

Do The Right Thing
Series III
Issue #7: A Time to Live and A Time To Die

Case #1: Easter Would Be a Good Time to Die:

Pastor Schmidt always makes a special visit to the elderly and “shut-in” members of his congregation during the week before Easter. He uses this time to talk, to pray, and to share Holy Communion with the congregation’s older congregants. During a visit with Maria, the church’s most senior member, Maria said, “Pastor, Easter would be a good time to die.” The pastor wondered about Maria’s comment. But the frail lady said, “I’ve lived for 98 years, and I’m tired, pastor. I’m ready to go home.”

Pastor Schmidt was pleased to see Maria in church on Easter Sunday. As the service began, Maria was seized by a massive heart attack. The Emergency Medical Service responded promptly. The service was delayed while the paramedics hooked Maria up to the equipment available in the ambulance. Maria was then rushed to the hospital. The hospital placed Maria in Intensive Care and provided her with the most advanced equipment to keep her alive. According to hospital policy, Maria was kept on the equipment for 72 hours. At the end of that time, the staff physicians told the family and Pastor Schmidt that Maria had no brain function, but that she could be kept alive indefinitely by the technology available to the hospital. Two of Maria’s children agreed to remove the medical equipment. The third was hesitant. The doctors said they could do nothing until Maria’s three children came to an agreement. The doctors left Maria’s children in the chapel with Pastor Schmidt to discuss their decision.

Case#2: Brain Concussion:

John Washington was the outstanding running back for Alderman High School. He was also every parent’s dream, handsome, a member of the National Honor Society, and President of his Church Youth Group.

The wonderful world of the Washington family came to a sudden halt one Tuesday afternoon in October. John had been running pass patterns at football practice when a broken tackle threw him head-first into the steel frame of a blocking stand. John was rushed to the local hospital. A series of X-rays and brain scans led the local doctors to the conclusion that John had suffered only a temporary concussion.

John stayed out of practice Wednesday and Thursday and ran some light drills in preparation for the game on Friday night. During the drills John collapsed on the field. Again he was rushed to the hospital.

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The local staff found that the brain was hemorrhaging and rushed young John to the University Medical Center. The doctors continued their tests while sustaining John's physical existence with the most modern scientific equipment. After several days, the University medical staff met with John's family, their pastor, and the hospital chaplain. The state's best doctors said that the brain had suffered prolonged or non-reversible damage, probably caused by bleeding inside the brain. The staff at the University Medical Center believed that John was in a permanent coma. The doctors also indicated that John could be maintained indefinitely on the life support systems available at the University Hospital and its affiliated nursing facilities.

Discussion:

If you were a family member in the above cases, how would you make your decision?

We are now in a time of technological possibility, medical uncertainty, and moral insecurity. Considerations in our decision-making might be:

- Why are we doing what we are doing? Is it simply because we can, or because it enables a loved one to enjoy a reasonable standard of life?
- For whom are we preserving this life? (Are we acting out of love, fear, or a simple inability to make a decision?)
- If we are "Easter People", we believe that even death can be conquered. Is there something worse than the life we see before us in the hospital bed?
- In the absence of written instructions, who should make the decision about removing life support from a loved one?
 - a. The medical staff, including the hospital chaplain or social worker?
 - b. Courts of law?
 - c. The immediate family?
 - d. Does permitting others to make such a decision imply a support for euthanasia?
- Is making this final decision is the most loving thing you can do for your loved ones or a sin against God and the larger community?
- **Optional Discussion Question:**

Add to Case Study 2, "Brain Concussion" this new paragraph:

John's father stated that his company had a catastrophic medical insurance program with a \$1,000,000 cap. Beyond that, the father said he would pay the bills himself. He demanded that young John be kept on the life support equipment until he could fly young John to another city "with competent doctors and better equipment."

- What are the economic implications of our decision? Eighty per cent of the total spent for medical expenses during our lifetime will be spent during the last six months of our lifetime. These end-of-life expenses are usually paid by the government through Medicare or Medicaid or by insurance companies. In either case the expense of end-of-life care is transferred from the immediate family to a larger community. Our Judeo-Christian heritage teaches us that we have a responsibility to the larger community.
- As members of a community-centered religious tradition, should we demand heroic expenditures for us or for our loved ones at the expense of the larger community?

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