

The Problems with Suffering, Death, and Dying

The fundamental biblical principle that man is made in the image of God establishes the profound value and sanctity of human life. Because of the Fall, all humans are subject to suffering and death. While suffering is an intrusion into life, it is not without divine purpose, for it provides the opportunity for Christian witness, service and godly character development as we share in the sufferings of Christ.

Advances in medical science have greatly improved healing and relieved suffering, but have also presented many new dilemmas for patients and their families which must be faced in the light of God's Word.

Because of the value and sanctity of human life, we stand against any effort such as suicide, assisted suicide and euthanasia which seek to terminate innocent human life outside natural processes, even though the motive for such efforts may be a misdirected kindness. When faced with medical situations that could call for heroic measures, Christians should make a distinction between treatment that may prolong life in hopes of recovery and that which will only prolong the dying process. As Christians deal with difficult choices surrounding life and death, they should seek the support and counsel of the Church that should reach out with compassion and the truth of God's Word.

I. INTRODUCTION

We live in a day of profound ethical dilemmas as we consider such issues as suicide, assisted suicide, euthanasia, abortion, reproductive technology, and capital punishment. The view one holds regarding the value and dignity of human life will determine where he stands on all of these issues. It is imperative that we fully understand the biblical principles that establish an ethical framework that will enable us to have confidence that we are following God's direction as we encounter these dilemmas.

We bear a tremendous responsibility to make biblically informed choices under the Lordship of Jesus Christ. One day 'we must all appear before the judgment seat of Christ.' (*II Cor. 5:10*) since we must all answer to God for the decisions we make concerning these life and death matters, we dare not act autonomously or base our decisions on what we think is right independently of God. (*Isa. 55:8KJV*, "'For my thoughts are not your thoughts, neither are your ways my ways,' saith the Lord.")

II. BIBLICAL PRINCIPLES

A. The Image of God (Imago Dei): The stamp of the image and likeness of God has set apart human life as unique, distinctive and profoundly valuable. God demands that we preserve human life because it is the only form of life that He created in His own image. "Then God said, 'Let us make man in our image, in our likeness...'" (*Genesis 1:26,27 NIV*) Only human life can walk, talk and fellowship with the Creator, because it is the only life that possesses the image of God. This is the source of man's great value and dignity, made astonishingly "a little lower than God and crowned with glory and honor." (*Psalms 8:5 NAS*)

The value that we place on human life cannot be determined by one's productiveness to society or by any other arbitrary standard set by man. The tendency of a technological culture to assign value to an individual based on his or her function (*what he or she can do, rather than who he or she is*) is totally unacceptable. We must look to our Creator's declaration in Gen. 1:31 (NAS) "God saw all that He had made and behold, it was very good."

God reaffirms the value and dignity of all human life through the incarnation of Jesus Christ "who, although He existed in the form of God, did not regard equality with God a thing to be grasped, but emptied Himself, taking the form of a bondservant, and being made in the likeness of men. And being found in appearance as a man, He humbled

Himself by becoming obedient to the point of death, even death on a cross.” (*Phil. 2:6-8*) The death and resurrection of Jesus Christ on behalf of His people and the empowering presence of the Holy Spirit who now abides within all Christians also attest to the supreme value God has placed on human life. Can anyone doubt the dignity God has bestowed on human life, since He declares that the human body of believers is actually the dwelling place of God the Holy Spirit? (*I Cor. 6:19-20 NAS* “...your body is a temple of the Holy Spirit who is in you, whom you have from God...you were bought with a price...”)

B. The Right of God as Creator to Rule Over Life and Death: God, as our Creator, is the giver and sustainer of all life. Since God is the giver of life, He reserves to Himself along the right to take it: ‘It is I who put to death and give life.’ (*Deuteronomy 32:39*) “The Lord gave and the Lord has taken away.” (*Job 1:21*) In Psalm 139:13 & 16 (NAS), David acknowledged the sovereignty of God in numbering the days of his life: “For Thou didst form my inward parts; Thou didst weave me in my mother’s womb...in Thy book they were all written, the days that were ordained for me, when as yet there was not one of them”

Former Surgeon General Dr. C. Everett Koop sums up the problem of a culture which no longer looks to the Bible for its values: “Our society, having lost its understanding of the sanctity of human life, is pushing the medical profession into assuming one of God’s prerogatives, namely, deciding what life shall be born and when life should end.”¹ The eternal Word of God declares that life is a sacred and priceless gift, beyond the purview of mere human beings to decide its beginning or end.

