I. Introduction: It's not just living well; we need to finish well too!

A. Abraham finished well! Genesis 25:7-10, "Satisfied with life!"

B. Moses finished strong! Deuteronomy 34:1-8

C. Paul finished with confidence! 2 Timothy 4:6-8

D. Our Lord. John 17:4, 19:30. I have finished the work!

II. A Good Ending Needs Four Elements. John 11.

A. Knowing: 11:1-11

B. Planning: 11:12-15

C. Caring: 11:35

D. Doing: 11:39-43

III. When Medical Ethics and Biblical Principles Meet: Jonsen Model.

A. Four principles to govern physicians!
   1. Respect for Autonomy. We must insure that the patient can exercise his right to make an informed decision.
   2. Beneficence. Physicians must act in the best interests of the patient!
   3. Non-maleficence. Primum non Nocere! First, do no harm!
   4. Justice. All patients treated well and fairly, and health resources be used equitably.

B. Jonsen's Four Box Model.
   1. Medical Indications: The principles of beneficence and non-maleficence.

a. What is the prognosis, including survival, function, and quality of life?
b. How certain or uncertain is the prognosis?
c. What are the treatment options?
d. What are the potential benefits and burdens of disease-focused treatment?
e. What are the potential benefits and burdens of palliative-focused treatment?

2. Patient and family preferences: the principle of respect for autonomy.
   a. How much information does the patient want about prognosis?
   b. How involved does the patient want others (friends, family) to be in decision making?
   c. Does the patient have decision making capacity?
   d. If the patient does not have decision making capacity, who is the appropriate surrogate decision maker?
   e. Has the patient previously expressed preferences in an Advance Directive or physician order for life-sustaining treatment (POLST)?

3. Quality of Life: The principles of beneficence, non-maleficence, and respect for autonomy.
   a. What are the most important things for the patient at this time (e.g., survival, pain control, family well-being, etc.)?
   b. What is the patient hoping for?
   c. What is the patient fearful of?
   d. What is the patient expecting?
   e. If trade-offs between duration and quality of life need to be made, which side should be more heavily weighted?
   f. Are there quality of life states (e.g., permanent coma) where it would not make sense to continue life sustaining treatment or disease-oriented care?

4. Contextual Features: The principles of justice (loyalty and fairness).
   a. Is significant moral distress among staff members present, and how is this affecting care?
   b. Are there important family dynamics that must be considered?
   c. Are there financial or economic factors that must be considered, such as access to hospice care?
   d. Are there religious or cultural factors?
   e. Are there problems related to allocation of resources?
   f. How does the law affect treatment decisions?
   g. Is there any conflict of interest present?

IV. Planning for a Good Ending!

A. Know: What will your options be? What will you want done and not done. To whom do you want to delegate responsibility for decisions? Remember Hebrews 9:27! Ignoring the future will not prevent its arrival!

B. Plan: living wills, power of attorney, a will, health insurance, insurance for final expenses or pre-payment and arrangement of final arrangements!

C. Care for others! If you just say what you want, your loved ones will not have to argue over it!

D. Act: Make those arrangements for yourself! Talk with your parents about their wishes now while they can answer for themselves!