

Scriptural Guidance On End of Life Issues

Biblical Perspectives
on Present Day Issues, #5

by
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All scriptures are quoted from the King James Version
unless otherwise noted.

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INTRODUCTION

One way to get a good summary of a book or article is to read the first and last chapters, then do some “speed reading” throughout by noting the beginning and ending sentences of paragraphs. The Bible illustrates perfectly the fundamental nature of the first and last parts of a book; in Genesis 1-11 it introduces the beginning of time and in Revelation 4-22 it summarizes events that will transpire in the “end of time.”

As we consider “end of life” issues, we find striking similarities with those issues that confront us throughout life. Seeing the similarities in the beginning of life and end of life issues, along with those we face during the developmental, maturing, and golden/declining years of our lives, will help us get a better grip on how to deal with difficult decisions. The biblical principles that guide us at the end of life are the same ones that should guide and sustain us during all phases of our journey. How we deal with these issues in earlier years will influence how well we cope and succeed in making wise decisions in our own (or a loved one’s) final years or days. It is wise to remember that end of life issues are not confined to the elderly; these issues occur at any age – from birth to death, from the womb to the tomb.

Most of the issues we face and the decisions we make have spiritual, emotional, and physical aspects to consider. These are sometimes difficult to separate in a way that leaves our hearts at peace, considering the timing and specifics of the situation and how they affect the outcome. There are often medical, ethical, financial, and legal aspects to consider as well. The comfort and care of the body before or after death can

distract us from addressing what seem like peripheral issues which may require the expertise of professionals in their specialized fields.

As we search for help in resolution of issues, making decisions, and accepting the consequences, 1 Thess.5:23-24 gives us God's will for His people at all times and in all situations.

“And the very God of peace sanctify you wholly; and I pray God your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ. Faithful [is] he that calleth you, who also will do [it].”

God's desire will be done only if we “quench not the Spirit” (1 Thess 5:19). We must not refuse the Holy Spirit's guidance into truth, for He purifies and makes us holy through the Word of God (1 Peter 1:22). Jesus prayed to the Father to “Sanctify them through thy truth. Thy Word is truth” (John 17:17).

These Scriptures are relevant and important in making all decisions, particularly life-and-death decisions. God wants our “WHOLE spirit, soul, and body” to be totally sanctified and kept faultless unto the coming of our Lord Jesus Christ. He has a vested interest and will for our spirit, soul, and body – not merely until we die, but until our Lord Jesus Christ personally comes back and resurrects our bodies from the grave. Most decisions and issues that we face affect our body in some way.

At this point we need to understand and truly believe that our decisions and behavior must be guided by the Holy Spirit. It is He who “witnesses with our spirit that we are the sons of God” (Romans 8:16). The Spirit of God communicates with our spirit in making spiritually sound decisions. Thus we must not succumb primarily to the soul's emotional and feelings; these can easily become fleshly or bodily oriented. The truth whereby the Holy Spirit guides us enables us to make wise decisions, resulting in peace within and confidence before God. This peace of God in our hearts will keep us from doubt and

confusion that come if we allow our feelings to prevail over truth and facts. A biblical truth which I have believed and taught for years and which has sustained me through the death of my dear wife over five years ago simply declares, “*It is far better to depart and be with the Lord*” (Phil. 1:23).

When Mary visited Elizabeth after becoming “*with child by the Holy Spirit of God*” she expressed the joy of being in the will of God despite the lack of emotional support from some who could not understand her unconventional situation. Her response is instructional: “*My soul (feelings & emotions) doth magnify the Lord, and my spirit (witness of truth) hath rejoiced in God my Saviour*”(Luke 1:46-47). Mary experienced God's peace and joy as she submitted her entire being – spirit, soul, and body – to the will and purpose of God.

In this booklet, while we necessarily will focus on the body, we acknowledge that the body is not the highest concern in our life and salvation. Nonetheless, God has some priorities for the body. We do well to heed these throughout our journey as well as when we are facing end of life issues. These priorities will become apparent as we move through this discussion. Jesus said, “*And fear not them which kill the body, but are not able to kill the soul: but rather fear him which is able to destroy both soul and body in hell*” (Mt.10:28). Although spoken in the context of persecution, this principle emphasizes the significance of both body and soul and applies in all situations.

From childhood on we are shown and told what to do. We must also understand, however, why we do and believe these things. If we are truly convinced a belief is biblical, then we will find it easier to make decisions which God will bless by filling our hearts with peace when sorrow stirs our feelings.

Scripture helps us understand that a person is a soul with a spirit, both of which live in a body which receives life from the spirit. James 1:26 says “*...the body without the spirit is dead...*” We know that the body will stay behind when the

spirit returns to God who gave it, and that the soul is either received into the presence of the Lord or is cast into hell to await final judgment (Lk.16:22-23). The living will need to take care of the body, preferably in a dignified manner that honors the Creator.

It is important for a Christian to consider that during our entire lifetime the body, soul, and spirit are functioning together for one purpose – to glorify God. Our total being belongs to God, the Creator of all humanity. I Corinthians 6:19-20 states, *“What? Know ye not that your body is the temple of the Holy Ghost who is in you, which ye have of God, and ye are not your own? For ye are bought with a price; therefore glorify God in your body, and in your spirit, which are God’s.”*

We will divide our discussion into four parts: The Created Body, The Corruptible Body, The Consecrated Body, and The Consummate Body

The Created Body

(Designed to Serve God Now and in Eternity)

God created man by starting with the body, and God won't be finished with the body when the spirit and soul depart. The dead physical body will be raised a living, spiritual, and glorified body before the believer begins his life on the new earth. We ought to begin our consideration of “end of life issues” long before the realities of old age compel us to address them. We can then deal with these issues by design rather than by default. Some people would rather not prepare in advance for inevitable, naturally occurring situations such as sickness, prolonged illness, or death. Whether death occurs suddenly and unexpectedly or ‘finally at old age’, it still contains the solemn final reality of separation. “Till death do us part” seems distant and vague when the couple says, “I do,” but death is just as certain and real as the bond that occurs when the vows are spoken.

Genesis records that everything God created was “good.” That certainly includes the human body which God formed from the dust of the ground (Gen.2:7). I encourage the reader to take this question seriously: “At what time or stage of its creation did the body of man become a good thing?” We know that inanimate things like trees, planets, etc. which God created were all good. To be consistent we must conclude that the body of man was a good thing before “*God breathed into his nostrils the breath of life and man became a living soul?*” Man is a soul that lives in his body to which life is given by his spirit which came by the breath of God.

We need to consider two questions related to the body, created by and belonging to God:

First, “What is the purpose for the body of man?”

“For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's”
(1 Cor. 6:20).

“Whether therefore ye eat, or drink, or whatsoever ye do, do all to the glory of God” (1 Cor. 10:31).

“And whatsoever ye do in word or deed, do all in the name of the Lord Jesus, giving thanks to God and the Father by him” (Col. 3:17).

These verses are but a few of many which make it plain that our bodies are given to us to serve, glorify, and please God. Our ambition in all our deeds and words should be to arouse in others thoughts and emotions that will lead them to respond in a manner that honors the name of Jesus. We do not need a body to live, but we are given a body in which to work. Jesus lived in a body to complete the work which God gave Him to do. Just before Jesus offered his body as the perfect sacrifice for our sins, He prayed, “*I have glorified thee on the earth: I have finished the work which thou gavest me to do*” (John 17:4). He bore our sins in his body on the tree (I Pet.2:24) and then his body had to die. Jesus could not have done the work God sent Him to do without a body. Jesus' body was resurrected a

glorious, spiritual, immortal, incorruptible human body in which He will forever reside.

A second question is, “What is the longevity of the body? When, if ever, does it go out of existence?”

