



Aging & Dying

in the
21st Century

Some Things to Think About

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How Do We Age and Die Gracefully in the 21st Century?

Aging and dying are not popular topics to discuss, especially in today's culture, where the emphasis is placed on youthfulness and vitality. Someone once said, "Aging isn't for sissies!" And, while it is true that much about aging is difficult and often includes suffering, discomfort, and loneliness, aging also offers the unique opportunity to live free of the pressure to succeed or to accomplish more. Still, the unknown element of what happens when we die makes people avoid discussing or even thinking about death. Research has found that even people who believe in God and the Bible's assurance of eternal life in Heaven often question their qualification for heaven and dread death because of their doubts.^A

Aging and dying are also the antithesis of how we like to live--in control of our daily activities and in charge of our own destiny. In many nations, people experience a great deal of personal freedom about their choices and futures -- until illness or age gain a foothold. Then physical, mental, and emotional limits begin to leverage control. Sometimes our bodies remain in good shape while our minds deteriorate or, vice a versa, diseases or illnesses ravage our bodies while our minds continue to think and dream.

The good news is that medical technology has made much progress in developing cures and treatments, allowing us to stay alive way beyond the age of our ancestors. Exercise, beauty treatments, and an array of supplements enable us to look and feel younger than our age and maintain a level of energy and strength, extending our ability to live life independently.

The bad news is that the ethical and moral discussions related to the application of these new artificial means of staying alive have not kept up with the technology, leaving people often confused, frightened, and unsure of how to grow old and die gracefully. Do you say "yes" to every medical test or treatment to stave off illness and death at all costs? Is there a point when you accept the inevitability of the body breaking down and "allow nature to take its course"?

Ironically, as medical technology has advanced, allowing us to live longer, efforts to control or hasten death via euthanasia and assisted suicide have also gained popularity. Euthanasia and assisted suicide are now legal in 10 countries and in 7 states (as well as the District of Columbia) in the US, culminating in almost 66,000 people being intentionally and legally killed since 2002 according to the Euthanasia Prevention Coalition in Canada.

What is Euthanasia and Assisted Suicide?

Euthanasia is an action done intentionally to cause the death of a patient, usually done via lethal injection. Assisted suicide occurs when a person aids, encourages, or counsels someone to intentionally end their life. Physician Assisted Suicide involves a doctor prescribing a lethal dose of medication to end a life. Both are referred to as “aid in dying” by proponents.

While most people think assisted suicide or euthanasia is the last resort for those in great pain, surveys in Oregon show that pain is not even one of the top three reasons for choosing assisted suicide. The most common reasons were loss of autonomy, followed by a decreased ability to participate in enjoyable activities, and fear of losing their dignity.^B

Reports in the Netherlands, where euthanasia is legal, has found that many patients who died by lethal injection have not requested help in dying; instead the healthcare providers are committing involuntary euthanasia via lethal injection without patient’s or family’s approval.^C Instead of honoring the aged and helping ensure each person lives and dies with dignity and love, legalized murder is taking place.

As we find our ourselves or loved ones aging or struggling with disabilities or terminal illnesses we need to consider how we can best honor life as a gift from God, given the contradiction of our culture--that medical resources now exist to keep us alive at all costs yet more laws are being made to hasten our deaths prematurely. Is there such a thing as dying naturally anymore?

Anglicans for Life believes there is – but we must recognize that as morals change in our post Judeo-Christian culture, we must be pro-active in voicing our desires and expectations of how we want to age and die to those who care about us.

Appointing a Health Care Advocate and Making End of Life Decisions

Appointing someone to serve as your advocate for health care when you are unable to make your wishes known is the key place to start. Assigning someone who shares your values and worldview to serve as your Health Care Power of Attorney will insure your wishes are met when facing health care decisions, should if you be incapacitated. AFL discourages the use of Living Wills or any type of Advance Directive that attempts to provide guidance in writing about the type of care you prefer if you are unable to communicate, as we have discovered that these types of documents are open to interpretation, depending on who is reviewing them.

