FALL 1999
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NUMBER 3

Graceful Living, Graceful Dying

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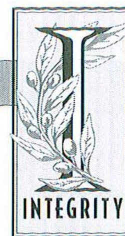


IN THIS ISSUE — FALL 1999

Editorial 4
Curtis McClane

Can We Talk About Death? 7
Leroy Garrett

The River's Edge 11
Kay Kendall

That Crazy Woman with the Teeth 12
Noreen Bryant

Final Exit: Whose Decision? 17
Joseph F. Jones

The Comforter of My Mind and Soul 26
Kathy Blakely

Communion Meditation 27
Elton Higgs

What Happens in the Hospital?
A Christian Medical Professional Talks about Dying 29
Faith Ball

Durable Power of Attorney for Health Care Form 38
An important form related to the preceding article.

Strolling Through the Art Gallery:
A Pastoral Retrospective 41
Reed Benedict

Dust 44
Deborah Choate Shepherd

Bending the Twig 45
Laquita Higgs

Book Review 48
Deborah Jane Choate Shepherd

Readers' Response 49

EDITORIAL

Graceful Victory

Curtis D. McClane

This past week has reminded me starkly of the reality of death.

Payne Stewart, who won the U. S. Open on Father's Day, lost his life in a private plane crash. It was very touching to hear the stories his fellow golfers were sharing about the influence he had on them and on the lives of others.

Payne Stewart was a believer who was not afraid to share his faith! The Golf channel interveiwers on Tuesday and Wednesday were allowing people to testify about his faith and the difference it had made during his life this past year.

On Monday I traveled to Lansing, MI, and participated in a funeral for one of the spiritual patriarchs of a church there. Jay Robinson was 83 and had been an elder and spiritual leader of that congregation for 40 years. His influence was felt far and wide.

Also, before the funeral I went to a hospice care unit to visit a very dear couple that my wife, Nancy, and I know. We had had a lot of fun together: playing golf, having card parties, and going bowling. And after a visit and prayer, the husband passed away while I was at the funeral home getting ready for the service.

The New Testament is God's how-to-manual to get us ready to face death. Death is discussed by 15 of the New Testament authors, all of whom speak of our triumph over death through Christ's resurrection. But probably the *coup de maitre* is the taunt thrown by the apostle Paul into the teeth of death:

O Death, where is your sting?
O grave, where is your victory?
(1 Corinthians 15:55)

Because Jesus Christ was raised from the dead by the glory of the Father, Christians have an expectant hope beyond this world. Fear of death does not grip our soul. Instead, we place our destiny in the hands of Him who created us for the pleasure of his good will.

I remember several years ago sitting in my uncle's living room talking to him about the book of Revelation and the book of Psalms. He had been diagnosed with cancer (stomach and pancreatic, I believe) and knew that he was terminal. He took the opportunity that afternoon to share with me his philosophy of life and death. He also talked about spending painful and miserable nights sitting in a chair backed up against the wood stove. He would bake his back until he could stand the heat no longer.

It was during this stage of his life and death journey, he said, that the Psalms in particular became a balm to his anxious and fearful heart. He knew his days were numbered. He put his faith in God who held his hand as he began that descent into the Valley of the Shadow of Death.

A few years later, my father took his own life, apparently because of excruciating pain and illness (he never left a suicide note explaining anything). This traumatic event raised questions for me about life and death that I never contemplated before.

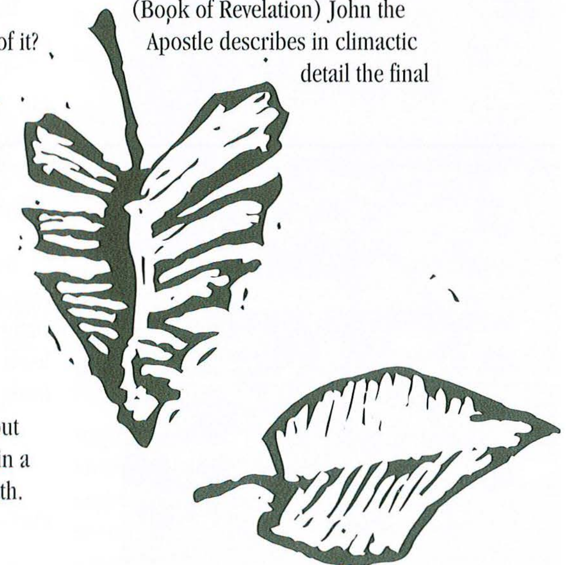
- What circumstances can cause a person to do that?
- Is suicide like any other death?
- Can it really be a loving thing to do?
- Is it morally wrong?
- Why does the Bible not give any moral judgment on the act?
- Is my father going to heaven or hell?
- Is a person in his or her right mind if the choice is suicide?
- How does the family re-group after such a tragedy?
- Can anything good come out of it?
- Why did God not stop him?
- Does God still love my father?
- Can grace cover such a violent act?
- Can suicide be considered self-murder?
- Does it violate the commandment "Thou shalt not kill?"

These are just a few of the questions I had to really wrestle with, mull over, and turn inside out in my mind in rapid fashion within a four-day period following his death. His death has affected me in profound ways.

Robert Bly was once quoted as saying, "You are never a man until your father dies." I think I now know what that means. My father and my father-in-law have both died. My paternal and maternal grandfathers are no longer living. I am now the oldest male in my immediate family. This transition has been a strange one for me. Now, with no living male father figures in my life, there is a sense of lostness and disconnectedness from my roots. No longer is there an opportunity to seek wisdom from voices that once guided and shared life's experiences.

Graceful living and graceful dying go hand in hand. For only when we are freed from the fear of dying are we really free to live. Conversely, fear of life gives us no freedom to die. I am encouraged and renewed in my soul when I see the view of life and death portrayed by Jesus and the other New Testament writers.

Near the end of the Apocalypse (Book of Revelation) John the Apostle describes in climactic detail the final



judgment around the great white throne.

Then I saw a great white throne and him who sat upon it; from his presence earth and sky fled away, and no place was found for them. And I saw the dead, great and small, standing before the throne, and books were opened. Also another book was opened, which is the book of life. And the dead were judged by what was written in the books, by what they had done. And the sea gave up the dead in it, Death and Hades gave up the dead in them, and all were judged by what they had done. Then Death and Hades were thrown into the lake of fire. This is the second death, the lake of fire; and if any one's name was not found written in the book of life, he was thrown into the lake of fire (Rev. 20:11-15).

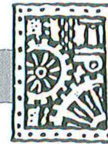
John calls this the second death. Final victory is assured for God's people. No matter what the pain, no matter how excruciating the experience, no matter what the cost, no matter what the sacrifice—the victory wreath and crown will be given to those who overcome!

By the grace of God and the victory of the Lamb we hear the invitation:

"Come. And let the one who hears say, 'Come.' And let the one who is thirsty come, let the one who desires take the water of life freely" (Revelation 22:17).

By tasting of the water of life we prepare ourselves to taste of the victory over death. Graceful living leads to graceful dying, which in turn leads to graceful victory!

Curtis D. McClane, Editor



REAL-LIFE APPLICATION

Can We Talk About Death?

Leroy Garrett

A few weeks ago Tom Hunter of College Press, who published my history book, called to inquire about my welfare. He expressed relief when I answered the phone. He had heard that I had died and was calling to check it out. A call from Abilene to the church office where I am a member made similar inquiry about my demise, only to be told by the playful secretary in Twain-like fashion that the report was an exaggeration.

Then came a clipping from the obituary column of a newspaper in another state, along with the picture of one Leroy Garrett. He could have been my age but no similarity in looks, so I could only conclude that it wasn't me.

Ouida had her fun out of all this. "Are you sure that you're not dead?" she kidded. I told her I didn't think so, but that I had been wrong before. But then again Ouida found the erroneous reports as sobering as amusing. It reminded her that one day there would be such a report and that it would be true.

And so with you. The pale rider calls on us all, sometimes sooner rather than later. Unless the Lord comes first, death is certain, but can we talk about it?

Many seem to be in denial about their own mortality. They make plans, negotiate long-term loans, and generally behave as if life on earth had no end. Death is not on their agenda and they don't want to talk about it or even think about it.

I am not suggesting that we be morbid about it, but that we talk about it, all about it. We need to let our loved ones know how we feel about death, and we should discuss what needs to be done when the time comes. Life has to go on for the surviving spouse and family, and it is no time for her or him to make decisions alone and under trying circumstances. The decisions should already be made — funeral, the will, finances, records, what to do about many things.

Many women are left widows without ever having discussed such matters with their husbands. They hardly know where to start in sorting out all the questions suddenly thrust upon them. Sometimes there are surprises, such as debts they didn't know they had. Men who never neglect the slightest detail at the office are often neglectful of one of the most significant events of their lives, and the most certain, their own demise.

