



ACBC Conference 2014—The Gospel and Mental Illness

- 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!



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