

**Finishing Well**  
***A conversation about living for Jesus on the back nine of life***

**“Medical Issues”**

**By Stephen Hurd, M.D.**

- 1. For the Christian, dying is an act of faith as much as living is.  
We each should contemplate both our life and death before God.**

**“For not one of us lives for himself, and not one dies for himself; for if we live, we live for the Lord, or if we die, we die for the Lord; therefore, whether we live or die, we are the Lord’s. For to this end Christ died and lived again, that He might be Lord both of the dead and of the living.”**  
– Romans 14:7-9

Concerning this passage, Calvin says that if God “lengthens our life in the midst of continual sorrow and weakness, we are not to seek to depart before our time. But if He should suddenly recall us in the prime of life, we must always be ready to depart.”

“No man would find it difficult [to die] who died every day. He would have practiced so often that he would only have to die but once more; like the singer who has been through rehearsals, and is perfect for her part, and has but to pour out the notes once for all, and have done.” – Charles Spurgeon  
(in *Dying and Death: Getting Rightly Prepared for the Inevitable*, by Joel Beeke & Christopher Bogosh)

This passage occurs in the middle of Paul’s writings in *Romans* Chapter 14 on how we are to love others by our actions and conscience. How we think about our lives should include how we think about our deaths. And how we think about life and death should have a profound impact on how we think about and love others. Clearly, from this passage there is no condition known or imaginable to man that escapes Christ’s rule.

“...nothing has contributed more powerfully to wean me from all that held me down to earth.”  
– St. Augustine, meditating upon death (quoted in Beeke & Bogosh).

“God must not be sought as though He sat enthroned upon the summit of religious attainment. He is to be found on the plain where men suffer and sin.” – Karl Barth, *The Epistle to the Romans*

Clearly sin and suffering are involved in life and death. Death is our final act of both faith and suffering in this life. We should live in that light.

**“O Death, where is your victory? O Death, where is your sting?’ The sting of death is sin, and the power of sin is the law; but thanks be to God, who gives us the victory through our Lord Jesus Christ.” – I Corinthians 15:55-57**

This passage comes at the end of Paul’s most comprehensive words on Christ’s resurrection and the hope we have in our own resurrection. The curse of death has, through Christ, now been transformed into an incredible blessing.

## **2. Support from family and the community of faith is vital for one facing death.**

**“A new commandment I give to you, that you love one another, even as I have loved you, that you also love one another. By this all men will know that you are My disciples, if you have love for one another.” – John 13:34-35**

This passage occurs right after Jesus washes the disciples’ feet and the Last Supper. Both of these events exemplify Christ’s love for his disciples. The commandment is new in the sense that it has been founded on Christ’s love for us which is the only foundation for our love for others. Of course, this event is followed by His greatest act of love: His sacrificial death for His own. The community’s love for the dying is a God-given opportunity to express God’s very love for us.

From Rob Moll, The Art of Dying—Living Fully Into the Life to Come:

“The biggest factor that makes for good deaths,” says hospice doctor Ira Byock, “is family relationships.” In his experience ‘patients who died most peacefully and families who felt enriched by the passing of a loved one tended to be particularly active in terms of their relationships and discussions of personal and spiritual matters. These families in particular also seemed to be involved in the person’s physical care. In the broadest sense, it was as if dying from a progressive illness had provided them with opportunities to resolve and complete their relationships and to get their affairs in order.’... Byock says we all need to say four things to a dying person: ‘Please forgive me, I forgive you, thank you, and I love you.’”

## **3. Medicine and technology are limited and can even be burdensome in end-of-life matters, though there are options offered that can be helpful.**

Statistics from Jessica Nutik Zitter, M.D., Extreme Measures: Finding a Better Path to the End of Life: Over 50% of Americans die in pain. 70% die in institutions. 30% of families lose most of their life savings while caring for a dying loved one. In industrialized nations, in 2010, it was found that over 40% of Americans dying from cancer were admitted to the ICU in the last 6 months of life. About 50% of people are less likely to want CPR after they learn what it actually entails. Most people dramatically overestimate the likelihood of survival after CPR. Doctors overestimate their patients’ duration of remaining life by 5.3-fold.

From Atul Gawande, Being Mortal:

“Each year, about 350,000 Americans fall and break a hip. Of those 40% end up in a nursing home, and 20% are never able to walk again.... Those patients who entered hospice, saw a palliative care specialist, suffered less at the end and lived 25% longer.”

