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# BIOETHICS AND THE CHRISTIAN LIFE

*A Guide to Making Difficult Decisions*

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 **CROSSWAY** WHEATON, ILLINOIS

*Bioethics and the Christian Life: A Guide to Making Difficult Decisions*  
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## Introduction

# THE CHRISTIAN CONFRONTS BIOETHICS

Human beings have been pondering ethical questions about life and death from a religious perspective for a very long time. Millennia before the advent of fertility drugs God's Old Testament people wrestled with barrenness and sought various solutions, from prayer to concubines. Christians in the early church confronted and rejected the common Greco-Roman practice of abortion, infanticide, and suicide. Medieval- and Reformation-era Christians had no access to modern life-sustaining technology yet wrote numerous treatises on how to die well.

The kinds of questions evoked by the new academic discipline of "bioethics" are therefore perennial. Yet the harvest of new medical technology in the past generation has brought issues of life and death to a level of difficulty, importance, and promise never before seen in human history. The new technology holds great promise because it offers possibilities for treating ailments and prolonging life in previously unimaginable ways. Great enemies of human flourishing—disease and death—remain undefeated, but they seem increasingly manageable. There has never been a better time to get sick than the present. But with the benefits of human ingenuity come the eerie forebodings of a future that is less humane, not more. The same pow-

ers that provide remedies for infertility enable researchers to create embryos as a disposable source of pluripotent stem cells. The ability to manipulate the human genetic code can be harnessed not only for keeping inheritable diseases from the next generation but also for producing designer babies destined to be taller, faster, and smarter than their classmates. Techniques for treating life-threatening illnesses that can restore people to health can also preserve people in vegetative states for decades at great emotional and financial cost to family and society. Many proponents of the new technology denounce those who would stifle research and rob society of its benefits because of quaint moral scruples. Others issue dire warnings about a frightening brave new world that will emerge if scientific technology is not constrained by ethical boundaries. Battles are waged on ballots and in courts about what activities to ban and which research to fund. Families are divided about whether to pursue *in vitro* fertilization and whether to pull the plug on grandma.

Where do Christians stand in relation to such volatile matters? What difference does Christian commitment make to one's perspective on these issues of life and death? For many Christians of a traditional, conservative bent such bioethical controversies rouse strong feelings and inspire social activism. Like the early Christians we sense our entrenchment in a so-called culture of death and seek to renew respect for all human life, even in its earliest and latest stages. Against the subtle and overt forms of moral relativism that chip away at the foundations of humane civilization we proclaim to the world that many activities are simply wrong.

But the relation of Christian conviction—even of traditional and conservative variety—to contemporary bioethics is in fact much more complicated than suggested in the previous paragraph. Many Christians firmly committed to moral absolutes and troubled by attempts to blur distinctions between right and wrong have found themselves genuinely puzzled by ethical choices that medical technology has thrust in their path. However clear certain matters of abortion or assisted suicide may seem to them, they have found decisions about remedying infertility or discontinuing treatment for a dying relative to be ethically confusing. Under the surface of several high-profile and seemingly easy bioethical issues are a host of matters that appeal to cherished values in conflicting directions and therefore offer no immediately obvious moral answers.

Most Christian couples, for example, have no qualms in principle about seeking medical help when they are unable to conceive children over an extended period of time. These same couples, however, usually also have a sense—even if they struggle to articulate exactly why—that there are boundaries beyond which the quest to have a child should not go. But what precisely are the moral issues at stake, what are these boundaries, and what are the ethical consequences of transgressing them? Most Christians concur that assisting a suicide is morally evil, but they also shrink from the conclusion that they are obligated to do absolutely everything to preserve their own or others' lives as long as possible. But where does one cross the line between allowing death to take its natural and inevitable course and becoming complicit in someone's death due to failure to fight for life? Scripture provides no explicit instruction for making such determinations, and oftentimes trusted pastors and counselors offer conflicting advice. In such situations moral action is doubly difficult: Christians need not only the courage to do what they know is right but also the insight and wisdom to figure out what is right in the first place.

### **The Purpose of This Book: Bioethics in the Midst of the Christian Life**

The present book is written to address these problems. It explores how ordinary Christians, in the midst of the lives that they are called to live in Christ, may come to a better understanding of how to respond to the bioethical questions that confront them, their families, and their fellow believers in the church. This book is not a diatribe against contemporary woes such as the culture of death or the dehumanization of medicine (however much of a concern these things are). Neither is it a rousing call to social and political action on the part of Christians concerned about troubling cultural trends (however beneficial such action might be). I will be grateful if this book proves helpful for understanding contemporary bioethics culture wars and useful for those involved in public debates about bioethics, but these are not its chief concern. Instead I hope first and foremost to offer encouragement and guidance for Christians who seek, in the face of the morally confusing options presented by modern medical technology, to grow in the knowledge of Christian truth and in their practice of the Christian life in ways that prepare them to make personal bioethical decisions with godliness and wisdom.

In light of this I hope to address several overlapping audiences. This book is for all sorts of thoughtful, ordinary Christians who seek to be faithful as they confront issues of life and death in their individual and family lives. It is also intended to help pastors, elders, and counselors who will be increasingly solicited for help in making bioethical decisions. I have also written to facilitate moral reflection among physicians, nurses, and other Christians who work in the health-care system, for whom some of these issues are professional as well as personal. Finally, I hope that this book will be useful to students who are being introduced to the discipline of bioethics.

In treating bioethical issues within the context of the broader Christian life, I am trying to avoid the tendency to confront these issues as discrete moral problems. In other words, I am resisting the temptation to deal with bioethical issues as stand-alone dilemmas isolated from the many moral choices that precede and follow them. Questions are often posed in the abstract: Should a woman pregnant with quadruplets selectively abort two fetuses in order to give the other two a better chance of survival? May an unmarried woman eager to have children let herself be artificially inseminated with the sperm of an anonymous donor? Must a caregiver administer antibiotics to fight an infection in his comatose father when his father is already dying from cancer? Such questions, I argue, should not be considered in the abstract, apart from a person's broader moral life.

This is true, first, because our lives are a connected whole, and the decisions that we make in one situation often determine the kinds of choices that we will face later and affect the way that we resolve those choices. This book certainly does not promise that a little proactive conduct will prevent the necessity of making difficult bioethical decisions. But on some occasions particular bioethical dilemmas are a direct result of previous choices that were either overtly sinful or at least risky and foolish. On other occasions making the wrong decision in the midst of a bioethical crisis leads to another, and even more difficult, crisis later. What sorts of decisions in response to infertility, for example, may have created the moral and emotional hardship of having four struggling fetuses *in utero* or of having to decide what to do with ten frozen embryos whose mother has suddenly died? Proverbs 22:3 counsels us to take cover when we see danger approaching. Wise action now may prevent a bioethical crisis later.

