All death is punishment for sin therefore it is not possible to do something well that has come as a result of sin.
- Yes. Death has been defeated. Christ has won the victory. All there is left for the Christian is to die physically, for Christ has already taken away the eternal sting of death.
- Yes. I can do all things through Christ who gives me strength.

**Prayer:** Heavenly Father, we thank You for sending Your only Son, Jesus, to suffer and die on the cross that we might not suffer and die eternally but have eternal life. Enable us to see that in our baptism and in the suffering that come into our lives You are preparing us to live and die well. All thanks and praise be to You. Amen.

**Hymn:** "For Me to Live Is Jesus" LW #267

## CONCLUSION

Writing the conclusion to this project that has been a large part of my life for over a year is difficult. There is part of me that wants the project to continue. Yet, I know by the sheer universal experience of death, this project will continue until I die. As a pastor, it is my God-given calling to help people die well.

To say that my life was transformed by writing this project would be incorrect, yet I have gained significantly from the process. As you read through the project, you can't help but notice that this work has been a kind of catharsis for me. It gave me an opportunity to reveal feelings experienced as a pastor that otherwise may have remained hidden.

Through the writing of this project I have gained a deeper understanding of the postmodern mindset regarding dying and death. A thread of control and autonomy runs throughout dying well. There is an unspoken command to take matters into your own hand when you experience lack of control and/or personal autonomy. This desire to be a law unto yourself began in the Garden of Eden and that sinful desire continues within the postmodern community.

In the postmodern community dying well is thought to occur when a person maintains control and autonomy. In the Christian community, dying well occurs when the person realizes that he/she is totally dependent on God,

for support for his/hers is the Kingdom (Matthew 5:3). This God-given identity received through baptism, enables a Christian to die well. Because of Christ's death on the cross, the Christian will die well.

Through this project I also learned from those who graciously responded to the survey. Those who wrote additional notes and others who wrote letters pouring out their feelings on dying and death have enabled me to better represent their thoughts on dying well.

I suggest two areas for further study in the area of dying well. The first area of study would be to compare the understanding of dying well in Hague, Netherlands, to the understanding of dying well in our postmodern community. The second area would be to ascertain whether or not the postmodern community's view of dying well has affected the availability of palliative care for terminally ill people.

When assessing the affect of the Doctor of Ministry Program, the camaraderie with the professors and fellow students was unsurpassed. While the program required time away from the parish and time away from my family, each time I attended classes, I returned built up in the faith with renewed strength to serve both my parish and family as these men of God pointed me to the cross rather than to my own resilience.

## APPENDIX ONE

### OREGON'S DEATH WITH DIGNITY ACT

#### 127.800 s1.01. **Definitions.**

The following words and phrases, whenever used in ORS 127.800 to 127.897, shall have the following meanings:

- (1) "Adult" means an individual who is 18 years of age or older.
- (2) "Attending physician" means the physician who has primary responsibility for the care of the patient and treatment of the patient's terminal disease.
- (3) "Consulting physician" means a physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.
- (4) "Counseling" means a consultation between a state licensed psychiatrist or psychologist and a patient for the purpose of determining whether the patient is suffering from a psychiatric or psychological disorder, or depression causing impaired judgment.
- (5) "Health care provider" means a person licensed, certified, or otherwise authorized or permitted by the law of this State to administer health care in the ordinary course of business or practice of a profession, and includes a health care facility.
- (6) "Incapable" means that in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, a patient lacks the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available. Capable means not incapable.
- (7) "Informed decision" means a decision by a qualified patient, to request and obtain a prescription to end his or her life in a humane and dignified manner, that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
  - (a) His or her medical diagnosis;
  - (b) His or her prognosis;
  - (c) The potential risks associated with taking the medication to be prescribed;
  - (d) The probable result of taking the medication to be prescribed;
  - (e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.



(8) "Medically confirmed" means the medical opinion of the attending physician has been confirmed by a consulting physician who has examined the patient and the patient's relevant medical records.

(9) "Patient" means a person who is under the care of a physician.

(10) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine by the Board of Medical Examiners for the State of Oregon.

(11) "Qualified patient" means a capable adult who is a resident of Oregon and has satisfied the requirements of ORS 127.800 to 127.897 in order to obtain a prescription for medication to end his or her life in a humane and dignified manner.

