ABSTRACT

Dying a Good Death: End-of-Life Decision-Making for Terminally Ill Christians

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With the ever-growing number of medical technologies and treatments that exist that are able to postpone the time of death and extend dying, the ethics of end-of-life care for terminally ill patients has become a popular area of research in the medical field. While much of this research focuses on factors such as patient education and patient autonomy, there are benefits to taking a theological approach in the study of medical death and dying, as many patients place an importance on spirituality during their last days. This thesis examines end-of-life decision-making for terminally ill patients, and specifically determines how these decisions should be made from a Christian theological perspective. In order to accomplish this, this paper pulls together thoughts and information from various sources on medical ethics, death and dying, and spirituality and theology. From examination of these sources, it was determined that there is not one end-of-life decision that is definitively "right"; but there is a way in which to make these decisions that can contribute to a good death. Terminally-ill Christians should work towards being within God's will when making these decisions, and decision-making should involve an attitude of humility, prayer, and seeking of godly counsel.

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DYING A GOOD DEATH: END-OF-LIFE DECISION MAKING FOR TERMINALLY ILL CHRISTIANS

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CHAPTER ONE

Introduction

The term "end-of-life decision-making" is used to describe the process in which terminally ill individuals must make decisions regarding their medical care. Terminally ill patients are individuals whose conditions will never be cured, so they will remain in their states of illness until death. These patients are often given a certain number of months or years to live. During this period leading up to death, terminally ill patients must often choose between the typically uncomfortable treatments that focus on prolonging their lives and treatments that instead cater to their symptoms and comfort levels, shifting the focus away from the mere extension of life. The increase in treatment options and medical technology that has occurred in the recent decades has made death in medical settings highly complex. Death itself is very complex phenomenon that can be defined scientifically, socially, legally, and religiously. Adding to this the mixture of the highly technical and scientific aspects of medicine with the personal and emotional experience of dying that occurs in medical settings only increases the already complex nature of death.

It follows that terminally ill patients frequently have difficulty making these life-or-death decisions in these situations. Ultimately, the goal of these individuals is to make decisions that lead them to a good death. However, determining how to make these decisions can be tough, especially without a solid understanding of death and what it is that constitutes a good one. This thesis will examine what it means to die a good death, specifically from a Christian standpoint, and how this understanding can be applied to

end-of-life decision-making. This chapter will begin by further discussing the complexity of death, particularly in medical settings, and will then discuss certain factors that are typically considered to contribute to a good death. In the next chapter, we will discuss the role of death more specifically in a Christian worldview and within the constructs of God's will. The third chapter will then apply this understanding of death to end-of-life decision-making before concluding the paper by summarizing the information from prior chapters and suggesting areas for further study.

The Complexity of Death within Medical Settings

Following the death of her father due to non-Hodgkin's Lymphoma, journalist Ann Neumann set out to find what it meant to die well so that she could determine whether or not her father had died a good death. She volunteered at a hospice center, and wrote of her experience in her book entitled *The Good Death.* Neumann soon discovered that the definition of a good death was not as clear as she had hoped, and that death, especially in medical settings, was in fact extremely complex.[1] Ultimately, she determined that because of the complicated nature of death, each individual experiences death differently and there is not one particular experience that constitutes a good death.[2] This section will evaluate this complex nature of death and some of the reasons individuals experience death differently by examining the distinction between dying and death, the experience of medical death in the modern world, and the diversity in the experience of death amongst individuals. Studying these aspects of death and dying will

[1] Ann Neumann, *The Good Death,* (Boston, MA: Beacon Press, Feb. 16, 2016) 7.
[2] Ibid.*,* 9-10.

supply us with a better understanding of death, allowing us to later use this understanding to determine how a terminally ill patient can make decisions that lead to a good death.

One of the factors that greatly contributes to the complexity of death is the common failure to acknowledge the distinction between death and dying. Dying is a process that takes place over a period of time, while death is an experience that occurs only once at a specific instant of time.[3] While the human body continually deteriorates throughout its life, the term "dying" typically denotes an individual that is old, unable to recover from an accident, or terminally ill, usually referring to cases in which death is expected to occur in the near future.[4] The process of dying can be quite drawn out and does not end until the moment of death. Many terminally ill individuals find themselves for extended periods of time in this state of slowly approaching death until they finally surpass the thin boundary separating them from life.

Living in this state of dying can be unsettling and a source of fear for these individuals. One reason for this is that dying is often a very lonely journey, and even when dying individuals are surrounded by their loved ones, they are still often experiencing the actual journey towards death alone.[5] Therefore, the process of dying can be fearful, and in fact, individuals often claim to be more afraid of dying than of death itself.[6] Journalist David E. Sobel says, "man's primary concern is not with death but with

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[3] Margaret Reith, Malcolm Payne, *Social Work in End-of-Life and Palliative Care,* (Policy Press at the University of Bristol, 2009), 34.
[4] Ibid., 37.
[5] Raymond See Kit Lo, *Death, Dying and Bereavement: A Hong Kong Chinese Experience,* (Hong Kong, China: Hong Kong University Press, 2006), 154.
[6] See Kit Lo, *Death, Dying and Bereavement: A Hong Kong Chinese Experience,* 156.

pain in life."[7] From this perspective, fear of dying is due to the unpleasant symptoms often involved in dying or the loneliness and emotional turmoil of the process. Some individuals are more afraid of dying than they are of death because they feel as although they have lived a full life and are prepared for death, so their main fear during this time is the pain and unease associated with dying. For this reason, the elderly are often less fearful of death than younger individuals who still feel as though they have much of their lives ahead of them.[8] Ironically, although many fear dying more than death, many people in medical situations often opt for treatments that delay death, which in turn prolongs dying. This discrepancy raises the question of whether there is indeed a fear of death that actually surpasses the fear of dying that many claim to be the stronger one.

Death is fearful because it is generally considered to be an unknown. Therefore, although individuals often claim that dying is more the more fearful of the two because they can comprehend that it is uncomfortable, their more subconscious fear of the uncertainty of death may cause them to choose treatments that prolong dying. Most individuals have some beliefs surrounding what happens during and after death, but these beliefs vary greatly greatly and are influenced by individuals' specific upbringings, experiences, and cultures. Although people have their own beliefs concerning death, they are still uncertain because it is not possible for any person to go through death and then recount their experience of it. This uncertainty can be the cause of great fear, for what is not familiar is often frightening. While the experience of the moment of death is unknown, one certainty in death is separation from earthly life as well as from those who

[7] David Sobel, "Death and Dying," *The American Journal of Nursing Vol. 74,* no.1 (Jan., 1974): 98.
[8] Ibid., 99.

remain alive.[9] This is another cause for fear in death. This estrangement from loved ones is difficult for dying individuals because of both the fear of being without them as well as the fear of leaving them behind on earth. The fear that arises from these factors of death can be considered a large part of the reason that death is often avoided in hospital settings and dying is prolonged, regardless of individual claims that dying is a greater source of fear than death itself.

As is seen in the discrepancy between the fear of dying versus the fear of death, the way in which individuals discuss dying can be very different from how they experience dying. An inconsistency exists between how people claim they want to die, in their homes surrounded by loved ones, and how they actually die, in hospitals surrounded by doctors.[10] In addition to the fear of death, another factor that may contribute to this inconsistency is the medicalization of death and a hospital culture that emphasizes the prolongation of life. The goal of modern medicine is to provide treatments that keep patients alive. Hospitals sometimes place significant focus on legal concerns and monetary considerations, but more importantly, their main focus is usually on simply making sure their patients do not die.[11] One issue is that with all of the recent technological and medical advances, doctors are able to achieve their goal of keeping patients alive, but this often comes at the cost of their quality of life. Many patients are willing to undergo painful and intrusive procedures in order to bring about long-term

[9] Ibid., 99.
[10] Angelo Volandes, *The Conversation: A Revolutionary Plan for End-of-Life Care,* (Bloomsbury USA, Jan. 5, 2016), 24.
[11] George Eber, "End-of-Life Decision Making: An Authentic Christian Death", *Christian Bioethics* 3, no. 3 (Dec. 1997), 185.

benefits, but for the terminally ill, these beneficial results are often minimal.[12] Still, the medical system is set up in such a way that encourages this type of treatment, and the focus is often placed on combating death with less emphasis on alleviating dying.[13]

The recent advances in medicine have also facilitated denial, an increasing response to death in modern society. Modern medical technologies supply an illusion that death is not as much of a concern in modern medicine, and the increased ability to prolong the moment of death can cause the imminence and reality of death to be repressed. "Death now seems to be optional," as futurologist Ian Morrison observes.[14] This attitude is dangerous because although death can now be delayed more than it could be previously, it is still something that every person has to face, and while Morrison surely recognizes this, he also recognizes that the increased ability to prolong death is contributing to an attitude of denial towards it. Denial of death is most often a negative mindset, and an over-denial of death is harmful to the dying.[15] In *I'll Have it My Way,* author Hattie Bryant states that the first step to succeeding in death is to acknowledge its inevitability,[16] and it is important that dying individuals stop denial and recognize death, accepting their fate and focusing on letting go of worldly affairs.[17] Denial is especially

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[12] Volandes, *The Conversation,* 68.
[13] Ibid., 26.
[14] Murray Enkin, "Death Can Be Our Friend: Embracing the Inevitable Would Reduce Both Unnecessary Suffering and Costs," *British Medical Journal Vol. 343,* no. 7837 (Dec., 2011), 1277.
[15] Paul Fiddes, "Acceptance and Resistance in a Theology of Death", *Modern Believing* 56, no. 2, Jan. 1, 2015, 224.
[16] Hattie Bryant, *I'll Have It My Way,* (Houston, TX: Bright Sky Press, Jan. 30, 2016), 4.
[17] Kathryn Paul, "The *Ars Moriendi:* A Practical Approach to Dying Well", *Modern Believing* (2015), 214.

harmful for terminally ill individuals because if they are unable to recognize the reality of their situations, their ability to make clear decisions regarding deaths is hindered.[18]