God gave the first Adam work to do with his body, “to till and keep the Garden of Eden.” Whatever God had planned for Adam and Eve to do with their bodies would still be in effect had they never sinned. Our bodies are not just for this world, but will be changed and resurrected “*like unto His glorious eternal body,*” by which we will serve Him and reign with Him forever on this earth. The body we occupy in this life will be resurrected and transformed; it will serve as our “house” forever. If we were to receive a different body in eternity, what would be the purpose of resurrecting the bodies we have today? This connection between our earthly bodies and our eternal bodies highlights the responsibility we have to use and care for the body in a dignified manner that pleases its owner, God the Creator.

Although understanding this gives us a unique perspective for facing life-or-death end of life issues, it is also important and helpful throughout our journey on this earth as we work for our Creator. We will be able to deal with these difficult issues at any age with eternal principles guiding and comforting us. These bodies in which we live will die but will never go out of existence. They will change in form, returning to dust, but will later be resurrected and changed into a body like Jesus has today in heaven. The spirits of our loved ones in heaven are just as alive as Jesus was before He became man. After our spirits are reunited with our earthly bodies, which will then be glorified, we will join our Creator and Lord in fulfilling His eternal purpose for us, to serve and glorify God. Our bodies will have an eternal function in that service.

We need to use our bodies to glorify God today, not to please ourselves. Since they are to be used in His holy service, we must treat them with dignity and respect in the name of Jesus. God will always have a vested interest in the bodies He

gave us. In life and in death we should honor the Creator in our decisions. After His resurrection, Jesus asked Peter three times, “Lovest thou Me?” Peter answered in the affirmative each time. Jesus then addressed Peter with these words which became an “end of life issue” with Peter.

“Verily, verily, I say unto thee, When thou wast young, thou girdedst thyself, and walkedst whither thou wouldest: but when thou shalt be old, thou shalt stretch forth thy hands, and another shall gird thee, and carry thee whither thou wouldest not.’ This spake he, signifying by what death he should glorify God. And when he had spoken this, he saith unto him, ‘Follow me’” (John 21:18-19).

God wants us to glorify Him in death as well as in life. Jesus was the perfect example of glorifying God when He was faced with end of life issues. The command to Peter, “Follow me,” was not only to direct his work as an apostle but also to guide and encourage him when facing death.

Keeping in mind the purpose of God for the created body and His eternal intention that we serve Him, let us look next at what happened in the fall of man that affected the body.

The Corruptible Body (Fallen, Sinful, Doomed to die)

The sinless created body provided for mankind has been corrupted, resulting in the reality we all experience. Our “corruptible” bodies are subject to degeneration and death which passed upon all men when Adam sinned. Romans 5:12 states, *“Wherefore, as by one man sin entered into the world, and death by sin; and so death passed upon all men, for that all have sinned.”*

Sin broke man's relationship with his holy God. Man's spirit became dead, his mind deceived, his soul depraved, his heart darkened, and his body doomed to die. Physically, the resulting curse brought pain and poverty, suffering and sorrow, disease and distress. The effects of sin are so pervasive and universal that man can only vaguely imagine life apart from

them. The damning effects of sin experienced in this life, miserable though they are, are nothing compared to their climax in the next. Only by faith in Jesus Christ can sinful man be “salvaged” from eternal death.

We had no control over the condition of our body when we were born, but we are accountable for how we use and care for our body during our life on earth. For forty-two years I have worked in a hospital surgical environment and have witnessed many ways in which people deal with end of life issues. Persons respond to unexpected events in ways that reflect how they have viewed their bodies before illness, injury, or age put them in a somewhat helpless, dependent situation. Negative scenarios are more frequent and often more serious today than they were decades ago because so many have no fear of the Lord. They therefore consider their bodies merely as a means for personal short-term gratification; in a crisis they make decisions without considering the physical and spiritual consequences.

A single teenage girl was frustrated, having been in labor for hours without seeing a soon “deliverance” on the horizon. She became impatient and somewhat rude requesting a C-section NOW, against the counsel of her physician. She said, “This is my body, I can do with it what I want” (which she had already done nine months before) “and I want relief now from my pain.” I tried to gently remind her that her body is not hers, it belongs to God. At that, her mother became testy and forcefully said, “It is her body.” There was no openness for common sense or spiritual considerations, so her physician firmly told her what needed to be done for the welfare of herself and the baby. She settled down and was “delivered” with a physically good outcome for both her and her baby.

In my work I have seen many patients who have abused their bodies through smoking, alcohol, unhealthy eating or overeating, drug abuse, sexual immorality, etc.; eventually they experience health problems they cannot control. They then appeal to the health professionals for immediate relief and cure,

which is often impossible to provide to their satisfaction. Sadly, they often want to continue the unwise and sinful abuse of their bodies without accepting the consequences.

Christians are also influenced by the desire for self-gratification, which keeps the spirit of man from living by spiritual principles of “*seeking first the kingdom of God and his righteousness.*” This focus includes everything being done in the name of Jesus for his glory--even what we eat or drink, speak or think. We have been given a body whose members are to be “*servants of righteousness, unto holiness*” (Rom. 5:19-22). The Christian’s body is corruptible, but because of the grace of God and the blood of Jesus, we have a spirit that has been born anew and a soul that is being saved. We have the mind of Christ (I Cor. 2:16), and the Holy Spirit witnesses with our spirit and guides us into all truth (John 16:13). He is the Spirit of Wisdom whereby we can know what pleases God and can make wise decisions during our entire walk with the Lord. Then, when those trials and tests come which we call “end of life issues,” we can face them with a perspective that will help us choose what pleases the heart of God; we will not be misguided by the current social and medical morals. If our spirit is not guided by the Holy Spirit of God we will not be willing or able to make decisions that result in peace and joy.

Life in the corruptible body is fraught with myriad health and relational problems. Various medical and counseling professionals are occupied with people who are anxious about health problems and their resulting issues. These include concerns such as finances, treatment options, family disagreements, or uncertainty about the future after death.

From a biblical perspective, it is futile to try to offer or receive peace without knowing and trusting the Prince of Peace. The peace which He imparts is only possible by seeking and accepting the counsel given in the Word of God. A relationship with Jesus Christ is the foundation of experiencing joy even when sorrow is the natural human response to end of life issues and death.

The Consecrated Body (Redeemed and Dedicated to Christ)

When the true believer trusts Christ for the forgiveness of sin, he commits himself to Christ as Lord of his life. This commitment includes the dedication of his spirit, soul, and body to the Lord, to be set apart for the Master's use, and to be of service to God. So when we speak in this section of the consecrated body, we also affirm that our spirit and soul are set apart unto Jesus Christ (1Thess.5:23).

To deal victoriously with end of life issues a believer needs spiritual strength and holiness. We will continue as in the previous sections, basing our beliefs on godly wisdom, purity, and truth anchored in biblical principles. These principles help us to make God-honoring decisions; without these, people tend to pamper the body until death and then consider the body “worthless and expendable.”

Paul challenges us with the Christian perspective of life in this “consecrated body.”

“I beseech you therefore, brethren, by the mercies of God, that ye present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service. And be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God” (Romans 12:1-2).

This presentation of our bodies is an admonition for every believer to yield or “consecrate” his body to God to serve Him in a holy, pleasing way. Paul says we cannot please God if we are conformed to the pattern of the world. To please God, our minds must first be transformed; this makes it possible to yield one’s living body for service to glorify God.