Second, and closely related to the previous matter, is the importance of virtue. One of the chief reasons why we ought to examine individual moral decisions in the light of our broader moral lives is because each one of us has a certain character. People facing difficult bioethical dilemmas face them not as blank slates but as people with certain virtues and vices, that is, with various character traits that orient them toward good or evil. Today ethics is often reduced to a concern about external actions. Through most of Western history, however, ethicists believed that questions of virtue are just as important as rules of conduct, and this is also the biblical perspective. People tend to act according to character. Two individuals may agree in theory that running into a burning building to save a child is the morally proper action, but if one is a man of courage and the other is a coward then most likely only the former will carry out the deed. To put it simply, those who wish to conduct themselves in an externally excellent way must strive to become internally excellent people.

The ramifications for bioethics are profound. Consider a woman diagnosed with an advanced stage of cancer and wrestling with whether to pursue a long-shot, experimental, and burdensome treatment or to let the disease take her life and to die peacefully at home. She confronts that question as a particular kind of person, whose character has been formed through a lifetime of moral experience. Is she a person of contentment? Of courage? Of hope? How does the presence or absence of these virtues bear upon her decision, determining both how she evaluates the attractions of each option and whether she will actually do what she determines is right? Perpetual discontentment, habitual cowardice, and constant despair tend to distort a person's response to a frightening diagnosis and to impede the ability to make a clearheaded and godly decision about treatment.

Hence the present book explores not only what is the right thing to do when confronted with such a difficult bioethical decision, but also what sorts of virtues we should cultivate in order to be prepared to make such choices well. Becoming a morally responsible bioethics decision-maker is the task of a lifetime and cannot be reduced to figuring out the right answer at a particular moment of crisis. Bioethical decisions must be made within the context of lifelong growth in Christian maturity.

Third, this book examines bioethics in light of the broader Christian life rather than as a series of discrete moral problems because

many bioethical decisions simply do not have one absolutely binding right or wrong answer. Such decisions depend upon the wisdom and judgment of a particular person acting within a unique set of life circumstances. A good example is the scenario presented above concerning the woman facing experimental and burdensome cancer treatment. The immediate reaction of some readers may have been strongly in favor of pursuing the treatment: the small chance of recovery overrides the burden of the procedure. Conversely, other readers may have felt instinctively attracted to the choice of forgoing treatment and dying peacefully at home: prolonging life at every cost is not the highest good. Two Christians with similar theological convictions may find themselves inclined in opposite directions and be compelled to admit that there is no simple correct answer that one of them could impose upon the other's conscience.

How should a person make a responsible decision under such circumstances? Even when no universally applicable correct answer exists, many factors may make a particular decision *better* or *worse* in particular circumstances. One choice may be more beneficial for the patient's family, church, or spiritual well-being. One choice may better allow the patient to live—or to finish living—in a way that is consistent with the life that she has lived thus far in her study, work, play, and worship. Thus, faced with the choice whether to receive experimental cancer treatment, she may need to ponder at what stage of life she finds herself: does she have meaningful projects left to accomplish, young children needing her care, or significant responsibilities at church or work? She may also need to consider whether her inclination to pursue one choice over the other is an inclination of courage or of cowardice, of hope or of despair, of love or of selfishness. These and other factors, taken together and reflected upon with wisdom, will contribute to making a morally sound and responsible decision.

Thus far I have tried to elucidate one distinctive aspect of this book: considering bioethical issues in the context of the broader Christian life. One other distinctive aspect of this book deserves mention. As I seek to articulate the nature of Christian faith and life in the chapters that follow, I do so from a Reformed theological perspective, as summarized in documents such as the Westminster Confession of Faith and the Heidelberg Catechism. This should not deter readers with different theological convictions. Most of the doctrines and virtues that play an

important role in the forthcoming discussions—such as the image of God, divine sovereignty, resurrection, and faith, hope, and love—will be familiar to Christians from many traditions. Throughout the book, furthermore, I seek to show how all of the doctrines and virtues are grounded in Scripture. In light of this, I aim to reach a wide audience and to be helpful to people from various backgrounds. Nevertheless, one conviction that drives this book is that having a firm and knowledgeable theological foundation is crucial for living the Christian life well, and hence for making bioethical decisions responsibly. This book aims to explain that theological foundation as it emerges from Scripture; and that foundation reflects my Reformed convictions.

### **The Structure of This Book**

The following chapters seek to present many clear and forthright answers, from a biblical Christian perspective, to a number of controversial bioethics questions. Perhaps more importantly, however, they offer Christians a *way of thinking* and a *way of approaching* these questions. No book can anticipate every single bioethical problem that a person will face and thus be a comprehensive handbook of bioethical answers. Much more useful, I believe, is a book that trains Christians how to think better about the moral life and how to become people of better Christian character and virtue—so that they will be better prepared to make their own decisions in a messy and complicated world.

Part 1 lays the theological and ethical foundation for thinking well about bioethics and the Christian life. Chapter 1 addresses the general perspective that Christians should take toward the health-care practice and bioethical debates of the broader world. Christians have a sense that their religious commitments should cause them to think distinctively about bioethics, but what are the ramifications? Should Christians participate in the mainstream health-care system or establish their own Christian medical institutions? Should they participate in public debates about bioethics with non-Christians and, if so, how can they do this faithfully and effectively? Chapters 2 and 3 reflect the fact that Christians will not be prepared to make morally responsible bioethical decisions in their personal lives if they are ignorant of relevant theological truths and fail to pursue the requisite Christian virtues. Chapter 2 discusses a number of Christian doctrines that are particularly pertinent to bioethics. Among these

doctrines are divine providence, human nature, suffering, death, and resurrection. Chapter 3 then considers many virtues that should mark the Christian life: faith, hope, love, courage, contentment, and wisdom.

Part 2 concerns issues pertaining to the *beginning of life*, one of the major general areas of bioethics controversy. Chapter 4 focuses upon matters of marriage and procreation. What is the place and importance of marriage for the Christian life? Is being unmarried a good thing, or is it simply a prelude to marriage? How should Christians understand the good of bearing children? May Christians seek *not* to have children and, if so, which means of doing so are morally acceptable? Chapter 5 then turns to the question of assisted reproduction. What sort of attitude should Christians take toward infertility, which is such a trial for so many people? Should Christians pursue fertility treatments and, if so, which ones are morally acceptable? What should Christians think of standard procedures like in vitro fertilization and exotic dreams like cloning? Chapter 6 concludes Part 2 with a lengthy discussion of the value of unborn human life. When does life begin and to what sort of protection are unborn human beings entitled? What should Christians' attitudes be toward socially divisive issues such as abortion and stem-cell research?

Part 3 turns to bioethical issues at the *end of life*, another general area that has provoked difficult and controversial moral questions. Chapter 7 considers the Christian attitude toward death in general, an attitude that should shape the concrete moral choices that arise as death approaches. What does death mean for the Christian in light of the death and resurrection of Christ? How should Christians look at their entire lives as a preparation for death? What concrete steps should Christians take so that death does not take them unawares? Should Christians agree to become organ donors? In chapter 8 I explore whether Christians may ever actively seek their own death or the death of others. How should Christians view suicide? Is the distinction between *killing* and *letting die* a helpful and valid ethical idea? Is there a place for Christians to support euthanasia, that is, the practice of assisted suicide? Finally, chapter 9 considers the very trying questions of accepting and forgoing medical treatment as death approaches. After laying out some basic considerations for approaching this subject, the chapter explores several concrete

cases. How should a person decide whether to pursue a treatment that has very low probability of success when there are no other treatment options? Is it ever morally proper to forgo life-sustaining treatment for a chronic illness because the treatment itself is so burdensome? What are our moral obligations toward people in a persistent vegetative state (PVS)?