The denial of death can be a dangerous mindset, and this mindset is being fed by the complexity of medical death in the modern world. In addition to the medical technology that has the ability to defer death, hospital culture is often focused more on keeping patients alive than anything else. While fields in which medical care is supplied along with emotional and comfort-focused care are indeed growing, death still continues to be regarded as something to be resisted, postponed, and avoided in the medical world. Although death can be fearful and denial can feel like a simple mindset to which to turn, it is important that death is accepted and not seen as only a negative phenomenon. While the gravity of death and the positive influence of medicine should not be ignored, there exists a point at which death must be embraced to some extent. This line is difficult to define, however, and lack of clarity on whether to view death as a friend or foe is an aspect that greatly adds to its complexity. Most often in hospital settings, death is seen primarily as a foe, and it is forgotten that death is a necessary good that is a natural way to leave behind the pains and hardships of this world when the time comes. As medical humanities professor Murray Elkin said, "Because too many doctors have forgotten that death is a friend, people are kept alive when all that makes life valuable has gone." [19]

About one century ago, the average life expectancy was approximately 50 years, and now that number has been raised to over 70 in more recent years.[20] This increase in

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[18] Christopher Meyers, "The Impact of Physician Denial upon Patient Autonomy and Well-Being," *Journal of Medical Ethics Vol. 18,* no. 3 (Sept., 1992), 135.
[19] Enkin, "Death Can Be Our Friend," 1277.
[20] "US Life Expectancy Ranks 26th In the World, OECD Report Shows," *Huffington Post,* (Nov., 2013), 1.

years, however, does not necessarily correlate with an increase in quality or value of life, as we have seen. From a strictly technological perspective, life-sustaining treatments are by definition meant to sustain life, but from a more "human" perspective, these treatments are often life draining. Individuals are typically not described by their ability to breathe or their brain function, but rather by their character and personality. These features are often lost in the dying, and in these cases life-sustaining treatments can reduce the humanity of the individual rather than increase it.[21] There are, however, increased attempts in the medical field to remedy this loss in quality of life. An increased focus on psychology and sociology in medical education and the institution and the growth of the field of palliative care medicine, in addition to comfort-based hospice care, have helped in this area. The goal of palliative medicine is the "total care of patients whose disease is not responsive to curative treatment."[22] According to ethicist Fiona Randall, this type of care involves "the control of pain and symptoms, attention to psychological, social, and spiritual problems, and ultimately achieving the best quality of life for patients and their families."[23] In order to accomplish this, palliative care involves numerous members of a care team that work together to wholly treat the patient, including doctors, nurses, social workers, and chaplains, amongst others.[24] Each of these members is important, and this team effort is a defining characteristic of palliative care, allowing for the treatment of the physical needs of the patients while also giving heed to their quality of life as they approach death.

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[21] Volandes, *The Conversation,* 23.
[22] Ibid., 4.
[23] Ibid., 7.
[24] Guõlog H. Ásgeirsdóttir,"Out of the Depths: Theology and Spirituality Within Palliative Care", *Studia Theologica – Nordic Journal of Theology* 68, no. 2, July 3, 2014, 148.

Having seen the negative aspects of treatments for terminally ill patients that focus heavily on extending life, palliative care appears to be the obvious choice, and decision-making appears to be quite easy. However, the solution is not this simple. Factors such as fear of death and separation, pressure from loved ones and medical professionals, and the specific priorities and beliefs of the individual exist and make the experience of death unique for each person. It is important to keep in mind that patients, and not only their doctors, insist on doing "everything possible."[25] The decisions that individuals make regarding their deaths are not dependent merely on whether or not they prefer length or quality of life, but are instead influenced by a combination of factors. While death is the ultimate end that unites all individuals, the experience of death differs greatly amongst them. The definition of a good death is generally unique to each person depending on age, race, economic status, culture, and beliefs.[26] For example, individuals with Christian backgrounds may have different ideas surrounding their deaths than those who are atheists. The great variety that exists amongst people in their priorities, experiences, and worldviews leaves general decision-making around death a complex issue without a single definitive answer. Adding these individual differences in death are the differences in societal viewpoints of death. Death is a phenomenon that can be defined by scientific, legal, and religious systems, and it has definitions unique to each of these systems.[27] Death is thus complex on both personal and societal levels, so it follows that determining how to die a good death is therefore also extremely complex, and requires an understanding of what is involved in a good death.

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[25] Allen Verhey, "Still Dying Badly: A Christian Critique", *Christian Century* (Nov. 1 2011), 22.
[26] Neumann, *The Good Death,* 7.
[27] Ibid., 12.

Factors Typically Associated with a Good Death

Having determined that death is highly complex, we can surmise that determining what it is that constitutes a good death is not a simple task. Because the experience of death differs amongst individuals, it is difficult to define one way in which to die a good death. However, there are numerous factors often associated with dying well amongst patients, their families, healthcare professionals, and ethicists. This section will discuss four main factors that are considered to contribute to a good death: autonomy, education, preparedness, and family. First, autonomy allows patients to make their own informed decisions regarding their deaths, ideally with honest guidance and support from their healthcare providers. Patient education provides patients with the information they need to autonomously make decisions. Additionally, individuals can be prepared for death by making decisions ahead of time and appointing individuals to help them make decisions in the future. Lastly, many patients express the desire to be surrounded by family and loved ones during their deaths. These four factors provide a general sense of how one can die well from a practical point of view.

One major value that individuals associate with a good death in end-of-life healthcare situations is patient autonomy, or the right of patients to make decisions regarding their own deaths. Because of the discrepancy that is seen in hospitals where most people claim that they desire to die at home around loved ones, but still die in the hospital a majority of the time, it appears as though individuals are not allowed or able to make their own decisions. While this is often not completely true, especially in modern medicine, doctors and hospital culture often support certain life-sustaining treatments that

patients may not have chosen without the direction of these professionals.[28] Therefore, many ethicists, healthcare workers, patients, and their families argue that the major issues surrounding end-of-life care have to do with autonomy, often claiming that healthcare professionals hinder individuals from making their own choices by holding back information, or pressure them into making choices that benefit the healthcare system rather than the patient.[29] Because of this concern, there has been a large push towards making sure doctors and nurses are sensitive to the needs of the patient, and that they allow their patients to make their own decisions. In this view, the success of care does not depend on what the patient decides to do, but on whether they were able to make the decisions themselves and therefore achieve the deaths that they desire.

In order for patients to make decisions autonomously, they must be well informed on what these decisions can be and the various paths that they can take. The education of terminally ill patients about their options is also a factor that is associated with a good death. Dr. Angelo Volandes argues for the importance of honest conversation between patients and their healthcare providers so that the patient knows everything necessary about their condition and the treatments available in order for them to be able to make the right decision.[30] A study was conducted in which doctors were asked whether they themselves would want the treatments that they often suggest, such as ventilation and dialysis, and an overwhelming majority said they would not even choose to go through a trial version.[31] Letting patients know of the intrusiveness and discomfort of certain procedures as well as the likelihood of positive results is crucial in the doctor-patient

[28] Bryant, *I'll Have It My Way,* 34.
[29] Bryant, *I'll Have It My Way,* 22.
[30] Volandes, *The Conversation,* 31.
[31] Bryant, *I'll Have It My Way,* 16.

conversation. Further, physicians are encouraged to remind patients that their autonomy includes their ability to choose not to make the decision for themselves.[32] Other options include deciding to allow the doctors to do what they believe is best, or to leave the decision up to trusted individuals in the patient's life.[33] Additionally, physicians should not only make everything clear to their patients regarding their conditions and options, but should also maintain a relationship in which the patients are comfortable asking questions and discussing these heavy decisions with their doctors. The more information that is given and discussion that is had regarding an individual's death, the more confident patients will be in their decision making.

Preparation is another factor considered to contribute to a good death. Terminally ill patients often view autonomy as one of the most important aspects of their deaths, but this capability to make decisions can also be a source of fear and discomfort as choices regarding life and death are placed directly into the hands of the dying. Making early decisions regarding death can greatly reduce this anxiety, as one can go into the period of dying prepared and knowing what is ahead.[34] Hattie Bryant stresses the fact that healthy individuals should sit down and make decisions regarding their possible future hospitalization. When preparing for what they believe is a good death, people often consider which priorities are most important to them, how their spiritual or cultural beliefs should factor into their decisions, whether or not they want to be home when they die, and whether they prefer length or quality of life.[35] Additionally, individuals are encouraged to set a proxy, or an individual that can make these difficult decisions in

[32] Volandes, *The Conversation,* 31.
[33] Volandes, *The Conversation,* 32.
[34] Bryant, *I'll Have in My Way,* 28.
[35] Volandes, *The Conversation,* 32.

cases where they are not able to do so.[36] In *Crossing Over: Narratives of Palliative Care*, there are numerous instances recounted of patients who did not set a clear proxy or who chose their proxy without much thought, and these patients typically suffered a death that they might not have considered good because of it. For example, in the case of Leonard Patterson, a cancer patient who was given less than a year to live, strained relationships in his family caused issues when he was trying to make decisions. The hospice staff that was treating him had to work quite hard to allow him to have a peaceful death while also pleasing his family, who felt as though they should have been a part of the decision-making process.[37] If Patterson had set a clear proxy, especially outside of his strained family, there would have been less of a hassle in the case and he would have been allowed a more peaceful death.

There are also some instances cited in which proxies were overwhelmed by the responsibility of making decisions and ended up regretting their choices and feeling guilty, simply because they were not prepared. An example was in the case of Klara Bergman, a terminally ill patient who felt ready for her death. Klara's daughter, Ellen, was her primary caregiver and proxy. Ellen was in strong denial of her mother's impending death, and therefore wanted to continue treatments even when her mother preferred to opt for a quicker and more peaceful death.[38] Had Klara known of her responsibility as a proxy and the wishes of her mother sooner, she might have been able to prepare to make decisions that were difficult to make. These cases show that it is important that the proxy, who is often a family member, be clearly set, informed,

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[36] Bryant, *I'll Have It My Way,* 28.
[37] Barnard, *Crossing Over: Narratives of Palliative Care,* (Oxford, NY: Oxford University Press, March 15, 2000), 151-176.
[38] Ibid., 59-78.

educated, and prepared, especially because death can be just as hard for the loved ones of the dying as it is for the dying themselves.

The proxy is typically a family member because there is often trust within the family, and being around family and loved ones is also often considered part of a good death. Many people say that they would prefer to die at home surrounded by those that they care about, as opposed to in a hospital surrounded by doctors and nurses. In many cases, individuals that are dying have a desire or need to feel connected to others in their last days.[39] This is something that is highly valued in palliative care medicine. Family is considered part of the palliative care team along with the patient. Being transparent with the loved ones of the patient and creating an environment in which they can actively support the patient are considered crucial practices for healthcare professionals, and are believed to add to a good death for the patient.

