

A court decides it is in the best interest of a baby to die. Voters approve Physician Assisted Suicide. Brittany Maynard decides to end her life. Is this what Solomon meant when he said "There is a time to be born and a time to die?" (Eccles 3:2)

Society's perspectives on the end of life are changing. 100 years ago infections, which killed in days or weeks, were the leading causes of death. Medical science developed immunizations and antibiotics to prevent and treat many of these infections. Today, the leading causes of death are long-term chronic health conditions, including cancer, heart and lung disease. Advances in health care have improved the survival for those with chronic illness. But when chronic long term conditions progress and there is no treatment to reverse or control them, the end of life period may be months or longer. It can become easy to question the value of life or struggle with the loss of control and suffering that accompanies life threatening illness and the dying process. Some may seek to gain control or shorten it.

But while society may be changing, the God we confess and serve is the same yesterday and today and forever. His precepts are established forever. As Christians, we are called to make end of life decisions differently than society. Patients, families, or medical professionals may seek to control events at the end of life. We believe that it is God who controls them. All the days ordained for us were written in His book before one of them came to be. The days of our birth and death are determined by God and God, not secular medical ethicists, guides our decisions about the end of life.

As Christians we are called to value all of life, including the end of life. We believe life has intrinsic value not because of who we are but because of whose we are. We are created in the image of God. We are so valued, so loved that God sent His only Son to redeem us. Since illness or disability does not diminish our value in God the Father's eyes, neither should it diminish our value in His children's eyes.

As His children and in response to His mercy to us, we are called not to conform to the pattern of this world, but to God's will. We believe God's will is what is best for us, even if we cannot understand the wisdom of His will. His will may include suffering. In a world where many seek to avoid suffering, Paul reminds us that suffering has a purpose – it produces perseverance; perseverance, character; and character, hope. We can have hope in our suffering because we remember God's faithfulness, great love, and never-failing compassion.

These principles guide us as we make end of life decisions. Start by gathering information. Understand the diagnosis and what the doctor anticipates will happen

based on medical expertise. If a treatment is proposed, ask about its benefit and side effects. Treating a symptom at the end of life does not treat the underlying disease. Remember that other medical conditions may complicate the clinical situation. Actions to provide comfort and relieve suffering, including adequate medication to relieve pain, are always appropriate.

Actions to hasten death are never appropriate. Some actions which are helpful at other times, such as IV fluids and tube feedings, may cause discomfort at the end of life and prolong dying. Again, consider the benefits and side effects of those interventions. Respect the autonomy of the person experiencing the end of life. They should be an active participant in decision making for as long as they can. They may choose treatment in the hope it may prolong their life or comfort care when, like Paul, they prefer to be away from the body and at home with the Lord. Their preferences for care should be respected after they are no longer able to make their wishes known.

Discuss your end-of-life preferences with your family or significant others. Those conversations will be helpful to guide them when they need to advocate for you. Advanced directives are an important way to document your decisions. Communicate your beliefs and health care decisions to your health care providers. This is especially important as those providers may not share your beliefs.

Talk with your Pastor. The end of life isn't just a physical event. It is also a spiritual event. Fear, loss of control, and depression are among the reasons that society is embracing Physician-Assisted Suicide. But there is a Bible, faith-based alternative. James reminds us that if any of you lack wisdom, he should ask God, who gives generously to all. Reach out to the elders for prayer. When God seems far away or absent, pastoral care guides families to make decisions consistent with God's Word and provides comfort, support, and a sense of His presence, reminding us that nothing separates us from the love of God that is in Christ Jesus.

Our end of life decisions are important to us, to our family, and to God. But the end of this physical life isn't the end of our life. Jesus told his disciples that "In my Father's house are many rooms. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, that where I am you may be also." (John 14:2-3) That house is Heaven. After the suffering of this life, imagine a place with no suffering, no death, mourning, crying or pain. For Christians, the end of this life is the doorway to an eternity with God.