There are many other interesting and challenging bioethical issues that I do not address, of course, including middle-of-life issues such as cosmetic surgery, performance enhancing drugs, anti-depressant medication, and eating habits. This book, however, by setting forth the theological and moral foundations for bioethics and examining many of the most common and controversial bioethical issues of the present day, aims to provide Christians with a guide for difficult decision making that will equip them for faithful service to God in all matters of health and illness and life and death.

## 7

# APPROACHING DEATH: DYING AS A WAY OF LIFE

**What** is the proper Christian attitude toward death? What responsibility do Christians have to live their whole lives in preparation for death? In order to answer these questions, we should investigate how to cultivate the proper virtues and how to give careful thought to practical issues such as financial responsibility and living wills. Then we will consider organ donation in light of these broader questions about preparing for death. These discussions will enable us to explore important questions about accepting and refusing medical treatment—both for oneself and on behalf of others.

### **The Christian's Attitude toward Death**

Before investigating the practical ways in which Christians should prepare to die, we do well to ponder the general attitude that they should adopt toward death. Is death an enemy, a natural inevitability, or perhaps a friend? As explored in chapter 2, Scripture presents clear answers about such questions. But Christians hear not only the voice of Scripture but also the voice of the broader, unbelieving world. This latter voice communicates in both obvious and subtle ways—through television, film, books, and the opinions of medical professionals from whom the news of death often comes. Christians often find it difficult

to disentangle themselves from the perspectives on death that they imbibe from the surrounding culture, and thus we must be alert to the ways in which the world views death.

Predominant views about death have shifted significantly in America over the past several generations. A few landmark books, none of them written from a Christian perspective, illustrate this shift. The first is the 1949 memoir by John Gunther, *Death Be Not Proud*. This moving and memorable book is a father's account of his seventeen-year-old son's battle with a brain tumor that eventually took his life. The story is fascinating in several respects. Gunther's son, an intelligent and talented boy headed for Harvard, is admirable in many ways, both in his attitude in the face of severe setbacks and in the courage he demonstrated in submitting to terrible treatments. Furthermore, the Gunther family had access to many prominent physicians and was able to secure a number of cutting-edge and experimental procedures for their son, thereby raising profound ethical questions about whether death should be fought at any cost, physical or financial. But the Gunthers, by their own admission, experienced little moral doubt about such things and pursued every route that held out the slightest chance of recovery. Death, for the Gunthers, was clearly an enemy, to be fought with every available resource. Most fascinating of all, perhaps, is the fact that young Johnny Gunther, as far as his father was aware, never knew that he was going to die. Neither his parents nor doctors informed him that all possible medical procedures had failed. The author admits to lying to his son during times of setback, hiding bad news from him and instead giving him reason for optimism. They did not want to break his spirit. Thus death overtook Johnny Gunther unawares, though his physicians and parents knew that death was inevitable.

This idea of death as a great enemy—to be fought, repressed, and denied wherever possible—has come under critical scrutiny in subsequent generations in America. One significant figure who articulated a different perspective was Elisabeth Kübler-Ross, a Swiss physician who penned the influential book *On Death and Dying* in 1969. Kübler-Ross looked upon a world in which people avoided talking about death, particularly with dying people. She lamented the repression and denial provoked by modern anxieties about death and suggested that we can attain inner peace if we face and accept the reality of our own death. What we tend to repress in our unconscious mind

through various defense mechanisms must be brought to conscious awareness. Based upon her extensive clinical work with the dying, Kübler-Ross identified a series of stages that most people experience after learning that they have a terminal illness: denial, anger, bargaining, depression, and finally acceptance. Family and caregivers, she argued, ought to help patients to work through these stages, encouraging them to express their thoughts and feelings along the way. Provided that there is enough time between the diagnosis of terminal illness and death, the patient who works through these stages can attain a state of acceptance and even peace (if not happiness). Kübler-Ross observed that hope of medical recovery tends to persist through all of these stages. When death finally comes, she explained, we should allow loved ones to go through their own experience of anger and despair and to express their feelings. Speaking to them of the love of God in such situations is cruel and inappropriate.

Many of Kübler-Ross's ideas have gained influence in subsequent years through the hospice movement and popular books about dying. Sherwin B. Nuland's *How We Die: Reflections on Life's Final Chapter*, for instance, sets out to "demythologize" the process of dying. By explaining biologically and clinically what happens when people die, Nuland hoped to relieve people of many of their fears of dying and of the self-deception and disillusionment created by anxiety about the unknown. Another example is *Dying Well: Peace and Possibilities at the End of Life*, by physician and hospice director Ira Byock. According to Byock, American society is unfamiliar with death. Thus it tends to isolate loved ones who are dying and to miss opportunities to foster human relationships at the end of life. He proposed that the end of life actually holds great possibilities for strengthening bonds among people, for creating moments of deep human significance, and for growing morally as human beings. Byock hence sought to foster these experiences at the end of life and advocated discussion of spiritual matters.

Directly or indirectly, the Christian who lives in American culture has been exposed to various theories and practices of death and dying. In light of the biblical theology of death examined in chapter 2, Christians should probably look upon these various sentiments with both appreciation and sadness. When they read Gunther's memoir, they can surely appreciate the horror and hopelessness that death evokes without Christ, for death is indeed an enemy and a source of despair

apart from the gospel. Yet Christians can hardly countenance the elaborate scheme to hide the full seriousness of medical problems and the immanence of death from a young man, such that death would take him by surprise. While no one would wish to strip someone of the desire to fight for life when that is still medically possible, Christians recognize that death is far too serious a matter to justify deceiving someone about the fact that he must face it soon. In light of this, Christians can find many things attractive about the new perspective cultivated by Kübler-Ross. Acknowledging the reality of death and confronting the challenges of dying seems much more in line with Christian conviction about the seriousness of death and the need to love the dying person. Certainly many Christians have profited from open conversations made possible by revised attitudes about death and by resources such as hospice. Nevertheless, some of the ideas inculcated by this newer perspective on dying are unsatisfactory from a biblical standpoint. Death is not merely something natural, the latter stage in the larger process of life. Death, in the ultimate sense, is unnatural, not a part of the world as God designed it. If death is a curse and brings people before the judgment of God, then they surely cannot attain true peace about death simply by expressing their feelings about it. If death is the diametric opposite of what God's image bearers were created to experience (namely, life), then dying with genuine dignity is hard to imagine, no matter how much love friends and family show to a dying person.

The meaning and experience of death has been transformed for the Christian. Christians need no longer be trapped in the sort of dilemmas about death that haunt the broader culture. In the broader culture people tend either to recognize the horror of death and therefore to avoid confronting it or to encourage open acknowledgment and discussion of death but to reconceive it as something natural and acceptable. For the Christian, death remains an enemy that produces sorrow and grief among the dying and their loved ones, yet by virtue of Christ's work of redemption death has been defeated. Christians may genuinely look forward to being with Christ in glory when they die and to being raised up on the last day with glorified bodies.