While autonomy, education, preparation, and family can certainly be factors that allow patients to experience more peace in their last days, death is a grave phenomenon that carries deeper connotations. The goal of dying well cannot simply be accomplished by considering these factors alone. A good death will not look the same for every individual, and varies from person to person. Everyone experiences death differently and has different ideas surrounding what constitutes a good one.[40] This makes decision-making especially difficult for terminally ill patients, as there is no obvious choice to make, and when considering factors such as autonomy, education, preparation, and family, many decisions simply come down to personal preference. Therefore, many of the decisions that a patient can make are not definitively right or wrong. Terminally ill

[39] Paul, "The *Ars Moriendi:* A Practical Approach to Dying Well," 212-213.
[40] Neumann, *The Good Death,* 9.

individuals should then determine *how* to make these decisions rather than focusing solely on trying to find the "right" decisions.

CHAPTER TWO

The Function of Death in a Christian Worldview

The subject of death and dying is one that is highly complex, and the increasing ability of medical technologies to sustain life in the midst of illness has greatly added to this complexity. Therefore, an increased focus on the ethics of end-of-life healthcare has emerged in recent decades, and emphasis has been placed on autonomy, education, and comfort for terminally ill patients. While this emphasis is beneficial and allows individuals to make their own decisions regarding their deaths, it does little to help patients determine how it is that they should make these difficult decisions. Studying death within the framework of Christianity, however, can provide answers to this question through the examination of the theology of death and the role that death plays in the life of the Christian. Determining how death fits into a Christian worldview allows for the application of Christian principles to dying and decision-making. In this chapter, we will begin by discussing the importance of theology for the study of death and dying in end-of-life healthcare. To determine how theology relates to death, we will first examine the value of life and the purpose that the Christian life holds. Next, having discussed the overall purpose of the Christian life, we will study God's divine will for individuals and how it relates to the Christian's own free will and ability to make decisions. Finally, we will discuss the hope that exists surrounding death in Christianity, and how this hope can be a source of comfort for terminally ill individuals.

The Importance of Theology in the Study of Death

Acceptance and resistance of death are two opposing attitudes that are often seen in terminally ill patients.[41] On the one hand, many individuals are prone to resistance, holding a denial towards death that can blind them to its reality. Increased medical technology and the ability to use it to hold off death have facilitated this attitude of denial towards it.[42] A large part of the reason for this denial is the fear of death as an unknown entity, and a corresponding sense of discomfort that often occurs when the subject of death is brought up. This is seen in the numerous euphemisms that exist for death in the English language, such as "passed away" or "departed." Death is seen as a taboo subject that many individuals do not want to face directly, so it is often evaded and put off. Even with our culture's obsession with death, as seen in various movies and video games that vividly portray death, there continues to be reluctance from individuals to even discuss their own deaths.[43] Although this denial is a normal step in the grieving or dying process, an over-resistance of death can be hindering, especially for terminally ill individuals who need to make decisions regarding their deaths without mindsets overly plagued by dismissal or false hope.[44] An acknowledgement of the reality and gravity of death is important in the decision-making process for the dying.

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[41] Fiddes, "Acceptance and Resistance in a Theology of Death," 223.
[42] Paul, "The *Ars Moriendi*: A Practical Approach to Dying Well," 209.
[43] Verhey, Allen, et. al. Death and Its (In)dignity. In T. Lysaught (Ed.) *On Moral Medicine: Theological Perspectives on Medical Ethics.* (Grand Rapids, USA, 2012), 1614.
[44] Fiddes, "Acceptance and Resistance in a Theology of Death," 226.

Conversely, many individuals have an attitude of over-acceptance towards death, which also leads to failure to acknowledge the gravity and seriousness of death.[45] Over-acceptance can lead to a "domestication" of death, in which individuals become so comfortable with their death that they fail to recognize the significance of death and feel as though they can control it. This domestication of death is often seen as a highly rational and practical way of thinking.[46] The death-is-natural movement, for example, pushes for the acceptance of death as a natural event and just another part of the human life cycle.[47] The reasoning behind this movement is simple and logical, focusing on the fact that death is inevitable and should therefore be received without disdain or denial. This perspective itself cannot be argued against, but attitudes like this can sometimes result in an over-acceptance of death that leads to a fatalistic submission to it.[48] Furthermore, although it preaches an acceptance of death, the death-is-natural movement still fails to combat denial.[49] Those who overly resist death recognize that death is a "part of life," yet they are still apprehensive to face their own deaths. Additionally, modern efforts to combat and put off death can be seen not only as denial, but also as a form of domestication of death because it puts death in the control of dying individuals, promoting a mindset of over-acceptance through the possibility of planning for and even "scheduling" one's own death.[50]

It is clear that too much of either acceptance or resistance to death is not beneficial to the dying. A large part of the reason for this is that both attitudes reduce

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[45] Ibid., 227.
[46] Verhey, et. al., *On Moral Medicine: Theological Perspectives on Medical Ethics,* 1614.
[47] Verhey, "Still Dying Badly," 24.
[48] Verhey, et. al., *On Moral Medicine: Theological Perspectives on Medical Ethics,* 1614.
[49] Verhey, "Still Dying Badly," 24.
[50] Verhey, et. al., *On Moral Medicine: Theological Perspectives on Medical Ethics,* 1614.

death to a merely biological and medical event. Denial of death is often seen in conjunction with reliance on medical technology to push away death, while acceptance of death is often correspondent with a view that it is merely the end of a biological cycle. Some people go to great lengths to avoid death at all costs, while others attempt to accept and control it. Because medicine makes all such attitudes possible, it can easily become the main focus for dying individuals.[51] This, along with a hospital culture that aims mainly to prolong life, contributes to the medicalization of death commonly seen today. Death, however, as we have previously discussed, is far more complex than can be explained strictly through science. In fact, a fuller understanding of death must include its biological and medical factors as well as its emotional, philosophical, and spiritual factors. This is where the medical field is limited, and where fields such as philosophy and theology must come in. Theology in particular is beneficial because it deals not only with dying and death, but also with what comes afterwards. As Demetrios Wilson, member of the Ethics Committee at UCLA Medical Center, states, "western medicine is very good at keeping you alive, but very poor at transitioning you from this life to the next."[52] Strict medical science cannot completely explain or prepare individuals for death, and in medical decision-making, one must find a balance in which scientific and technical knowledge is used in conjunction with human beliefs and judgments.[53] Modern medicine alone lacks the tools necessary to wholly provide for the emotional and spiritual needs of patients.

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[51] Joel Shuman and Brian Volck. *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine.* (Grand Rapids, USA, February 1, 2006), 126.
[52] Wilson, "A Peaceful Passing: Negotiating the Hospital and Hospice", 30.
[53] Fiona Randall, *Palliative Care Ethics: A Good Companion,* (Oxford, NY: Oxford University Press, Feb. 22, 1996), 17.

There are certainly attempts within the medical field to fill this gap that exists in the care of the dying, including increased focus on humanities in medical education, comfort-based hospice care, and palliative care medicine. Of these, palliative medicine is the most direct attempt at caring for the whole patient in a medical setting, as it involves numerous members of a team that cater to the various needs of the patient, whether they be physical, psychological, emotional, or spiritual. Palliative medicine gives attention to spiritual care through the availability of a chaplain as part of the care team for terminally ill individuals. The article "Out of the Depths: Theology and Spirituality Within Palliative Care" details a study conducted on terminally ill patients in a palliative care center in Iceland. The study examined the spirituality of the patients at the center through surveys and interviews. The study found that a large number of these terminally ill patients believed in God or a higher being, and God was considered a resource and safe place during time of trouble. Many of these patients' beliefs, especially those concerning life after death, were influenced by Christianity, but still involved personal and subjective experiences.[54] A palliative care chaplain typically encourages this type of general religious care, and this is often the extent of the spiritual care that the patient receives from the palliative care team. While this type of care can be seen as positive in that it provides some form of "spiritual" care to all who want it without discriminating between various religions, spirituality that is generic and undefined is often not beneficial to patients, as it fails to provide definitive answers that individuals are often seeking when they turn to spiritual care. Attempting to explain the deep and complex subject of death with a shallow spirituality defeats the purpose of spiritual care and can add to patients'

[54] Ásgeirsdóttir,"Out of the Depths: Theology and Spirituality Within Palliative Care", 149.

confusion.[55] Additionally, generic spirituality can in fact be disrespectful to various religions by trivializing their significance. Ethicist Allen Verhey describes God as "the Mystery," and explains that the world, with its variety of beliefs and religions, has many different ways of naming this Mystery. He then goes on to discuss the hospice expansion of the Mystery into one name to fit a general audience, and says, "When spirituality is reduced to a lowest common denominator, to something like 'the Ultimate Mystery,' then the ways in which it is named can be trivialized."[56] Thus, the over-generalization of spirituality not only adds confusion with its lack of clarity, but can also fail to cater to and respect the religious needs of patients.

According to Verhey, the way individuals live and die is a response to how they name the Mystery.[57] Therefore, for Christians, who name the Mystery as the God of the Bible, the examination of death from a theological perspective should influence the way in which they live and make decisions. Therefore, in order for them to die a death that can be considered good, Christians should have an understanding of death and its purpose as it pertains to Christianity. Because Christians believe that they come from God, belong to God, and are destined to finally return to God, studying death as designed by God is necessary for a complete understanding of its purpose in their lives. Unlike with a generic spirituality, the study of theology in conjunction with death allows for a deep and definitive understanding of death, and can therefore provide answers to what it is that constitutes a good death from outside the perspective of science and the medical field.

[55] Eber, "End-of-Life Decision Making: An Authentic Christian Death," 186.
[56] Verhey, "Still Dying Badly," 27.
[57] Ibid., 27.

