

Life & Death Decisions Need Discussion

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She lingered between life and death for more than four months. She was not responsive to sound or touch. She was hooked to the usual array of machines and was fed through a feeding tube. Under the best of conditions, her situation was tragic. In this case, it was even more so because she had often expressed the feeling that she would never want to be in this situation and would rather let “nature run its course.”

Each visit to her was a cause for two colliding emotions. One was that of compassion. How could I not feel this emotion about a woman to whom I had ministered and whom I had come to love? The other was that of anger. Why did her family, knowing how she felt, allow this situation to develop and continue? What gave them the right to go against her wishes?

The short answer is that she had never put her feelings in writing (although she had led me to believe she had). She had no living will, no advance medical directives, no medical proxy. Legally, the right to make the end-of-life choices fell to her daughter, who disagreed with her mother’s feelings,. The doctor, nurses, others, and myself conversed with the daughter, to no avail. Her mind was made up. The hospital even held an ethics committee meeting to respond to what they saw as a bad medical decision and went to court over the issue. The result was expected. Without written documents, or the ability of the patient to speak for herself, the daughter was the only one legally entitled to make the end-of-life decisions.

The lesson from these four and a half months is clear. Those of us doing ministry with those most likely to face the need for life and death decisions do an injustice not discussing such issues with them. There is a need to be proactive in encouraging people to write living wills, advance directives and choosing medical proxies to insure that their wishes are followed. Opening such a dialogue will allow for clarification of a person’s faith and values. It provides an opportunity for people of faith to share and to come to grips with the practical implications of a faith based on resurrection. It also shows utmost respect for an individual.

To my mind what was most wrong about my friend lingering on machines and a feeding tube for months is that it showed disrespect and disregard for her. It suggested that her daughter’s wishes were more important than her own. Our faith leads us to affirm the sacredness of each individual. If my friend had wanted the “heroic” measures, there would have been no questioning of the ethics of her decision. Those of us who were upset were disturbed, not because the measures were chosen, but rather because the choices took no account of what the patient wanted. All of us, more than once, expressed our belief that no one can say for certain what the best course of action should have been.

What we could say with conviction was that each person stands before God alone, and alone has the right to make such final decisions.

Those of us involved in ministering to and with older adults have an obligation to wrestle with the issues of this case and help the older adult to do so as well.