Both in its horror and in its hope, death remains an event of utmost gravity for the Christian. How then should Christians prepare for this inevitable experience? How should they undertake the Christian life even in times of youth and health, when death seems far off, so

that they are not caught surprised and unprepared for death when it comes? We can consider both the perennial questions about death as a human experience and the new challenges introduced by contemporary medical technology and the institutionalization of death.

### Death as Life-Defining

In the later Middle Ages and through the first centuries after the Reformation, both Protestant and Roman Catholic writers produced literature on the *ars moriendi*, the art of dying. Recognizing that death is an event of great weight and everlasting consequence, these writers taught that dying well does not come naturally but is a practice that must be learned. Furthermore, they saw dying as a practice that must be learned through the whole of life if it is to be executed well. Though writers from different churches described the *ars moriendi* in various ways, reflecting their different theological convictions, the general concern for preparing people to die was one that many professing Christians shared for many centuries, and for good reason.

Many people today express the sentiment that the best death is a sudden death that involves no extended period of pain or suffering. While such a perspective is eminently understandable, we should appreciate why so many people in other times and places regarded a sudden and unexpected death as a great misfortune. A sudden and unexpected death leaves no time to put one's house in order, no time to say goodbye to loved ones, no time to reconcile with those who are estranged, and, most importantly, no time to be sure that one is right with God. A death that is expected and gradual leaves time for preparation and wrapping up unfinished business. Some people still remind us of these things. Randy Pausch, for example, the forty-seven-year-old professor with terminal pancreatic cancer whose *The Last Lecture* is a best seller at the time I write this chapter, expresses his gratitude for the few months' notice that he had, which allowed him to give his last lecture at Carnegie Mellon University and to spend precious time with his family.

Yet sudden death often occurs, whether from natural or unnatural causes. The fact that we go through life not knowing the day of death, not knowing whether it will come tomorrow, though we feel well today, ought to give us pause. The only way truly to be prepared for this momentous event of death is to be ready at all times. If we make the effort to prepare in youth, in early adulthood, in middle age, or

wherever we find ourselves in life's pilgrimage, we will not be left unprepared even if death comes tomorrow completely unexpectedly. The responsible Christian life involves having one's house in order *now*, cultivating relationships with loved ones *now*, reconciling with those who are estranged *now*, and taking account of one's standing before God *now*. If they are committed to these practices, Christians will be prepared for death—whether it is sudden or gradual—in a way that they would not otherwise be.

The words of Psalm 90 quoted at the outset of Part 3 counsel us “to number our days that we may get a heart of wisdom.” Indeed, numbering our days involves gaining wisdom as well as a range of other virtues. Cultivating Christian virtues can prepare us for death, and hence help us to avoid the way of foolishness.

### *Faith*

As considered in chapter 3, the virtue of faith is the fount of the other virtues. But faith should not be viewed as a means to an end, that is, as simply a means for attaining the other virtues. Rather, in the context of death the most important thing about faith is that it secures our right standing before God and therefore gives us confidence before him on the last day. Death is such a momentous event first and foremost because it ushers us into the presence of the living God before whom all must stand. By faith we are justified, declared righteous before God's throne of judgment (Rom. 3:23–26). By faith, therefore, we may be confident that death will bring us into the gracious presence of God rather than confront us with his wrath (Rom. 5:9). Faith in the Lord Jesus Christ, as proclaimed in the gospel, means that we need not go to our death anxious and afraid, wondering whether we will be saved or lost. Instead, by faith we approach death with gratitude and assurance of salvation. Becoming right with God is thus not something that can be delayed. Preparation for death, even when it seems far away, first of all requires us to reckon with our everlasting destiny. As Paul wrote to the Corinthian church, “We implore you on behalf of Christ, be reconciled to God. . . . Behold, now is the favorable time; behold, now is the day of salvation” (2 Cor. 5:20; 6:2).

We must remember, however, that faith is not a one-time act. It is not as though a person comes to Christ in faith at the very beginning of the Christian life and then moves on to other things. On the contrary, faith is to be the constant and abiding response of the Christian

to God's grace through all of life. Faith is the means by which we are justified and is the fount of virtues not simply as a past act but as an ongoing trust in Christ. How is faith cultivated throughout life? Meditating upon Christ and his work is a task for every day and an encouragement for our faith, but God has ordained a special place for *the preaching of the Word of God* for evoking and nourishing faith in his people. In Romans 10:17 Paul explains: "Faith comes from hearing, and hearing through the word of Christ." Reading the Scriptures privately and as families can certainly be of great encouragement for our faith, but Paul identifies *hearing* the word *preached* as of particular importance for building faith. As he writes a few verses earlier, "How then will they call on him in whom they have not believed? And how are they to believe in him of whom they have never heard? And how are they to hear without someone preaching?" (Rom. 10:14).

There is probably nothing that better prepares people for death than being/becoming members of a faithful church of Jesus Christ where the Word that produces faith is proclaimed Sunday after Sunday. God also ordained sacraments—baptism and the Lord's Supper—to be administered alongside preaching. Sacraments are God's visible and tangible ways of setting Christ and his redeeming work before our sight, taste, and touch. Baptism symbolizes our dying with Christ and being resurrected with him (see Rom. 6:3–5)—not a bad preparation for our own death! In the Lord's Supper we are nourished by communing with the body and blood of Christ (1 Cor. 10:16). Partaking of the Supper is such a weighty thing that Paul calls us to examine ourselves each time we come to the table (1 Cor. 11:28). Thus we not only receive grace for building up our faith by partaking of the Supper but are also required to take account of ourselves and to stir up our faith when we are invited to eat and drink. In short, there is no more fundamental way to prepare for death than to grow in faith, and there is no better way to grow in faith than to hear the Word proclaimed weekly, to recall the grace of our baptism, and to participate in the Lord's Supper frequently.

### *Hope*

Chapter 3 argued that hope is in some sense the first fruit of faith. Christian hope is not the "hope" of everyday speech that sets its sights on earthly things that are merely possible. Rather, Christian hope, founded in faith, looks ahead to Christ's second coming and the resur-

rection of our bodies, awaiting them not as possible but as certain and assured. Hope is crucial to cultivate as we prepare for death. Scripture trains us for the end of life by instilling in us a heavenly-minded, eschatological perspective that is the essence of hope.

