

**AMERICAN BAPTIST
RESOLUTION ON DEATH AND DYING**

"The Christian faith affirms the value of life, that it is a good gift of the Creator, who wills us to live our lives to the fullest. God has given us the ability to make choices, and calls us all to choose what is good, and right, and just. God's gift in Jesus Christ is that we might 'have life, and have it abundantly' (John 10:10)."¹ While we believe there is a life beyond death, we also affirm that death is a natural part of this existence and there are choices and decisions we must make to prepare for our own or another's dying.

We affirm and support a person's choice for, and the family's involvement in end of life care. We encourage advance planning commonly known as living wills and the development of communication plans for palliative care, curative care, hospice, pain management and spiritual and emotional support. We also support the person's choice as to the place for end of life care: home, hospital or health care facility.

These choices and decisions have been made more complex with the advances made in recent years in expensive, sophisticated medical technology. Such technology has prolonged lives under circumstances which in earlier times would have resulted in death. In too many cases extraordinary measures have been taken to sustain a life with no apparent regard for the quality of that life nor for the wishes and desires of the dying person, and the family. In the worst scenario the extra years of the life saved may be spent in a chronically debilitated, demented or even unconscious condition.

The legal, ethical and moral issues inherent in these situations received national attention with the Karen Ann Quinlan case, where the New Jersey Supreme Court ruled in 1976 that she had a constitutional and common-law right to have life sustaining medical treatment refused on her behalf. Subsequently, rulings by courts in other states have also recognized the right to refuse treatment as within the protection of the constitutionally derived right of privacy. Although in some decisions, most notably the Nancy Cruzan case in Missouri, the courts have held that in the absence of informed refusal, the state's interest in preserving life prevails. This would seem to indicate that the right of individuals to be in control of their own lives and bodies in the face of imminent death exists in those states only for the competent. A number of recent cases continue to refine state government's role and to support a person's choice for end of life care.

Advance directives do not necessarily provide a guarantee of self-determination for those who set forth their wishes concerning the use of life sustaining treatment if such a situation should arise. Even if written quite specifically, the terms in these documents are subject to different statutory definitions and judicial interpretations. For example, a terminal condition under the Montana statute is not identical under the Florida statute. Imperfect as they may be, living wills do provide an invaluable record of a person's informed choices in such situations. A majority of the states have adopted living will legislation.

Over the years care for the chronically ill or dying has shifted more and more from the family to the medical community where the concern has increasingly been for the preservation of life at all costs. There needs to be a balance between the caring and curing goals of medicine, where the concern for minimizing suffering and preserving dignity that caring entails is given equal status to curing, especially in those situations where curing is not possible.

The caring ministries of the American Baptist related long-term care

¹ Quoted from end of life care plan of the Fairport Baptist Homes, Fairport, New York.

facilities have taken the lead in this area by adopting end of life care policies which stipulate categories of care available to residents and their families in order for them to make decisions as to what level of care will be given in advance of a life threatening crisis. Some American Baptist churches have developed congregational support systems designed to minister in a compassionate and caring way to the needs of dying persons. Other churches have become involved in hospice programs while still others have become advocates in community health care issues. These models of active concern for the dignity and worth of the individual in his or her most vulnerable time need to be affirmed and lifted up among American Baptists.

We therefore call upon American Baptist churches and related organizations:

1. to familiarize themselves with the statutes within their states regarding living wills, the durable power of attorney², health care power of attorney and natural death acts³ and where appropriate, to lobby for legislation that enhances and facilitates the individual's right to make his or her own decisions regarding life sustaining treatment or measures.
2. to educate members of their congregations and residents, patients and staff in their facilities regarding the issues involved and the options available in the treatment of terminal illnesses with end of life care.
3. to establish support groups within their congregations to minister to the terminally ill and their families to establish end of life policies for the care and treatment of residents/patients in their facilities.
4. to advocate within the medical community for increased emphasis on the caring goals of medicine which preserve the dignity and minimize the suffering of the individual and respect personal choice for end of life care.
5. To seek to provide spiritual and emotional support that reflects the person's choice as a valued child of God.

Adopted by the General Board of the American Baptist Churches - December 1990
155 For, 1 Against, 1 Abstention

Modified by the Executive Committee of the General Board - March 1992

Modified by the Executive Committee of the General Board - March 1996

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Modified by the Executive Committee of the General Board - September 2000

POLICY BASE

Policy Statement on Human Rights

The right to human dignity, to be respected and treated as a person and to be protected against discrimination without regard to age, sex, race, class, marital status, income, national origin, legal status, culture or condition in society.

Policy Statement on Health, Healing and Wholeness

² Durable Power of Attorney is written statement appointing another as agent and conferring authority to perform certain specified acts or kinds of acts on the principal's behalf; it remains valid if the principal becomes incompetent. Health care powers of attorneys are lawful in several states i.e. Ohio.

³ A natural death act is legislation that protects a patient's directives to a physician. It also spells out in various ways penalties for failing to act in accord with properly executed directives of a patient.

SUPPORTING POSITION

American Baptist Statement of Concern - Death and Dying: Responsibilities and Choices - 1989 Biennial.