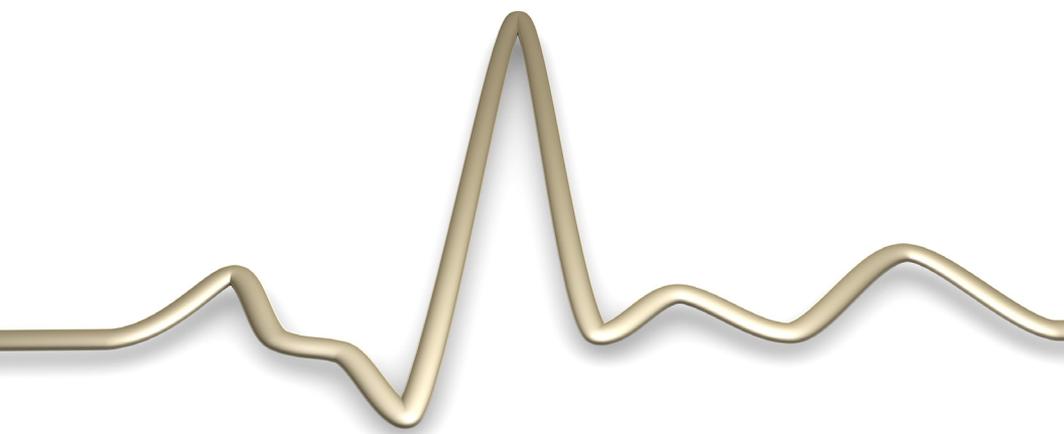


The Basics on Advance Directives



“Thy Will Be Done ...”



Is it proper for a Christian to have a living will? We are asked this question frequently here at national Lutherans For Life. In order to help Christians give an informed answer to that question, we have put together some basic information about living wills and other advance directives.

What is an advance directive?

An advance directive is a document in which a person provides direction for future healthcare decisions should that person become unable to do so. There are two basic types of advance directives—the living will and the durable power of attorney for health care.

We never used to have living wills. Where did this idea come from?

Very few people understand the origins of the living will or its intent. The concept of the living will was introduced in 1967 by the Euthanasia Education Council (now Choice in Dying) as a means of promoting discussion of euthanasia. The idea of the living will gained popularity, especially in light of an ever-increasing number of court cases involving questions of whether or not to remove “life support” from people who could no longer indicate their wishes. People begin signing living wills out of fear of being hooked up against their will to machines and tubes. States began to pass living-will legislation, and in 1990 the federal government passed the *Patient Self-Determination Act* that requires medical facilities that receive Medicare or Medicaid funds to offer people the opportunity to sign a living will. The initial attempts to legalize assisted suicide in California and Oregon were made by rewriting already-existing living-will laws.

How could a simple document like the living will lead to assisted suicide or euthanasia?

Much could be written in answer to this question. Simply put, living wills caused people to think about the right to refuse treatment. This quickly evolved into the right to die and then to the right to assisted death (physician-assisted suicide). The next step is the duty-to-die mentality and imposed death with or without the patient's consent (euthanasia).

So is it wrong to refuse medical treatment?

No. People have always had the right to refuse treatment. Christians can refuse treatment or stop treatment that does not sustain life but is rather prolonging the dying process. The problem we see in the so-called “right to die” movement is that there is a shift in the discussion. Instead of discussing whether a treatment is excessively burdensome to a person—that is, whether it is doing more harm than good—more and more people are discussing whether the person is a burden. They advocate removing or stopping treatment with the intent of killing the person.

But what if I can no longer make decisions about my treatment? Isn't that what the living will is for?

The language used in the state-sanctioned living wills is so open to interpretation that it may or may not communicate your wishes. Let's take some time and look at that language.

Most living wills begin something like this: *“If I should have an incurable or irreversible condition that will cause my death in a relatively short time ...”*. Did you know that “incurable or irreversible” has been used to describe chronic or debilitating diseases like arthritis or mental

illness? “A relatively short time” has been interpreted in court cases to be days, weeks, months, or even years.

The living will goes on to say: “*I direct my attending physician ...*”. Your attending physician may not be your family doctor or someone who knows your wishes. This statement takes the authority to make decisions about your health care away from your family and gives it to a physician you may not even know. To be sure, many physicians will consult with your family, but they are not compelled to do so.