Instead of cultivating a heavenly-minded hope, sinful human beings tend to be focused on the present things of this earth and are thus unprepared for death. The words of James 4:13–15 are sobering: “Come now, you who say, ‘Today or tomorrow we will go into such and such a town and spend a year there and trade and make a profit’—yet you do not know what tomorrow will bring. What is your life? For you are a mist that appears for a little time and then vanishes. Instead you ought to say, ‘If the Lord wills, we will live and do this or that.’” James confronts a problem endemic to human behavior in this world: conducting ourselves and making plans for the future without recognizing the tenuousness, precariousness, and brevity of life. Jesus spoke words similar to James’s, calling the person who gives no thought to the end of life a fool. “And he told them a parable, saying, ‘The land of a rich man produced plentifully, and he thought to himself, ‘What shall I do, for I have nowhere to store my crops?’ And he said, ‘I will do this: I will tear down my barns and build larger ones, and there I will store all my grain and my goods. And I will say to my soul, Soul, you have ample goods laid up for many years; relax, eat, drink, be merry.’ But God said to him, ‘Fool! This night your soul is required of you, and the things you have prepared, whose will they be?’” (Luke 12:16–20). Who of us has not acted like this fool, laying plans for the future without a thought to the fact that it may not be God’s will that we live to execute them? How do we remedy this sinful tendency? What virtue should we cultivate for this purpose?

There is surely no better remedy to this sinful tendency than heavenly-mindedness, that abiding awareness of where our true home is even now and a genuine longing to enter that place with soul and body. Thus we must seek to grow in hope, that virtue which orients us with confidence toward the age to come. Paul probably had in mind people like the fool condemned by James and Jesus when he described “enemies of the cross of Christ. Their end is destruction, their god is their belly, and they glory in their shame, with minds set on earthly things” (Phil. 3:18–19). With minds on earthly things, they had no time to consider the brevity of life, but lived instead for their own worldly accomplishment and self-indulgence. Diametrically opposed

to this way of life is that of the Christian described by Paul in the next verses: “But our citizenship is in heaven, and from it we await a Savior, the Lord Jesus Christ, who will transform our lowly body to be like his glorious body, by the power that enables him even to subject all things to himself” (Phil. 3:20–21). Heavenly-mindedness ought to crowd out earthly obsession in the believer. It ought to create hope in the imminent return of Christ to raise up our mortal bodies but also ought to make us conform our lives at present to the heavenly way of life. Paul’s original readers knew what it was to be a citizen of one city while living far away from it. Philippi was a Roman colony and thus governed as a Roman city, and its citizens were reckoned as Roman citizens. As the residents of Philippi conducted themselves day by day as if they lived in Rome, so Paul called the Philippian Christians to conduct themselves day by day as though they belonged to heaven.

Paul presented similar themes in Colossians 3:1–4. Here again he appeals to his readers’ hope in the return of Christ and exhorts them to make that hope determinative for their conduct in the present: “If then you have been raised with Christ, seek the things that are above, where Christ is, seated at the right hand of God. Set your minds on things that are above, not on things that are on earth. For you have died, and your life is hidden with Christ in God. When Christ, who is your life appears, then you also will appear with him in glory.” Contrary to expectation, heavenly-mindedness is apparently the most practical thing imaginable, for in the rest of the chapter Paul explains a great number of concrete moral obligations that follow from this other-worldly orientation. The person who sets her mind on heaven, where the resurrected Christ already reigns and where we will join him in glory one day soon, will not be vulnerable to the trap of earthly obsessions. Death will not catch such a person unawares.

Christ’s words in the Sermon on the Mount reinforce this point: “Blessed are those who hunger and thirst for righteousness, for they shall be satisfied” (Matt. 5:6). According to Paul in Philippians 3, those who have their minds set on earthly things focus upon their bellies, that is, their physical appetites. Hence they make plans about doing business and building barns that aim to satisfy physical needs and desires. But citizens of the kingdom of heaven, Jesus explains, are characterized by a different kind of hunger and thirst—for righteousness—and Jesus promises them satisfaction. Since Scripture makes clear that sin will always cling to us on earth, this promised satisfaction can be attained

only in the age to come. Hungering and thirsting after righteousness, therefore, must entail a heavenly-mindedness, the Christian hope that looks eagerly for the coming of Christ and full possession of all the benefits of Christ's work. Such a person will be *thinking* about heaven, *longing* for the return of Christ, and *desiring* the attainment of heavenly things. This does not mean that Christians should seek out death or be indifferent to life's responsibilities and joys here and now. But it does mean that they will not readily be trapped by earthly obsessions or caught by death unexpectedly.

Crucial to the cultivation of hope in preparation for death is the practice of prayer. Praying well, that is, praying in the way that Scripture directs us, trains us in hope. The opening petitions of the Lord's Prayer—"hallowed be your name, your kingdom come, your will be done on earth as it is in heaven"—are ultimately requests that Christ would come again, for only then will these things fully come to pass. The Christian who prays the Lord's Prayer with sincerity therefore exercises the virtue of hope. "Come, Lord Jesus" (Rev. 22:20; see 1 Cor. 16:22) is the Christian's biblical, hopeful prayer. Learning to pray well not only prepares us for death because it trains us in the way of hope, but it also prepares us for death because prayer is so important to the dying. The capabilities of dying people are often severely limited. There may be few pleasures and activities left to enjoy. But prayer requires no mobility, appetite, or ability to hear or see. For the dying, prayer may be one of the few things left to do. As with so many other things, prayer is not something that we can neglect during life and then expect to learn in the throes of death. The person who learns to pray through the whole of life is one who is much better prepared for the end of life.

Christians who, by the grace of the Holy Spirit, are cultivating this virtue of hope, and with it a heavenly-minded hunger and thirst for righteousness, will grow into the attitude that Paul describes in 1 Corinthians 7:29–31: "The appointed time has grown very short. From now on, let those who have wives live as though they had none, and those who mourn as though they were not mourning, and those who rejoice as though they were not rejoicing, and those who buy as though they had no goods, and those who deal with the world as though they had no dealings with it. For the present form of this world is passing away." Paul does not counsel us to separate from the world or to despise the world. His words presume that Christians

will be marrying, buying, selling, and doing all sorts of other common things. But Christians do so always cognizant of the brevity of life and prepared for life's end.

### *Love*

A way of life that prepares for death must be characterized not only by faith and hope but also by love. Though love ought to characterize the Christian life pervasively, certain aspects of love directly concern preparation for death. It is important to remember that while God alone is the object of our faith and hope, both God and neighbor are the objects of our love. In order to live lives that properly prepare for death, we must grow in the grace of loving our neighbor.

Loving our neighbor presupposes an important fact about human nature: we are social creatures who live in community. A person cannot fulfill the command to love his neighbor if he is seeking to live an isolated life apart from social responsibilities and privileges. God made us, as his image bearers, to live in relationship with him and with our fellow human beings. Thus, to love God and neighbor is to live as God designed us to live. The responsibility to exercise dominion over creation, both in its original form at creation and in its modified form after the fall into sin, requires joint activity and communal endeavors in the many institutions of cultural life. More importantly for Christians, God redeems us by calling us into his church, a community where we hear the Word preached, partake of the sacraments, and enjoy the fellowship of love with fellow believers. Participation in the life of the church is not optional for Christians.