While we have all heard about healthcare rationing, it is safe to say that most healthy people under the age of 75 will never experience being denied care. But this is not the case for the disabled, terminally ill, and elderly. Hospitals and doctors regularly review and consider the overall health, well-being, and status of people requiring medical procedures, expensive pharmaceuticals, and on-going care requirements before providing resources for certain types of patients. Another side of rationing care involves the withholding of medical treatment and/or food and fluids for the purpose of hastening death. While there are legitimate times when treatment, food, fluids, or all of them, become burdensome for the patient, decisions to withhold any type of care should be made by the patient or their advocate.

Fear of being hooked up to machines, losing bladder control, or wandering off in a confused state can create a desire to preempt end-of-life challenges, causing people to thoughtlessly request loved ones “pull the plug” to impose death. But this sort of response to difficult circumstances and suffering denies the inherent dignity of your life and God’s purpose for your life, even amidst suffering and adverse conditions.

Having honest discussions with family members about your fears, goals, and desires as you age is a critical step in life’s journey and provides a back drop to live out your faith, as you trust in God to fulfill His purpose for your life right through to your graduation to heaven.

Independence is one of the most prized characteristics of people in the 21st century, so the idea of relying on others to help care for us as we age seems something to be rejected or prevented. Long-term care at the end of life can also be expensive and considered a poor use of precious financial resources. But the truth is that, after we are dead and buried, our loved ones would give anything, including inheritances, to have one more day with us. Our lives are sacred, we are important to people in our lives, and once we are dead, we will be greatly missed, mourned, and grieved for. So don’t buy into a fear of being a burden or thinking we have a duty to die to protect assets.

The Place of Hospice

Discussion of end of life issues usually leads to talking about hospice. Anglicans proudly claim a connection to hospice, as Dame Cicely Saunders was an Anglican woman from England and is known as the founder of the hospice movement! Sadly, Dame Saunders would not see her standards of care being practiced in many hospices throughout the United States. Hospices were designed to be non-profit ministries but are now big for-profit secular businesses, often in partnership with hospital conglomerates.

Based on growing number of complaints to the Hospice Patients Alliance, they caution the public about hospices that betray the original hospice mission and that involuntarily euthanize patients, most commonly through overdoses of morphine and other opioid medications, or through the inappropriate use of terminal sedation, which places a patient in a coma, from which they are not allowed to awake. They die from dehydration in less than two weeks. This hospice way of ending life is called the Third Way and gets around formal decisions to euthanize a patient or assist in a suicide by providing a lethal medication. It is being done in some American hospices but not all. Therefore, when a loved one is prescribed hospice, careful selection of the provider and vigilant overview of care and medications is strongly advised.

What Should We Do Next?

Given all that aging and dying in the 21st century can entail, Anglicans for Life recommends following the Biblical Principles found on the next page and applying them to the end-of-life topics we have discussed. These principles were authored by The Falls Church Anglican Chapter of Anglicans for Life.

For many years, the idea of honoring life seemed to only apply to the unborn threatened by abortion. However, as support for a utilitarianism value system gains momentum throughout the world, those who believe in the sanctity of life now recognize the need to protect the lives of the elderly, disabled, and terminally ill. We need to fight for the elderly and vulnerable, as well as the unborn!

Finally, for a full teaching on the topics touched on in this booklet, Anglicans for Life recommends Embrace the Journey, an 8-week DVD Christian Education curriculum that features in-depth teaching on all issues related to aging and dying, including planning funerals, addressing the practical needs of the elderly, and suffering. Please visit our website Store to review or order the program's Leader Guide or Participant workbooks.