(12) "Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six (6) months.

<1995 c.3 s1.01>

#### **127.805 s2.01. Who may initiate a written request for medication**

An adult who is capable, is a resident of Oregon, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication for the purpose of ending his or her life in a humane and dignified manner in accordance with ORS 127.800 to 127.897. <1995 c.3 s2.01>

#### **127.810 s2.02. Form of the written request.**

(1) A valid request for medication under ORS 127.800 to 127.897 shall be in substantially the form described in ORS 127.897, signed and dated by the patient and witnessed by at least two individuals who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request.

(2) One of the witnesses shall be a person who is not:

(a) A relative of the patient by blood, marriage or adoption;

(b) A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or

(c) An owner, operator or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

(3) The patient's attending physician at the time the request is signed shall not be a witness.

(4) If the patient is a patient in a long term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having the qualifications specified by the Department of Human Resources by rule.

<1995 c.3 s2.02>

**127.815 s3.01. Attending physician responsibilities.**

The attending physician shall:

- (1) Make the initial determination of whether a patient has a terminal disease, is capable, and has made the request voluntarily;
  - (2) Inform the patient of:
    - (a) His or her medical diagnosis;
    - (b) His or her prognosis;
    - (c) The potential risks associated with taking the medication to be prescribed;
    - (d) The probable result of taking the medication to be prescribed;
    - (e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.
  - (3) Refer the patient to a consulting physician for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily;
  - (4) Refer the patient for counseling if appropriate pursuant to ORS 127.825;
  - (5) Request that the patient notify next of kin;
  - (6) Inform the patient that he or she has an opportunity to rescind the request at any time and in any manner, and offer the patient an opportunity to rescind at the end of the 15 day waiting period pursuant to ORS 127.840;
  - (7) Verify, immediately prior to writing the prescription for medication under ORS 127.800 to 127.897, that the patient is making an informed decision;
  - (8) Fulfill the medical record documentation requirements of ORS 127.855;
  - (9) Ensure that all appropriate steps are carried out in accordance with ORS 127.800 to 127.897 prior to writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner.
- <1995 c.3 s3.01>

**127.820 s3.02. Consulting physician confirmation.**

Before a patient is qualified under ORS 127.800 to 127.897, a consulting physician shall examine the patient and his or her relevant medical records and confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal disease, and verify that the patient is capable, is acting voluntarily and has made an informed decision.

<1995 c.3 s3.02>

**127.825 s3.03. Counseling referral.**

If in the opinion of the attending physician or the consulting physician a patient may be suffering from a psychiatric or psychological disorder, or depression causing impaired judgment, either physician shall refer the patient for counseling. No medication to end a patient's life in a humane and dignified manner shall be prescribed until the person performing the counseling determines that the patient is not suffering from a psychiatric or psychological disorder, or depression causing impaired judgment.

<1995 c.3 s3.03>

**127.830 s3.04. Informed decision.**

No person shall receive a prescription for medication to end his or her life in a humane and dignified manner unless he or she has made an informed decision as defined in ORS 127.800 (7). Immediately prior to writing a prescription for medication under ORS 127.800 to 127.897, the attending physician shall verify that the patient is making an informed decision.  
<1995 c.3 s3.04>

**127.835 s3.05. Family notification.**

The attending physician shall ask the patient to notify next of kin of his or her request for medication pursuant to ORS 127.800 to 127.897. A patient who declines or is unable to notify next of kin shall not have his or her request denied for that reason.  
<1995 c.3 s3.05>

**127.840 s3.06. Written and oral requests.**

In order to receive a prescription for medication to end his or her life in a humane and dignified manner, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to his or her attending physician no less than fifteen (15) days after making the initial oral request. At the time the qualified patient makes his or her second oral request, the attending physician shall offer the patient an opportunity to rescind the request.  
<1995 c.3 s3.06>

**127.845 s3.07. Right to rescind request.**

A patient may rescind his or her request at any time and in any manner without regard to his or her mental state. No prescription for medication under ORS 127.800 to 127.897 may be written without the attending physician offering the qualified patient an opportunity to rescind the request.  
<1995 c.3 s3.07>

**127.850 s3.08. Waiting periods.**

No less than fifteen (15) days shall elapse between the patient's initial oral request and the writing of a prescription under ORS 127.800 to 127.897. No less than 48 hours shall elapse between the patient's written request and the writing of a prescription under ORS 127.800 to 127.897.  
<1995 c.3 s3.08>