All of this is crucial to keep in mind in the face of various cultural pressures to value independence and even autonomy. People encourage us to plan our lives so that we can attain as much independence as possible—financial or otherwise. To be dependent upon other people is often portrayed as demeaning or pitiful. Is this a proper perspective for Christians? Scripture does indeed warn us about becoming unduly dependent upon others because of laziness or refusal to work. We should strive to be responsible and productive and thereby to provide for our own needs (2 Thess. 3:6–12). One of our motives for such conduct, however, should be the desire to contribute to the needs of others. As social creatures called to love our neighbors we should seek to provide for others in their time of want. Yet being social creatures who love our neighbors also means recognizing that,

no matter how hard-working or responsible, *we are and will remain dependent upon others*. We must learn how to *receive* from others as well as how to give. Our pride should not prevent us from accepting help in our own times of need. Our dependence upon others is not demeaning or an insult to our dignity. God made us social creatures and hence mutually dependent creatures, and our true human dignity is expressed in both giving and receiving well, without feelings of arrogant superiority when we are able to give or feelings of (equally arrogant) inferiority when we are in a position to receive.

This task of love—learning to live in communities of mutual dependence with fellow human beings—must be cultivated throughout life. As we do so we are simultaneously preparing for the end of life. The loss of independence is one of the great burdens that many people feel when they are seriously ill and dying. When formerly routine tasks of eating, dressing, and caring for personal hygiene become impossible to accomplish independently in the last stages of life, people become completely reliant upon family, friends, and medical personnel. Understandably, we tend to pity people in such circumstances as those forced to endure great insults to their personal dignity. No one wishes to be unable to do the most basic tasks of life, yet we must keep in mind that being dependent—even *very* dependent—upon others is not in itself an insult to human dignity. Being dependent upon others *well* is in fact one way for us to express our nature as divine image bearers. The handicapped, the disabled, the incapacitated, the seriously ill, and the dying should not be viewed as less than human because of their extraordinary dependence upon others, but as called to be human in ways different from most others.

Of course, none of this means that being in a state of extreme dependence is easy. The fact that it *is* so difficult is the reason why we must strive to learn how to be properly dependent. By learning to live in community with love for our neighbor we prepare ourselves for dying. The person who has cultivated the virtue of love for a long time and thus has learned both to give *and* to receive is much better prepared to face difficult periods of extraordinary dependence upon others. The one who understands that receiving well is a basic human task is better equipped to receive intimate care without seeing it as humiliating or as a violation of human dignity. And that person, released from obsession with her own perceived humiliation, may

also be better able to *give* to others in small but significant ways even in times of profound dependence.

Thus far we have focused on the virtue of love as it enables us to receive from and to be dependent upon others, and thereby makes us better prepared for the challenges of dying. But love in its more commonly understood sense—as giving rather than receiving—is also of great value for preparing to die. For one thing, love is important for helping *other* people to die well. Our love for others should prompt genuine concern for the dying and empathy and compassion for those experiencing the spiritual and physical burdens of the end of life.

Some of the practitioners of the *ars moriendi* tradition emphasized the importance of visiting the dying. There are of course many ways in which we can show our love for the dying (such as through writing, calling, praying, preparing meals, or providing financial support), but nothing is quite the same as being with a person. Unfortunately, in the modern world all sorts of hindrances impede the regular practice of visiting the dying. Many recent authors lament the fact that dying has been removed from everyday life. In days past most people died at home, ensconced in a familiar setting and surrounded by family and neighbors who provided whatever care was needed. But in recent years death has been largely institutionalized. Most people who do not die suddenly end up dying in hospitals or in other institutional settings. Medical professionals are often the chief caregivers. The dying, in other words, are taken out of everyday life and sequestered from the people and places that they love. This book is not about public policy, and thus I will not comment on what, if anything, we should do as a society about these realities of modern life. What does concern us here, however, is how to fulfill our responsibilities in love for the dying even in the midst of these new challenges.

To put it simply, the virtue of love compels us to care for the dying in every way possible. Like everyone else, the dying continue to need community, yet in today's world they tend to be particularly isolated. Even if the dying are not living at home, their families should strive to keep them regularly involved in their lives. Churches should continue to treat their dying members as vital parts of the body of Christ, with pastors and elders especially seeking to care for their spiritual needs and deacons for their physical needs. Parents often shelter children from interaction with the dying out of fear that the experience will upset them. But children too should be incorporated, with wisdom,

into the regular care offered to the dying. Children also must learn about death and should begin cultivating the virtues that prepare for it. The visiting and caring that family, friends, and churches provide for the dying does not need to have a specific agenda. Generally, Christians ought to “bear one another’s burdens” (Gal. 6:2), “encourage the fainthearted, help the weak” (1 Thess. 5:14). We should seek to appreciate (even if we cannot fully understand) the struggles and trials that the dying undergo, and thus seek to build them up in their hope, courage, contentment, patience, and other necessary virtues. Often we may not know what to say. But even then we may remember that on the last day Jesus will say to the blessed: “I was sick and you visited me” (Matt. 25:36).

We care for the dying primarily for their good, not for our own, but we ourselves may experience many benefits when we engage in this practice. For example, when we help to maintain a sense of community for the dying, despite the forces that tend to isolate them, the dying themselves will often be an encouragement to us. They may still give love and not simply receive it. Practicing love toward the dying should also serve to keep the inevitability of our own death before our minds. Contact with those facing imminent death may teach us something of what dying involves and remind us of our own need to prepare for it.

### **Preparing for Death in Earthly Affairs**

Faith, hope, and love play important roles in the Christian’s preparation for death. Of course, other virtues, such as courage and contentment, also prepare us to die. To be a person who dies well we must strive to grow in the virtues of the Christian life long before death becomes imminent. But we must also put our earthly affairs in order if we are to die responsibly. This has always been true to some extent. In ages past people recognized the need to “put one’s house in order” before death. But the need to attend to earthly affairs has probably been heightened by the increasing complexity of modern life and especially by recent advances in medical technology. The ability to treat many otherwise terminal illnesses and to preserve the lives of those unable to eat, drink, or breathe independently gives us much to be grateful for, but it also raises hitherto unimagined problems. What kind of medical care would I want to receive if I became unable to make decisions for myself? Likewise, many people in developed nations may

be thankful for abundant financial resources, yet the complexity of modern financial systems and tax codes also raises hitherto unimagined problems. What will happen to my resources at death, and will my loved ones be provided for in the ways that I intend?

We will later examine difficult decisions about accepting and forgoing medical treatment—both for ourselves and for incapacitated people under our care. First, however, it is important to consider how we ought to prepare for the (not at all remote) possibility that we ourselves might suddenly become incapacitated. How do we wish to be treated, and whom do we wish to make health-care decisions for us? Once we become incapacitated, it is too late to make our wishes known. After considering some of these matters I address some related concerns about financial responsibility, in anticipation of both incapacity and death.

### *Health Care for the Incapacitated*

First, what should we do to prepare for a time when we are in need of medical care but are not able to make decisions for ourselves? How do we ensure, to the best of our ability, that we will be treated in a way that we would wish and that the right people will make necessary decisions for us? The answer is that people may prepare legal documents (often with no attorney required) that give instructions about how they wish to be treated and who will make health-care decisions on their behalf. The precise nature of these documents varies from jurisdiction to jurisdiction, and each reader should check the laws of his own place of residence. In America the individual states regulate these matters, though documents prepared according to the laws of one state are usually recognized in other states, and their instructions are usually followed.