Reading farther in Romans 12, we see that all the members of the body of Christ are to work together as “one body.” The goal is to build up all the other members in the body of Christ

just as the members of our physical body work together in unity to care for the whole body. What does that have to do with our subject of “end of life issues”? The decisions you make in these situations can affect not only yourself and your family, but also others in the body of Christ. Persons considering end of life issues often look to others for counsel and reassurance, both relatives and believers, as well as professionals in the medical and mortuary fields. While the decisions you make are personal choices, they may also set a precedent that others follow. Others may feel justified doing things which may not have been in their “comfort zone” had they not seen or known of other Christians who moved outside of biblical principles in similar situations. We need to beware lest emotions prevail over godly discernment in those difficult decisions at a time when one’s feelings can be consumed by the condition, comfort, and care of the body.

When Christians have consecrated their whole being – spirit, soul, and body – to the Holy Spirit, they have an ability to love and to understand Biblical principles which the unbeliever lacks. We need to respect secular professionals who are available—and sometimes eager—to give advice or provide their services. However, we must use discretion concerning whether or not their advice violates spiritual principles. They may not understand why we would be hesitant or opposed to the advice they offer in good faith.

The context of I Corinthians 2 is not specific to our subject, but the principles there are certainly applicable to these issues. The differences between the understanding and knowledge of a spiritual man and those of a natural man are clear.

*Now we have received, not the spirit of the world, but the spirit which is of God; that we might know the things that are freely given to us of God Which things also we speak, not in the words which man’s wisdom teacheth, but which the Holy Ghost teacheth; comparing spiritual things with spiritual. **But the natural man receiveth not the things of the Spirit of***

God: for they are foolishness unto him: neither can he know them, because they are spiritually discerned. But he that is spiritual judgeth all things, yet he himself is judged of no man. For who hath known the mind of the Lord, that he may instruct him? But we have the mind of Christ” (1 Cor. 2:12-16).

The specific end of life issues we will address have one or more of the following aspects: spiritual, emotional, medical-ethical, financial, and physical. It is impossible not to have the emotions involved when the condition, comfort, and care of the body before and after death are involved. As stated earlier, every person is a living soul with a body which is kept alive by the spirit.

SPECIFIC MEDICAL-ETHICAL ISSUES:

Medical ethics for the Christian must be seen from a biblical perspective. “Ethics” covers a broad range of philosophical and moral ground. Webster defines it as “the study of standards of conduct and moral judgment.” “Medical ethics” then is the study of moral values and judgments as they apply to medicine. It can involve religious, professional, legal, personal, and societal ideas, goals, and laws. A situation may invoke some aspect of a few or all of those factors. As Christians we want our beliefs and conclusions to be firmly based on biblical principles and godly wisdom.

All end of life decisions involve the body of someone who is loved and emotionally connected with those making the decisions. Those responsible for these often difficult decisions need to remember that the Creator and Owner of the human body wants to guide the decision-making process; He will bless and comfort those who honor Him. Some practical factors will influence these decisions: cost, convenience, longevity of life expectation, professional priorities versus theological principles, and perceived personal desires. We also face conflicting philosophies; prolongation of life on earth being

considered “success” versus the Biblical promise that “to depart and be with the Lord is far better.” In my own experience and in others I have witnessed the struggles and sorrows of dealing with such conflicting factors. I have also experienced the relief, deliverance, and joy that accompanies accepting the presence and promises of God.

There is an abundance of literature dealing with medical ethics. We will have to limit our references to practical counsel for dealing with end of life issues.

In addressing some specific issues that relate to end of life medical ethics, I wish to remind us that we intend to base our decisions upon the principles of God's Word. We value the counsel and perspective of Spirit-filled Christians who have the fear of the Lord as the beginning of wisdom. Therefore, not everything that is perceived in our society as legal, ethical, or even necessary will be accepted as moral, holy, and righteous in the eyes of our Creator. It is important to recognize that our society in general is not God-fearing; some Christians have been misled or become complacent by viewing some questions as ethical medical issues when, in fact, they are spiritual and moral issues.

Another issue arises when trying to distinguish between medical ethics' “quality of life” and God's appointed “length of life.” To what extent should medical efforts and technology be used to prevent death? We should have a clear understanding in our hearts about the sanctity of human life before these sobering and emotional situations arise. God has not given man the responsibility or authority to decide when a person's life should be terminated. We must not be part of arbitrary life-ending procedures. Nor should we deny the use of life-sustaining measures when there is reasonable cause to believe they will enable the individual to enjoy the extended time. In all this, we still honor God's sovereign appointment of the time to receive a person into his glorious presence.

There are times when analysis of physical condition, medical treatments, and tests indicate that such life-sustaining efforts are not likely to be successful or truly beneficial. In such a situation, we should seriously consider objective medical and spiritual counsel before utilizing life-sustaining equipment. Once life-support efforts are started, acute conditions can arise and raise the difficult question of when to stop such efforts.

Often, however, when life-support efforts succeed, a decision arises about whether to utilize a ventilator for respiratory assistance; usually such measures are considered reasonable. There are also life-threatening situations where organs or systems are malfunctioning, but time is needed to make decisions. Life-sustaining measures to prevent imminent death can provide the needed time to evaluate what additional efforts, drugs, technology, etc. should be considered.

When it becomes obvious to the medical team that recovery is highly improbable, someone inherits the burden of making decisions regarding when to discontinue the “heroic” efforts and life-sustaining equipment. Such decisions can be understandably emotional and stressful to the patient, family, or health care proxy. This is often more difficult than it would have been to not initiate these measures.

General Guidelines

Various contemporary articles contain several salient guidelines for the use of life-support measures.

⌚ Life-sustaining therapy and technology is not necessarily appropriate for everyone who is experiencing end of life issues. The risk/benefit principle, the accompanying burden it places on patients and families, and the need for awareness of the availability of “palliative” (comfort) care such as that provided by hospice should help physicians, patients, and families make appropriate and wise decisions.

⌚ There must be an understanding of the distinction between preemptive killing (denying needful appropriate care) and allowing dying after compassionate informed consideration of the patient's condition, his desires, and realistic potential for his recovery or resumption of reasonable quality of life status. In other words, there is a difference between causing the patient's death or allowing the patient to die from natural causes.

⌚ Moral principle and legal precedent give the patient the right to refuse medical treatment. The process of making moral and ethical treatment decisions should be shared between physician and patient or health proxy. The physician should inform the patient of acceptable treatment options and then make a recommendation which he believes is in the best medical interest of the patient. The patient then can accept the physician's proposal, choose another option, or refuse all treatment.

⌚ "Many physicians are more comfortable not starting treatment than stopping it."¹ The ventilator is an "optional form of external support" to sustain life which the patient has a right to refuse. A clear example of this is an irreversibly incapacitated terminally ill patient who had stipulated in an advanced directive that a mechanical ventilator should not be used if his capacity to function is irreversibly lost and his disease is terminal. In that case the ventilator should not be started if the need for ventilation arises. However, if the ventilator was started before the patient's condition met the irreversible terminal criteria stated in his advance directive, the patient's refusal to initiate ventilator use under those conditions should be honored and the ventilator stopped when those conditions and criteria have been clearly met. That would allow the patient to succumb to the unopposed natural progression of the patient's illness once the ventilator is removed, and he would predictably die not long afterward. The

1 Walker, Richard M. M.D., "Ethical Issues in End-of-Life Care", Cancer Control--Journal of the Moffitt Cancer Center, March, 1999.

patient's death would be caused by the disease rather than by the physician.

Factors To Consider

What factors affect the ethical and/or moral decisions regarding life-support and life-sustaining/life-prolonging deliberations?