The Value and Purpose of the Christian Life

Having determined that a theological study of death is useful for the terminally ill Christian, we must now examine where death fits in a theological perspective. We have already seen that death is a highly complex phenomenon. It is a biological phenomenon in which the body ceases to function, a social phenomenon that can affect the lives many individuals, and a religious phenomenon that can be defined within the constructs of various religious worldviews. Because death is defined by multiple systems and the experience of death varies greatly amongst different situations, it is difficult to find a concrete solution for how to approach it in medical situations. There is, however, one defining feature of death that holds true across multiple disciplines, and that is that death is the cessation of life on this earth.[58] While science aims mostly at avoiding this absence of life, and sociology focuses on autonomy and taking charge of death, a religious perspective often examines death by identifying its role in the overall spiritual journey of individuals. Studying death within a theological framework involves determining the role of death in the life of a Christian.

It is important for a Christian to recognize the importance of life before making decisions regarding death. Because end-of-life decision-making often involves determining when life should be preserved and when it should be allowed to end, an understanding of what it is that gives life value is useful for terminally ill patients. The recognition of life as valuable can prevent an attitude of over-acceptance towards death, an attitude that is not appropriate because it fails to recognize that life is a gift from God

[58] Verhey, "Still Dying Badly," 23.

that should be cherished.[59] The God of the Bible is one who creates and values life, as is seen in the creation of humankind in God's image. As authors Joel Shuman and Brian Volck argue in their book, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine,* Christians then recognize all individuals as connected to God in a unique creature-Creator relationship, a relationship that also allows for the recognition of human life as unique and of value.[60] Life is valuable because it was created by God and for God.[61] A Christian's worth does not lie in some special quality that individuals possess, but rather, worth is found in being loved by God and called into a relationship with God, therefore making even the most flawed and broken individual of high value.[62] This realization can be beneficial to those making decisions in end-of-life healthcare situations, and can serve as a reminder that life is of value even when it only feels burdensome. This, however, does not imply that terminally ill patients should always prolong life at all costs. Quantity of time left does not impact life's intrinsic value.[63] For a dying Christian, respecting the value of life involves making end-of-life decisions in such a way that glorifies and honors God, despite the particular decisions one faces.

Christianity cannot be reduced to a religion focused only on what happens after death; it is also about living faithfully prior to death. Before going through the transition between life and death, individuals undergo the process of dying, the very last stage of

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[59] Ibid, 225.
[60] Shuman and Volck, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine,* 44.
[61] Ibid., 44.
[62] Karen Lebacqz. "Alien Dignity: The Legacy of Helmut Thielicke for Bioethics," *On Moral Medicine: Theological Perspectives on Medical Ethics* (2012), 1158.
[63] James F. Keenan. "Suffering, the Body, and Christianity: The Early Christians Lived the Theological Basis of Catholic Health Care," *On Moral Medicine: Theological Perspectives on Medical Ethics* (2012), 1193.

life. Rather than viewing dying as separate from life, as often occurs, it is useful to recognize that dying is the final phase of life, and therefore we can relate the way in which people die with the way in which they live. In fact, beginning the process of dying can sometimes cause individuals to recognize that they are not living life in the way they believe they should be, and the period of dying can be their last opportunity to make a change.[64] A study was conducted in Victoria, Australia, in which the ethical challenges associated with cancer diagnosis were examined. The study surveyed cancer survivors, and all of those surveyed agreed that their goal prior to death was to have lived a "good life."[65] For these individuals of various spiritual backgrounds, the definition of a good life mostly involved factors such as achieving happiness, self-acceptance, and compassion towards others. If these factors of a good life had not yet been achieved or given enough attention in an individual's life, the period of dying was their last chance to accomplish these goals.[66]

For the Christian, living a good life can include the attitudes and actions listed in the study, but if life is a gift that is given value by God, the Christian life should focus primarily on bringing glory to God. John Calvin taught that the chief end of humanity is the glory of God.[67] The *Cambridge Dictionary of Christian Theology* describes glory as referring to "God and the splendor of God's perfection, directly (the glory of God), by participation (the glory of creatures and…Christians), or by contrast (…human

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[64] Jan Pascal and Ruth Endacott, "Ethical and Existential Challenges Associated with a Cancer Diagnosis," *Journal of Medical Ethics Vol. 36,* no. 5 (May, 2010), 279.
[65] Pascal, "Ethical and Existential Challenges Associated with a Cancer Diagnosis," 280.
[66] Ibid, 280.
[67] K. M. George, *Paulos Mar Gregorios: A Reader*, (Augsburg Fortress Publishers, 2017): 273.

vainglory)."[68] The direct glory of God refers to the revelation of God's presence and attributes through creation, history, and the Bible. Because God's glory is manifested in creation, creation responds by participation in this glory, praising God, and rejoicing in doing so.[69] Acknowledgement of God's attributes and subsequent praise of God is what "bringing glory to God" refers to.[70] God's glory is an intrinsic quality made known through outward appearance, and can therefore be displayed through human praise.[71] When St. Augustine cries out to creation in his *Confessions*, creation answers, "We are not God…He made us," and Augustine realizes that "the invisible things of God [are] understood by things which are made."[72] To glorify God is to manifest God's hidden excellence, and to make known God's attributes.[73] If the purpose of the Christian life is to bring glory to God, then the Christian's goal in life should be to draw attention to God. Because dying is the final phase of earthly life, the dying Christian's focus should be on this goal.

In order to bring glory to God in death, one must approach death from an attitude of humility. Drawing attention towards God involves drawing attention away from oneself. This attitude of humility can come from recognizing that human beings are imperfect and flawed creatures, and must therefore rely on God to guide them as they make decisions. As "fallen beings in a fallen world," people will not always come to the

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[68] Pitstick, A. L. In I. A. McFarland, D. A. S. Fergusson, K. Kilby, & et. al. (Eds.), Glory. *Cambridge Dictionary of Christian Theology*. Cambridge, UK: Cambridge University Press. (2011)
[69] Ibid.
[70] Ibid.
[71] Ibid.
[72] Augustine, Michael P. Foley (Editor), *Confessions,* (Indianapolis, IN: Hackett Publishing Company, Inc., 2006): 194.
[73] George, *Paulos Mar Gregorios: A Reader,* 276.

best solution to problems by their own means,[74] and using rational human reasoning and attitudes such as autonomy, bravery, and clear-mindedness are not sufficient in ensuring a good death. No human formula can come to a fully moral and right resolution. This is seemingly discouraging, as it appears as though nothing we can do will always result in making the right decisions. However, the limitations humans have can in fact be encouraging, as they allow for reliance upon something other than personal boldness and wisdom. Allowing oneself to approach death in the fear and weakness that are natural human responses to death can be frightening, but it becomes less so when reliance is placed on God's strength rather than on human strength. When faith is placed in God, keeping in mind that the details of death are ultimately not up to human decisions, pressure is taken off of the actual decisions being made and a higher importance is placed on how decisions are made.

While decisions made regarding death often dictate much of death's experience, making these decisions is not equivalent to having power over death. The idea that decision-making can help individuals to control their deaths contributes to the attitudes of over-resistance and over-acceptance discussed earlier.[75] These attitudes can be overcome by recognizing God as the one who gave life, and the one who has the power to take it as well.[76] Because humans do not have control over death itself, placing complete emphasis on comfort, autonomy, and personal preference can be frivolous for the Christian if there is no emphasis on the One who ultimately does control death. Human beings cannot have complete certainty in the events and details surrounding their deaths. For a Christian,

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[74] Eber, "End-of-Life Decision-Making: An Authentic Christian Death," 184.
[75] Shuman and Volck, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicinek,* 126.
[76] Eber, "End-of-Life Decision-Making: An Authentic Christian Death," 186.

however, certainty can be found in the faithfulness of God, who promises transcendence into eternal life from this mortal life.[77] A Christian then has an assurance that the will of God will be accomplished in death, even if there is no certainty surrounding the earthly details of death. Therefore, placing the primary focus on God's will is more beneficial for the terminally ill Christian than a sole focus on the physical factors involved in dying.

In an article from *The Biblical World* entitled "Doing the Will of God," the author argues, "The only real success in life is that which is associated with the fulfillment of God's will in all men and in all ways."[78] Although such complete fulfillment of God's will is not possible for most individuals, striving for this goal is in itself successful for the Christian.[79] Because God is the one who controls death, and the purpose of the Christian life is to bring God glory, a good death is one in which the Christian strives to be in the center of God's will. It is universally accepted in Christianity that God is good,[80] and therefore God's will must also be good. In the Aristotelian view, the *good* is considered to be the end at which all things aim.[81] Everything and everyone is designed to move toward a end, and according to Aristotle, this ultimate good is happiness.[82] God is the end to which all Christians should aim, and therefore is the ultimate good. The life of a Christian, then, should be one that brings glory to God as it strives to follow God's will. For the Christian, finding such happiness and peace on this earth is directly related to

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[77] Küng, Hans. "A Dignified Dying," *On Moral Medicine: Theological Perspectives on Medical Ethics* (2012), 1724.
[78] "Doing the Will of God," *The Biblical World Vol. 21,* no.6 (Jun., 1903), 405.
[79] Küng, Hans, "A Dignified Dying," 1722.
[80] Reichenbach, Bruce R., "Why is God Good?," *The Journal of Religion Vol. 60,* no. 1 (Jan., 1980), 51.
[81] Aristotle, *Nichomacheaen Ethics,* (Mineola, NY, USA, February 4, 1998), 26.
[82] Ibid., 27.

striving to be in God's will, and Christian hearts are "restless till they rest in [God]."[83] Living a good life, and therefore dying a good death, involves working towards this goal. Although specific end-of-life decisions do not guarantee dying well, someone that strives to make decisions that are in alignment with the will of God can be at peace at the time of death. While many individuals typically consider their priorities, boundaries, fears, beliefs, and personal comfort when it comes to their deaths,[84] these factors should be secondary to working to be in line with God's will.