Two principal sorts of documents are the *living will* (or *advance health care directive*) and the *power of attorney for health care*, though states may use somewhat different terms or combine these two into a single document. The basic purpose of the former is to provide instructions about what sort of care a person desires (or does not desire) if she becomes unable to make such decisions. Documents called “living wills” may pertain only to decisions about whether a person wishes to receive life-sustaining treatment when in a permanently unconscious or terminal condition. The ability to give more detailed instructions about a range of possible situations is now com-

monly available, however, through documents known as “advance health care directives” or something similar. The power of attorney for health care enables a person to name an agent who will have legal authority to make necessary health-care decisions for him when he is in an incapacitated state.

There are numerous reasons why executing such documents is a wise and loving act for nearly every adult. First of all it is for our own good, to ensure that we are treated in ways that we wish when we will have no power to do anything about it. Another reason that may not be as immediately obvious is that preparing such documents is good for our family and others who care about us. When a person becomes incapacitated and in imminent need of health care, loved ones suffer and worry. If we do not leave instructions about how we wish to be cared for, then we may well add to their suffering by keeping them uninvolved or detached from our crisis in ways that they should not be. Another important reason to execute such documents is that they force us to think about the end of life and to discuss its challenges with trusted family members and friends. We ought to be proactive in thinking about the end of life, even though doing this is difficult and unnatural for most people. In order to execute such documents thoughtfully, we are compelled to reflect upon unpleasant scenarios, yet such scenarios are all too possible. If we speak to the person or persons that we name as our agent(s), gaining consent to appoint them and informing them of our wishes, then we create an occasion for having conversations that we would normally avoid. The Bible does not demand that we execute these legal documents. But by initiating such conversations and talking through our options and choices, we follow the way of wisdom, which counsels us to get advice from others before making important decisions.

Once we have made the decision to execute these documents, we face decisions about their content. Appointing an agent is of course a personal decision. We should appoint someone whom we trust and who genuinely cares for us. For many reasons this will ordinarily be a family member. But there may be times, especially when close family members do not share our Christian faith, when choosing a nonfamily member may be the wise course. In any case, the importance of this decision indicates that we should not make it out of a sense of blind duty or sentimentality.

Specifying conditions in which treatments should or should not be administered can be terribly difficult, and I address such issues in the next two chapters rather than here. One general consideration may be useful to mention now, however: wisdom suggests that we should not attempt to micromanage our health-care future but instead should give latitude to the agent whom we appoint. We may be tempted to try to anticipate every possible scenario and to specify what we believe to be the right mode of treatment under each one. Perhaps we do so in order to spare our health-care agent from having to make difficult decisions about us. This sort of thinking, however well intentioned, needs to be challenged. Anticipating future health crises is not easy. There are so many possible circumstances and considerations that it is impossible for anyone to predict what the contours of his own particular situation will be. Consider an analogy from civil law. Legislators ordinarily make laws that state general rules, and judges are expected to apply these laws to specific cases. But some cases involve circumstances that make application of the general rule (seemingly just in itself) unjust in a particular situation. The fact that such cases exist does not mean that there should be no general rules, but it does warn against overconfidence in anticipating all future scenarios.

In the health-care context, heeding this warning suggests the wisdom of giving discretion to our agent. Our agent should be someone who knows us well, who cares for our well-being, and whose wisdom we trust. This agent will be able to see the particular circumstances in which we need care and make judgments accordingly. Is this a burden to our agent, presumably a dear family member or friend? In a sense, yes, but burdening one another is part of what family and friends do. We have responsibilities toward each other, and while we should not *unduly* burden others, taking up a loved one's burdens should be viewed as an act of love, not as an inconsiderate disruption of more important activities. A valued loved one would undoubtedly rather make hard decisions on our behalf than sit by while our own ill-considered instructions are implemented in unforeseen and unfortunate ways.

### *Finances and the Incapacitated*

In addition to these concerns about health care in times of incapacity, we should also strive to put other earthly affairs in order. Finances are an important example. Financial responsibilities vary from person to

person, depending upon age, resources, and number of dependents. In general, Scripture counsels parents to provide an inheritance for their children (see 2 Cor. 12:14; Prov. 19:14). Whether or not someone has the resources to provide a large inheritance, everyone must, to the best of his ability, provide for the needs of his dependents. Paul's words are striking: "If anyone does not provide for his relatives, and especially for members of his household, he has denied the faith and is worse than an unbeliever" (1 Tim. 5:8). Even unbelievers ordinarily conduct themselves in this way, so how much worse is it when a believer does not? If we do not wish to burden our loved ones *unduly*, then we need to give attention to such matters. The mere incapacitation or death of a loved one can cause severe hardship for a family, but if the family is also left in financial crisis or has its time consumed by lengthy and unnecessary probate proceedings, then that hardship is only worsened.

Each person must take appropriate steps based upon her own particular situation. Executing a will is imperative for nearly everyone. Many people should take out a life insurance policy as a way of providing immediate financial relief for dependents. Many will also find it helpful to put their financial assets in trusts that will enable their estate to avoid probate, which can often be a long and cumbersome legal process that delays the distribution of an estate's assets. Appointing an agent with power of attorney over financial affairs can also be a wise step to prepare for possible incapacitation. Various laws govern such matters, and they are often complex and murky to the ordinary person. Believers ought to seek help from competent legal and financial professionals in order to arrange their financial affairs effectively.

### **Showing Love after Death? The Question of Organ Donation**

The development of organ transplantation over the past half century has been one of the most astounding accomplishments of modern medicine. Some transplants take place through the gifts of living donors, since it is possible to remove bone marrow, a single kidney, or part of the liver without killing the donor, but first we will consider organ donation at death. We can show love to others even when dying. By dying well a person can set a good example and be an encouragement to those who witness it, and by being financially responsible

a person may be able to provide materially for family members or worthy organizations after death. But what about organ donation? Can, or should, a person show love in death not merely by giving spiritual or material gifts to others, but also by agreeing to give a part of one's own body in order to save another's life?

Once again, my purpose is not to resolve public policy disputes, but to examine how a Christian should approach bioethics as part of the broader moral calling of the Christian life. Christians nevertheless have a right to contribute to public policy discussions, and they should thus be aware that many difficult public policy issues exist concerning transplantation. Some of these issues involve matters of supply and demand. How can we procure more organs in order to alleviate long waiting lists for available organs? Should we seek to obtain more organs through free market mechanisms, or perhaps by taking organs from corpses whether or not the person gave consent during life? What is a just way to allocate the organs that are harvested; in other words, how do we decide who receives the organs that become available? How do we prevent the flourishing of black markets in organ donation and reception? Should we pursue xenograft transplants (i.e., harvesting organs for human beings from animals)? In addition to these matters of supply and demand there is the lingering public policy question of when a person should be considered dead. Since it is generally agreed that whole-organ transplants must be taken only from those who have died, how we define the moment of death (in terms of whole-brain, higher-brain, or cardio-pulmonary criteria) is crucial, especially since time is of the essence in harvesting organs from the dead in order to prevent the organs from becoming unusable through the process of ischemia. (I will address the issue of when death occurs in chapter 9.)

