

Leader's Guide

Episode 24

End-of-Life Care, Part 1

Summary

The grief and heartache in treating patients near the end of their earthly existence can at times be tumultuous and overwhelming. Yet, this difficult time affords us two wonderful opportunities: to encourage those who walk with Jesus regarding the eternity that awaits them, and to extend a final opportunity for those who do not yet believe, so they might embrace the Savior in faith. This episode includes ways we can recognize the Lord's hand near the end of our patients' earthly lives.

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 states, “A century ago 90 percent of Americans spent their last days at home among families...and in our modern era 70 percent of Americans still voice a desire to die at home among family. However, only 30 percent of us do.” What are some possible explanations for this discrepancy?

One possibility is that the family wants to make sure everything that can be done medically for the patient is done, so the person's earthly life will be maximized. A second possibility might stem from the desire to make a person's last hours on earth as comfortable as possible.

3. **“Christian physicians are uniquely positioned to guide patients through end-of-life dilemmas that so cut to the heart of who we are in Christ.” Do you agree or disagree, and why?**

Agreed, the physician best understands the patient's physical condition, and they may also have a history with the patient and the family, which would be helpful in treatment discussions. In addition, Christian healthcare professionals should have an understanding of biblical principles that can guide the decision-making process. They can certainly enlist the help of others in this process, but they should do so without abdicating their responsibility and privilege of speaking into this situation.

4. **Why might healthcare professionals be hesitant to refer patients to, or consult with, a chaplain?**

Those healthcare professionals without a faith commitment might not be sensitive to the fact that faith may be important to the patient. Also, the healthcare professionals might think involving a chaplain could be interpreted by the patient as a pessimistic view toward the future, as though avoiding chaplaincy would be a way of postponing the consideration of the patient's inevitable demise. Neither of these possible explanations are legitimate reasons for failing to involve a chaplain in the patient's holistic care.

There is, however, one possible legitimate reason for being hesitant to refer patients to a chaplain, and that would be if the chaplain is not committed to the gospel in the spiritual care they provide. It is unfortunate but inevitable that some who serve as chaplains do not recognize that their calling from God includes a responsibility to represent the truth that God has communicated through the Word of God, and through the Word Made Flesh, Jesus Christ.

5. **Dr. Al Weir states, “Near the end of their lives they (terminally ill patients) can come to a point where they can accept deep thoughts in ways that they can't earlier in their lives.”**

a. Why might this be so?

Life-threatening illness strips away many of the support structures people lean upon during the middle sections of their lives, including material possessions, friends, etc. As Ecclesiastes 3:11 states, “he (God) has put eternity into man's heart” (ESV), and this fact is no more evident than when a patient is staring eternity in the face.

b. Can you think of any examples of end-of-life faith conversions in the Bible? For help, see Luke 23:39-43. Any others?

The thief on the cross, who rightly recognized Jesus as innocent and sought salvation through Him, is the only “death-bed” conversion described in the Scriptures. It has been said that God gave us an end-of-life conversion account so we would not lose hope, but He gave us only one so we would not become presumptuous.

6. Dr. Steve Sartori uses questions to help open up his patient to the need for Christ. What are some examples of questions we might utilize in a similar situation?

- a. Is faith a part of your life?
- b. What do you think happens to us after life on this earth is over?
- c. How do you think the Lord will determine who will spend eternity with Him?
- d. How good do you think we have to be in order to be accepted by God?
- e. Are there things in your life for which you need forgiveness?
- f. People often talk about the “Good News.” How would you define the phrase “Good News?”

7. One of Dr. Butler’s insightful suggestions is to “address questions before patients are silenced by illness and medical technology.” Who are some of the individuals who could help to address patients’ spiritual concerns?

Doctors, nurses, the patient’s priest/pastor/spiritual leader, a local pastor, etc.

8. What is one take-home item from today’s session that you hope to implement?

Note: Dr. Butler’s four principles, included at the end of this episode, will be repeated at the beginning of Episode 25.

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