From Katy Butler, The Art of Dying Well: A Practical Guide to a Good End of Life:

“Prolonging the life of the body is only one of medicine’s traditional missions. The others are: preventing disease; restoring and preserving function; relieving suffering; and attending the dying. As we age, these ‘quality of life’ goals grow in importance. But conveyor belt medicine, which absorbs the bulk of our insurance dollars, has largely forgotten how to address them. It rewards cure far better than care.... Counterintuitive as it seems, protection from inappropriate forms of medicine can now be at least as important as access to the care that helps most—the majority of which will be gentle and, if possible, delivered at home.” For the elderly, McCullough cautions that “ill-considered testing, drugs, or medical procedures may pose a greater threat than taking no action at all. Poor sleep, indigestion, incontinence, constipation with soiling, and depression are seldom fixed by a drug alone.”

So, while mainstream medicine has its limitations and can actually do harm, there are helpful options for end-of-life patients. Palliative care and hospice are important resources now available and becoming increasingly accepted by doctors, insurance companies, and patient care facilities.

From Zitter:

“Palliative care attends to the needs of patients with serious symptoms, whether physical, psychological, spiritual, or emotional. It is usually delivered to patients in the hospital or in an outpatient clinic. Practitioners are trained to manage these symptoms as well as to communicate information and coordinate understanding among all relevant parties. Palliative care is appropriate for anyone who has symptom management and communication needs from serious illness, not simply those who are approaching death. Hospice services provide palliative care for terminally ill patients who may only have months to live. These services are only available to patients who are no longer receiving curative treatment for their underlying disease. Hospice services are usually delivered in the home but can also be provided in nursing homes.”

From the NIH Public Access in PMC, 2015 Nov 18:

Palliative medicine is a rather new specialty and was recognized as such in 2008. Today, over 2/3 of American hospitals report palliative care teams and over 6000 physicians are certified by the American Board of Medical Specialties. Hospice has been around 20-30 years longer. The Medicare hospice benefit was created in 1982 and in 2011 about 46% of deaths in the USA occurred under the care of one of over 5000 hospices.

- 4. Often, there are no easy or right or wrong answers in questions of end-of-life situations. Prayer, wise counsel, and thoughtfulness with a good family, community, and medical support team are the best resources we have.**

**“Faith is the assurance of things hoped for, the conviction of things not seen.” – Hebrews 11:1**

Most of life is filled with uncertainties. End of life is usually no different. Trust in God is difficult if not impossible save for His grace.

**“Therefore, having been justified by faith, we have peace with God through our Lord Jesus Christ, through whom also we have obtained our introduction by faith into this grace in which we stand; and we exult in hope of the glory of God.” – Romans 5:1-2**

The hope of being made right or justified before God is a grace given to us through the work of Christ and will be consummated upon our death. Our destiny, lost in sin, will be restored.

- 5. Communication between patient, care givers, and family members is critical. That can be written and legal, but at the very least a frank discussion regarding how one desires to pass from this earth is vital to completing a walk of faith in our Lord.**

In his essay, *I Want to Burden My Loved Ones*, Gilbert Meilaender writes that the “appeal to a piece of paper overturns what families are supposed to do—carry each other’s burdens. When we allow someone else to care for us, make decisions for us, we most often discover that they are willing and eager to pick up our burdens. It is, therefore, essential that we structure the medical decision-making situation in such a way that conversation is forced among the doctor, the medical caregivers, the patient’s family, and perhaps still others such as a pastor.... Having end-of-life conversation, making wise choices toward a good death and being present with the dying loved ones are especially important because our medical system is not designed to help people die.” (quoted in Moll)

**Finally, there are so many promises made by God to those facing this final hour.** Fear at that moment is common, but thanks be to God we have a sure future with Him that starts in this life and extends into eternity.

**“Even though I walk through the valley of the shadow of death, I fear no evil, for you are with me; Your rod and Your staff, they comfort me. You prepare a table before me in the presence of my enemies; You have anointed my head with oil; My cup overflows. Surely goodness and lovingkindness will follow me all the days of my life, And I will dwell in the house of the Lord forever.” – Psalm 23:4-6**

Further reading:

Joel Beeke and Christopher Bogosh, Dying and Death: Getting Rightly Prepared for the Inevitable

Katy Butler, The Art of Dying Well: A Practical Guide to a Good End of Life

Atul Gawande, M.D., Being Mortal

Rob Moll, The Art of Dying—Living Fully Into the Life to Come (see Jeff’s excellent review)

Jessica Nutik Zitter, M.D., Finding a Better Path to the End of Life

There are many books written on this topic. The two above written by M.D.s are not necessarily from a Christian world view, but they are helpful from a medical perspective. The other three referenced above are written from a Christian perspective.