God, as our Creator, has given life to us as a gift and a sacred trust. Therefore, it should be received with thanksgiving and protected from those who would seek to usurp God’s control of life and death through abortion, suicide, assisted suicide and active euthanasia.

C. The Prohibition of God: “You shall not murder.” (*Ex. 20:13 NAS*): Question and answer 136 of the Westminster Larger Catechism points out our obligations in fulfilling the Sixth Commandment:

Q. What are the sins forbidden in the Sixth Commandment?

A. The sins forbidden in the Sixth Commandment are: all taking away the life of ourselves, or of others, except in case of public justice, lawful war, or necessary defense; the neglecting or withdrawing the lawful or necessary means of preservation of life; ...and whatsoever else tends to the destruction of the life of any.

The Sixth Commandment clearly rules out the lawfulness of suicide, assisted suicide and active euthanasia. Suicide is the direct and intentional taking of one’s life: murder of self.³ Assisted suicide is the enabling of one to take his own life and is considered assisted murder. Active euthanasia is the willful and active taking of someone’s life and is clearly a violation of this commandment.

D. The Problems of Suffering, Death and Dying: Some argue that the motive of alleviating suffering justifies suicide, assisted suicide or euthanasia. But we can never justify the taking of life on the basis of suffering. The church must oppose any effort to terminate innocent life outside the natural process even though the motive may be a misdirected kindness.

Because we live in a fallen world (*Gen. 3*), suffering is a harsh reality. But as we examine the healing ministry of our Lord Jesus, we can only conclude that God is on the side of

healing. We have a God-given drive to resist suffering and death and to seek to alleviate physical and emotional pain. It is right to seek to lessen the sting of suffering through pain-killing medications which help make those who are suffering as comfortable as possible. It is permissible in the case of terminal illness to use painkillers which carry the risk of shortening life, so long as the intent is to relieve pain effectively rather than to cause death. (*Prov. 31:6* "Give strong drink to him who is perishing.") The proper application of medical science, as demonstrated by much of our hospital and hospice care, can in most cases enable patients to live and die without extreme suffering.

Hope and meaning in life are possible even in times of great suffering. As Christians, we must entrust our lives to a wise king and loving heavenly Father who has promised that "all things work together for good to those who love God, to those who are called according to His purpose." (*Rom. 8:28*) While suffering is an intrusion into our lives, it is not without divine purpose; for it provides the opportunity for Christian witness, service, and godly character development as we share in the sufferings of Christ. (*I Peter 4:12-13* & *Philippians 3:10*). Suffering often becomes the means by which Christians demonstrate to others the sufficiency of God's grace. (*II Cor. 12:9 NIV* "My grace is sufficient for you, for My power is made perfect in weakness.")

When death is likely to occur within a short period of time, we can look to the example of the patriarchs. When Jacob saw that he was in the dying process, he gathered his sons around him to deliver his final blessings and instructions (*Gen. 49: 1-33*). When Joseph was about to die, he also called for his brothers and reminded them of God's promises (*Gen. 50: 24-26*).

It is rare in our times to witness this kind of deathbed gathering. Why? Because in the United States today, three out of four people die in a hospital or a nursing home surrounded by strangers. Technological intervention in the process of dying could very easily undermine important ministerial functions of the terminally ill in a misguided zeal to prolong life at all costs. One of the great fears of dying patients is their being left alone or neglected. The environment of noisy machines and blinking lights of intensive care units is often substituted for the intimacy of loved ones.⁴

Since past generations did not have the technology to keep people alive artificially, most deaths occurred at home. Surrounded by family and friends, dying people were invited to repent of their sins, bless their children, ask forgiveness, bid farewell, and make recommendations. Of course, death remained then, as now, the most stressful of human events, but it "occurred as a natural experience, expected and understood."⁵