Biblical Principles Applied to End of Life Questions

The Falls Church Anglican Chapter of Anglicans for Life

*For He must reign until He has put all His enemies under His feet.
The last enemy to be destroyed is death.*

1 Corinthians 15: 25,26

Scripture and the historical teaching of the Christian Church: Loving our neighbors has implications for those at the end of life

Scripture teaches that human beings are the crown of God's creation¹, made in his own image.² The Church's Confessional understanding of the Sixth Commandment affirms the positive duty "to love our neighbor as ourselves...to prevent injury to him as much as we can..."; to "preserve the life of ourselves and others, comforting and succoring the distressed, and protecting and defending the innocent."³ God forbids not only the intentional killing of innocent human life, whether our own or another's, but also the "neglecting or withdrawing the lawful or necessary means of preservation of life."⁴

Providing Loving Care from Family, Medical Community, and the Church

Loving care for all members of the human community is a fundamental Christian teaching and an obligation of Christian discipleship⁵. The teaching to love our neighbors has implications for those approaching the end of their lives. Christians should ensure that members of the human community, especially those who are ailing and those who are dying, are upheld with the warmth and love of human contact. Christians follow their Master in humbly serving those who suffer and in acting to alleviate their suffering. This has always meant the judicious application of life-saving and life-enhancing medical care as well as the attention and warmth of human contact. These principles of protection and care, and "to do no harm," guide Christians as they face end of life decisions.

Providing Medical Treatment for the Elderly and Infirm, and the Critically Ill who are in extremis

Therefore, medical treatment which is not gravely physically burdensome and is necessary for an individual to continue to live should be provided. Withholding or withdrawing treatment based on age or infirmity, as sole considerations, is a violation of Christian moral teaching. The exception is when those closest to the person—family members and medical personnel with both knowledge and experience with

the person—see that death is imminent and inevitable and that continuing particular treatment poses a grave risk or causes more burden to the patient than the treatment will alleviate. The distinction is to allow a person to die naturally and not to take action that will bring about the death of a person.

Assisted Death is Not a Christian Option

The practice of assisted death, whether in the form of Physician-Assisted Suicide (“PAS,” whereby a physician prescribes lethal medication which patients will take on their own) or Euthanasia (whereby a physician or designee personally administers a lethal medication), is in deliberate and flagrant violation of the Sixth Commandment⁶. These practices are to be condemned by Christians and by the Church; simultaneously Christians are called to provide compassionate medical and pastoral care for those near life’s end whose suffering may be great.

People who ask to be killed, to be assisted in suicide, or to have actions taken which will hasten their deaths, frequently do so out of a misguided desire not to burden others. Regrettably they are often pressured in this direction by talk of “quality of life” and “death with dignity”⁷. We need to reassure them by expressing our desire that they live here with us until God himself, in his sovereign will⁸, intervenes to take them, those who belong to him, to live in his house forever⁹. Jesus warned we would be judged on the basis of our ministry to “the least of these (our) brothers.”¹⁰. How much weightier is our responsibility when “the least of these” are our own family members¹¹, especially our mothers and fathers¹². The church is called to demonstrate its faith in these situations of need with both spiritual and tangible help¹³.

Alleviate Suffering, But Not at Any Cost

Christians should also ensure that members of the human community are upheld with the warmth and love of human contact. Christians follow their Master in humbly serving those who suffer and acting to alleviate their suffering. Caring physicians use medication in the ministry of merciful relief of pain. We recognize, however, that suffering is not to be avoided at any cost¹⁴, especially if the cost is either our own or the patient’s breaking of the Sixth Commandment. Scripture teaches that affliction often produces spiritual growth and holiness¹⁵. Remaining as lucid as possible at the end of life can be a blessing to both the patient and those who care for the patient. Such spiritual fruit is far more valuable in God’s eternal economy than those commodities so frequently mentioned by proponents of “quality of life” ethics such as self-determination and autonomy¹⁶.

Christians may thankfully receive medicine that is designed to relieve pain and suffering, when such medicine is prescribed lawfully and without the intent to end life. No follower of Christ may accept medicine with the intent of ending life prematurely, and no physician should prescribe any medicine with the express or implied intent of ending the patient's life.

Self determination and autonomy are God-given rights. Christians are free, but only in submission to the ethical and moral teaching of Holy Scripture as delineated above, to forego artificial, technology-driven and futile life support in the setting of terminal or severe critical illness, and be entirely in keeping with the tenets of Holy Scripture. Similarly, the signing of an Advanced Directive and naming of surrogate decision maker may affirm that the patient, even if incapacitated, is able to bring Bible-based decision-making to the very point of care in times of illness. Christians should review any prepared document's language carefully, possibly with a member of the clergy, to insure that they understand the document and that their wishes for applying biblical principles to the end of life are honored.