1. Emotional
 - a. Have I fulfilled my loved one's wishes written in an advanced directive or living will?
 - b. DPAHC (Durable Power of Attorney for Health Care) deserves serious consideration.
2. Physical
 - a. The physical stress incurred by care-givers can be disheartening. There are added responsibilities previously performed by the disabled person, frequent trips to the care facility, weariness or sickness from trying to meet family needs by working more hours or two jobs, or job loss, whether voluntary or involuntary.
3. Financial
 - a. Government, health providers, insurance companies, and those who need health care have been in turmoil over the availability and increasing costs of health care. The devastating cost of health care to the individual or family has been overshadowed by arguments over models, methods, and money needed to pay for the escalating costs. A September, 2011, news article stated that the average annual premium per family for health care coverage is over \$15,000.00.²
 - b. The ultimate outcome of the public healthcare debate will still leave the responsibility of paying the bills largely in the hands of the care recipient. It seems unethical for doctors to order – or individuals to demand – tests, equipment, and procedures because insurance or social programs pay for them. I hear much about the abuse of the system by both providers and care recipients.

² Anderson, Chris, Sr. Editor.

<www.healthcarefinancenews.com/news/kaiserfamilyfoundation> (Posted Sept. 28, 2011).

- c. It seems appropriate to consider the cost/benefit ratio, the quality of life/quantity of additional days, and the strain of depleted financial resources on the survivors after their loved one has died. This is not meant to place undue emphasis on money. However, stewardship of material blessings warrants integrity and wisdom based on spiritual principles. It is not uncommon for financial distress to bring despair and disharmony to marriages and individuals. A well-intentioned but unwise commitment to life-sustaining care can balloon into unexpected emotional, physical, financial, spiritual, and family issues.
 - d. There is a basic guiding principle which can avoid or alleviate guilt and doubts when the outcome of one's decision is not what was desired. IS THERE REASONABLE CAUSE TO BELIEVE THAT INITIATING LIFE-SUSTAINING MEASURES WILL PRODUCE A QUALITY OF LIFE DESIRED BY THE PATIENT AND THE FAMILY AND ACCOMPANIED BY A REASONABLE PROLONGING OF LIFE? Or, conversely, can we be reasonably certain – based on the physical condition of the patient, test results, and statistical life expectancy – that the risks, costs, potential failure of treatment, and possibility of a lengthy and burdensome course of treatment outweigh the likelihood of a satisfactory recovery? In all this it is also important to consider the patient's stated desires in this matter.
4. Spiritual
- a. Relationships with others may become strained as losses increase: the loss of companionship, of communication, and of participation in life activities. Restoring or enjoying relationships while good communication is still possible can bring peace to individuals and to the process. Unrealistic hopes, however, can cause one to miss the opportunity for timely healing before pleasant memories fade.
 - b. Trusting God's promises regarding the future is spiritual and right. "To be absent from the body is to be present with the Lord" which is "far better."

5. Legal

There have been notorious court battles where caretakers or a power of attorney for health care have debated whether life-sustaining equipment and long-term treatment should be stopped because of questions about whether the person receiving care was alive, in a vegetative state, a financial burden on the health system, etc.

In all these considerations, it is important to objectively face reality, difficult though it may be. Thoughtful counsel from spiritual/pastoral advisers, family members, and the medical team will help one rightly assess the situation and options. *“Where no counsel is, the people fall: but in the multitude of counselors there is safety”* (Prov.11:14, NKJV). A plan based on wise advice from many counselors brings deliverance and victory.

Let us now turn our attention to specific issues which believers face, attempting as before to consider each in the light of spiritual principles.

1. BURIAL vs. CREMATION

Today’s secular society offers multiple options to cure, comfort, care for, and/or dispose of the body. The two most common disposal methods are burial and cremation, with the latter requiring one of various innovative ways to deal with or dispose of the residual ashes.

Cremation, to burn a dead body to ashes, may not be the most important spiritual issue, but the final disposition of the body does reflect one’s view and value of the body. Cremation has already become an acceptable practice for many in Christianity and is considered a solution to financial, cultural, environmental, and spiritual concerns when death occurs.

We recall that the human body was a ‘good thing’ in the eyes of God before he breathed the breath of life into that form made of dust. The body belongs to God throughout our journey on earth and hereafter. God’s curse of death on man did not decrease the value of the body to God before or after death any

more than His eternal plan for the earth and the rest of creation was altered by the curse. Romans 8:18-23, Isaiah 11:1-10, Isaiah 65:18-25 and other scriptures relate the conditions for man and beast when the curse is partially removed during Christ's millennial reign on earth. Other Scriptures tell us of the new heavens and new earth after the curse is totally removed. From these we understand that God's eternal plan and purpose for the saints includes the body in which we were born and lived until death, for this body will be resurrected as an incorruptible and immortal body for us to inhabit forever. The curse which brought sickness and death does not devalue the body in God's future plan for it. If we can cherish that truth, even though we lack full understanding, we will treat the body at death with respectful burial even though one-third of our society treats it as a useless entity.

When men ignore or do not understand the value of the body in God's eyes, they lose biblical principles and practices. They then adopt societal practices and personal priorities influenced by the financial costs of caring for the body after death. Let's think about biblical principles and practices as they relate to the care of the body at death.

There are a few times recorded in Scripture when the Hebrews cremated a body after death; however, in none of those instances did God command them to burn the body. In I Sam.31:11-13, after the Philistines had beheaded Saul and fastened his body and the bodies of his three sons to the wall at Bethshan, the "valiant men" of Jabesh Gilead retrieved the bodies, returned to Jabesh, and burnt the bodies there. They then took the bones and buried them under a tree. Their unusual treatment of the dead bodies may be seen as due to urgency in a situation of warfare and due to mutilation and deterioration of the bodies.

On the other hand, there are many instances where God's people planned ahead and bought or prepared places to bury the body of their loved one--Abraham (Gen.23; 25:7-10), Isaac (Gen.35:27-29), Jacob (Gen.50:1-13), and Joseph of

Arimathaea for the body of Jesus (Mt.27:57-60). God himself took charge and buried the body of Moses after his death. Whatever the reasons for God's action, it seems apparent that cremating the body of Moses did not satisfy or meet the criteria of dignity and respect which the Creator and Owner of the body desires for his people.

Recently a businessman and I were talking about appropriate ways to care for or dispose of the body after death. He indicated that, after death, the spirit of man is gone from the body, and it doesn't matter what method is used to dispose of the body. I reminded him that the body belongs to God (1 Cor. 6:19-20), and I don't see any indication that this changes after death. While the body is buried and decays, the spirit does indeed return to God who gave it (Eccl. 3:21; 12:7). Nonetheless, Paul prayed for the Thessalonians that "*your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ*" (1 Thess. 5:23).

We alluded to Joseph requesting the body of Jesus for burial in his own tomb. It is interesting to note the dignity with which Joseph cared for Jesus' body before he buried it. He bought clean fine linen and wrapped Jesus' body in it. After the Sabbath was past, three women brought sweet spices that they might anoint him. In Mark 16:1-2, the three women seemed to treat Jesus' body with just as much dignity after he died as Mary of Bethany did before his death. Matthew, Mark, and John record the occasion when Mary of Bethany took a pound of ointment of spikenard – very costly and precious – and poured it on His head and also anointed His feet. Some thought that the "three hundred pence" cost could have been given to the poor. Jesus, however, deflected that concern and said, "*She hath wrought a good work on me....she hath done what she could. She is come aforehand (before) to anoint my body to the burying.*"

Joseph took an oath of the children of Israel that they would carry his bones from Egypt to the land promised to Israel (Gen.50:22-26; Ex.13:19; Joshua 24:32). Joseph's body was

embalmed and placed in a coffin in Egypt when he died. When Israel left Egypt, they carried Joseph's coffin to Canaan and buried him there.