Even though we now have the technological means to make dying easier, our society is increasingly seeking to make active euthanasia more palatable. Euthanasia, until recently, was commonly understood to refer to the practice of passively allowing the dying process to take place. Today, proponents of the "Right to Die" movement seek to differentiate euthanasia by blurring the distinction between "passive" and "active." Passive euthanasia has never really been a moral problem, for it is simply allowing the process of dying to take its natural course as the medical team seeks to provide adequate pain management. Active euthanasia, on the other hand, means intervention that would hasten the patient's death. The church must speak out against active euthanasia as it rapidly gains popular approval.

Advocates of active euthanasia, suicide, and assisted suicide continue to point to man's need to die with dignity. They argue that the lack of physical or mental abilities precludes death with dignity since they assume that man's dignity is derived from mental and physical abilities. But the word of God clearly reveals that man possesses dignity and honor by virtue of the fact that he was created in the image of God. Man's dignity does not depend on his mental or physical condition. Each person, no matter how infirm or

socially useless he or she may appear to be, deserves to be accepted as a person of dignity created in the image of God.

At one extreme we find the proponents of active euthanasia, and at the other extreme we find vitalists who demand that in each and every case, life must be preserved at all costs. A biblical perspective of death and dying must be established in order to counter these extreme views.

Question 85 of the Larger Catechism asks: ‘Death, being the wages of sin, why are not the righteous delivered from death, seeing all their sins are forgiven in Christ?’ The answer gives us a wonderful summary of the theology of the death of believers in Christ:

The righteous shall be delivered from death itself at the last day, and even in death are delivered from the sting and curse of it; so that, although they die, yet it is out of God’s love, to free them perfectly from sin and misery, and to make them capable of further communion with Christ in glory, which they enter upon. (*WLC 85, emphasis added*)

Revelation 14:13 also tells us of the blessing of Christians when they die: “Blessed are the dead who die in the Lord from now on! ‘Yes,’ says the Spirit, ‘that they may rest from their labors, for their deed follow with them’” The curse of the fall of Adam and Eve has been turned into blessing because of the death, burial and resurrection of our Lord Jesus Christ.

The Apostle Paul tells us that he was willing to be absent from the body in order to be present with the Lord (*II Cor. 5:8*), for that is very much better” (*Phil. 1:23*) than continuing to live on this earth. Paul, already experiencing a deep and rich fellowship with Christ, clearly indicates that personal fellowship with Christ will be magnified at the death of the saints. Of course, this does not mean that one is not to seek to live out his life to its full extent as long as God gives the opportunity. Paul’s longing for that “much better” estate does not undercut the value and significance of the present life or by death. For Paul to live on in the flesh means fruitful labor for him, and he is convinced that it is “more necessary” for his fellow Christians for him to continue his early ministry. In the same way, we must regard this present life on earth as a great gift from God to be lived to its full extent in fruitful labor in serving others.⁶

Unlike spiritual death, which is an absolute evil, physical death is only a relative evil in a fallen world. Physical death for the Christian is not an enemy always to be fought at all times. The conviction that physical life must be preserved at all times is fundamentally idolatrous from the standpoint of biblical theology. God tells us in Hebrews 9:27 that “it is appointed for men to die once and after this comes judgment.” In Ecclesiastes 3:1,2 the Preacher says, “There is an appointed time for everything... a time to give birth and a time to die.” Thus, there is no moral or biblical obligation to prolong death when one is clearly in the dying process. There is a time to resist death, but there is also a time to cease resisting. As Stewart Alsop said, “A dying man needs to die, as a sleepy man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist.”⁷

The Bible teaches that we can glorify God by death as well as by life. According to Philippians 1:20 our ultimate purpose in life or in death must be the glory of God. The first question and answer in the Westminster Shorter Catechism demonstrates this beautifully:

Q. What is man’s primary purpose?

A. Man’s primary purpose is to glorify God and to enjoy Him forever.

Our Lord Jesus Christ, in willingly laying down his life for His people, gives us the greatest demonstration and example of a death which was motivated by love and the glory of God. (*John 12:27; 15:13*)

III. HEROIC MEASURES

A. Definition: “Heroic measures” refers to the use of extreme emergency measure to prolong a patient’s life when vital processes cease to function. Few topics in medicine are more complicated, more controversial, and more emotionally charged than the decision of whether or not to forego life-sustaining treatment for the hopelessly ill.