Here our concern is with the narrower question of whether individual Christians may or even should agree to become organ donors. It is possible that someday the transplantation system will condone certain sorts of practices that would cause Christians, even if they are not opposed to transplantation in principle, to avoid becoming organ donors or recipients. In the American context today, however, the law prohibits most of the practices that Christians might find most problematic, such as taking whole organs from those who are still alive, taking organs from those who did not give consent (either personally or through their family), experimenting with xenograft transplants,

and permitting the buying and selling of organs on the open market. Despite lingering concerns among some Christians about the current understanding of when death has occurred and thus about the morality of certain sorts of organ harvesting, most Christians today can decide whether to become a donor based upon simple questions of principle: is organ transplantation itself morally acceptable? And, if so, do we have a moral obligation to become a donor?

While most Christians today seem to have a positive view of organ donation, there are some genuine objections that could be raised against transplantation from the perspective of Christian theology. For example, is organ transplantation legitimate for creatures created in the image of God? Human beings bear the image of God in both soul and body. We bear the image holistically—that is, no one part of us all by itself can be identified with the image, but we express the image in all aspects of our being. To have hearts, kidneys, and livers is part and parcel of being an image bearer of God, just as having reason and will is. Donating a bodily organ to someone is therefore qualitatively different from doing something for someone or giving money to someone. If I give an irreplaceable part of my body, have I thus violated my status as an image bearer of God? It is worth noting that though the donation is made after death, this question does not really go away. Even after death my body remains *my* body. A corpse is not merely an inanimate thing like a rock, as people recognize across cultures. People would not bother to desecrate graves, nor would other people get repulsed and offended by it, were it not for the fact that human beings tend to identify the dead body with the person whose body it was during life. Corpses are still *named*.

Christian theology gives reason to affirm and reinforce this general human insight. For one thing, Scripture refers to dead bodies as if they still belong to a person. After the crucifixion, for example, Joseph of Arimathea asked for “the body of *Jesus*” (Luke 23:52). The principal theological reason behind this is the fact that the very same body that dies is going to be resurrected one day. The resurrection will not be a creation *ex nihilo* but a transformation of our present mortal bodies: the Lord Jesus Christ “will transform our lowly body to be like his glorious body” (Phil. 3:21). Christian faith, therefore, urges respect for a dead body and prohibits treating it as a warehouse of spare parts for use by others. The dead body does not somehow

become the common property of the human race for whatever use it may wish to make of it.

In my judgment these are serious considerations that should probably shape the way in which Christians evaluate future proposals about transplant procedures and policies. But they should not drive us to the conclusion that organ donation and transplantation are sinful per se, for a weighty consideration suggests just the opposite. Christian theology has always taught the goodness of self-sacrifice, even self-sacrifice unto death. God himself showed us the extent of his love by sending his Son to die on our behalf (Rom. 5:8), and as he has done this for us, so the apostle John exhorts us to do this for others: "By this we know love, that he laid down his life for us, and we ought to lay down our lives for the brothers" (1 John 3:16). Since our love for others ought to extend even to the point of death, the argument that we should never do anything that would endanger our bodily integrity is faulty. Christlike love for our neighbor involves willingness to suffer the dissolution of body and soul, the greatest imaginable assault upon our image-bearing nature. Giving up an organ postmortem for another person is a less radical act than giving up one's life for another. Donating an organ after death does not destroy life, disrupt the soul's communion with God in heaven, or interfere with God's ability to raise our bodies unto a whole, perfect, and glorified state on the last day. If God is able to raise the bodies of his martyrs who have been torn and eaten by lions, then he is certainly able to raise the bodies of Christians who have donated a heart or liver to a suffering human being. Provided that the dead bodies are treated respectfully, and that organs are genuinely *given* rather than *taken*, Christians, having received in Christ the greatest token of self-giving love imaginable, have good reason to view organ donation as a charitable act of self-giving.

Christians, therefore, *may* consent to donate organs after death. But *must* Christians do so? Especially in light of the long waiting lists for organs and the dismal prognosis for those who do not receive transplants in a timely way, do Christians have an obligation to donate? Such a conclusion may seem warranted from the verse in 1 John 3 that immediately follows the exhortation to lay down our lives for our brothers: "If anyone has the world's goods and sees his brother in need, yet closes his heart against him, how does God's love abide in him?" (1 John 3:17).

Nevertheless, other considerations suggest caution before laying upon believers an absolute obligation to donate. Paul's discussion of giving in 2 Corinthians 8–9 is instructive. He calls upon the Corinthian Christians to overflow with generosity toward their fellow believers. But he never places any precise obligation upon them, in noticeable contrast to the Old Testament, which has specific rules for required gifts, such as the tithe. Paul's chief wish was for giving "bountifully," and he called for each one to "give as he has decided in his heart, not reluctantly or under compulsion, for God loves a cheerful giver" (2 Cor. 9: 7). If this is the case with lesser gifts, such as money, how much more must this be true with greater gifts such as an organ from one's body? If we may not lay absolute obligations for giving external, material gifts upon other Christians, then surely we must refrain from laying absolute obligations for giving body parts. Christians should be exhorting each other to be generous, but we should leave the precise shape of each person's generosity to her own discretion. Each believer has the Christian liberty to be generous according to the measure of grace given by God. Not that this gives us an easy excuse to refuse to become organ donors. Decisions to give or not to give money, or to donate or not to donate organs, should be undertaken thoughtfully, and good reasons should underlie the choices that we make. In light of the great need for donated organs and the simplicity of consenting to be a donor, I believe that Christians should be generally eager to give such consent, though they need not answer to one another about their decisions in this area.

The same sort of reasoning seems appropriate when considering the donation of a renewable part of our body, such as bone marrow. Given the ease of becoming registered in the National Bone Marrow Registry and the very real possibility that one could prove to be an appropriate match for someone whose life depends upon a bone marrow transplant, compelling considerations suggest that Christians should be eager to participate. Yet again this is a decision that each person makes before God, not in order to answer to a fellow believer. Other cases, such as becoming a living organ donor (of a kidney or partial liver), place a significant burden upon the donor because of the risk of serious injury or even death. These are morally harrowing cases and require us to be even more studious in avoiding quick judgments about other people's decisions.

## Conclusion

Psalm 90 instructs us to number our days that we may gain a heart of wisdom. With that goal in mind we have examined how Christians should view their own future death and how they ought to prepare for it throughout life, through pursuing virtue, putting their earthly affairs in order, and considering how their bodies might be given as gifts to others when they die. We do not know when we will die, whether sooner or later, gradually or suddenly. But we do know that we will die one day if the Lord does not return first, and in anticipation of that unknown day we are called to take responsibility for our lives now, becoming the sort of people who will die well and will bless others in our death. Though dying will not be easy, preparing well offers promise of much gain for ourselves and other people—and will bring glory to God. In the final two chapters we will consider some of the difficult choices that people must make about death, not when it is still far away and there is opportunity to prepare, but when death seems near. We must consider how we should evaluate the common distinction between killing and letting die, and how our conclusion affects the decisions we make—for ourselves and others—about accepting and refusing medical treatment at the end of life.