I had the occasion to be in a small group of country folk who were talking about many ways farmers and others get hurt and occasionally killed. These are not pleasant or joyous conversations, but there were several examples shared by these men which illustrate people's varied responses depending how death happens. Two of the most vivid anecdotes described persons whose bodies were somehow totally shredded into small unidentifiable pieces in a matter of seconds (one by a wood-shredder). Most people would rather not hear or try to imagine those brief but totally destructive incidents that happen to human bodies. Most, I believe, would also rather not think of what happens to a family member's body as it is totally destroyed by fire of extremely high temperature into unidentifiable ashes.

What are God's guiding principles for the care of a human body after the spirit and soul have departed? At the risk of sounding redundant, let us be reminded to consider the spirit, soul, and body as functioning together for one purpose during our whole lifetime—to glorify God. When the body dies, it is better to have a burial than to cremate, to allow "dust to return to dust." For, though many in our society deny it, our total being belongs to God the Creator of all humanity.

"What? Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's" (I Cor.6:19-20).

2. ABORTION

This procedure destroys a viable fetus and kills a human life (see also #9 "Embryonic Stem Cell Research"). The motives and reasons for abortion are varied, but none justifies the end result of taking innocent human life. Apart from the moral issue, abortion also raises psychological and emotional

issues to deal with. Our body belongs to God and was given to glorify our Creator in word and deed. Abortion is a deliberate act of defiance against the sanctity of human life; it also dishonors one of the sacred purposes for our bodies – procreation.

Abortion is a moral life-or-death issue.

No sugar-coated terminology can alter the evil reality of this procedure. Not all end of life issues occur in the context of “old age.” Theologically conservative Christians firmly believe in the sanctity of human life from the moment of fertilization/conception. Yet they are encouraged to consider an abortion because of documented fetal abnormalities that preclude any possibility of survival at birth (excluding divine intervention). This happened to my wife and me when she was 39 and pregnant with our youngest child. Babies born to older mothers, we were told, have a higher rate of birth defects. We were asked if we wanted a certain procedure done to determine whether our baby had a major abnormality; if so, we could make an informed decision to “terminate the pregnancy.” No one, and especially not Christians, should consider abortion as an option.

Another example is a Christian couple, friends of mine, who were excited about the anticipated birth of their first child. An ultrasound, done for a legitimate reason, showed a living baby without a brain. The baby would probably survive until delivery, they were told, but would expire within minutes after birth. They made the somber but peaceful decision to continue the pregnancy to term, about three more months. After delivery they cherished the minutes he lived; then, as predicted, they had to finalize plans to lay the tiny body to rest next to others who had preceded him into the presence of the Lord. (This couple has since been blessed with another child – a vivacious, beautiful, healthy girl.) In such situations, when there is no possibility of the baby surviving, the mother's life, health, and safety are additional factors to consider in the decision about the pregnancy.

Many parents are faced with end of life decisions when their child is days, months, or perhaps a few years old. Some children are born with physical conditions with a life expectancy of five to thirty years. During those years there may be times of severe illness or the need for intense physical care which require significant sacrifice and difficult decisions. Let us address such decisions, along with other end of life situations that can occur at any age. These could be due to congenital defects, accidents, life-threatening illnesses, or other sudden or chronic conditions. They all require wisdom, grace, compassion, and discernment guided by spiritual eternal principles to make God-honoring end of life decisions.

3. DEBILITATING ILLNESS OR INJURY

Debilitating illnesses or injuries may come as either crisis or chronic conditions; either way, they evoke end of life concerns. Caring for the disabled calls for love and sacrifice in harmony with the respect for life and submission to God.

There may be financial matters that should be addressed clearly and legally in a timely manner. This should be done long before the pressure of the final time, before death makes legitimate organized preparation difficult or impossible.

Disabilities often require long-term intensive physical care that taxes the financial, emotional, and physical resources of the patient and family. There are tools available, such as advanced directives, wills, and written medical wishes and decisions; these should be prepared and used in consultation with a legal adviser. Professional preparation will avoid having a document misinterpreted by the person responsible to carry out the wishes of the patient. It may have seemed clear and sufficient to the well-meaning amateur preparer, but there are potential pitfalls. Lack of clarity may become evident later, when the patient is no longer capable of expressing his desires.

4. LIVING WILL or ADVANCED DIRECTIVES

A living will or advanced directive is a legal document containing instructions and specific actions which an individual chooses for his own health and medical treatment, written in case he would become unable to make those decisions himself

due to illness or incapacity. Another individual, called a Durable Power of Attorney for Health Care (DPAHC), may be appointed to make those decisions on behalf of the sick person. Another form may authorize a specific type of “power of attorney” or “health care proxy.” These may be combined in one document. The need for such advance planning has increased with the sophistication of medical technology available to prolong life. Such extension of life may not be what the patient or family would desire if they understood the potential accompanying pain, expense, and emotional burden to both the patient and his family.

Statistics show that aggressive medical intervention confines about two million Americans to nursing homes, and 1.4 million are frail medically and need feeding tubes to survive. Up to 30,000 persons are kept alive in a comatose and permanently vegetative condition. The costs involve not only the medical bills, but also the personal care required of family members who may have to quit work to care for their loved ones. Studies indicate that 75% - 90% of people would refuse medical treatment when their prognosis is poor rather than have their lives prolonged with medical intervention. An important decision the patient and family need to consider in advance is whether fewer days with “quality of life” is more desirable than prolonged life with declining health and increasingly greater demands on caregivers. Such intense demands may compromise the caregiver’s health despite good intentions and motives.

Writing a living will and facing the reality of death may be difficult, but the certainty of heaven for a sick believer is reassuring. The Biblical truth recorded in Philippians 1:20-23 is worthy of serious contemplation when dealing with end of life issues.

“According to my earnest expectation and my hope, that in nothing I shall be ashamed, but that with all boldness, as always, so now also Christ shall be magnified in my body, whether it be by life, or by death. For to me to live is Christ, and to die is gain.”

But if I live in the flesh, this is the fruit of my labor: yet what I shall choose I wot not. For I am in a strait betwixt two, having a desire to depart, and to be with Christ; which is far better. Nevertheless to abide in the flesh is more needful for you.”

Quite often the soon-to-depart loved one needs to make an objective decision for the glory of God. He can encourage the family to trust God for His grace, comfort, and wisdom to continue their journey by faith until they are reunited in heaven. After more than five years, I still thank God for His grace in taking my wife home for His glory and for her comfort and joy. I thank Him as well as for His grace and comfort to me since her death.

Should one submit to treatments designed to hinder the growth of tumors while hopefully alleviating pain? A number of factors may influence such a decision. Many side effects can occur with radiation and chemotherapy. Some of the more common ones are anemia, pain, appetite changes, fatigue, infection, hair loss, nausea, and vomiting. These include varying degrees of discomfort and severity that affect the quality of life a person has enjoyed and may continue to enjoy if he/she chooses not to receive the chemotherapy or radiation. This is not an exhaustive list nor meant to discourage one from pursuing such treatment. Some side effects may be present as a result of the disease itself. These are, however, factors to consider; we have earlier mentioned others, such as statistical life expectancy, financial costs, etc. There will be no scarcity of suggestions and advice from friends and medical staff to cloud, crowd, or calm the mind of the ailing person. Some are worthy of consideration while others may not be. Some involve long-distance travel (even international) and may include unproven or unapproved treatments. A variety of alternative-medicine plans have intrigued people. I have had close relatives, friends, and dear acquaintances ask me about such treatments. My wife and I received some enthusiastic referrals by an acquaintance of mine who was on a plan that was “helping” him. Six weeks later he died.