Striving to be in God's will in end-of-life decision-making does not involve finding a clear, step-by-step path that every Christian must follow, as following God's will does not look the same for every individual. Because God has given people free will, the details of following of God's will vary amongst individuals. However, Scripture does teach that God has a divine will that is always carried out.[85] How then do Christians have freedom to make their own decisions, if they are bound to God's divine will? In order to answer this question, one must first recognize that God wills ultimately for goodness. God is perfectly good, and wills that this goodness be diffused into creation, and that individuals can participate in the goodness of God.[86] The relationship between this divine will and the free will that individuals possess lies in how God works to bring about the divine will. God created in such a way that every act that is within the divine will is not necessarily performed directly by God. Rather, God works to accomplish the divine will

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[83] Aristotle, Foley, *Confessions*, 1.
[84] Volandes, *The Conversation,* 32.
[85] Donlan, T.C., Weinandy, T. G., "Will of God," *New Catholic Encyclopedia Vol. 14,* no. 6 (2003), 1. See Genesis 1:3-26; Matthew 26:39; Matthew 6:10; Romans 8:27; Galatians 1:4; 1 John 2:17.
[86] Ibid.,3.

through the free actions of individuals.[87] Therefore, free will is a consequence of God's will that allows for imperfect individuals, who by nature lack complete goodness, to participate in the divine will, therefore participating in the perfect goodness of God.[88]

A helpful example of the relationship between human free will and God's divine will is seen in the life and death of Jesus Christ. The existence of Jesus as fully God and fully human allows for him to directly exemplify both God's will and human will, as well as the interaction between the two.[89] This interaction is displayed most clearly in the prayer of Christ in Gethsemane prior to his crucifixion, which is seen in Matthew 26. Here, Jesus subjects himself to God, asking first that "this cup pass from [him]," demonstrating the conflict in his human will. However, he concludes the prayer by asking that God's will be accomplished, and not his own, demonstrating the voluntary submission of his human will to God's divine will.[90] Being fully God, Jesus perfectly knew and understood God's divine will, and knew what needed to occur. Being fully human, he desired to forgo the suffering that this would entail, but he freely chose with his own will to obey the will of God. This example of Christ shows how God's divine will can be accomplished through the free actions of a human being. Similarly, in Christian decision-making, the ultimate outcome of God's will coming to fruition is

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[87] Ibid., 2.
[88] McFarland, I. A. (2011). Free will. In I. A. McFarland, D. A. S. Fergusson, K. Kilby, & et. al. (Eds.), Cambridge Dictionary of Christian Theology. Cambridge, UK: Cambridge University Press.
[89] O'Reilly, Kevin. "'Father, If It Be Possible, Let This Chalice Pass From Me': Christ's Prayer in Gethsemane According to St. Thomas," *Nova et veterra Vol. 15,* no. 2 (June 2017), 3.
[90] Matt 26:39 (NRSV): "My Father, if it is possible, let this cup pass from me; yet not what I want but what you want;" This passage is the prayer Jesus prays in Gethsemane prior to his crucifixion, denoting his humanity and desire for freedom from suffering as well as his recognition of God's will and willingness to follow it.

accomplished partly through the choices made by individuals. Christ's human existance is an invitation for Christians to pattern their lives after his life, and allows for individuals to see how they can freely choose to follow the will of God.[91]

The understanding that God uses human free will to accomplish the divine will demonstrates how these two wills can exist together. Having come to this understanding, we can now determine what this means for the decision-making process for terminally ill Christians, and how God's will relates to dying a good death. As we have discussed through the teachings of Aristotle and the life of Jesus, the good that all human beings desire is happiness, or the will of God, and this therefore is what the human will ultimately strives for. For the terminally ill, the desire for a good death translates to a desire for happiness in death. This happiness does not necessarily refer to a lack of sadness, suffering, or discomfort, but rather a feeling of fulfillment with one's life and peace with their death.[92] For the Christian, this type of peace and happiness comes from lining up personal will with the will of God, as Christ did on the cross.[93] The desire to follow God's will should come prior to a desire for things like comfort and autonomy, as Christ's desire to follow God's will came prior to his desire to forgo the suffering of the cross. The best way for dying Christians to work towards a good death is to strive to live the remainders of their lives fulfilling the will of God.

While the desire to be within God's will is one that can contribute to a good death for the Christian, determining how to make specific decisions that align with the will of

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[91] O'Reilly, "'Father, if it is possible, let this chalice pass from me': Christ's Prayer in Gethsemane According to St. Thomas," 4.
[92] Pascal, "Ethical and Existential Challenges Associated with a Cancer Diagnosis," 280.
[93] Armentrout, Don S., "*The Will of God* by Samuel T. Lloyd III," *Sewanee Theological Review* (1998), 240.

God can be difficult, and the uncertainty that exists in the discernment of God's will can add confusion. Still, the Christian can rejoice in the assurance that God ultimately wills goodness and wills for individuals to participate in this goodness. Participation in the goodness of God involves following the aspects of God's will revealed in Scripture and modeling one's own life after the life of Jesus Christ.[94] An effort to live and die in such a way can result in a faithful Christian life as well as a faithful Christian death. The desire of God for individuals to participate in the goodness of God provides hope for Christians, in that this makes it possible for them to die a death that is good, looking forward to resurrection and ultimate unity with God.

Finding Hope in Death

While fear, caution, and uncertainty are all attitudes commonly seen in the dying, the presence of hope is also often seen amongst them. In psychiatrist Elisabeth Kübler-Ross's commonly used model of grief in dying, she describes grief as involving five stages: denial, anger, bargaining, depression, and acceptance.[95] This model differs on an individual basis, with certain people lingering on specific stages for differing periods of time and others skipping stages altogether. However, Kübler-Ross notes that hope often permeates each of the stages, and it is therefore a highly common attitude seen in the dying.[96] Hope is defined in the *Oxford English Dictionary* in two ways: first, it is defined as "a feeling of expectation and desire for a particular thing to happen"; then, it is also

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[94] Will of God. *Baker's Evangelical Dictionary of Biblical Theology.* Accessed: 3 March 2018.
[95] Elisabeth Kübler-Ross, *On Death and Dying,* (New York, NY: Simon & Schuster, Inc., 1969), 17.
[96] Kübler-Ross, *On Death and Dying,* 32.

defined as "a feeling of trust."[97] The hope that Christians can have includes both of these definitions, involving expectations and desires that exist because of a trust in God and in God's promises. Christian hope, in addition, goes further than this, and is comprised by knowledge and assurance on top of mere expectations and desires. Hope for the Christian terminally ill patient, therefore, takes on multiple forms. First, there is a hope that is characterized by a desire for deliverance and healing through the act of prayer.[98] Next, there is a hope that is an assurance that the perfect will of God will be accomplished, and trust that God's will is always good. Finally, the ultimate sense of hope that Christians obtain is because of the death and resurrection of Jesus Christ, who said, "Because I live, you also will live,"[99] giving the Christian hope for life after death. God's plan for creation involves them having hope,[100] and this sure sense of hope can be comforting for the terminally ill Christian.

The first form of hope for Christians is that of possible healing and deliverance from symptoms and/or death. This form of hope can be a useful source of denial for some.[101] While over-denial is often harmful to the dying, some denial in the form of hope can keep terminally ill patients moving forward through difficult circumstances.[102] For the Christian, this desire for deliverance stems out of faith that God has the power to heal,

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[97] Hope. *Oxford English Dictionary.* Accessed: 1 April 2018.
[98] Ásgeirsdóttir, "Out of the Depths," 146.
[99] John 14:19 (NRSV): "In a little while the world will no longer see me, but you will see me; because I live, you also will live;" This passage is part of Jesus' final supper with the disciples. He is warning them of his impending death, but also fortelling of his subsequent resurrection, which would bring hope for life for all.
[100] Jeremiah 29:11 (NRSV): "For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give you a future with hope." This passage is a part of a letter from Jeremiah to exiles in Babylon. It urges the exiles to have faith that God's will for them is good, and should give them hope for the future.
[101] Fiddes, "Acceptance and Resistance in a Theology of Death," 225.
[102] Fiddes, "Acceptance and Resistance in a Theology of Death," 225.

and it is often characterized by prayer. Prayer itself has been shown to provide Christians with a feeling of hope in end-of-life medical situations.[103] This sense of hope goes beyond a simple wish, and affirms that with God, anything is possible. A Christian's hope for healing comes from an attitude of faith in God's power, but should maintain a recognition that God's will might not involve the deliverance from suffering that one may desire.[104] This recognition is important, as it keeps individuals away from the danger of the over-denial of death discussed earlier. In order to remember this truth, Christians should make requests to God with the overall desire that God's will ultimately be accomplished, as this form is seen in Scriptural examples of prayer. The Lord's Prayer, which Jesus used to teach his followers how to pray, expresses his desire that God's will be done on earth and in heaven.[105] Similarly, in Christ's prayer prior to his crucifixion, he made the request that this suffering pass from him, but still prayed that God's will be accomplished over his own desires, knowing that God's plan was good and perfect.[106]

The assurance of the goodness of God's will provides another form of hope for terminally ill Christians. Regardless of the fear and uncertainty that often surrounds death, there is a hope that God is the one who is in control and the outcome will therefore be good. Moreover, God desires for the diffusion of this goodness amongst creation so that individuals can partake in the goodness of God.[107] Therefore, Christians have hope that in striving to follow God's will, there exists the possibility of dying a good death.

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[103] Ásgeirsdóttir, "Out of the Depths," 148.
[104] Paul, "The *Ars moriendi*: A Practical Approach to Dying Well," 215.
[105] Matthew 6:10 (NRSV): "Your kingdom come. Your will be done, on earth as it is in heaven." Here, Jesus demonstrates how to pray, and this model for prayer includes expressing a desire that God's will be done.
[106] Matthew 26:39 (NRSV)
[107] Donlan, Weinandy, "Will of God," 2.

Additionally, not only is God's will good, but also eternal. While human plans are finite and often incapable of extending beyond life on this earth, the plans of God last throughout eternity, and are immovable by any outside situation or occurrence.[108] This eternality of God's will allows for Christians to put complete hope and trust in it, recognizing that it will never change and will always be good. The hope a Christian has in God's will can therefore be an eternal hope, as nothing can separate the Christian from God's love and desire for creation to partake in God's goodness.

The ultimate eternal hope that a dying Christian has is the hope for life after death and unity with God. In the New Testament, although sin and death are closely bound together, demonstrating that death is a negative consequence, God's grace ultimately brings hope for resurrection from death.[109] While death is an evil, God remains with individuals in dying as much as in living, and gives the promise that the resurrection of Christ was the first of many to come. Death is not merely an enemy, but is in fact an enemy that has been defeated, and Christians have hope in the promise that God will resurrect them as Christ was resurrected.[110] This resurrection, however, provides more than just the defeat of death. It also provides hope for a new life as a new creation.[111] Through death, God forms a link between the old and new self, preserving the Christian's identity while perfecting and improving the earthly body.[112] There is a hope of leaving the struggles and suffering of this earth and moving on to a better place. Jeremy Taylor, an Anglican bishop and chaplain to King Charles I, discusses the hope that dying brings

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[108] Ibid., 2.
[109] Fiddes, "Acceptance and Resistance in a Theology of Death," 227.
[110] Verhey, et. al., *On Moral Medicine: Theological Perspectives on Medical Ethics,* 1740.
[111] Fiddes, "Acceptance and Resistance in a Theology of Death," 227.
[112] Ibid., 228.

in his book entitled *Holy Dying,* saying, "Then the sorrows of the sickness, and the flames of the fever, or the faintness of the consumption do but untie the soul from its chain, and let it go forth, first into liberty, and then to glory."[113] This hope is especially assuring for the terminally ill Christian, who can look forward to the end of the suffering that they are enduring, an end of eternal life in the presence of God.