B. Problem: Because of our technological advances in the medical field, we now encounter perplexing moral question that earlier societies never had to face. Heroic measures may extend the life of the patient, but it may also extend the suffering of the patient and family members. Financial debt and a difficult legal climate add to the complexity of this situation. We are faced with profound ethical dilemmas. For example, does God demand, in every situation, that all medical options available be used to extend the life of one who is dying? Or would God have us, at times, to refuse extraordinary medical procedures and allow the patient to die? If a person is taken off a respirator and allowed to die, has the Sixth Commandment been violated? The answers to these dilemmas depend upon a clear distinction being made between prolonging life when there is hope of recovery and postponing the dying process when it is hopeless.

On the one side, heroic measures are indispensable to the practice of modern medicine. Many individuals have been restored to health by their application. On the other side, this technology may be applied thoughtlessly with the tragic consequences of lengthening the dying process and adding unnecessary suffering and expense for the patient and family.⁸

C. Guiding Principles

1. We cannot provide simple formulas and conclusions that fit every encounter with heroic measures. On the contrary, we find that it is impossible to give a specific direction for every conceivable circumstance, and we realize that decisions will differ. We can be sure that “God is our refuge and strength, a very present help in time of trouble.” (Psalm 46:1) God has promised to give us wisdom if we will ask in faith. Ministers should be consulted to pray with and for the patient to help him to determine God’s will in the application of heroic measures. Often God will give us the wisdom we need through the counsel of caring doctors. The patient and family should prayerfully and carefully weigh any decision to go against the counsel of the trusted physician since he would be expected to have the best advice in these situations. In many situations a distinction can be made between treatment that will heal, improve or restore the patient to health and treatment that will only prolong the dying process. The patient and family should ask appropriate questions to obtain this information, since for various reasons a physician may not make this distinction when various options of medical treatment are presented. Pastors or other elders should be consulted as patient and family carefully and prayerfully consider these options.⁹

2. Necessary means of preservation of life must not be withheld from the patient. Negative judgments about the “quality of life” of an unconscious or otherwise disabled patient have led some to propose withholding nourishment in order to end the patient’s life. Medical treatment that is clearly efficacious to heal, improve, or restore must not be

refused.

3. The Bible does not teach that people are obligated morally always to accept treatment that would sustain life artificially. For example, there does not seem to be an absolute moral obligation to undergo chemotherapy or to receive kidney dialysis in certain cases. In the case of irreversible diseases (like certain forms of cancer), the patient may in good conscience refuse treatment that may briefly lengthen his life if he believes that his quality of life would be greatly impaired.

A decision to withdraw medical support from a patient is terribly difficult, especially when it seems likely that death will be hastened by that decision. Nevertheless, a decision to withdraw life support is more often based upon better evidence than a decision to initiate life support. These heroic measures are often begun in an emergency situation when physicians must make decisions quickly about patients, but with limited information. Over the next few days, or weeks with continued observation and additional information, however, they may discover that utilization of a respirator or feeding tube would be futile treatment which would only prolong the dying process. Initially these procedures were started when there was some reasonable hope of the patient's recovery.¹⁰

Although heroic measures have been started, they do not necessarily have to be continued. Since there is "a time to do," it is morally permissible to discontinue life support when doctors agree that there is no hope of recovery.

4. Physicians should be chosen with these principles in mind. It is possible to have your doctor know your desires for each family member. "Do Not Resuscitate" orders are often an appropriate way to avoid heroic measures, because hospitals are required to resuscitate all patients who die suddenly unless such orders are on the patient's chart.¹¹

5. The advantages and disadvantages of available legal measures should be explored with a trusted lawyer if possible. This action can prevent many of the dilemmas that occur with terminally ill patients.