**127.855 s3.09. Medical record documentation requirements.**

The following shall be documented or filed in the patient's medical record:

- (1) All oral requests by a patient for medication to end his or her life in a humane and dignified manner;
  - (2) All written requests by a patient for medication to end his or her life in a humane and dignified manner;
  - (3) The attending physician's diagnosis and prognosis, determination that the patient is capable, acting voluntarily and has made an informed decision;
  - (4) The consulting physician's diagnosis and prognosis, and verification that the patient is capable, acting voluntarily and has made an informed decision;
  - (5) A report of the outcome and determinations made during counseling, if performed;
  - (6) The attending physician's offer to the patient to rescind his or her request at the time of the patient's second oral request pursuant to ORS 127.840; and
  - (7) A note by the attending physician indicating that all requirements under ORS 127.800 to 127.897 have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.
- <1995 c.3 s3.09>

**127.860 s3.10. Residency requirement.**

Only requests made by Oregon residents, under ORS 127.800 to 127.897, shall be granted.

<1995 c.3 s3.10>

**127.865 s3.11. Reporting requirements.**

- (1) The Health Division shall annually review a sample of records maintained pursuant to ORS 127.800 to 127.897.
  - (2) The Health Division shall make rules to facilitate the collection of information regarding compliance with ORS 127.800 to 127.897. The information collected shall not be a public record and may not be made available for inspection by the public.
  - (3) The Health Division shall generate and make available to the public an annual statistical report of information collected under subsection (2) of this section.
- <1995 c.3 s3.11>

**127.870 s3.12. Effect on construction of wills, contracts and statutes.**

- (1) No provision in a contract, will or other agreement, whether written or oral, to the extent the provision would affect whether a person may make or rescind a request for medication to end his or her life in a humane and dignified manner, shall be valid.

(2) No obligation owing under any currently existing contract shall be conditioned or affected by the making or rescinding of a request, by a person, for medication to end his or her life in a humane and dignified manner.  
<1995 c.3 s3.12>

**127.875 s3.13. Insurance or annuity policies.**

The sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy shall not be conditioned upon or affected by the making or rescinding of a request, by a person, for medication to end his or her life in a humane and dignified manner. Neither shall a qualified patient's act of ingesting medication to end his or her life in a humane and dignified manner have an effect upon a life, health, or accident insurance or annuity policy.  
<1995 c.3 s3.13>

**127.880 s3.14. Construction of Act.**

Nothing in ORS 127.800 to 127.897 shall be construed to authorize a physician or any other person to end a patient's life by lethal injection, mercy killing or active euthanasia. Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.  
<1995 c.3 s3.14>

**127.885 s4.01. Immunities.**

Except as provided in ORS 127.890:

- (1) No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with ORS 127.800 to 127.897. This includes being present when a qualified patient takes the prescribed medication to end his or her life in a humane and dignified manner.
- (2) No professional organization or association, or health care provider, may subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership or other penalty for participating or refusing to participate in good faith compliance with ORS 127.800 to 127.897.
- (3) No request by a patient for or provision by an attending physician of medication in good faith compliance with the provisions of ORS 127.800 to 127.897 shall constitute neglect for any purpose of law or provide the sole basis for the appointment of a guardian or conservator.
- (4) No health care provider shall be under any duty, whether by contract, by statute or by any other legal requirement to participate in the provision to a qualified patient of medication to end his or her life in a humane and dignified manner. If a health care provider is unable or unwilling to carry out a patient's request under ORS 127.800 to 127.897, and the patient transfers

his or her care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider.

<1995 c.3 s4.01>

**127.890 s4.02. Liabilities.**

(1) A person who without authorization of the patient willfully alters or forges a request for medication or conceals or destroys a rescission of that request with the intent or effect of causing the patient's death shall be guilty of a Class A felony.

(2) A person who coerces or exerts undue influence on a patient to request medication for the purpose of ending the patient's life, or to destroy a rescission of such a request, shall be guilty of a Class A felony.

(3) Nothing in ORS 127.800 to 127.897 limits further liability for civil damages resulting from other negligent conduct or intentional misconduct by any person.