MANY SEEM TO BE IN DENIAL ABOUT THEIR OWN MORTALITY.

Even those who dare to broach the subject occasionally may avoid dealing with specifics, a kind of "Whatever you think best" approach. A family needs to sit down and plan for when death comes—in detail.

Planning for our departure

Ouida and I have planned somewhat for our departure from planet earth. Perhaps we can say some things that will encourage you to better prepare for the inevitable.

This is not to suggest that you are to do it our way, but if you do not take care of such matters now, someone else will have to do it for you later, and in a way that you might not like. And you can have it your way!

In our case, since we have donated our bodies to the Willed Body Program at Southwestern Medical Center in Dallas (we carry wallet cards to that effect), the first thing one of us will do is to call the hospital and inform them to come after the body. It is important to them for donor and research purposes to have the body as soon as possible. The coroner is also to be called, and the doctor if the deceased has been under medical care.

Once it has served their purposes, the hospital will cremate the body. They will return the ashes to the family, if requested, or they will inter them anonymously in their memorial garden. We opted for the latter. It is our view that our bodies are temporary abodes, and when we leave them it is like moving out of an old house. let the living use what can be used, and then be done with it.

... OUR BODIES ARE TEMPORARY ABODES, AND WHEN WE LEAVE THEM IT IS LIKE MOVING OUT OF AN OLD HOUSE.

Our rule is: the fewer things to do and worry with the better. In our case there will be no funeral, no casket, no flowers, no cemetery, no encumbering of the ground, no funeral home. And no expense, not even one dollar! (My funeral home friends, whom I love and often work with, will forgive me.)

There will be a memorial service at our church. The plan is a simple one: our friends and loved ones at worship, with brief remarks by those who would like to say a word, mutual sharing— including the sisters.

Keeping up with paperwork

So as to keep each other informed on our finances, we have a folder where our assets are listed and kept updated. We regularly go over this together. Our will is kept updated and the family knows where to find it. We have filed a letter to our children, accompanying the will, that provides details. A list should be kept current of people and institutions to be informed. It would also be helpful to the survivors if an obituary is prepared in advance, so that only date of death need be filled in by survivors.

Dying broke

We believe in what the TV money adviser calls "Dying Broke," the title of his book. He says the last check you write should be to the funeral director, and it should bounce! (They may not forgive me after all!)

We are in the process in our old age of giving away our money, including what our children are to inherit (they can use it sooner better than later and they may save on taxes). If we both live long enough we will die broke. Even our home will already be given away.

A couple can do this and still provide for their needs by way of gift annuities. They give the money to a favorite charity. While it is theirs at the time of the gift, they contract to pay the couple a good rate of interest on the money until they both die. The income has tax advantages, which makes it a good deal for those who are willing to give away their money while still living.

For the fearful of heart there are revocable gift annuities. They can take the money back if need be, but they receive less interest. But a couple would not so opt if they are serious about dying broke.

Stewardship

The principle is stewardship. Nothing is really ours, including our bodies. Money, property, things are ours to use for a time, as good stewards of God, and then we turn them back, hopefully at a gain, for others to use, and that as soon as possible. This way your assets go where you want them to go. Your heirs may not use the money the way you would.

Who gets our money?

Prayerfully and thoughtfully Ouida and I have chosen two charitable organizations to which we will leave/give away most of our assets, along with giving to our children what is deemed appropriate and according to need. We name these in case you might be interested.

MONEY, PROPERTY, THINGS ARE OURS TO USE FOR A TIME, AS GOOD STEWARDS OF GOD, AND THEN WE TURN THEM BACK ...

Food for the Hungry, 7729 E. Greenway Rd., Scottsdale, AZ 85260 (602-998-3100), is an international organization dedicated to feeding the hungry of the world. They have numerous projects by which they help people help themselves, such as agricultural programs and providing loans for small businesses in third-world countries. Digging wells for clean water in disease-ridden areas is a special effort. They do lots of work in famine-stricken areas. They rank among the top in financial accountability, with a high percentage of the money going into the projects. They are a Christian organization, transdenominational.

The other is World Bible Translation Center, Box 820648, Fort Worth, Tx. 76182 (817-595-1664). It not only translates the Bible into easy-to-read language for various peoples of the world, some 20 languages so far, but it also publishes and distributes the Bible. It is presently involved in upwards of a dozen nations, including Russia and China. It has produced the only modern version of the complete Bible in Russian, and it has issued over a million copies of the New Testament in that language. It makes the Bible accessible, understandable, and affordable for the poor people of the

world. It is associated with Churches of Christ, and is one of our most effective and responsible ministries.

Other ministries we believe in, though not charitable in the sense of the above, are the Disciples of Christ Historical Society and the World Convention of Churches of Christ. The address of both is 1101 19th Ave., South, Nashville, TN 37212.

It is meaningful to us that after we leave planet earth we will still be doing a little good with what we left behind — a few more Bibles printed and distributed for the near illiterate, a little more food for the hungry, another well or two of fresh water, a loan for an ambitious Angolian who wants to start her own business. And I will be pleased if a medical school professor can say, "Look at this old boy. He must have really taken care of himself. We ought to get good mileage out of this one." We might be able to glorify God in our bodies in death as well as in life.

DEATH ITSELF IS BUT A TRANSITION, LIKE WALKING FROM ONE ROOM INTO ANOTHER.

Far more important than these physical matters is what we believe about the spiritual side of death. My favorite metaphor is a biblical one: death is departure (exodus). It is the description used by heavenly visitors to this planet, Moses and Elijah, when they spoke with Christ at the Transfiguration in Lk. 9:31: "They spoke of his exodus which He was about to complete in Jerusalem." While Jesus was to die on a cross before the world, heavenly beings saw it as his exodus from this world to the next. What would a family come to think of death if the parents spoke of it as "our departure"?

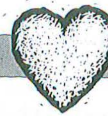
The term clearly implies that one will exist as much as ever and that death is but the door marked EXIT. This is the force of Paul's use of the same imagery: "I have the desire to depart and be with Christ" (Phil. 1:23), and "The time of my departure has come" (2 Tim. 4:6). If death is only a departure (or *release*, as it could be rendered) then it isn't death at all as the world understands that term. Death is not the end of life but its real beginning.

While dying may be an ordeal, death itself is but a transition, like walking from one room into another. We "fly away" as Ps. 90:10 likes to say it. We leave the body, depart from this world, and are at once at home with Christ (2 Cor. 5:8). That same verse refers to being "absent from the body." If we are indeed absent from the body, we need not be all that concerned with what happens to it. We are not around any longer!

This is why death is referred to as a beatitude: "Blessed are the dead who die in the Lord" (Rev. 14:13). One reason death is blessed is because it is the great transition that sets free the hidden powers of the soul.

So, there is wonderfully good news in all this. When we talk about death we are really talking about life.

Leroy Garrett holds a Ph. D. in the Philosophy of Religion from Harvard University. He was the editor and publisher of Restoration Review *for several decades and has written, among other things,* The Stone-Campbell Movement. *He and his wife, Ouida, send out an occasional newsletter called* Once More With Love, *where this article originally appeared.*



MEDITATION

The River's Edge

Kay Kendall

Death is a profound interruption of life, the preacher said. Ah, yes, surely it's so. And the swift death of an only sister prompted us to think about the dying, and to think critically about our living yet to come.

At just 38 years, the unrelenting headache, the brain tumor and the bilateral kidney cancer diagnosis seemed severe. We prayed for a miraculous outcome, but eventually accepted the finality of God's choice.

How does a Christian live out those uncertain months faithfully? Susan was eager to make everything right, and sent back a merchant's substantial refund on a mildly defective product. She thought constantly of friends far and near whose hearts needed to hear an insistent, loving, convicting voice. She carefully planned for just the best mementos and gifts for friends and family, and listened attentively to spiritual mentors probe the deeper meanings. We prayed a lot, and gathered in the prayers of far flung beloved friends.

Some of those friends took off work and traveled over several states to value and support her. Another would call every Thursday to check on us. (Those calls were at first unexpected, then welcomed, then predictable and anticipated.) Three different churches sent her hundreds of dollars and made it possible for me to stay off work. Uncounted hours were spent reading and singing and delivering ice cream cones. And so it was reported at her eulogy, it was a good death, and her uncle testified, "Through it all you couldn't tell she wasn't going to the Queen's Ball . . ."

How does the church community rally around and lift up the dying and those caring for the dying? Her doctor came to the church building and included her closest friends in the

descriptions of the probable course of the disease. Many spent the entire night or afternoon to spell us and console her. The elders prayed and placed the oil on her forehead. For the many food gifts, for the roller blading cousin drop-ins, for the middle of the night drives across counties to get family to the initial wake—we were very grateful.