6. Our Lord Jesus gave us two helpful guidelines. First He enunciated "The Golden Rule:" Do to others as you would have them do to you (*Luke 6:31*), and the great summary commandment, "Love your neighbor as yourself" (*Mark 12:31*). Numerous surveys have demonstrated the fact that most people do not want extraordinary treatment for themselves when there is no real hope of recovery. Nevertheless, when faced with a decision on behalf of close relatives or friends, they often want more for others than they would do or want done for themselves. Love for our neighbor demands that 'in proxy decision making, we should apply the same biblical standards of justice, mercy and faithfulness to others that we want and expect to be applied to ourselves."¹²

We encourage spouses and family members to draw upon the biblical and theological principles outlined above as they seek to discern God's will in regard to heroic measures. After appropriate biblical reflection, we urge that families pray together and openly discuss what they desire concerning the various choices of medical treatment before being confronted with the actual experience of such a decision. We also encourage families to meet with their minister, Christian friends and physician about their concerns regarding care and to become educated about their conditions in order to permit informed decision-making. Sooner or later each one of us, either directly or indirectly, will face decisions regarding our own or a loved one's medical condition(s).

IV. RECOMMENDATIONS TO THE CHURCH REGARDING THE SANCTITY OF LIFE

1. It is incumbent upon our churches to address the temptations of suicide, assisted suicide and active euthanasia. The greatest deterrent to these evils is to introduce those at risk to a saving knowledge of Jesus Christ. Only then will they experience the abundant and meaningful life that our Lord came to give (*John 10:10* “I came that they might have life and have it abundantly.”)

2. In recent years the incidence of suicide, especially among teenagers and young adults has become alarming. We can blame the media’s glorification of alcohol, drugs and sexual promiscuity, but we must see to it that our churches are ready to provide practical help. Perhaps the incidence of suicide can be reduced if we seek to help those in our communities to attain a strong sense of belonging in their families and churches. As Peter tells us, ‘Love covers a multitude of sins.’ (*I Peter 4:8*) Both the Old and New Testaments encourage the building of strong interdependent families in which each family member is treated with dignity as one who has profound value and worth to God. If adequate support by the covenant community of the church, the family and competent pastoral care givers is provided, the mental suffering of loneliness, fear, depression and anguish, which is often more painful than physical suffering, can be alleviated. This support can significantly reduce the number of those at risk for suicide, assisted suicide and euthanasia. Those who have a strong sense of belonging to family and church which provide love, care and biblical morality are much more secure and are able to cope with suffering far better than those who lack similar nurturing.

3. We must not deliberately end the life of an individual through medical or any other means. But when the God-given powers of the body to sustain its own life can no longer function and physicians conclude that there is no real hope for recovery even with life support instruments, a Christian may in good conscience withhold heroic measures and “let nature take its course.” To try desperately to maintain the vital signs of one for whom death is imminent is not consistent with a Christian ethic that mandates respect for the dying, as well as for the living.

4. Families should discuss the option of bringing the irreversibly terminal patient home to die. This will enable the patient, the family, and loved ones to experience the meaning, blessing and convenience of being in the place they are most comfortable and familiar. Often home care is superior to that of an institution. Patients will normally get better attention and have more interaction in their own home.

Editor Paul Gilchrist lists other benefits. Serious infections that are a hazard in institutions are avoided. The patient will get more rest away from the frequent intrusion of needles, pills, tests, noisy instruments, and other interruptions that often continue twenty-four hours a day. Numerous studies indicate that hospital care, and even intensive care units, provide little or no medical benefit for some conditions. Careful discernment is needed to determine when to use these facilities and when not to.¹³

Most communities now have some type of hospice movement. Hospice is an agency designed to help patients and/or their families adjust to the idea of a loved one having a terminal illness. This group of dedicated individuals serves as an aid—physically, emotionally, and psychologically—to help individuals cope with the process of dying. Our local churches are encouraged to participate in this much needed ministry.