[113] Paul, "The *Ars Moriendi*: A Practical Approach to Dying Well," 217.

CHAPTER THREE

End-of-Life Decision-Making With A Christian Understanding

Our examination of the role of death in the life of a Christian led to the conclusion that death is the transition point from this life to the next. Dying, then, serves as the last opportunity on earth for individuals to bring glory to God by striving to follow God's will and placing hope in the One who makes life of value. The act of dying well involves the recognition of both the value of life and the significance of death in such a way that avoids over-acceptance or over-resistance of death. Determining the middle ground between these two principles requires wisdom and discernment from the Christian. Therefore, a spiritual care of the soul is needed on top of a physical care of the body for the terminally ill Christian to die a good death. Father George Eber states that while many individuals making end-of-life decisions focus solely on autonomy, suffering, or beneficence, Christians can also place focus on "repentance and forgiveness, salvation, and spiritual healing over physical health."[114] A terminally ill Christian striving to follow God's will and die a good death can benefit from a spiritual examination of the soul, godly wisdom, and discernment.

How then does this understanding of dying a good death provide guidance to terminally ill Christians, and how can it be applied practically to end-of-life decision-making? In other words, how can the Christian go about the process of decision-making in such a way that takes into account both the value of life and the significance of death, and ultimately brings glory to God? The answer to this question is not simple, and as we

[114] Eber. "End-of-Life Decision Making: An Authentic Christian Death." 183.

have seen, there is not a singular choice or particular set of actions in dying that is good or right for every individual. However, the terminally ill Christian can utilize the principles we have discussed in previous chapters to undertake the decision-making process, focusing on *how* to make decisions rather than on *what* decisions must be made. Determining the answer to this "how" question involves the process of discerning God's will. In discernment, a Christian must look for wisdom when making decisions through the seeking of godly counsel and through prayer and meditation on God's Word. This chapter will determine how it is that individuals can make good end-of-life decisions using Christian principles. In order to accomplish this, we will first discuss the factors generally considered to contribute to sound decision-making. Then, we will use passages from Scripture to examine the topics of godly counsel and prayer, and how they should be applied during the Christian's end-of-life journey to provide them with wisdom and discernment as they partake in the decision-making process.

The Process of Decision-Making

A decision is the point at which a choice is made between alternative options, and the decision-making process involves the events leading up to this point.[115] Many people struggle with this process, and although decisions are made frequently and are a necessary part of everyday life, the task of decision-making can often be daunting and distressing. There is therefore a significant amount of study that has gone into simplifying this process, and much of this decision-making research comes from studies in the field

[115] Fitzgerald, Stephen P., *Decision Making,* (Oxford, ENG: Capstone Publishing, 2002), 11.

of business because of its focus on productivity and management.[116] While the details and application of this business research are typically related to managerial decision-making for business executives, the overall decision-making process that is used can be beneficial when applied to general decision-making as well, and can also be applied to end-of-life decisions. The process outlined in this research is typically comprised of three steps, including the definition of a problem, the identification and analysis of alternative solutions, and the selection and implementation of the best alternative. [117] According to these steps, the best decision can be chosen and implemented after all of the facts and options surrounding the decision have been determined. While end-of-life decision-making is not as simple as following a step-by-step formula due to the complex nature of death, categorizing the process into general but distinct steps can be useful in providing some clarity and direction for the decision-maker.

The first step in the decision-making process is the definition of the problem. In the case of the terminally ill, the problem is determining how to die a good death in a hospital setting.[118] Through our discussion in the first two chapters, we have defined a good death in a hospital setting in two ways. First, from the viewpoint of the field of bioethics, a good death is most often considered to be one in which the patient has autonomy, is well educated on the situation and potential options, and is comfortable and surrounded by loved ones.[119] In addition to these factors, a Christian perspective can define a good death as one in which Christians strive to glorify God and follow God's

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[116] Ibid.
[117] Dick Gorton, "The Role of Personal Values in Decision-Making", *American Secondary Education Vol. IX,* no. 4 (1979), 57.
[118] Neumann, *The Good Death,* 4.
[119] Volandes, *The Conversation*; Bryant, *I'll Have It My Way.*

will as they prepare for death. The specifics of a good death do not look the same for every individual, and a good death is thus defined by how an individual lives and makes decisions leading up to the point of death. Therefore, the specific problem for the terminally-ill Christian can be defined as the determination of how to live well and make good decisions during the period of dying in such a way that firstly brings glory to God, and secondarily accounts for their autonomy, education, and comfort.

Having defined the problem, the next step in the decision-making process is the naming of the potential options for the decision being made. In end-of-life situations, the specific options that patients have are typically dependent on factors such as the nature of the condition and the patient's financial situation, and therefore, no two situations are absolutely identical. However, distinguishing the general options that patients typically have in end-of-life care can provide them with further clarity, similarly to how breaking the decision-making process into general steps can help provide direction to the terminally ill patient, In *The Conversation,* Angelo Volandes gives the three overarching choices that terminally ill patients can typically make regarding their healthcare. The first of these is to leave the decision completely up to the physicians and healthcare providers, recognizing and putting trust in their knowledge and experience. The second is to pursue any possible remedy to stay alive, regardless of the quality of life. Lastly, a patient can choose to move to hospice or palliative care, where the main goal is comfort while dying rather than trying unrelentingly to stay alive.[120] We must keep in mind that this framework of options is rather simplified, and possible choices that are available to terminally ill patients typically lie in more of a spectrum that includes these three options.

[120] Volandes, *The Conversation,* 30.

Decisions do not usually involve choosing between these options, but rather involve deciding when to move from one option to the other. Additionally, there are cases in which patients are not able to make decisions for themselves, so choosing a proxy to make choices for them is another part of the decision-making process. Most people choose family members as proxies, but individuals can essentially choose anyone to fill this role. If a proxy is not denoted, the power of decision typically goes to the doctors by default, unless others can legally convince that the care being provided is not what the patient would have wanted.[121] In general, then, the possible options for choosing a proxy are the decision of the patient to choose someone he/she knows or the decision to choose no one and leave therefore leave it up to the doctors by default.

The third and final step in the decision-making process is the analysis of the potential options and determination of which one is best. This is the portion of end-of-life decision-making that is the most difficult, because what constitutes the best option varies amongst different individuals. The remainder of this chapter will therefore focus on this step, and on what is involved in the seeking of the best decision within the framework of Christianity. In most cases, the first option discussed above of leaving the decision completely up to healthcare providers can be eliminated for the Christian. This option places death, which is both a medical and spiritual matter, solely in the hands of medical professionals. The terminally ill Christian should make decisions based not only on the advice of doctors and nurses, but also based on counsel from others, personal reflection, and direction from God.[122] Therefore, the decision for most terminally ill Christians or

[121] Meryl Spiegel, "Arranging for Health Care Decisions," *The New York Times* (March 23, 1997); this is a news article describing an interview with a healthcare lawyer.
[122] Eber, *End-of-Life Decision Making: An Authentic Christian Death,* 184.

the individuals assigned to make their decisions should concern if and when they should move from life-sustaining treatments to comfort-based care. This is ultimately the decision in which the Christian must recognize that life is a gift and death is a requirement, and must then seek wisdom to discern how to choose with this understanding.

Discernment can be generally defined as "the ability to judge well."[123] In Christianity, this definition is typically applied to the interpretation of God's revelations to human beings, especially in Scripture.[124] Wisdom, defined as the quality of having knowledge and applying it,[125] is closely related to discernment. In end-of-life decision-making, a Christian should seek wisdom and discernment in order to recognize and interpret the revelation of God's will, and then to apply this understanding to their decisions. However, this search for understanding does not always result in perfectly clear answers, because although it is a search for divine answers, it still remains a human search. What, then, is the purpose of seeking God's will if human wisdom and discernment lack perfection? The answer here depends on the idea that the seeking itself is noble, and a desire to know God and God's will is a worthy desire, regardless of whether a complete understanding of God's will is achieved. God takes care of those who seek God's will, and divine inspiration guides the search for those who honestly devote themselves to it.[126] Therefore, a Christian's desire to seek God's will should be the focus

[123] Discernment. *Oxford English Dictionary.* Accessed 6 April 2018.
[124] Howard Lesnick. *Listening for God: Religion and Moral Discernment.* (New York, USA, 1998), 84.
[125] Wisdom. *Oxford English Dictionary.* Accessed 6 April 2018.
[126] Ibid., 85.

in decision-making. The determination of the best decision, then, can come from seeking wise godly counsel, meditation on God's Word, and prayer.

Seeking Godly Counsel in Decision-Making

In a Christian's search for God's direction, it is helpful to remember that the purpose of this search is to attempt to determine what God's will is and how it is that an individual can find it. God's will can primarily be revealed through the Bible and through the servants of God as a vehicle for revelation. Receiving godly advice, especially from spiritual leaders who have studied and deeply know the Bible, is highly important because God may reveal through them what may not have been gleaned from the Christian's own understanding of Scripture. Therefore, in seeking God's direction, a useful tool is the wisdom God can provide through counsel and advice from other believers. Proverbs 11:14 (NRSV) says, "Where there is no guidance, a nation falls; but in an abundance of counselors there is safety." Safety and assurance for the Christian can be found in the seeking of God's will, and this verse states that godly counsel can also contribute to this feeling of assurance. When there is no counsel from others or accountability to them, it is easier for individuals to fall away from the will of God. Because following God's direction in end-of-life decision-making involves the seeking of God's will, the aid of godly counsel is highly beneficial to the terminally ill Christian.