Next is the statement “*to withhold or withdraw medical treatment that only prolongs the dying process.*” Although this sounds just like what we would want to say, there is a problem with how “medical treatment” can be defined. Courts have defined food and fluids as being medical treatment. And we are not just talking about “tube feeding” or “artificial feeding” as some have called it. In a nursing home, for example, a physician must prescribe even a person’s regular diet. Some have reasoned, therefore, that a tray of food taken to their room is always medical treatment. With the ever-increasing pressure to keep medical expenses low by denying treatment and care, people may be sanctioning the withdrawal of something they never intended to have withdrawn.

Now let’s pause here to make it clear that there are times when refusing even food and fluids may be an acceptable decision. There comes a point in the dying process when organs begin to shut down and food and fluids can no longer be processed in the normal manner. At this point, food and fluids may do more harm than good and cause discomfort. To remove food and fluids because someone is dying and can no longer process them, however, is far

different from removing food and fluids to make someone die. This is the distinction that we must be acutely aware of, and this is the distinction that can be blurred when interpreting the language of a living will.

Are there advance directives that are better than living wills?

Yes. There is nothing wrong with having an advance directive, but there are alternatives to the living will. There are variations of what is called a durable power of attorney for health care (DPAHC). This is not a general Power of Attorney granting someone to act on your behalf in a variety of situations. It is for healthcare decisions only and only when you are not able to make them yourself.

In a DPAHC, you designate someone you trust to make decisions on your behalf. It is wise to designate more than one person. These are people who share your values about the sanctity of life and with whom you have discussed your wishes regarding treatment should you become incapacitated. Since it is impossible to anticipate all future events and circumstances, it is best to not be too specific—even when using a DPAHC—about what you may want done in the event you are unable to make decisions. Doing so may limit whomever you designated to carry out your wishes.

Does Lutherans For Life have any recommendations when it comes to a DPAHC?

Since there are good documents available from other sources, Lutherans For Life does not produce one. We do recommend the following organizations who offer forms with detailed instructions:

Patient Rights Council
Protective Medical Decisions Document
740.282.3810 or 800.958.5678
www.patientsrightscouncil.org

National Right to Life Committee
Will to Live
202.626.8800
medethics@nrlc.org
www.nrlc.org

Christian Life Resources
Durable Power of Attorney: Christian Version
414.376.0594
www.christianliferesources.com

Aging with Dignity
Five Wishes
850.681.2010 or 888.5WISHES (594-7437)
fivewishes@agingwithdignity.org
www.agingwithdignity.org

We highly recommend that you consult an attorney when preparing any DPAHC to make sure the language meets all the legal requirements.

What if I have a living will and want to switch to one of these?

Your living will can be revoked at any time. Simply tear it up and make sure all copies that you may have given to others—clergy, doctor—are destroyed as well.

We pray this booklet has helped reveal some of the views of those who have forgotten the will of God and “conformed to this world” in dealing with end-of-life

decisions. We also pray it will be helpful to those who want to do God's will and make decisions as people "transformed" by Christ. A fitting conclusion is the following by Dr. Richard Eyer of Concordia University, Mequon, Wisconsin.

"We who follow Jesus Christ face our suffering and dying differently than others do. We look to the Cross of Jesus Christ for hope and guidance and ultimately to the Risen Christ (2 Corinthians 5:15). We, who belong to Christ through Baptism, do not measure a person's worth by the 'quality' of life as limited by illness, disability, or aging. We were of worth when helpless as infants in our Baptism God made us His (Romans 6:4), and we are still of worth in God's care of us when helpless as a patient at the end of life (Romans 14:7-8). We care about the dying, disabled, or elderly and attempt to bear one another's burdens (Galatians 6:2). We bear witness to a better way, the way of the Cross of Jesus Christ in which God comes to care for us first by His suffering and dying (Hebrews 2:10) and then in our suffering and dying (Romans 8:28)."

Confession of Faith written for Lutherans For Life

“Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect.” (Romans 12:2)



Lutherans For Life

www.lutheransforlife.org • info@lutheransforlife.org

888.364.LIFE

Item LFL807B