What does this have to do with medical ethics? There are many options from which to choose. Most are personal preference and may be helpful. There are some that I believe are questionable – and perhaps fraudulent. These would be unethical and immoral. I recently followed up on a treatment advertisement received in the mail from a professing Christian whose practice was a specialty utilized by many people. I was skeptical but went with an open mind. I left disappointed because his philosophy was a combination of religious and medical ideas presented with an attitude that “you need my services.” It may have been correct, but I was not convinced after I watched a movie in which a client was supposedly cured of cancer after he had manipulated or massaged her back. About two weeks later, I happened to meet a friend of mine who told me her husband was treated by that same practitioner and had been billed for several thousand dollars in a few months. In her words, “He is a fraud.” His plan has three parts consisting of “relief treatment, stabilization, and maintenance.” The latter would include weekly or monthly visits over a period of years. One elderly lady had been seeing him for nine years. Providers can be unethical in their practice and in the products they offer. We as godly people need wisdom to discern what is holy, wholesome, and healthy in contrast to what is worthless and perhaps even immoral, unethical, or detrimental to our health.

Choices and options appeal to many in times of distress and uncertainty. I have three friends with cancer who have chosen not to receive radiation and/or chemotherapy but will continue with wholesome diets and physical care to enjoy “quality of life” for however long the Lord determines. They accept His sovereign plan to deal with their end of life issues. My wife was diagnosed with incurable ovarian cancer and had surgery to remove most of the tumor. She had no symptoms until one month prior to diagnosis, and her quality of life had not been compromised prior to beginning chemotherapy. Apart from an initial episode of nausea and vomiting, she did quite well for 3 ½ yrs. She was able to work and perform normal

activities of daily living until one month before she died. I don't know how she would have tolerated chemo had her body been debilitated before beginning the treatments. The decision-making process needs to consider the specific and unique situation for each person.

An understanding of the difference between “ordinary care” and “extraordinary care” is helpful.

Ⓟ “Ordinary care” is morally and ethically obligatory. It would include such necessities as food, water, air (oxygen), and easily performed medical procedures that don't increase the burden on the patient or community. Other common methods of care would be included here.

Ⓟ “Extraordinary care” is optional and is determined by one's particular situation. This could include organ transplants, life sustaining technology, and other invasive or non-invasive treatments that would increase the burden on the patient or society. These are acceptable when they involve a reasonable expectation of restoring health and extending life.

5. ORGAN DONATION, ORGAN TRANSPLANT, ORGAN RETRIEVAL

Organ donation has been widely practiced and accepted by our society, although some object for religious reasons. At least one group forbids blood donations and transfusions. Most consider such donations charitable, life-sustaining or -saving, and humanitarian. There is an ethical concern when organs are donated for financial gain. There have been instances of a “market for human organs” such as kidneys whereby a person could “sell” one and still live a fairly normal lifestyle.

Organ transplant and organ donation are obviously allied. However, there can be moral issues with the selection process of the donor and recipient as well as with the timing for organ retrieval. There have been questions raised whether some famous or wealthy people waiting for organs have been moved up the recipient list while poorer or sicker patients have been by-passed. A more serious concern is deciding when the criteria has been met for retrieving the heart, lungs, liver, or

kidneys from a person involved in a serious accident or from one who has suffered a life-threatening event such as a stroke or heart attack.

The medical team must respect the donor's wishes and consider the donor's family's needs when deciding to pronounce the donor "brain dead." The retrieval team and the transplant team must coordinate their efforts to facilitate expedient and careful transport of the harvested organs. The critical issue is to respect the sanctity of human life and not make a premature or inappropriate decision to retrieve organs.

6. XENOTRANSPLANTATION

This is a less familiar aspect of transplantation. "Xenos," from the Greek meaning "foreign," refers to the transplantation of living cells, tissues or organs from one species to another. A familiar example is the transplantation of a heart valve from a pig to a human. There are pros and cons in this debate, as in many medical procedures, but we need to be aware of the potential ethical/moral issues that could arise from other kinds of "xeno" transplants. A heart valve has a physical function. It is beyond the scope of this article to deal with the question whether scientists will eventually consider a xenotransplant that could relate to intellectual capacity or function in humans. Such an endeavor would arouse moral concerns for creationists but would likely enthrall evolutionists, who refuse to admit the obvious intellectual, moral, and spiritual differences between man and beast.

"To date no xenotransplantation trials have been entirely successful due to the many obstacles arising from the response of the recipient's immune system."³

7. CRYONICS

Cryonics is "freezing the body of a person who just died in order to preserve it for possible resuscitation in the future, when

³ "Xenotransplantation," <<http://en.wikipedia.org/wiki/Xenotransplantation>>

a cure for the disease that caused death has been found” (Webster’s). It is foolish, hopeless, and vain, but some fearful people might be lured to consider such folly. Christians know that the hope for believers is resurrection with a glorious immortal body, not resuscitation of a corrupted mortal body.

8. FETAL DNA TESTING

Fetal DNA testing is a relatively unfamiliar procedure to most of us, including me. Andrew Pollock states that fetal DNA testing “could increase abortions for reasons that have little to do with medical issues and more to do with parental preferences for traits in children.”⁴ Stephanie M. Lee in the *San Francisco Chronicle* wrote about a new Stanford fetal DNA test and how it adds to ethical issues. This test can determine the complete set of an unborn child’s chromosomes by using a blood sample from the mother. It “could expand families’ ability to screen for potential disorders in fetuses.” She states that some experts argue it raises ethical (moral) questions as to who deserves to be born. There would also be the moral issue if such testing were used to select against girl or boy babies.⁵

Moses tried to excuse himself from being God’s spokesman by saying he was not an eloquent speaker (Exodus 4:10-12). The LORD said,

“Who hath made man’s mouth? Or who maketh the dumb, or deaf, or the seeing, or the blind? Have not I

4 Pollock, Andrew, “Breakthrough Fetus DNA Testing Raises Ethical Issues.” New York Times News Service; <http://www.news-journal.com/news/nation/breakthrough-fetus-dna-testing-raises-ethical-issues/article_30743c1b-86bd-52b9-8fef-65465bb74381.html> (Posted June 7, 2012).

5 Lee, Stephanie M., “New Stanford Fetal DNA Test Adds to Ethical Issues.” <<http://www.sfgate.com/health/article/New-Stanford-fetal-DNA-test-adds-to-ethical-issues-3684042.php#ixzz2UVrIX2sn>> (Posted July 28, 2012).

the LORD? Now therefore go, and I will be with thy mouth, and teach thee what thou shalt say."

Our Creator knows what abnormalities unborn babies have, and he will grant grace and wisdom to godly parents to love and care for those souls which are his inheritance.

"Lo, children are an heritage of the LORD: and the fruit of the womb is his reward" (Ps. 127:3).

Another person involved with the Stanford study, Diana Bianchi asked, "How far in the future do you want to look?"⁶ Medical and immune disorders could be discovered ahead of time, alerting health care providers to prepare a plan of care. The test appears to have less risk for miscarriage while providing information for mothers who would choose to terminate the pregnancy when fetal abnormalities are found. That would compound the moral issue we already have with abortion.

9. EMBRYONIC STEM CELL RESEARCH

In contrast with adult stem cell research, which has proven to be helpful, embryonic stem cell research presents a moral issue. This involves taking stem cells from viable embryonic tissue which then loses its viability (it dies). It can no longer become implanted into a womb or develop into a fetus. Damaging or destroying an embryo to remove stem cells is destroying human life. Some argue that it is immoral not to move forward with such research, because it might lead to a cure for illnesses such as Alzheimer's and Parkinson's disease. The all-important question is, "When does life begin in the womb?"