There are numerous passages in the book of Proverbs that emphasize the importance of wise counsel. In these passages, godly counsel is not only seen as beneficial, but also as directly related to wisdom, and a lack of godly counsel is

correlated with foolishness.[127] As we have discussed, seeking wisdom is a large part of seeking God's will, as the will of God is not simply revealed through direct and obvious instruction on which decisions to make. However, some aspects of God's will are directly revealed through Scripture, and these comprise God's "will of command," which includes everything that God commands for his children to do in the Bible.[128] These include simple actions and attitudes expressed in Scripture, such as "love your neighbor as yourself"[129] or "strive first for the kingdom of God and his righteousness."[130] Upon reading, understanding, and following the commands mentioned in Scripture, the Christian's mind becomes more like the mind of Christ, allowing for discernment in making difficult decisions. Hence, the journey of the Christian to determine God's will includes an application of the knowledge provided in the Bible, and is thus congruent with wisdom. Therefore, when wisdom and godly counsel are related in the book of Proverbs, the search for God's will is also related to counsel, making the seeking of counsel an essential part of Christian decision-making.

Further emphasizing the importance of spiritual counsel in end-of-life decision-making is the definition of death as a spiritual event. Death, as has been discussed, is a contested landscape between religious, legal, sociological, and medical systems in modern times.[131] In recent decades, the medical and legal systems have been increasingly gaining authority over the religious ones in the area of death. As Kathryn Paul notes in

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[127] Proverbs 12:15, Proverbs 11:14, Proverbs 28:26 (NRSV)
[128] John Piper. "What Is the Will of God and How Do We Know It?" desiringGod. Accessed Feb. 18, 2018; This article utilizes Scriptural evidence to provide a practical explanation of the will of God and an application of it.
[129] Matthew 22:39 (NRSV)
[130] Matthew 6:33 (NRSV)
[131] Neumann. *The Good Death.* 12.

her article on the *Ars Moriendi,* churches often teach about the theological issues surrounding death, but "enquiries concerning the support of the dying are frequently outsourced to hospital or hospice chaplains…treating 'dying' itself as an exotic event."[132] Spiritual care is often being left in the hands of members of the medical field or chaplains who cater to a generalized spirituality. Paul notes that this is dangerous because it leaves too much responsibility in the hands of medical staff who must deal with a variety of different patients.[133] Those who are most qualified to give good spiritual counsel are allowing this responsibility to be left to less qualified individuals or those who cater to a shallow spirituality.[134] Although God has the ability to reveal truth through hospital staff, it is important for Christians to seek out the specific guidance of their trusted spiritual leaders, such as pastors, teachers, or other spiritual mentors, because death is a deeply spiritual matter. Just as Christians often receive spiritual counsel prior to marriage due to its spiritual significance, the same thing should occur before making important decisions regarding death.

How is the Christian to seek and find wise godly counsel? First, the deliverers of godly counsel should include grounded spiritual leaders over hospital chaplains and medical professionals. This is important because healthcare professionals and hospital-sanctioned chaplains can typically only provide a highly surface-level and general spiritual care due to time and resource constraints as well as due to a lack of spiritual training. This type of spirituality often becomes diluted and stretched to fit a formula that

[132] Paul. *Ars Moriendi.* 210.
[133] Ibid., 210.
[134] Ibid., 211.

can be easily used to help every patient.[135] This can cause a lack of clarity and an increased confusion for terminally ill individuals, who often want answers and guidance instead of mere encouragement and attention. Therefore, in seeking godly counsel, the terminally ill Christian can benefit from going to knowledgeable spiritual leaders, such as pastors or priests. Receiving counsel from individuals who have a deep knowledge and understanding of the Bible can help Christians in their seeking of God's will, and God can reveal through spiritual leaders truths that individuals may have missed in their own study of Scripture. In addition to sanctioned spiritual leaders, godly counsel can be found in mentors, family, and friends that individuals trust and look up to spiritually. Receiving counsel from such individuals can result in the spiritual strengthening of both the patient and the giver of counsel. Proverbs 23:17 says, "Iron sharpens iron, and one person sharpens the wits of another."[136] The Bible discuss the importance of Christian friendship and fellowship, and how brothers and sisters in Christ can help bring each other up when one has fallen.[137] When one individual falls out of God's will, the other is there to advise and encourage so that the friend who has fallen can be raised back up. Christian fellowship can in this way be a useful and encouraging form of counsel for terminally ill patients.

Looking to trusted spiritual leaders and mentors is a good way for Christians to find godly counsel. There are, however, individuals that may not have access to such counsel, and may not have spiritual connections amongst their family and friends or from

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[135] Asgeirdottis, *Out of the Depths: Theology and Spirituality within Palliative Care,* 151.
[136] NRSV
[137] Ecclesiastes 4:9-10 (NRSV) – "Two are better than one, because they have a good reward for their toil. For if they fall, one will life up the other; but woe to one who is alone and falls and does not have another to help."

a church or other Christian organization. For these individuals, finding sound godly counsel can be more difficult, as the hospital chaplain may be their only option. These cases demonstrate a need for the provision of a less generic spiritual care to terminally ill patients. The linking of hospice or palliative care centers to churches and religious organizations that can provide help may be a way by which to combat this issue. Additionally, for such Christians that only have access to the generic spiritual care offered by their healthcare facilities, looking to online resources may provide an additional way to find spiritual counsel. Online resources can provide both contact information for Christian organizations as well as direct theological care through Christian articles, blogs, and online forums. While a Christian should use caution in looking for such resources, current technology and the increasing variety of information available online can allow for easy access to spiritual care for those who do not have it.

While godly counsel is very important in decision-making and in the seeking of the will of God, it is also important to be wary of the limitations of human wisdom. Even Solomon, the wisest man in biblical accounts, failed multiple times in his life, and although his wisdom was great, it did not compare to the wisdom of God.[138] Paul writes in his first epistle to the Corinthians that "what seems to be God's foolishness is wiser than human wisdom."[139] Although there is no true foolishness of God, Paul's message in this passage is that even if there were some appearance of foolishness in God, it would

[138] 1 Kings 4:29-34; 1 Kings 11:1-13 (NRSV) – The first of these passages is a declaration of the great wisdom of Solomon, and how it surpassed the wisdom of anyone else. The second passage is the account of Solomon's turn away from God, when he married multiple wives that God had commanded him not to and began to worship their gods. "He was wiser than anyone else" in 1 Kings 4 turned to "He was not faithful to the Lord his God" in 1 Kings 11.
[139] I Corinthians 1:25.

still be wiser than great human wisdom. This human lack of wisdom can be seen in the differences that exist in interpretations of Scripture as well as in certain contradictions that exist in Scripture itself. Therefore, although taking counsel from godly advisors is useful in the decision-making process, one must use wisdom and discernment when taking the advice of others and when attempting to interpret Scripture. Christians can benefit from praying to God and asking for such wisdom and discernment as they go about the decision-making process.

Prayer in Decision-Making

The business models for decision-making include factors that can contribute to poor decision-making. Factors typically listed include overconfidence, blinding emotions, emphasis on speed, procrastination, and an over-reliance on one's own intuition.[140] Speeding through the decision-making process can result in making rash decisions that have not been properly thought through, such as choosing to end life-support before tests are done that may show that this is not the best option. Conversely, procrastination in end-of-life decision-making is a result of denial and over-resistance towards death, which we have seen to be a non-beneficial attitude for individuals. For example, many individuals put off choosing a proxy to make decisions for them, which can result in fighting and turmoil amongst family members and loved ones of patients with differing opinions on the care they should receive. Overconfidence and too much reliance on intuition place too much focus on individual strength in decision-making, without

[140] Hoch, Stephen J., Kunreuther, Howard C., *Wharton on Making Decisions,* (Hoboken, NJ, USA, 20 August 2004), 4. – This book includes perspectives from experts in decision science from Wharton School of Business, one of the top business schools in the country.

recognizing human fallibility and ability to make mistakes. This attitude often treats God as a supplement to one's own decision-making, rather than placing the main focus on the following of God's will. In order to make godly decisions while avoiding these decision-making errors, the Christian needs to rely on godly wisdom and discernment. As has been seen, some wisdom can be gained through influence from wise and godly individuals, who can guide the decision-maker towards the will of God through their deep understanding of Scripture and ability to fellowship with the decision-maker. However, spiritual leaders and mentors should not be the Christian's final authority for decision-making. God is the ultimate source of wisdom, and therefore, it is sensible for the Christian to ultimately go to God to gain wisdom and discernment. As it says in James 1:5, "But if any of you lack wisdom, you should pray to God, who will give it to you."[141] Because wisdom comes from God, it is through fellowship with God that individuals can receive wisdom. Though wisdom can be gained from experiences and advice from other individuals, even this wisdom ultimately comes from God working through them. Therefore, the Christian can ultimately gain wisdom from God by asking for it through prayer and meditation on Scripture, through which God and the divine will are revealed.

An important initial step to Christian decision-making is to acknowledge that God has the answer. Two of God's attributes are omniscience and sovereignty, meaning that God is all knowing and the ultimate authority.[142] Terminally ill Christians may often struggle with the uncertainty that comes before decisions are made, but remembering that God already knows what the outcome will be can be a source of comfort for these individuals. In the study *Out of the Depths: Theology and Spirituality within Palliative*

[141] James 1:5 (NRSV)
[142] Omniscient. *Oxford English Dictionary.* Accessed April 1, 2018.

Care, by Guolaug Asgerisdottis and associates, spirituality was examined amongst patients in palliative care situations. For many of these patients who believed in God, God was considered a resource and safe place during times of trouble. The study also notes that with this mindset, prayer gave patients hope and emotional release after the acknowledgement of their own helplessness and weakness, feeling that reaching out to an all-powerful and all-knowing God was a source of comfort.[143] The acknowledgement of God's sovereignty can give comfort to the Christian who is plagued with uncertainty, because what humans lack is seen as present in God.