So many creative, kind acts can be given when the saints search out the needs. We've learned of those who brought over books of stamps for the many response notes, or frozen lasagna for later cooking, or paper products for quick, easy cleanups. Suggestions to request many extra death certificates, and offers to keep young children or house sit during the funeral were an appreciated help to others. Airport runs and grocery shopping errands and the appearance of good fresh coffee relieved many, too. The arrival of breakfast could be artistic and healthy or "junk food fast" familiar! Whatever idea comes, the best part of it is your presence and love.

And so, the style and compassion of the living can impact the grace, and the faith even, of those we accompany to "the River's edge." Let us, then, hear the Spirit's prompting to enter into their faithful journey.

Kay Kendall, a home care nurse from Royal Oak, MI, attends the Troy Church of Christ and is a member of the Board of Directors of Integrity.

INTERVIEW

That Crazy Woman with the Teeth

Interview by Noreen Bryant

That's what my little daughter, Madeline, calls her. Maddie's even a little afraid of her. What do you expect? The first impression Maddie, only five, had of Nola, was seeing this woman cackling like a maniac with these ridiculous false teeth in her mouth. Nola looked like a refugee from Li'l Abner.

What can I say about Nola? The woman is about to be a *grandmother,* for crying out loud, and she carries her gag false teeth with her wherever she goes, *just in case* she has the chance to jolt somebody into shocked, hysterical laughter. She'll do anything for a laugh.

This Nola with the fetish for cartoonish dental work, however, is not at all who she appears to be to the casual observer. I remember the first time I ever saw Nola Cucheran. She was speaking at a women's Bible study I attend. She's an elegantly dressed blonde, poised, drop-dead gorgeous. And always laughing. And always talking! (In fact, I think the moderator had to shush her so that she could introduce her.)

She was supposed to be talking about overcoming pain and sorrow in life. "What the heck," I thought, "could this woman *possibly* know about pain and sorrow? She looks like she's *got it all.* She's too happy."

I learned a lot from that talk. You'd never know it from looking at her, but Nola knows pain and suffering. That day, I learned Nola's story. It wasn't until I got to know her better, though, that I learned where silly false teeth fit into the picture.

When her three children were still young, Nola was diagnosed with Multiple Sclerosis (Relapsing/ Remitting, a form of the disease in which symptoms come and go, often years apart). Over the last 17 years, she has experienced more pain, more medical procedures, more frustration at her physical limitations—than most of us will ever feel. She has good days and bad days. She tires easily. Some days she hurts too much to get up.

However, Nola has consistently not only *accepted* the place God has given her, she has embraced life with a vengeance. For me, and for others who know her, Nola Cucheran embodies *graceful living.*

Besides raising her own three kids, she and her husband, Bob, have had, as she says, "the privilege of loving and sharing in the lives of two other children, a brother and sister whose parents were lost in a tragic accident." This is only one example of how she spends her life in ministering generously to others. She is a thoroughly giving and compassionate person; however, she's no lily-livered, passive, pious dainty, sitting in an armchair and smiling primly and docilely as life happens around her.

Zest for this brief life

Nola has taken the reality of her disease and she's made a conscious decision to live! Because life is so precious to her, and because she has been made aware of just how fleeting it is, she lives with an uncommon, infectious zest. She knows all too well how precious life is, and what a joyful span it can be. And in her compassionate heart, she is determined to share this joy with everybody. So she's a ham.

She once hosted a very proper women's Christian lectureship wearing a clip-on nose ring. She waltzes into Bible Study on the first day of hunting season wearing a headband of twinkling light-up antlers. At completely unexpected moments, she slips into her mouth that frighteningly realistic set of false teeth. Her friends expire in gales of shocked laughter. Her daughters roll their eyes. Their mother's a nut.

A woman after God's own heart

Nola's got a serious side, too. I have never met a person who can lead a public prayer as compassionately, as

eloquently, and as feelingly as Nola can. You can just feel the Holy Spirit in her words as she praises her Father; as she speaks to Him as familiarly and as beautifully as David did; as she cries for those for whom she intercedes.

Then, too, I don't know anyone who knows Nola who hasn't received a letter or a phone call of encouragement from her. Besides feeling urgently called to share the joy that is life with others, she embraces people's hurts, their sorrows, their frustrations. She's been there. This soft-hearted, empathic woman is, like David, "after God's own heart."

Graceful living

Because she has placed her life so completely in the hands of the Father, Nola has thoroughly come to *own* the fact that life is a gift. This is what makes her irrepressible. She lives every day as we all should: as the gift that it is, and as if it could be her last.

I have come to admire Nola more with each year that I have known her. Recently, I sat her down and pumped her for the secret of her bottomless spring of joy. It's frustrating to me that this brief interview can't do justice to the incredible way God has blessed this woman, and how completely and thoroughly she has accepted these blessings. But I hope in a small way you can be blessed by knowing some of the secrets of graceful living, Nola-style.

Tell me about having MS.

Nola: This was about 17 years ago. The kids were about 9, 10, and 12 years old, and we were going on vacation to Traverse City. I knew something was wrong with me. I couldn't see out of one eye, and I had this *terrible* headache. I slept a lot. After we got home on a Sunday morning, my friend said, "What's the *matter* with you?" I started to cry.

She took me to the doctor's the next morning. He couldn't diagnose the problem right away, but he knew it was serious. From that examination, and from the way I was feeling, I knew something was really, *really* wrong. Bob was out of town that morning, so my friend Patty and I just went home and cried.

Soon after, I went into the hospital for ten days, and they did every test imaginable. Finally, the doctor came into the hospital room and said, "I'll stake my reputation on it. You have MS."

I asked him to leave, since I was sure I needed another doctor with better news.

I don't remember much of that first summer.

I have a distant cousin with a very severe case of MS, and all I could think about was her sitting in that wheelchair, and how that would be me.

After that first night, what was life like?

That first night, I was *so* angry and frustrated—and *scared*. But Bob said to me, "Nola, obviously God thinks we can handle this." That helped me *so* much. And, really, if God can use me best in a wheelchair, who am I to argue with my Creator?

How about day-to-day things?

I think what hurts the most is when people say, "You don't *look* sick!" Well, I'm *not* sick. I have a debilitating neurological disease—a poorly understood condition in which my body's immune system attacks the protective covering around my nerves. My progression is slow. But sometimes people don't see that my energy's gone or that I'm in pain. People might assume I'm lazy, or I don't care about something, when in fact I really have to discipline myself to save myself for Bob and the kids.

I had to cut back on volunteering for the kids' school stuff, and I had to decide on and focus on *only* what was most important. As the kids got older and into sports, I'd have to take a nap on game days. If I feel like I can't walk anymore, I just take somebody's arm. I just learned to cope, and I learned to get rid of all the things that just don't matter. I don't have the time or energy for anything that's not essential.

So what's essential?

Bob. The five kids and their families. Most of all, God. On really bad days, he's the *only* one I have to lean on—even Bob can't take the pain away. But God knows my pain because Jesus suffered! He *knows* physical pain. I have *never* felt alone through all of this.

Even if I get to where I can't walk, or can't even dress myself, that's not important. What's important is that I'm with Jesus for eternity.

How about your prayer life?

Oh, I probably don't ever go an *hour* without talking to him! My dependence on God because of MS has made my prayer life big, *big*. . . I just can't explain it.

You really have a sense of how short life is. What has this done for your spiritual life?

It has let me out of the little box I was always in! I had all the rules and regulations of Christianity all figured out, but until I had MS, I didn't have Jesus! Don't you see? We get so caught up in living—in *stuff. None of it matters!* Not even the junk—petty theological arguments—that goes on in churches. All that matters is *Jesus!* Leave religion, and the rules and regulations, and go to Jesus, wherever you find him. And stay in him. That's all that matters!

I know now that everything that happens in my life is for a reason. It doesn't *have* to make sense to me. God knows what I need before I do. After the diagnosis, I thought, "Oh, God, you goofed." I didn't want to deal with this, but *he* knew I could!

He said he'd never fail or forsake me, and he hasn't.

Is MS a blessing?

My kids are the Godly, centered people they are *because* they learned early that *God* is in supreme control of our lives—not us. All of their young lives, their Mom was not well, not strong. They really learned compassion. They're not afraid of old people, or crippled people.

Honestly, MS hasn't been the death sentence I thought it'd be. None of us knows what tomorrow will bring. *All* we can rely on is God. But he has said, "Okay, Nola, I'm going to walk with you." And I can rely on that.

Another blessing of MS is that I get to talk about God more. It's a wonderful way to bring his name to people who don't know him. My doctors and nurses all have heard me talk about God, and about prayer. Because of MS, I'm bolder to speak his name, and declare to people that God's with me through this whole thing.

Can you believe what that *means*? I have MS, but it doesn't have me—*God* has me, and no matter what, he'll always sustain me. I belong to *Jesus.* And he wants that for *everyone.* Isn't that *awesome*?

Okay, Nola. Now, exactly *where* did you say you bought those teeth?