(4) The penalties in ORS 127.800 to 127.897 do not preclude criminal penalties applicable under other law for conduct which is inconsistent with the provisions of ORS 127.800 to 127.897.

<1995 c.3 s4.02>

**127.895 s5.01. Severability.**

Any section of ORS 127.800 to 127.897 being held invalid as to any person or circumstance shall not affect the application of any other section of ORS 127.800 to 127.897 which can be given full effect without the invalid section or application.

<1995 c.3 s5.01>

**127.897 s6.01. Form of the request.**

A request for a medication as authorized by ORS 127.800 to 127.897 shall be in substantially the following form:

---

REQUEST FOR MEDICATION  
TO END MY LIFE IN A HUMANE  
AND DIGNIFIED MANNER

I, \_\_\_\_\_, am an adult of sound mind.  
I am suffering from \_\_\_\_\_, which my attending physician  
has determined is a terminal disease and which has been  
medically confirmed by a consulting physician.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care and pain control.

I request that my attending physician prescribe medication that will end my life in a humane and dignified manner.

**INITIAL ONE:**

\_\_\_\_\_ I have informed my family of my decision and taken their opinions into consideration.

\_\_\_\_\_ I have decided not to inform my family of my decision.

\_\_\_\_\_ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand the full import of this request and I expect to die when I take the medication to be prescribed.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed: \_\_\_\_\_ Dated : \_\_\_\_\_

**DECLARATION OF WITNESSES**

We declare that the person signing this request:

- (a) Is personally known to us or has provided proof of identity;
- (b) Signed this request in our presence;
- (c) Appears to be of sound mind and not under duress, fraud or undue influence;
- (d) Is not a patient for whom either of us is attending physician.

\_\_\_\_\_ Witness 1/Date \_\_\_\_\_

\_\_\_\_\_ Witness 2/Date \_\_\_\_\_

**NOTE:** One witness shall not be a relative (by blood, marriage or adoption) of the person signing this request, shall not be entitled to any portion of the person's estate upon death and shall not own, operate or be employed at a health care facility where the person is a patient or resident. If the patient is an inpatient at a health care facility, one of the witnesses shall be an individual designated by the facility.

---

<1995 c.3 s6.01>

## APPENDIX TWO

### SURVEY ON DYING WELL

**1. I am a:**

- (a) pastor.
- (b) layperson.
- (c) DCE
- (d) teacher.
- (e) other professional church worker.

Please respond to the following questions by circling the ONE letter that best represents your theological position on the following statements.

**2. A good death is:**

- (a) dying in Christ.
- (b) dying without pain.
- (c) not being alone.
- (d) being in control of the time.
- (e) not possible.

**3. You would withdraw medical treatment if the financial cost were too high.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**4. You would withdraw medical treatment if the suffering were too great.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.



- 5. You would withdraw medical treatment if the patient requests it.**
- (a) strongly agree.
  - (b) agree.
  - (c) disagree.
  - (d) strongly disagree.
  - (e) neither agree or disagree.
- 6. Imminent death means:**
- (a) minutes.
  - (b) hours.
  - (c) days.
  - (d) weeks.
  - (e) six months.
- 7. You would withdraw medical treatment if death were imminent.**
- (a) strongly agree.
  - (b) agree.
  - (c) disagree.
  - (d) strongly disagree.
  - (e) neither agree or disagree.
- 8. A futile treatment is one that cannot achieve the goals of the treatment no matter how many times it is repeated.**
- (a) strongly agree.
  - (b) agree.
  - (c) disagree.
  - (d) strongly disagree.
  - (e) neither agree or disagree.
- 9. Futile treatment may be removed if:**
- (a) there is no quality of life.
  - (b) the suffering is too great.
  - (c) the patient requests it.
  - (d) death is imminent.
  - (e) the person is an organ donor.
- 10. Withdrawing futile treatment is the same as killing the patient.**
- (a) strongly agree.
  - (b) agree.
  - (c) disagree.
  - (d) strongly disagree.
  - (e) neither agree or disagree.

**11. Quality of Life is:**

- (a) being baptized.
- (b) being able to communicate.
- (c) being able to earn an income.
- (d) not being a burden.
- (e) being autonomous/being in control.

**12. Suicide would be a viable choice if:**

- (a) there were no family support.
- (b) cost of care were too high.
- (c) the person chose it.
- (d) the law allowed it.
- (e) never.

