

Participant's Guide

Episode 25

End-of-Life Care, Part 2

Summary

The Bible does not give us every answer regarding how to best meet the needs of those who are terminally ill. It does, however, provide foundational principles regarding decision-making near the end of their lives. Multiple factors will influence the treatment decisions of patients and those who love them. A scripturally wise healthcare professional can be a tremendous asset to patients and their families at this critical time.

Speaker



Kathryn Butler, MD, is a trauma and critical care surgeon living outside of Boston, Massachusetts. She left clinical practice in 2016 to homeschool her children and writes regularly for the Gospel Coalition and desiringGod.org on topics intersecting faith and medicine. Her book, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Crossway, 2019), examines end-of-life dilemmas through a Christian lens. Dr. Butler can be reached through her website www.kathrynbutler.com.

Discussion Questions

1. What from this video inspired, edified or challenged you?
2. Dr. Butler lays out four key principles regarding end-of-life care. Do you believe these principles are biblically supported? Consider the following passages, and others that might come to mind.
 - a. **Mortal life is sacred, and we are all image-bearers of God.**
Genesis 1:27, Genesis 9:6, Psalms 139:13-16, Luke 12:6-7

b. God has ultimate authority over life and death, and our times are in His hands.

Job 14:5, Deuteronomy 32:39, Hebrews 9:27

c. Mercy and compassion—love our neighbor as ourselves.

Psalms 145:8-9, John 3:16, Romans 5:8, 2 Corinthians 1:3-4

d. Our hope in Christ, and God’s love for us is so vast that nothing can separate us from Him.

Psalms 118:14-15, John 11:25-26, Romans 8:35-39, Romans 14:8, 2 Corinthians 5:17-18

3. **How might you respond to someone who had a condition that could be treated predictably, but who refused treatment because of respect for God’s sovereignty over life and death?**
4. **Dr. Butler makes reference to “medical futility,” a potential factor in end-of-life care.**
 - a. **How could this factor be helpful in considering appropriate care?**
 - b. **How could a distorted view of “medical futility” be misconstrued as potential justification for euthanasia?**
5. **Why is it important for healthcare professionals to be having spiritual dialogue with a patient throughout life, rather than just at the end of life?**
6. **How would you address the following situations?**
 - a. **An 87-year old man with end-stage liver disease, hypertensive cardiomyopathy with an ejection fraction of 30 percent and multiple myeloma was admitted to the ICU with urosepsis. He ultimately required intubation as his septic shock progressed to acute renal failure and ARDS. Three weeks after presentation, he is in multiorgan failure, coagulopathic, with worsening oxygenation and a rising pressor requirement despite broad-spectrum antibiotics. During a goals of care meeting, the patient’s son states, “My dad believes in the God of the Bible. Under no circumstances are you to take him off life support.”**
 - b. **A 69-year old woman with recurrent stage IV glioblastoma multiforme, on palliative steroids but without any further treatment options, presents in septic shock from perforated diverticulitis. She undergoes an emergency Hartmann procedure, which she tolerates from a hemodynamic standpoint, but she is unresponsive post-operatively and is noted to have a dilated and fixed pupil. A CT scan confirms a large bleed from her cerebral tumor, with significant midline shift. During an urgent meeting with her family, a daughter says her mother had enrolled in home hospice services and became tearful at the mention of CPR and ventilators. “But I want you to keep going,” she adds. “I’m praying for a miracle, and I need you to keep doing everything until God answers.”**
7. **What is one take-home item from today’s session that you hope to implement?**

Additional Resources

1. [*Medical Ethics and the Faith Factor: A Handbook for Clergy and Healthcare Professionals*](#) by Robert Orr
2. [*Hostility to Hospitality: Spirituality and Professional Socialization within Medicine*](#) by Michael and Tracey Balboni
3. [*Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care*](#) by Kathryn Butler