Noreen Bryant *is the Managing Editor of* Integrity. *One of her fondest hopes is that someday she will be able to pray like Nola prays.*

SELECTIONS

"A good starting point for dying well is to live well."
-Betty Carlson, *Life is for Living*

"We who live in this nervous age would be wise to meditate on our lives and our days long and often before the face of God and on the edge of eternity. For we are made for eternity as certainly as we are made for time, and as responsible moral beings we must deal with both."
-A. W. Tozer, *The Knowledge of the Holy*

"Death marks the beginning, not the end. It is our journey to God."
-Billy Graham, *Hope for the Troubled Heart*

"Discipleship means allegiance to the suffering Christ, and it is therefore not at all surprising that Christians should be called upon to suffer."
-Dietrich Bonhoeffer, *The Cost of Discipleship*

A CLOSER LOOK

Final Exit: Whose Decision?

Joseph F. Jones

Early in 1991 another of Derek Humphry's best selling books caught the attention and imagination of the nation. Entitled *Final Exit*, the work carried a very descriptive and incisive subtitle: "The Practicalities of Self-Deliverance and Assisted Suicide for the Dying." This book is an effort by Humphry and the Hemlock Society of America to further the euthanasia movement in general, and to build support for legislative action toward physician assisted suicide in particular. While my first intent was only to prepare a critical review of this work for *Integrity*, at the encouragement of board members and especially the nudging of our founding editor, Hoy Ledbetter, I have attempted to treat the subject of euthanasia and the more recent popular emphasis on "the right to die" aspect of the terminally ill in greater depth.

Derek Humphry states the purpose of his book very clearly. "The real question is, does a person have a right to depart from life when he or she is nearing the end and has nothing but horror ahead? And, if necessary, should a physician be permitted to help?" (p. 14). His answer to these questions is equally clear: "Because of what I saw my mother go through, and what I know now about the suffering of others, my answer to those questions is yes" (p. 14). A few observations of this particular book before we address the broader questions which it assumes may be in order.

Final Exit, a work of 192 pages, is deliberately set in large type (14 point Dutch Roman) to assist those with poor sight, since the author assumes that many of those reading it will be older persons, with poor vision, and possibly afflicted with what has been diagnosed as a terminal illness. The book also assumes "the reader's ethical acceptance of the right to choose when to die when terminally ill, and thus the arguments for or against are not addressed." While Humphry makes the unquestioned assumption that is fundamental to both the euthanasia and the self-deliverance philosophy, it is this very assumption which will subsequently be critically challenged. Interest in the second aspect of the problem — the legal right of physicians to assist the dying to commit suicide — has become a burning social issue in the state of Michigan, where Jack Kevorkian has actively assisted several persons in committing suicide. (Humphry employs a rather interesting euphemism for suicide by calling it "self-deliverance.") While there is no legal crime involved in committing suicide in the United States, it is a legal crime to assist another to self-destruct. The author of

Final Exit knows this full well; consequently, his efforts along with the Hemlock Society of which he is both founder and executive director, are to bring about societal pressure for the change of what he characterizes as "archaic laws ready to be changed to situations befitting the modern understanding and morality" (p. 17).

Means to an End

Part I of this work, consisting of twenty-three short chapters, is devoted primarily to the multiple ways in which an individual can terminate life. The writer has obviously researched all the various methods and techniques through which a person can bring biological life to an end; and after briefly describing each technique for self-deliverance, Humphry provides for the reader his own personal evaluation of the method's effectiveness, time required for death to occur, and possible complications should the attempt be botched. Detailing the actual specifics for taking one's own life is not pleasant reading; it is indeed morbid and gruesome. It is, from this reviewer's perspective, indicative of an emotionally and spiritually sick individual.

Chapter 23 gives a detailed sixteen point "Check List" for the individual who is "now comfortable with the decision to die," providing specific steps which the person needs to review very carefully as he moves toward the Final Exit. While the author takes great pain to suggest that self-deliverance for the terminally ill is to be sharply distinguished from impulsive suicide out of despair, anger, hurt, or depression, how can we not be concerned that such persons may read these well-detailed procedures and employ them in a state of psychological or emotional irrationality? And this is one of the valid concerns in marketing such a work for the general public to consume. I do not advocate censorship of such material being published and available on the market; but it does seem appropriate to offer rational, clinical, and spiritual warnings about who should be reading it, and under what personal and emotional conditions. Along with the "Check List" the author includes a four page "Drug Dosage Table For Use in Self-Deliverance From a Terminal Illness" (pp. 116-123).

Part II of *Final Exit* contains five chapters focusing on "Euthanasia Involving Doctors and Nurses." Additional materials include recommended further reading, a biographical sketch about the author, Derek Humphry, information about the Hemlock Society of America, and a statement of what the Society's "Death With Dignity Act" would be when passed into law.

Significant Ethical Issues

When examining books such as *Final Exit* and other works by Derek Humphry, or the philosophy and practicalities of the Hemlock Society about euthanasia, self-deliverance, and physician assisted suicide, evangelical Christians are seriously challenged to formulate and express their positions concerning matters of life and death. Is it ever morally justifiable to abort an unborn child because of anticipated birth defects or the circumstances under which the embryo was conceived? When faced with conditions of human illness diagnosed as terminal, irreversible, beyond realistic medical hope, can life-support systems then be discontinued? Can a physician who is pledged to do good and no harm, to save life and not destroy it, to alleviate suffering and pain where medically possible, ethically assist another to take his or her own life? The answers to these and many similar questions depend upon the authority which governs one's life and the norms by which a person evaluates situations and makes decisions.

. . . EVANGELICAL CHRISTIANS ARE SERIOUSLY CHALLENGED TO FORMULATE AND EXPRESS THEIR POSITIONS CONCERNING MATTERS OF LIFE AND DEATH.

HUMPHRY AND THOSE OF HIS MENTAL AND ETHICAL PERSUASION ARE A LAW UNTO THEMSELVES.

In *Final Exit* the author makes very clear what isn't his authority and what is his authority in the ultimate questions of life and death. In his initial chapter where he talks about this "most difficult decision," Humphry writes, "If you consider God the master of your fate, then read no further. Seek the best pain management available and arrange hospice care" (p. 21). These sentences are set off in parenthesis as though this decision were a rather side option, which some will choose for lack of something better. For he then continues in sharp contrast, "If you want personal control and choice over your destiny, it will require forethought, planning, documentation, friends, and decisive courageous action from you. This book will help, but in the final analysis, whether you bring your life to an abrupt end, and how you achieve this, is entirely your responsibility, ethically and legally" (p. 21).

It is very evident from these words that Derek Humphry has made himself the ultimate authority in matters of life and death. He is above God, ethics, and the law (and encoded views of society at a given time). Humphry and those of his mental and ethical persuasion are a law unto themselves. Laws which have stood the test of time, rooted in the sacred Scriptures of Old and New Testament, are characterized as "archaic." So his pressing logic toward centuries of human wisdom and divine revelation (for countless numbers who believe in divine truth and revelation), is to discard the wisdom and values of the past. "Aren't these archaic laws ready to be changed to situations befitting modern understanding and morality?" (p. 17). The evangelical Christian must address such arrogance which assumes it has "modern understanding and morality" perfected, and must likewise question what is the source of that which he calls morality. In sharp contrast with this earthly, humanistic view of people — life, death, and destiny — Christians must affirm their faith and confidence in

the inspired Word of God which is able to make the man or woman of God complete, adequate for life, death, and destiny (II Tim. 3:14-17). John Jefferson Davis offers an incisive insight and summary of the Christian view of Scripture authority when addressing these profound ethical and spiritual issues of our day. He writes, "The Bible functions normatively in evangelical ethics through its specific commands and precepts, general principles, various precedents, and overall world view."[1] Until the matter of normative authority is resolved, those addressing and debating these issues are like airliners flying in the same general direction, but at different altitudes and with obviously different destinations in view.

The Morality of Self-Deliverance (Suicide)

Since the stimulus for this particular article was the work of Derek Humphry in *Final Exit*, we must confine our present attention to the two basic issues (assumptions) with which the author has dealt, i.e., the moral right of terminally ill individuals in their rational mind to decide when and how they will end life; and secondly, the medical and legal need for, and the moral right for, duly competent and licensed medical professionals to assist these individuals in as effective, non-violent and non-messy methods as possible to make their "Final Exit."

What shall the evangelical Christian's response be to this contemporary societal view, which apparently is becoming increasingly more acceptable and widespread among the young and the old, the educated and the less enlightened, the healthy as well as the diseased?

For whatever divine reason, "the Sixth commandment expresses a law of life that obligates us both to let people live and help them to live," so writes Professor Lewis Smedes of Fuller Theological Seminary.[2] "You shalt not kill (murder)," and on the face of it, this prohibition makes no distinction between killing one's self and killing one's fellow human. The biblical emphasis certainly tells me that my life is just as precious as any other; and that my life and my neighbor's life are both gifts from God. Consequently, I have no right to assault and destroy myself anymore than I do to attack and kill my neighbor. It seems very simple that suicide is basically murder.