**13. Dying well means:**

- (a) euthanasia.
- (b) control.
- (c) minimal suffering.
- (d) death in Christ.
- (e) none of the above.

**14. A person who is prepared for death is one who:**

- (a) has his/her finances in order.
- (b) has made peace with his/her family.
- (c) realizes any money spent on him/her now is a waste.
- (d) has faith and repentance.
- (e) none of the above.

**15. My (our pastor's) sermons speak about dying.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**16. I am familiar with the mindset of assisted suicide advocates.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**17. When a mentally competent adult's life has become physically intolerable he/she should have the right to end his/her life.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**18. Suffering has meaning.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**19. A person has the right to control his/her death.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**20. Dying is a cultural metaphor that means treatment failure.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**21. Death is part of the cycle of life.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**22. Society's message to the dying is to get out of the way and make room for those who are younger, vigorous, and still able to contribute to society.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**23. Life must be preserved at all costs.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

**24. A Christian is eternally hopeful in the face of death.**

- (a) strongly agree.
- (b) agree.
- (c) disagree.
- (d) strongly disagree.
- (e) neither agree or disagree.

## BIBLIOGRAPHY

- Byock, Ira. Dying Well. New York: Riverhead Books, 1997.
- Capps, Donald. Agents of Hope. Minneapolis: Fortress Press, 1995.
- Chin, Gene. "Oregon's Death With Dignity Act: First Year's Experience." available from <http://www.ohd.hr.state.or.us/news/1999/0217pas.htm>; Internet; accessed 27 November 1999.
- Eyer, Richard. Pastoral Care Under the Cross. St. Louis: Concordia Publishing House, 1994.
- Filene, Peter. In the Arms of Others. Chicago: Ivan R. Dee, 1998.
- Foley, Kathleen M.D. and Herbert Hendin, M. D., and Margot White J.D. "Physician-Assisted Suicide: Reflections on Oregon's First Case." Issues in Law and Medicine, 14, no. 3 (1998): 243-270.
- Grenz, Stanley J. A Primer On Postmodernism. Grand Rapids: William B. Eerdmans, 1996.
- Hendin, Herbert. Seduced by Death. New York: W. W. Norton, 1998.
- Humphry, Derek. Final Exit. New York: Dell Publishing, 1991.
- Humphry, Derek and Mary Clement. Freedom to Die. New York: St. Martin's Press, 1998, 14.
- Kilner, John, Arlene Miller, and Edmund Pellegrino, eds. Dignity and Dying: A Christian Appraisal. Grand Rapids: Eerdmans Publishing Company, 1996.
- Kolb, Robert. Making Disciples Baptizing: God's Gift of New Life and Christian Witness. St. Louis: Concordia Seminary Publications, Fascicle Series, number 1, 1997.
- La Puma, John and Edward F. Lawlor. "Quality-Adjusted Life-Years: Ethical Implications for Physicians and Policymakers." Journal of the American

Medical Association 263 (June 6, 1990): 2917-2921.

Lewis, C. S. The Problem of Pain. New York: Macmillan, 1962; reprint, New York: Touchstone, 1996.

Luther, Martin. Devotional Writings II, Luther's Works. Edited by Gustav K. Wiencke. Vol. 43. Fortress Press, 1968.

Lutheran Worship: Agenda. St. Louis: Concordia Publishing House, 1984.

Meilaender, Gilbert. "I Want to Burden My Loved Ones." First Things (October 1991): 12-14.

Peterson, Eugene. Subversive Spirituality. Grand Rapids: Eerdmans Publishing Company, 1997.

Pieper, Francis. Christian Dogmatics. Vol. 3. St. Louis: Concordia Publishing House, 1950-1953.

Raabe, Paul. "Human Suffering in Biblical Context." Concordia Journal, 16, no. 2 (1989): 139-155.

Schulz, Gregory. The Problem of Suffering. Milwaukee: Northwestern Publishing House, 1996.

The Oregon Death With Dignity Act: A Guidebook for Health Care Providers, eds. Kathleen Haley and Melinda Lee. Portland: The Center for Ethics in Health Care, 1998.

Veith, Gene Edward Jr. Postmodern Times: A Christian Guide to Contemporary Thought and Culture. Wheaton: Crossway Books, 1994.

Webb, Marilyn. The Good Death. New York: Bantam Books, 1997.