The Bible and science agree that life is present at conception/fertilization. Psalm 139:13-16 states,

*"For thou hast possessed my reins (inward parts):
thou hast covered me in my mother's womb. I will
praise thee; for I am fearfully and wonderfully made:*

⁶ Ibid.

marvellous are thy works; and that my soul knoweth right well. My substance (body) was not hid from thee, when I was made in secret (conceived in the womb), and curiously (intricately) wrought in the lowest parts (dark womb) of the earth. Thine eyes did see my substance (embryo), yet being unperfect (incomplete); and in thy book all my members were written (recorded), which in continuance were fashioned (formed), when as yet there was none of them.”

10. SURROGACY

I am not aware that members of Anabaptist churches have utilized surrogacy as a means to have a child, but it seems to be accepted by our society. Many other practices that theologically conservative Christians deem unholy have been adopted by some elements of the Anabaptist community. These issues we are addressing may soon be no exception to such compromise.

Michelle Bauman of the *Catholic News Agency* writes, “In a surrogate pregnancy, a woman is paid to have a previously created embryo implanted in her womb. After carrying the baby for nine months, she gives birth and returns the baby to the parents.”⁷ Surrogacy is when a “substitute mother” conceives and bears a child by undergoing artificial insemination. The donors of the semen and egg (often husband and wife) would then “adopt” the child after it is born. I can understand that there may be commendable motives involved. A serious moral objection is raised, however, by the process used to implant the embryo. Multiple embryos are actually created and implanted with the expectation that all but one will perish in the process. Such deliberate sacrificing of human life

⁷Bauman, Michelle. “Rise in Surrogate Pregnancies Raises Ethical Concerns.” <<http://www.catholicnewsagency.com/news/rise-in-surrogate-pregnancies-raises-ethical-concerns>> (Posted May 19, 2012).

raises serious moral objections, just as in the practice of abortion.

In the same article additional problems are exposed by Jennifer Lahl, the president of The Center for Bioethics and Culture Network. She states that surrogacy “veers toward being an exploitative industry, which targets ‘lower-income women needing to make money.’”⁸ Homosexuals and single mothers have also used surrogacy to satisfy their base immoral desires and demeanor. Lahl appropriately expressed concerns about human body parts being used for money and treating life as a commodity. She stressed that the child in question “is another human being.”

Legal problems also arise alongside the health risks and moral/ethical issues raised by surrogacy.

11. EUTHANASIA and ASSISTED SUICIDE

Euthanasia is an act which causes death painlessly by injection of drugs, purportedly to end suffering. Everyone has a divine appointment to die once (Heb.9:27), but only God has the sovereign foreknowledge and right to determine the day or manner when that appointment with death will be kept. In that sense, every person has the “right to die,” but man must not usurp such divine authority by arbitrarily terminating life or causing death at a time of his choosing. This authority belongs only to God in His omniscience and sovereignty.

Assisted suicide is basically helping another person devise a plan to end his life and providing him with the resources and equipment to carry it out. This is forbidden by the same moral principle, though the misguided motives may be different.

Although we know the body will eventually die, we must not do things intentionally to hasten the death of the body for the sake of convenience.

⁸ Ibid.

PERSONAL PREPARATION FOR DEATH

Discussion of end of life issues would be incomplete without a word about one's responsibility to plan ahead. Planning for one's death and sharing those plans are most helpful to the survivor's family and indicate one's acceptance of and preparation for death. Estate planning is better done by design than by default. When there is no recorded legal directive from the deceased (a will), the state usually determines how an estate is settled. Authorizing a power of attorney for finances is helpful to manage assets according to the wishes of the deceased as recorded in the will. Another thoughtful preparation is pre-planning funeral arrangements, including prepayment and purchase of a casket, vault, and other related items. I believe such purchases are transferable to another funeral director should a person move to another location prior to death. Written plans for the funeral service relieve the family of that responsibility at the time of grief. I also recommend keeping an organized filing system of legal and financial documents and informing the appropriate persons of their location. This will minimize stress and shorten the time needed to complete the transition to relative normalcy after the departure of a loved one.

Part of estate planning is the disposal of one's assets to selected charities. Systematic planning and designated giving to preferred worthy institutions and charitable organizations is pleasing to the Lord and fulfills the desires of the deceased. Such preplanned giving with legal counsel can also decrease or minimize tax consequences. This will maximize benefits for the designated charitable recipients. Designating beneficiaries with investment firms or custodians is also important. Much of this can be done prior to one's death as a matter of responsible stewardship and as a final act of a person truly consecrated to His Lord.

The Consummate Body (Resurrected, Glorified, and Eternal)

We have discussed the CREATED body which was “good.” Then we dealt briefly with the CORRUPTIBLE body which is common to all fallen humans. Thirdly, we discussed the CONSECRATED body, an integral part of the Christian’s walk with the Lord as he anticipates and faces end of life issues, whether in the lives of others or in his own life.

The fourth part of this discussion will address the CONSUMMATE body, that eternal, glorified body which all true believers await. Paul calls this “...*the adoption, that is, the redemption of our body.*” (Rom. 8:23c). Our adoption as sons of God will be complete only when our bodies have been “saved/redeemed” from their corruptible condition. Philippians 3:20-21 says

“For our conversation is in heaven; from whence also we look for the Saviour, the Lord Jesus Christ: Who shall change our vile body, that it may be fashioned like unto his glorious body, according to the working whereby he is able even to subdue all things unto himself.”

We have heard much about “hope and change” in the political world. The believer, however, has a sure HOPE (expectation, faith, confidence) both now and in the future as well as a sure CHANGE awaiting him. Paul wrote of this hope and change in I Corinthians 15:51-58

“Behold, I show you a mystery; We shall not all sleep, but we shall all be changed, In a moment, in the twinkling of an eye, at the last trump: for the trumpet shall sound, and the dead shall be raised incorruptible, and we shall be changed. For this corruptible must put on incorruption, and this mortal must put on immortality. So when this corruptible shall have put on incorruption, and this mortal shall have put on immortality, then shall be brought to pass the saying that is written, Death is swallowed up in victory. O death, where is thy sting? O grave, where is

thy victory? The sting of death is sin; and the strength of sin is the law. But thanks be to God, which giveth us the victory through our Lord Jesus Christ. Therefore, my beloved brethren, be ye steadfast, unmoveable, always abounding in the work of the Lord, forasmuch as ye know that your labour is not in vain in the Lord.”

This passage is clearly talking about the resurrection and rapture of believers whose bodies will be changed into an incorruptible immortal glorified body like the body which our Saviour has had since His death and resurrection. Let me emphasize two important points related to this passage. First, the same body in which we were born, lived and labored for the Lord will be transformed into our glorified body. Secondly, neither our “work” (deeds) for the Lord nor our “labour” (weariness and pain) are in vain (empty or worthless) in the Lord. Our works and labour in our CONSECRATED body in this life will impact (or affect) the blessings for our works now and opportunities for service for the Lord in our glorified bodies in eternity.

We will include three parts in this discussion of our CONSUMMATE body:

⌚ **REST (or damnation) for the body**

Hebrews 4 talks about several rests. One is the eternal rest for the believer who is forever delivered from the toil, tribulation, and weariness of this life. The other is a rest or cessation from our work for the Lord at death. As noted, those works also have eternal implications for us.

“Thus the heavens and the earth were finished, and all the host of them. And on the seventh day God ended his work which he had made; and he rested on the seventh day from all his work which he had made. And God blessed the seventh day, and sanctified (consecrated) it: because that in it he had rested from (celebrated) all his work which God created and made.” Gen.2:1-3

God didn't rest because He was weary or tired, but He paused for a day to glory in and enjoy His "works" which were very "good". When we cease from our works at death we, by his grace, will be able to enjoy the fruits of our labors forever.

When one reads obituaries it is obvious that many people have a desire or "hope" to be in the presence of the Lord when they die. If wishes would become reality, most people would indeed experience that eternal rest that is promised to believers. However, I notice that many bloggers write the bland, universally- accepted "RIP" (rest in peace) on behalf of almost anyone who suffered some fatal misfortune, regardless of the works they had done with their body.