WE NEED, THEREFORE, TO EXERCISE MUCH RESTRAINT IN PASSING MORAL JUDGMENT WHEN WE SEE THIS INNER CONTRADICTION ABOUT THE ACT OF SUICIDE . . .

But before we become too judgmental toward those who feel a certain justification for suicide or self-deliverance, we need to examine the paradoxical nature of suicide. Suicide appears to be an expression of the ultimate power to determine one's own final destiny; but in another perspective it may well appear to be the ultimate sign of human weakness and failure. We need, therefore, to exercise much restraint in passing moral judgment when we see this inner contradiction about the act of suicide, which helps explain why serious and thoughtful people hold conflicting attitudes toward the morality of self-destruction.

Suicide is a Sin

Smedes suggests three basic attitudes toward the morality of suicide, which may help to clarify the thinking of our present generation toward this grievous social concern. First, suicide is a sin, a moral wrong clearly forbidden by God. Appeal here is made to the biblical injunction found in both Old and New Testaments. This has likewise been the consensus of theological thinking in the history of the Christian Church, both Catholic and Protestant. Thomas Aquinas summed up the reasons for this judgment in three concise views: suicide is against one's own nature (i.e., all living things want to exist, to live; and to destroy life is to violate the basic law of nature). Second, self-destruction is a sin against one's community, depriving the family and friends of the love, care and fellowship they need from the one who terminates his or her own life; and, thirdly, suicide is a sin against God, since God is sovereign in both his right to give life, and in whose power and goodness resides the decision to take life. While this basic attitude and the rationale supporting it gives some direction to our thinking, with Smedes, I would agree that it appears too simple, too abstract, and lacks a "compassionate understanding of the paradox of suicide" just previously discussed.[3]

TO SIT IN JUDGMENT ON SUCH PERSONS WHO OUT OF DEEP DESPERATION COMMIT SUICIDE MAY BORDER ON BEING BOTH INHUMANE AND NAIVE ABOUT LIFE.

A Responsible Option

The second basic attitude sees suicide justified as a responsible option. The ancient Stoic notion held that any responsible person had the moral right to terminate life when life's circumstances were too unbearable, too shameful, or too dishonorable. The narrative in Acts 16 describing the imprisonment of Paul and Silas vividly portrays the jailer as about to commit suicide, since it would have been too dishonorable and shameful for a Roman soldier to allow his prisoners to escape. As the jailer "drew his sword and was about to kill himself," the shout of the apostle Paul penetrated both the darkness of the night and the indescribable shame and reproach the jailer was obviously experiencing. "Don't harm yourself! We are all here!" (Acts 16:27, 28). And the rest of the story is familiar to those acquainted with biblical history.

Medical science can sustain persons when they may prefer to die; older people may have lost the zest to live, resisting the dependency and disability that often comes with age. Life doesn't seem worth living. In such circumstances suicide may be the preferred option. From this perspective suicide is seen as a morally neutral decision. But the Judeo-Christian ethic cannot see self-destruction as a matter of mere personal choice when life is burdensome either physically or

emotionally.

Suicide as Tragedy

A third attitude toward suicide is to excuse it as a tragedy. As we closed the casket on the corpse of a beautiful forty-four year old wife and mother who had terminated her life by breathing carbon monoxide, my long time friend and funeral director who attended school with this person shook his head and said tearfully, "What a tragedy, what a waste." We may feel at times that an individual is the victim of forces beyond him or herself, and consequently chooses death over life. There can be enormous loss, terrible sadness, total despair which others have never experienced. To sit in judgment on such persons who, out of deep desperation commit suicide, may border on being both inhumane and naive about life. For persons experiencing such horrible hopelessness and despair, suicide may be an "escape into the arms of death." Lewis Smedes writes with a Christlike compassion about self-destruction under the intolerable burden of despair and hopelessness: "If suicide is a tragic wrong more like cancer than murder, perhaps we do better to hold judgment, prevent it when we can, and weep when we cannot."[4]

Suicide as Spiritual Collapse

A fourth attitude toward suicide which appears in somewhat striking contrast with two of the previously expressed views is set forth in a work earlier cited by Davis, who reasons that "while the Bible never explicitly condemns suicide, every instance of suicide in the Bible is directly associated with the person's spiritual collapse, from Saul to Judas . . . . The biblical attitude toward human life is so affirmative that an explicit condemnation of suicide is unnecessary; its evil is self-evident."[5]

THE SPAN OF LIFE IS A DIVINE TRUST FOR WHICH I AM A RESPONSIBLE STEWARD TO GOD.

Our conclusion about the morality of suicide may be summarized with much care and compassion, recognizing the complexities of many issues that can be raised about self-destruction. Life and personhood are precious gifts of God, to be loved and cherished (Eph. 5:29). The span of life is a divine trust for which I am a responsible steward to God. Life's experiences can, at times, become so burdensome and heavy to be borne as to make me despair of living, and with limited human wisdom and reason, turn to self-destruction in the welcome arms of death. We must encourage life and the fullness of joy, for Jesus came to bring that blessing (John 10:10; 15:11). We must counsel, guide, pray for, and comfort the despairing and hopeless, but we must refuse to assume the role of God to sit in eternal judgment upon those who choose to determine the time of their death.

Doctor, Help Me Out of It

Part II of Humphry's *Final Exit* focuses on euthanasia involving doctors and nurses. He assumes that many of America's half million physicians would be willing to speak publicly and to practice doctor assisted suicides were it legal to do so. I have no research data or clinical statistics to support my reservation about his uncritical assumption, but my personal persuasion is that most of the physicians who have taken their Hippocratic oath seriously are committed to providing for the health and well-being of patients, and where there is no medical hope for the patient's future, the doctors will provide comfort and relief from suffering. Maurice Rawlings, M.D., specialist in Internal Medicine and Cardiovascular Diseases, has perhaps accurately stated the medical profession's historic stance, that "the first law of medicine, which shall remain our guide, is *primum non nocere*, which means 'if you can't do any good, at least do no harm.'"[6]

Several aspects of the movement for doctor-assisted suicide can only be briefly mentioned. (1) Assuming that suicide is ethically right, Humphry cites professional and social reasons why physicians should actively help the dying to die. Physicians know better than anyone else approximately when the patient will die, and the manner of death (p. 128). This conclusion may have much truth in it, but physicians are not God, and cannot morally help an individual to kill him or herself because of a projected death date. Physicians have lawful access to lethal drugs, Humphry argues, and know the techniques for administering them; and consequently can avoid toxicological mistakes, which the unassisted patient may make (p. 128). All the greater responsibility rests, therefore, on the physician who has this knowledge, and legal access to lethal drugs, to exercise all caution in the legal and moral practice of administering drugs. If society cannot rest safely on this assumption about our medical professionals, then any reasonable trust in the integrity of the healing profession seems groundless.

IN A CLOSING STATEMENT ON THE SOCIAL REASONS WHY DOCTORS SHOULD ASSIST PATIENTS IN TERMINATING THEIR OWN LIVES, HUMPHRY WRITES WITH A CALCULATED COLDNESS THAT WILL MAKE MANY SHUDDER AS THEY READ.

(2) Socially, Humphry reasons that by the time the end of life is reached, some people have outlived their close friends and relatives, and have no one to assist them in self-deliverance. Relatives of the patient may have too many emotional problems to help with this Final Exit; or there may be issues of guilt, unfinished business, or outstanding financial obligations which tend to confuse the person to whom the patient is turning for assistance. Again Humphry reasons that the patient may be fearful of attempting suicide alone for fear of botching it, only to face the rest of life with shame, and possibly incapacitating physical damage. In a closing statement on the social reasons why doctors should assist patients in terminating their own lives, Humphry writes with a calculated coldness that will make many shudder as they read.

Alone at this crucial time, the physician is the independent broker, the one not involved

emotionally or historically, and possessing the technology and skill to end the patient's life with certainty and gentleness. It has to be a carefully negotiated death, with both patient and doctor sharing the responsibilities it entails(p. 129).

The reader is asked to examine every word and phrase in this patently inhumane and calloused statement.

Physicians will appreciate the new perspective on their professional calling as "independent brokers" of life and death. Humphry earlier writes that the "role of the physician is both to cure and to relieve suffering" (p. 129). But in the next breath the same physician is perceived as not involved emotionally or historically. He or she is an impersonal being with the technology and skill to end a personal life without feeling or flinching! To suggest that the physician's role is to cure and relieve suffering is not synonymous with actively inflicting death or killing another!