Good death is natural death in Christ

We urge all followers of the Lord Jesus Christ to approach death with the recognition that the only "good death" is the natural death of a man or woman, boy or girl, who is "in Christ"¹⁷. Although for Christians "to die is gain"¹⁸, death itself will never cease being our "last enemy"¹⁹. Furthermore, for those without faith in Christ, death is the terrible moment "after [which comes] the judgment"²⁰. Yet, as followers of Jesus Christ we cling to our hope that the Holy Spirit has given us a lively faith in our precious Lord, and that through his blood our sins will be forgiven and we will be welcomed into his glorious presence where there "is fullness of joy [and]...pleasures forevermore"²¹.



Appendix

O God, from my youth you have taught me, and I still proclaim your wondrous deeds. So even to old age and gray hairs, O God, do not forsake me, until I proclaim your might to another generation, your power to all those to come. Your righteousness, O God, reaches the high heavens. You who have done great things, O God, who is like you? You who have made me see many troubles and calamities will revive me again; from the depths of the earth you will bring me up again. You will increase my greatness and comfort me again.

Psalm 71: 17-21

O Heavenly Father, who didst bless Thine aged servants Simeon and Anna, suffering them to behold with their eyes the Savior of the world and to see Thy salvation; bless, we humbly pray Thee, this Thy servant in his later days. Give him a clear knowledge of his Savior, and a sure faith in that Savior's merits and sacrifice. Let not his mind be clouded over with doubts or darkness. May his path be as the shining light which shineth more and more unto the perfect day. May his end be calm and blessed. Suffer him not at the last from any pains of death to fall from Thee. Guide Thou him through the valley of the shadow of death. And may he pass joyfully from the weakness and weariness of this mortal life to a blessed rest; for the sake of Jesus Christ our Lord. Amen.

Scottish Book of Common Order; Prayer for the Aged



Endnotes

A. <https://blog.lifeway.com/newsroom/2014/10/28/new-research-americans-believe-in-heaven-hell-and-a-little-bit-of-heresy/>

B. <https://euthanasia.procon.org/view.answers.php?questionID=000199>

C. <https://www.spuc.org.uk/news/news-stories/2017/july/netherlands-431-euthanised-without-consent-in-2015>

1. Psalm 8:5; Matthew 6:26; 12:12

2. Genesis 1:27; 9:6

3. Westminster Larger Catechism, 7.246; The Heidelberg Catechism,

4.107. See also To Be A Christian, A New Anglican Catechism, Questions 301-308.

4. The Heidelberg Catechism, 4.105; 4.106; Westminster Shorter Catechism, 7.245

5. I Timothy 5:4-8; James 1:27; Matt. 22:36-40

6. Exodus 20:13; Matthew 25:31-46; James 2:14-17; Westminster Larger Catechism, 7.246

8. Job 14:5; Luke 2:26-32; James 4:13,14

9. Luke 23:43; John 14:1-6; II Corinthians 5:6-8

10. Matthew 25:31-46

11. I Timothy 5:8

12. Exodus 20:12; Deuteronomy 5:16; Ephesians 6:2

13. James 2:14-17

14. James 5:10,11; Isaiah 53; Romans 8:17,18; Philippians 3:10

15. Lamentations 3; Romans 5:3-5; Colossians 1:24

16. Psalm 94:11

17. Romans 6:23; 8:1,38,39; I Corinthians 15:22; I Thessalonians 4:16

18. Philippians 1:21

19. I Corinthians 15:25,27. At this time (2017) there exists considerable social change in a direction favoring the legalization of PAS; indeed, this practice enjoys legal status in several states and is before several other state legislatures. At present, Euthanasia is illegal in all the United States, but is practiced legally in some European countries.

20. Romans 14:10; Hebrews 9:27

21. Psalm 16:11



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