In contrast to the promises of God for believers and the naïve hopes of the unsaved, Revelation 20:11-15 describes the fateful "end of life" for those who did not fear God and did not use their bodies to glorify God.

And I saw a great white throne, and him that sat on it, from whose face the earth and the heaven fled away; and there was found no place for them. And I saw the dead, small and great, stand before God; and the books were opened: and another book was opened, which is the book of life: and the dead were judged out of those things which were written in the books, according to their works. And the sea gave up the dead which were in it; and death and hell delivered up the dead which were in them: and they were judged every man according to their works. And death and hell were cast into the lake of fire. This is the second death. And whosoever was not found written in the book of life was cast into the lake of fire.

In this passage it is important to note that the bodies of the wicked will be resurrected and the wicked will inhabit those same bodies to suffer eternal punishment in the lake of fire forever. The degrees of punishment will be based on the kinds of "works" they did with their bodies in their life on earth. The wicked person himself will be judged according to his works at

the Great White Throne. Truly, works are an “end of life” issue for the unsaved, for they are the basis for their eternal death and damnation.

In contrast with the wicked, the righteous person has been saved by his faith in Jesus and it is his works which will be judged. He will experience a resurrection of his body in the first resurrection (I Thess. 4:13-17, the rapture of the church) and he will stand before the Judgment Seat of Christ. There his works will be judged for rewards according to their spiritual and eternal value.

This brings us to the next aspect of the relationship between the use of our “CONSECRATED” body during this life and the eternal consequences of those decisions.

- **REWARDS** for our works done in the consecrated body

*We are confident, I say, and willing rather to be absent from the body, and to be present with the Lord. Wherefore we labour, that, whether present or absent, we may be accepted of him. For **we must all appear** (manifestly declare, render apparent) before the judgment seat of Christ; that every one may receive the things done in his body, according to that he hath done, whether it be good or bad (worthless). 2Cor. 5:8-10*

*For we are labourers together with God: ye are God's husbandry, ye are God's building. According to the grace of God which is given unto me, as a wise masterbuilder, I have laid the foundation, and another buildeth thereon. But let every man take heed how he buildeth thereupon. For other foundation can no man lay than that is laid, which is Jesus Christ. Now if any man build upon this foundation gold, silver, precious stones, wood, hay, stubble; Every man's **work shall be made manifest**: for the day shall declare it, because it shall be revealed by fire; and*

*the fire shall try every man's **work** of what sort it is. **If any man's work abide** (remains after the fire) which he hath built thereupon, **he shall receive a reward**. If any man's work shall be burned, he shall suffer loss: but **he himself shall be saved**; yet so as by fire. Know ye not that ye are the temple of God, and that the Spirit of God dwelleth in you? If any man defile the temple of God, him shall God destroy; for the temple of God is holy, which temple ye are." I Cor. 3:9-17*

Carnal works, deeds done with a wrong motive (the "wood, hay, stubble"), will not stand the test of the eyes of Jesus. His eyes are like a "flame of fire" (Rev.1:14), which look on the heart of man and "melt" away all worthless thoughts and motives. Compare what the "look" (eyes) of Jesus did to Peter after he denied Jesus the third time (Lk.22:60-62). The Word of God is also likened to fire (Jer. 23:29; Is.5:24). Jesus' look was a reminder of His "words".

Christ's rewards are not like the useless trophies that are received today and put on a shelf to collect dust. Opportunities for service and the responsibilities assigned in the eternal kingdom of our Lord will be related to the service and works we do for our Lord today. Salvation is a gift, but rewards are earned and will be eternally significant and different for people "*according to their works*" for Jesus today. There will be justice in Jesus' judgment, but there will be no jealousy because everything will be manifest and transparent; this will leave no doubt or reason to question His sovereign wisdom and love.

We now turn to the ultimate opportunity for saints in the literal eternal kingdom---SERVING Jesus and ruling with Him forever on the earth. Rev.5:8-10;

- **REIGNING** (serving) with Jesus while ruling over the earth forever

And they sung a new song, saying, Thou art worthy to take the book, and to open the seals thereof: for thou wast slain, and hast redeemed us to God by thy blood out of every kindred, and tongue, and people, and nation; And hast made us unto our God kings and priests: and we shall reign on the earth.” Rev.5:9-10

“If we suffer, we shall also reign (co-regent) with him: if we deny him, he also will deny us.” 2 Tim. 2:12

In the parable of the talents in Mt.25:14-30 Jesus gave his servants talents to manage and invest for Him until He returns from the “far country” (heaven). Jesus then rewarded each one with opportunity and responsibility in His kingdom to “rule over many things and enter into the joy of thy Lord,” all according to their faithfulness in gaining more talents for Him while He was gone.

God had given Adam dominion (rule) over all the earth and assigned man certain work, such as to “till the garden”. If Adam (man) had not sinned he would be here today with dominion over the earth. God’s eternal plan included man ruling over the earth under the Lordship of his Creator. That plan has not been thwarted or changed by man's disobedience. The body that God created for man was a vehicle in which to serve and “*glorify God with his spirit and his body,*” both of which belong to God (1 Cor. 6:19-20). When man used his body to disobey the command of God, the body had to die just as God promised.

Ever since Genesis 3, “*by one man's offense death reigned by one*” (Rom 5:17). The reign of death had both physical and spiritual consequences. Likewise, the gift of salvation and righteousness by Jesus Christ has physical and spiritual implications. These include reigning with Christ over the earth. The specific outworking of this reigning is too complex and too unknown for adequate treatment in this article. Nonetheless, God has revealed enough that we can confidently state the following:

1. God formed man's body out of the dust and proclaimed it “good.”
2. God intended that man would occupy and have dominion over the earth and all living things.
3. Man's body today and for all eternity has the same purpose and value to its Creator.
4. In the future, believers will reign with Christ over His world.

CONCLUSION

We must remember that end of life issues can and do arise at every age, from pregnancy to what we call “old age.” The principles and truth that should govern our decisions are the same at every stage of life. These decisions nearly always involve the body to some degree. The body belongs to God from conception to eternity. At all ages of life and in death it should be treated with dignity and in a manner that glorifies God. He will resurrect this same body for us to occupy and use as a vehicle to serve Him forever. The first Adam and the second Adam, Christ, were each given a body “to do thy will, O God.” The “*good works which God hath before ordained that we should walk in them*” (Eph. 2:10) are not the same for everyone, but they are for the same purpose—to glorify God (I Cor.10:31; John 17:4; et al). God has a plan for every believer. Through prayer we need to discover that plan so that we can obediently walk in it. Both John the Baptist and Jesus had a specific plan for their work and journey on earth. God enabled them and protected them until that work was completed and they each faced the end of life issue and glorified God just as much in death as in life.

The Old Testament saints had a great cloud of witnesses whose faithfulness testified of the grace of God in tribulation and end of life issues (Heb.11:1-12:1). I believe we also have witnesses from the church age who have suffered martyrdom, whose names are recorded in the Lamb's book of life, and

whose faith should encourage us, just like that of the OT saints. The OT saints mostly had promises relating to material blessings on earth but they did look for a city prepared by God for them (Heb.11:16). We also have a city, the New Jerusalem, to which we look forward as our eternal home (Rev.21:2). With Job we confidently declare, “In my flesh I will see God” (Job 19:26).

End of life issues are usually complex and multifaceted, but they need not be overwhelming if truth and knowledge prevail over the emotional tendencies of the soul. Believers are encouraged to search the Scriptures for God's thoughts, to examine their own heart motives, and to glorify God in their bodies both now and forever.