Historical records over a period of four millennia indicate that physicians have taken oaths to practice medicine for the benefit of their patients. (See the "Code of Hammurabi" of the Babylonians; the "Oath of Hippocrates" in Greek culture; and the "Code of Medical Ethics" of Dr. Thomas Percival at the beginning of the 1800s.) The cumulative ethic for all physicians over these 4,000 years was: "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing. Neither will I administer a poison to anyone when asked to do so, nor will I suggest such a course."[7]

The horror of this societal attitude, should it become increasingly more

THE CHRISTIAN CHURCH NEEDS TO ASSERT ITSELF MIGHTILY TODAY IN A SOCIETY WHICH HAS SOMETIMES LOST ITS BELIEF IN THE DIGNITY AND VALUE OF PERSONS.

popular and acceptable, is well expressed by an international medical authority, Dr. Robert Jay Lifton, who, after studying the subject of death and dying from Japan to Germany, wrote in his book *The Nazi Doctors*:

> Psychologically speaking, nothing is darker or more menacing, or harder to accept, than the participation of physicians in mass murder. However technicized or commercial the modern physician may have become, he or she is still supposed to be a healer — and one responsible to a tradition of healing, which all cultures revere and depend upon. Knowledge that the doctor has joined the killers adds a grotesque dimension to the perception that "this world is not this world."[8]

The Church's Witness

The Christian church needs to assert itself mightily today in a society that has sometimes lost its belief in the dignity and value of persons. People must not be valued in terms of social utilitarianism, with their worth being measured primarily by their productivity. In this age of human-centeredness and humanism, it is fashionable for people to take charge of human destiny. Derek Humphry and the Hemlock Society scoff at the belief that God is the master of one's fate, and exult in the notion that humans must "want control and choice over" their own destiny. No matter how poetic it may sound, nor how much compassion may be felt for William Ernest Henley's[9] crippled condition, Christians can never boast that they are the master of their fate, that they are the captains of their souls.

The fact of the matter is, we are not our own. By creation and redemption, God says that we belong to him. The fullness of our time is in God's hands.[10] Our days are his to number.[11]

END NOTES

1. John Jefferson Davis, *Evangelical Ethics: Issues Facing the Church Today* (Phillipsburg, NJ: Presbyterian and Reformed Publishing Co., 1985) p. 9.
2. Lewis Smedes, *Mere Morality* (Grand Rapids: William B. Eerdmans Publishing Co., 1983) p. 110.
3. Ibid. pp. 111, 112. (For the reference in Aquinas see *Summa Theologica*, 2a, 2ae, Ques. 64, Art. 5)
4. Ibid, p. 113.
5. Davis, op. cit., p. 188.
6. Maurice Rawlings, M.D., *Before Death Comes* (Nashville, TN: Thomas Nelson Publishers, 1980) pp. 50, 51.
7. Kenneth E. Schemmer, M.D., *Between Life and Death* (Wheaton, IL: Victor Books, 1985) p. 130.
8. Ibid., pp. 130, 131.
9. "I am the master of my fate:/I am the captain of my soul." William Ernest Henley (1949-1903), *Echoes*, IV. In Memoriam R.T. Hamilton Bruce, 1846-99.
10. Psalm 31:15
11. Psalm 90:9-12

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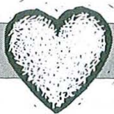


MEDITATION

The Comforter of My Mind and Soul

Kathy Blakely

We wanted everything to be just right. A beautiful silk blouse, purchased months earlier, was sent to be pressed. Flowers were ordered—mixed bouquets in the pastels she loved, with white ribbons that said "Mom," "Grandma," and "Great-Grandma." I sat at the computer and typed her obituary and the eulogy I would offer.

There were endless calls back and forth between the siblings. What should we put on her feet? What hymns would we sing? Were all the pall bearers confirmed? My sister took her rings to the jeweler, who cleaned them for free (so many people were so kind). The five of us went to see her before the others came for visitation. We weren't happy with her makeup. It didn't really look like her. But her hands—those I recognized. I touched them. They were cold. In that moment, I knew in my heart my mother was dead.

My friend sat with me during the funeral. I felt the warmth of his body next to mine and it was comforting, but my soul cried out to the Lord for more. Jesus Christ, who was man and is God, heard my cry. The words of the minister brought a sweet soothing to my sorrow. "I need to say to the family right now—you need to know that she is well. She is warm. She is safe."

That was what I had to hold on to.

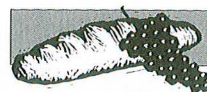
Death, like everything else we experience here on earth, is both a physical and spiritual experience. I needed the comfort of cards and flowers and expressions of kindness and sympathy. My cousin Randy bought a new suit for the funeral and held me close in his big arms. My church sent the most beautiful flower arrangement—roses and carnations in red, pink and coral. (You would have had to see it to understand how beautiful it was.)

My friend Tim, who lost his mother just one day earlier, came to the visitation and said to me, "I'm the one who can say to you that I'm happy for you. She's all right now." My favorite cousin, Pat, held my hand at the graveside. We've shared together all the stages of growing up and growing older, and together we've buried her father and mine, and now my mother. All these things brought great comfort to my mind. I am a physical being who needed all those things. Jesus Christ, who was also a physical being, understands. He did not begrudge me the trappings. I know my mother does not lie cold in the ground, but He understands that I wished to dress that body beautifully before it was buried. He knows how heart-wrenching it was to hear my brother say, "Good-bye for now, sweetheart," and see him blow her a kiss. He knows because He had to say goodbye to his mother, too.

But I am also a spiritual being, and the beautiful ceremony was not enough to comfort me in the lonely nights ahead. I would awaken with bad dreams. My mother needed me. She was cold. She was hurting. Why wasn't I there to help her? What comforted me then was the knowledge—the absolute certain assurance in my heart—that Jesus Christ was not just a man. He is God's Son.

He is not God's Son just because I happen to believe it. He is God's Son whether or not anyone believes it. He lived on this earth, yes, but He still lives at the Father's right hand. Because He lives, so does my mother.

***Kathy Blakely** is a musician and teacher who attends the West Detroit Christian Church.*



COMMUNION MEDITATION

With this issue of Integrity, *we are so pleased to be able to bring you the first in a series of meditations on the Lord's Supper by Elton Higgs. A prolific writer, our friend Elton wears many hats. He is a superb Christian thinker;* Integrity *Board Member; Elder at the Trenton, MI, Church of Christ; Professor of English at the University of Michigan; husband to Laquita; and Papa to Rachel. We hope you are blessed by his thoughts.*

It is noteworthy that the last days of Jesus on earth, from just before his death to his ascension into heaven, are punctuated by eating. There is first of all, of course, our Lord's last Passover meal with his disciples, only the day before his crucifixion, and it was the source of the communion that we are observing now. On the evening of his resurrection, he appeared to two men on the road to Emmaus and was persuaded by them to go into their house and eat with them. As Jesus

broke the bread and began to give it to them, they realized who he was. During a subsequent appearance to his disciples, he asked to be given something to eat, for they thought he was a ghost (Lk. 24:36-42). And in an amazing episode on the shore of Lake Galilee (Jn. 21:1-1 4), his disciples, who had been fishing on the lake unsuccessfully all night, saw

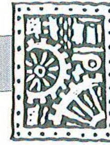
FOR THE BREAD OF THIS SIMPLE FEAST IS NOT ONLY THE BODY THAT DIED ON THE CROSS, BUT THE BODY IN WHICH DEATH WAS CONQUERED. . . .

and heard in the morning someone on the shore telling them to cast their nets on the other side of the boat if they wanted to catch some fish. As their nets filled to overflowing, they knew it must be the Master on shore, and as they pulled in the catch, they heard him say, "Come and have breakfast."

Can we take instruction from all of these examples of Jesus sharing food with his disciples even after he had been transformed by the resurrection? In the first place, the focus on eating as a symbol of spiritual fellowship at the Last Supper was not an isolated incident. Jesus seemed to be saying in the three recorded instances of his eating with his disciples after his resurrection that he wanted to make himself available to them in the most common circumstances of human life, and though he had no need to sustain himself with physical food, he nevertheless shared with them in their ongoing need. He reaches back to us now in our frailty, even from the Throne of his Glory, for he has been where we are and wishes to commune regularly with us in the most intimately common way.

Secondly, just as he included the fish caught by the disciples in the breakfast menu of his Lake Galilee cook-out, along with the bread and fish that he himself had put on the fire, so he combines the divine manna of heaven with the bread we earn by the sweat of our brow, keeping us mindful that even the fish we have caught and hauled in have been provided by him. And if we will give them to him again, he will make them food for both body and spirit.

This morning we bring to the table before us not only the elements of bread and wine, but ourselves to be consecrated and transformed by him into nourishment for Life indeed, so that even in this flesh we experience something of his resurrected body. For the bread of this simple feast is not only the body that died on the cross, but the Body in which death was conquered; and the wine is not just the life-blood he poured out, but the undying blood of the New Covenant, which both sustains us now and assures us of life everlasting with our Savior. May we eat and drink with Him now in the mixture of awe, thankfulness, and comradeship which the disciples felt in that breakfast by the Sea of Galilee with their risen Lord.