Because God is all knowing and sovereign, Christians can look to God for direction when making important decisions, especially surrounding death. James implores the believer to ask God for wisdom when lacking,[144] and prayer is mentioned throughout Scripture as an important means of communicating with God and seeking his direction and wisdom. The biblical account of Solomon provides an example of someone who prayed to God for wisdom above anything else. When God was pleased with Solomon and asked him what it was that he desired, Solomon asked for wisdom. He wanted to be able to "discern between good and evil" as he made decisions as the king of Israel. God was again pleased with this request over a request of riches or revenge, and granted Solomon a mind that was wiser than anyone that came before him and anyone that would come after him, according to the account in 1 Kings 3.[145] Here, we can see the importance God places on wisdom, and how pleased God is when we ask for wisdom. Just as Solomon prayed for wisdom above anything else, terminally ill Christians should

[143] Asgerisdottis. *Out of the Depths.* 155-156.
[144] James 1:5.
[145] 1 Kings 3:3-14. (NRSV)

similarly pray for wisdom in discerning God's will when making decisions. God will then reveal truth through the reading of and meditation on the Bible, as well as through wise godly counsel, and the terminally ill Christian can take comfort in the journey to die a good death.

Another example of prayer can be seen in the example of Christ. Before his crucifixion, Jesus went alone to a garden to pray to God. In this passage of Scripture, it can be seen that Christ is distressed and sorrowful, as he says to his disciples, "I am deeply grieved, even to death; remain here, and stay awake with me."[146] Christ's sorrow can be used as a model for the grief a terminally ill patient is feeling prior to death. When feeling this deep sorrow, Christ decides to pray to God. Therefore, in following the example of Christ, who died a perfect death exactly within the will of God, a terminally ill patient would pray to God in these times of sorrow. Not only did Jesus pray to God, but he prayed for more than simple delivery from his suffering. Rather, although he asked for the "cup to be passed" from him, he made sure to finish his prayer by asking that God's will be done, and not his own.[147] This prayer is the ultimate example of a prayer for terminally ill Christians. Here, it is seen that it is acceptable for individuals to be honest with God about their distress and suffering while praying, but Christians should make sure that their final and ultimate desire is that God's will be accomplished regardless of their own desires. As the Christian continues to seek to follow God's will through the seeking of godly wisdom and discernment, God will continue to reveal the divine will as end-of-life decision-making occurs.

[146] Matthew 26:38. (NRSV)
[147] Matthew 26:39. (NRSV)

CHAPTER FOUR

Concluding Remarks and Direction for Future Study

Having studied death within a medical setting, its role within a theological framework, and how this understanding of death can be applied to end-of-life decision-making, we will now make some final concluding remarks and bring together all of the information presented in the first three chapters of this thesis. The overall question we have tried to examine is this: What does a good death look like for the terminally ill Christian, and how can decisions be made that contribute to a good death? The complexity of the phenomenon of death and the variety of situations that exist amongst the terminally ill result in an inability to find a universal formula that when applied, can always contribute to a good death. Rather, as we have seen, there is a way in which individuals can live and make decisions in their last days that contribute to dying well. In this chapter, we will begin by summarizing the information that led us to this conclusion as well as the applications of this conclusion that were previously discussed. Next, we will briefly describe some aspects of end-of-life decision-making that were not included in our study, such as physician-assisted suicide, euthanasia, and perspectives outside of a Christian framework. We will then suggest future directions for study in these areas that lie outside of the scope of this thesis before finally ending with a reflection on the overall conclusion reached through our study.

Summary of Findings

In this thesis, we sought to determine how terminally ill Christians could undertake the process of end-of-life decision-making in such a way that contributes to a good death. The first chapter introduced the topic of end-of-life healthcare and discussed the complexity of death within medical settings. Through the examination of various sources from the field of bioethics, we determined that the experience of death differs greatly amongst terminally ill patients, and that the increase of medical technologies and the "medicalization" of death contribute to this variability that exists in end-of-life healthcare. Next, we discussed the universal factors typically associated with a good death in much of the medical ethics research, and concluded that autonomy, education, preparedness, and family were the factors most commonly attributed to dying well.

In the second chapter, we brought a Christian theological perspective into our study of death and dying. We first examined the importance of such a perspective in the study of death, and determined that theology contributes to a deeper understanding of death and provides for the spiritual needs of terminally ill Christians, both of which are important because of the complexity and spiritual nature of death. Having determined that theology provides a useful perspective in the study of end-of-life healthcare, we sought to examine where death fits within such a theological framework, and found that death is the necessary transition point for Christians between this life and the next, that life has value in that it is a gift from God, and that dying is the last opportunity on earth for individuals to live in such a way that brings glory to God by seeking to follow God's will. We then studied the relationship between God's will and free will, and examined how free human decisions can contribute to the accomplishment of God's will. Finally,

we also examined the ways in which a Christian perspective allows for the dying individual to have hope, and how this hope can provide comfort in end-of-life situations.

The third chapter brought the framework of Christianity to end-of-life decision-making. First, we utilized research in business to provide a general process for sound decision-making, including the definition of the problem, the naming of possible solutions, and the determination of the best solution for the situation. The remainder of the chapter focused on the last step, arguing that for the Christian, clarity in determining the best options can come from a genuine desire and attempt to live in such a way that brings glory to God by striving to follow God's will. This striving to follow God's will involves the act of seeking for wisdom and discernment from God, which in turn involves the seeking of godly counsel and prayer. Therefore, we concluded by looking at passages in Scripture to study what seeking of godly counsel and prayer should look like for a Christian. Ultimately, we concluded that for Christians, dying a good death involves humility and a desire to follow God's will, and that a good death is dependent upon an attitude of faithfulness during dying rather than on a specific set of actions.

Other Subjects within End-of-Life Healthcare and Areas for Future Study

In this thesis, we were able to provide some answers to what constitutes a good death and determine how these answers can aid terminally ill Christians in end-of-life decision-making. However, there are certain topics pertaining to the larger subject of end-of-life healthcare that were not given attention in our discussion. First, this thesis was written solely with the typical aspects of the United States healthcare system in mind. The question we sought to answer involved spirituality in healthcare, and much of the

research in this subject involves the U.S. healthcare system. Additionally, limiting our study to one system with consistent end-of-life options allowed us to focus on the process of decision-making in general without going into the details of the various decisions that can be made in different healthcare systems. One significant difference seen in some other countries, as well as in the state of Oregon, is the allowance for physician-assisted suicide (PAS) and euthanasia. PAS typically involves lethal drugs prescribed by a physician so that a patient suffering from terminal illness can choose to end his/her life.[148] Euthanasia is similar, but differs in that the doctor is the one administering the life-ending procedure, such as a lethal injection.[149] There is much debate within the medical ethics community about the moral dilemma that such procedures pose, which typically surrounds patient autonomy versus the moral wrongness of taking life.[150] Religious perspectives are often a part of this debate as well. From a Christian perspective, such procedures can be seen as discrediting the value of human life as a gift from God. Unlike comfort-based procedures such as the withdrawal of artificial nutrition and hydration or administration of painkillers that may hasten death, PAS and euthanasia involve the active taking of life rather than the passive allowance for death.[151] God is the one who provides life, and therefore God should be the one who takes it; the passive allowance for God to take an individual's life is thus an acceptable response, while active

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[148] Assisted suicide. *Oxford English Dictionaries.* Accessed 4/6/18.
[149] Dick Willems, et. al., "Attitudes and Practices Concerning the End of Life: A Comparison Between Physicians From the United States and From the Netherlands" *Journal of the American Medical Association: Internal Medicine Vol. 160,* no. 1 (January, 2001), 64.
[150] Siu, W., "Communities of Interpretation: Euthanasia and Assisted Suicide Debate," *Critical Public Health Vol. 20,* no. 2 (June 2010), 197.
[151] Verhey, et. al., *On Moral Medicine: Theological Perspectives on Medical Ethics*, 1697.

killing is not. From the conclusions drawn in our discussion of the value of life and the danger of over-acceptance of death, we can conclude that PAS and euthanasia are not appropriate actions within a Christian framework of death. Still, further study into how our understanding of a good death relates to the ethics surrounding PAS and euthanasia can be useful for some terminally ill patients and other individuals in the medical field.

Another facet of end-of-life healthcare that was not highly discussed in this thesis is decision-making for terminally ill patients outside of Christianity. The purpose of our discussion was to examine this subject from a Christian perspective, and we therefore limited ourselves to this perspective. However, end-of-life decision-making is also an area of difficulty for non-Christians. We discussed some universal factors associated with a good death as well as a general process for decision-making, but non-Christians can also benefit from spiritual care during the end of their lives. There may be room for applying theological principles to general end-of-life healthcare. The inclusion of a spiritual cure of the soul in addition to a physical cure of the body, which may include the promotion of principles such as humility, hope, and wisdom, can benefit individuals outside of the Christian faith. Determining how non-Christian terminally ill patients may benefit from applying Christian principles may be an interesting area for future study.

While we were able to determine that the application of Christian theology and the practice of Christian principles can be useful and comforting for dying individuals, the study of end-of-life healthcare can benefit from a practical application of this understanding. Further direction in this area may involve the creation of a model for the theological care of the terminally ill in which specific and thorough theological counsel is provided for those who desire it. Verhey states that the original vision of hospice

included a more overt Christian spirituality, and that this vision was warranted because the Christian community does have a stake in the care of the dying.[152] He therefore argues for the support of hospice programs that hold to this original vision and incorporate the Christian church as one of the stakeholders of hospice care.[153] The creation of such a model would provide an alternative to the generic spirituality currently offered in end-of-life healthcare, with often leaves patients with more confusion or fails to respect their specific religious beliefs.

Although there is room for more study on the subject discussed in this thesis, our ultimate conclusion, that a good death for terminally ill Christians involves utilizing the little time they may have to live and make decisions in such a way that brings glory to God, is one that can be highly encouraging to these individuals. Christian ethics, when applied to healthcare, is not merely about specific, isolated treatment decisions. It is about the form of the entire Christian life as it pertains to the context of medicine.[154] Christianity is not limited to an idea or a set of guidelines to be followed, but involves a lifelong task of faithfulness.[155] Although there is no way of determining all of the answers surrounding end-of-life decision-making, dying a good death involves shifting the focus to living a good life during the period of dying in preparation for a good death. The Christian life is one that is lived despite of uncertainty and questions that cannot readily be answered, and one in which the truth cannot be fully known until it is over.[156]

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[152] Verhey, "Still Dying Badly," 27.
[153] Ibid.
[154] Verhey, et. al., *On Moral Medicine: Theological Perspectives on Medical Ethics,* 1615.
[155] Shuman and Volck, *Reclaiming the Body: Christians and the Faithful Use of Modern Medicine,* 124.
[156] Ibid., 123.

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