5. As the statesman Edmund Burke said, “All that is necessary for evil to triumph is for good men to do nothing.” We urge Christians to make known in the marketplace their convictions of the value of and respect for human life. As Christians, we should make this biblical position known by whatever means possible as we seek to be salt and light to our culture in the present confused state of affairs surrounding euthanasia, suicide and assisted suicide. By God’s grace we may be able to help shape public opinion and

formulate appropriate legislation regarding medical ethics and practices that will be in harmony with the teachings of the Bible.

BIBLIOGRAPHY

- De S. Cameron, Nigel M. *Death Without Dignity* Edinburgh: Rutherford House Books, 1990
- Davis, John Jefferson, "Brophy vs. New England Sinai Hospital" Ethical Dilemmas in Discontinuing Artificial Nutrition and Hydration for Comatose Patients," *Journal of Biblical Ethics*, July 1987, pp. 53-56.
- Davis, John Jefferson. *Evangelical Ethics: Issues Facing the Church Today*. Phillipsburg, NJ: Presbyterian and Reformed Publishing Co., 1985
- DiNunzio, Ronald C. *Medical Ethics*. D.Min Dissertation, Reformed Theological Seminary, Jackson, MS, 1992.
- Frame, John M. *Medical Ethics*. Phillipsburg, NJ: Presbyterian and Reformed Publishing Co., 1988
- Gilchrist, Paul R., ed. "Report of the Heroic Measures Committee," (1988), *PCA Digest Position Papers*. Atlanta, Georgia: Presbyterian Church in America, 1993.
- Gram, Robert L., *An Enemy Disguised: Unmasking the Illusion of "Meaningful Death."* Nashville: Thomas Nelson Publishers, 1985.
- *Journal of Biblical Ethics in Medicine*.
- Kelly, Douglas and Rollinson, Philip. *The Westminster Shorter Catechism in Modern English*. Phillipsburg, NJ: Presbyterian and Reformed Publishing Co., 1986.
- Koop, C. Everett, *The Right to Live, The Right to Die*. Wheaton: Tyndale House Publishers, 1976.
- Kurfees, James R. "On Living Wills," *Journal of Biblical Ethics*, January 1988, pp.4-9.
- Melton, J. Gordon, Ed. *The Churches Speak On: Euthanasia*, Detroit: Gale Research Inc., 1991
- Murray, John. *Principles of Conduct*. Grand Rapids: Wm. B. Eerdmans Publishing Co., 1957.
- Payne, Franklin E., *Biblical/Medical Ethics: The Christian and the Practice of Medicine*. Milford, MI: Mott Media, 1985, pp. 181-212.
- Ramsey, Paul. *The Patient as Person*. New Haven, CT: Yale University Press, 1970.
- Sproul, R.C., *Surprised by Suffering*. Wheaton, IL: Wm. Tyndale Publishers, 1989
- *The Confession of Faith of the Presbyterian Church in the United States*. Atlanta: John Knox Press, 1965.
- Townsend, Donald, "Physical and Spiritual Care of the Terminally Ill," *Journal of Biblical Ethics*, January 1988, pp. 1-3.

- Vere, Duncan. *Voluntary Euthanasia—Is There an Alternative?* London: Christian Medical Fellowship, 1979.
- C.Everett Koop, *The Right to Live, the Right to Die*. Wheaton, Tyndale House Publishers, 1976. P. 143
- *The Westminster Larger Catechism* cites the following proof texts: Acts 16:28’ Gen. 9:6; Exod. 21:14; Deut. 20:1; Exod 22:2; Matt. 25:42,43.
- See Recommendation #2
- Paul R. Gilchrist, ed. “Report on the Heroic Measures Committee,” PCA Digest Position Papers 1973-1993. Atlanta: Presbyterian Church in America, p. 386.
- J. Gordon Melton, ed. “Death and Dying” in *The Churches Speak On: Euthanasia*. Evangelical Lutheran Church in America, 1977, p. 136.
- Gilchrist, p.380
- R.C. Sproul, *Surprised by Suffering*, Wheaton, IL: William Tyndale Publishers, 1989, p. 46
- Gilchrist, p. 381
 Gilchrist, p. 382
 Gilchrist, p. 383
 Gilchrist, p. 386
 Gilchrist, pp. 382-383
 Gilchrist, pp. 286-287

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