REAL-LIFE APPLICATION

What Happens in the Hospital?

A Christian Medical Professional Talks About Dying

Faith Ball, R. N.

There is a time for everything, and a season for every activity under heaven: A time to be born and a time to die, . . . Ecc 3:1-2.

Yes, there is a time to die—a time to let this mortal body, bruised, broken and worn out, be laid to rest. We as Christians know full well that it is merely shedding the "wrapping paper" and the gift of life goes on, not ended, but changed.

But the *time*! Do we ever feel ready? Is it all right to *let* a loved one die? How do we know when to let go? In our day, age and culture, medical science has given us so many options to prolong life that our decision-making can get muddled indeed.

While we are healthy, we often see ourselves as immortal, yet as the aches and pains of aging set in, we become more and more aware of our mortality. But do we know how to face this reality? Often we push the thought deep down in the recesses of our consciousness and never find the "right time" to admit, discuss, or face what the possibilities might be—or how we might deal with them. We are often unaware of our own values, options, and preferences for this most profound time of life.

This article is an attempt to give you some insights from the medical perspective, so that you as a Christian can become aware of and examine your life values, thus being able to make peaceful and clear choices for the future. Now is the time to discuss with your family or next of kin and your doctor what your preferences are, should the unexpected and unthinkable happen—tomorrow. Now is the time: when you are able to see life and death through the mind, heart, and spirit in a clear and honest way, not overcome by emotion or panic.

Death is not a subject to dwell on in fear, but instead, we must acknowledge it, discuss it, and become aware of our options. Let those you love know your thoughts. We can greatly ease the burden of our next of kin, and often even prevent painful family conflicts, if we just make known our wishes about our own deaths.

We are not talking about taking an active role to end life. As followers of Jesus, that is not our right, because, as Job says, "Naked I came forth from my mother's womb and naked I will depart: The Lord gives and the Lord takes away; blessed be the name of the Lord."

The Parameters

We are talking, however, about our life values and how they affect our

choice of medical treatment to prolong life in a body that already suffers from a disease or condition that is deemed irreversible by your physicians. Although we can live with a great many maladies and incapacities, there does come a time to let go— and often, whether it will be sooner or later is indeed *our* decision. Under Michigan law, we have a right to make our own health care decisions. However, if you are no longer able to make decisions for yourself and do not have Advance Directives (this will be discussed later), then hospitals and physicians look to the next of kin.

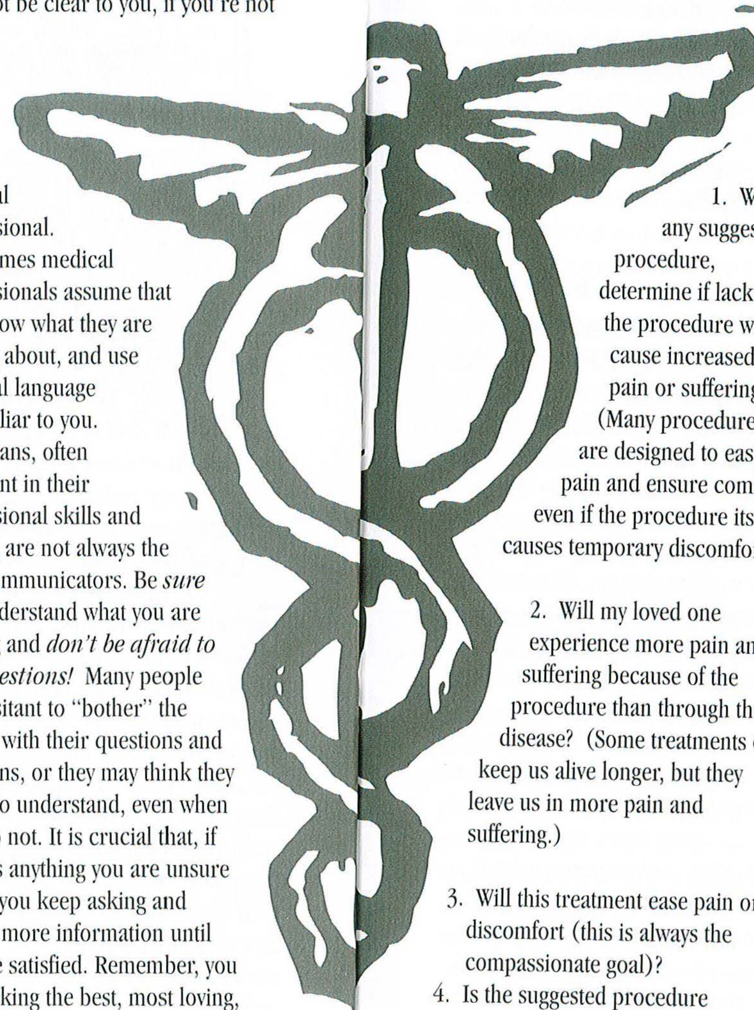
If there is disagreement between family members and your physicians about what medical treatment is in your best interests, appointment of a Guardian by Probate Court may be the only way a medical treatment decision can be made. Needless to say, most families would want to avoid this kind of situation at all costs.

Next of Kin

Here I specifically wish to address you in the role of the loved one or next of kin of someone who is dying or has lost mental alertness. This is not an easy responsibility to assume. Taking on the fate of another person is a heavy enough burden, but when it's a loved one and we ourselves are struggling with the letting go process, this can become overwhelming and even traumatic.

Your rights and responsibilities

As the next of kin, you have the right and responsibility to be informed by the physician of the appropriateness and options of all possible medical procedures. You also have the right to know exactly what may happen to the patient if you choose to opt for or against treatment. Most major medical treatments require a permit to be signed by the next of kin with explanation of the procedure. This explanation, however, may not be clear to you, if you're not a medical professional. Sometimes medical professionals assume that you know what they are talking about, and use medical language unfamiliar to you. Physicians, often excellent in their professional skills and caring, are not always the best communicators. Be *sure* you understand what you are signing and *don't be afraid to ask questions!* Many people are hesitant to "bother" the doctor with their questions and concerns, or they may think they ought to understand, even when they do not. It is crucial that, if there is anything you are unsure about, you keep asking and getting more information until you are satisfied. Remember, you are seeking the best, most loving, most compassionate care for someone God has chosen to be a special part of your life.



Some questions to ask

Every situation is unique, but as a medical professional, I would suggest some questions to ask yourself and the attending physician in making health care decisions for a loved one so you may be educated as to the risks and benefits:

1. With any suggested procedure, determine if lack of the procedure will cause increased pain or suffering. (Many procedures are designed to ease pain and ensure comfort, even if the procedure itself causes temporary discomfort.)

2. Will my loved one experience more pain and suffering because of the procedure than through the disease? (Some treatments can keep us alive longer, but they leave us in more pain and suffering.)

3. Will this treatment ease pain or discomfort (this is always the compassionate goal)?
4. Is the suggested procedure designed to treat the symptoms? This would make it an ordinary comfort measure. Or, instead, is this a heroic, or extraordinary, effort that may or may not be successful? Would my loved one want this? (CPR would come under this category.)
5. Will the treatment help recovery to a degree where the patient can have a suitable quality of life, or will it merely sustain a heartbeat and prolong agony?

Examples of treatments for the dying

Some examples of treatments referred to are: feeding tubes for nutrition when a patient is no longer able to eat, IV solutions for hydration and medication, or the placement of central lines for access to larger veins when smaller blood vessels are too frail and unobtainable. Other treatments may include dialysis for cleansing the blood when the kidneys fail, chemotherapy (a chemical medication used to destroy or shrink cancer cells), or radiation (used to "burn out" cancer). Many types of surgeries may also be proposed. These surgeries could be to remove diseased parts, repair malfunctioning organs, or to surgically place tubes or devices to facilitate a treatment. Diagnostic procedures to identify diseases can often cause much discomfort. Finally intubation (artificial ventilation), CPR, and many other options may be called for.

All of these, in certain instances, can be wonderful life-saving and sustaining measures, and can even help reverse the disease process. In other instances, some of these

procedures are not worth the pain they can inflict: they can merely prolong and even intensify suffering in an end-stage disease.

It is impossible to mention all treatment options or be specific, since all situations are unique and require individual evaluation. It is important, however, to understand all the implications regarding any procedure or treatment the doctor suggests, even if it appears to be merely a method to diagnose a problem. After all your questions are asked and your decisions are made, it is then time to trust your judgement and your physician's guidance. Even then, stay informed and *insist* on communication with the health care team.

ALTHOUGH CARE IS TAKEN, IN AN OLDER AND FRAIL BODY WHERE BONES ARE BRITTLE, THE FRACTURE OF RIBS AND EVEN THE STERNUM IS SOMETIMES UNAVOIDABLE.

Then do as Paul says:

"Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God, and the peace of God, which transcends all understanding, will guard your hearts and minds in Christ Jesus."
(Phil. 4: 6-7)

CPR

At this point, I would like to discuss cardiopulmonary resuscitation, or CPR. This is a procedure that takes place when the heart stops beating and breathing has ceased—in other words, when a person is clinically dead. CPR is particularly important to address because, when a person dies in a hospital setting, medical personnel must, by law, initiate CPR unless it is specifically written as a physician's order, "No CPR" or "Do not resuscitate." The option of no CPR comes only with the full consent of the patient, the next of kin, or Legal Power of Attorney. Because this is not always an easy matter for many physicians to address, many people do not know that they have the right to request that they not be given CPR. Therefore, even when a 90-year-old patient, ready to go home to the Lord after a long life, dies, he or she still must undergo CPR.

A difficult procedure

CPR in an emergency medical setting is *not* a gentle procedure. It is violent to watch and to hear, and to the family who feels only love and compassion, it can appear cold and callous. It is a high-tech medical procedure with a focus on resuscitating a heart that has stopped beating. Time is of the essence. If the brain is oxygen-deprived for as little as five minutes, brain damage is likely to occur even if the heart is resuscitated and breathing returns.

For CPR to be effective, the body must be laid flat and placed on a firm surface such as the floor or, if on a bed, a cardiac board. In order to begin CPR, medical personnel will press on the sternum, or breastbone, in rapid movements with enough pressure to compress the heart. This is a great deal of pressure. Although care is taken, in an older and frail body where bones are brittle, the fracture of ribs and even the sternum is sometimes unavoidable. Artificial breathing with the use of a resuscitation mask is initiated, followed as soon as possible with an "Ambu" bag, a device with a rubber seal mask placed over the mouth and nose with a large rubber balloon attached. From this, air is pumped into the lungs. As soon as the respiratory team arrives, they perform an intubation, where a tube is placed through the mouth and down into the trachea or windpipe.

Oxygen is then pumped into the lungs for maximum gas exchange. An aspirator, or suction machine, is set up to suction out oral and nasal fluids or any gastric contents that should regurgitate.

It is important for cardiac defibrillation to take place as soon as possible. This involves placing two paddles on the chest which emit electric shock at 200 joules (a unit of electrical measurement) to stimulate the heart into starting to beat again. Often this needs to be repeated in rapid succession for maximum stimulation. These shocks jolt the entire body, often quite violently. By now the patient also has had EKG leads placed so vital signs can be continuously monitored.

Intravenous lines must also be placed to administer heart stimulant medications and fluids. Often, an older person's veins are so fragile that the normal veins in the back of the hand or arm cannot be used; it means accessing larger, deeper blood vessels through a surgical procedure called a cutdown or accessing a central line.

These CPR efforts continue until the patient breathes on his or her own and the heart begins to beat, or until there have been a consecutive fifteen minutes of no cardiac response.

All of this is done by a team of doctors, nurses and respiratory technicians in an emergency mode—a lifesaving measure. Procedures are done as rapidly as possible; where time is of the essence, gentleness and dignity are not.

Is CPR always the right choice?

In a hospital setting, the rate of survival to the point at which a patient can be discharged after receiving CPR when cardiac arrest (heart failure) have occurred range from 6.5% to 15% (*New England Journal of Medicine*, "Cardiopulmonary Resuscitation: Of Miracles and Misinformation," June 1996, Susan J. Diem, M.D., M.P.H. et al.). This article further states, "For average elderly

patients, the rate of long-term survival is probably no better than 5%."

It is easy to justify taking every measure possible, even CPR, for a child or young adult who is the victim of cardiac arrest or certainly also for an adult into their sixties or seventies who is fairly healthy up to that moment. However, can you imagine these procedures performed on an adult who is well advanced into the senior years, whose body is already suffering from extremely compromised health who, indeed, may be ready to die?

IT NEVER CEASES TO AMAZE ME HOW MUCH STRENGTH AND COURAGE A DYING PERSON CAN DRAW FROM A HAND HELD, GENTLE WHISPERS OF REMINISCENCE, ENCOURAGEMENT IN THE WORD OF GOD, OR JUST THE PRESENCE OF A LOVED ONE.

Many ways to ease suffering

No one chooses to suffer. Even Jesus asked, "Father, if you are willing, take this cup from me. Yet, not my will but yours be done" (Luke 22:42).

Suffering is a very real part of life, yet our compassion for others forces us to ease those we love through the most profound time of life—i.e., the death process—with as much gentleness and dignity as possible. Once we have determined the appropriate treatment or lack of treatment, it is best not to second guess ourselves and run the guilt gamut. When we make decisions in prayer drawing on the love of God, we are set free to trust. The greatest gift to our loved ones is to just be there. It never ceases to amaze me how much strength and courage a dying person can draw from a hand held, gentle whispers of reminiscence, encouragement in the word of God, or just the presence of a loved one, even when the dying person's mind appears to be compromised.

Getting ready for our own death

Now I would like to address you as the aging adult who will inevitably be embarking on the last leg of the journey home. Death may not come today or tomorrow, but inevitably it will come.

There *are* some measures that we as aging adults can take to help our children or those who would become responsible to make medical decisions on our behalf, should our mental capacity become compromised. This is done through a legal document called Advance Directives.*

An Advance Directive documents your wishes for health care treatment and informs health care workers about who may make decisions for you if you are unable to speak for yourself. There are two types of Advance Directives: Durable Power of Attorney for Health Care and the Living Will.

Durable Power of Attorney

In the first, Durable Power of Attorney for Health Care, the person you name in this advance directive is called the "patient advocate." This document only becomes effective when you are *no longer able* to participate in your own medical treatment decisions. Select an advocate you trust—such as a spouse, adult child, sibling, or other relative, close friend, or attorney—to carry out your health care wishes.

When the time comes, your patient advocate would then work with your physician and other health care providers to make the same kinds of decisions you would have made for yourself based on your wishes if you were able to choose. Communication regarding your decision with family, friends, your physician, your attorney, or anyone else who might be affected by your decision will help clarify your health care wishes.

In the document, you should indicate your personal preferences regarding care, custody, and medical treatment. You may wish to specify life-sustaining treatment you want or do not want, such as feeding tubes, CPR, etc., as mentioned earlier. To help you make your decisions, you also may wish to talk with a health care professional to explain in detail the various life-sustaining treatments that might be used.

Be specific

If you authorize your patient advocate to make decisions to withhold or withdraw treatment, thus allowing you to die, then your Durable Power of Attorney for Health Care must specifically state that. Include a statement such as, "I authorize (Name) to make a decision to withhold or withdraw treatment that could or would allow me to die."

You do not need the services of an attorney to create a Durable Power of Attorney document. Forms are available through sources such as your state representative, the medical aid society, and many hospitals. However, the use of a specific form is optional. (Note: we have included a Durable Power of Attorney Form following this article).

Guidelines

Your Durable Power of Attorney for Health Care document must adhere to the following guidelines: It must be in writing; dated; voluntarily signed by you; and your signature must be witnessed by two individuals who are not relatives or interested parties to your will or estate. Hospital employees *cannot* witness your document. The witness may sign only if you are of sound mind and under no duress, fraud, or undue influence.

Your patient advocate must sign an acceptance. The original signed documents are then held by your patient advocate (not a photocopy). Give copies to your physician(s) and family members; keep a copy for yourself, and have a copy taken to the hospital where you would expect to receive care. Durable Power of Attorney for Health Care is a legally binding document in the State of Michigan. Check at your hospital to see if this is true for your state, too.

Should you ever change your mind, you may revoke or change your Durable Power of Attorney for Health Care at any time. You need only inform your physician and patient advocate and have the necessary changes made in your medical record at the hospital.

Living Will

There is a second type of written document you may choose called a Living Will. This document does not name anyone to make health care

decisions for you. Instead, it lists or describes the kinds of medical treatments you wish to have or not have. It serves as a statement of your medical treatment decisions if you become terminally ill or permanently unconscious.

Living Wills, in the State of Michigan, are not legally binding, but merely an attempt to make your wishes known.

No specific Michigan law describes the form, content, or permissible scope of a living will. (Again, check with your hospital about the laws for your state.) However, most health care facilities and physicians honor the wishes set down in a Living Will, provided it is written by a competent adult and appropriately executed. If you are unsure how to fill out a Living Will, consult an attorney and/or your physician.

Practical preparation

It is wise to check with your hospital, health care facility, and physicians regarding their specific policies on Advance Directives. Different hospitals may have specific avenues of communicating your health care wishes and Advance Directives.

Not all states recognize Advance Directives or allow you to designate a patient advocate as Michigan does. If you do not reside in Michigan, check with your congressperson or attorney to find out your rights as a patient.

If you do not have Advance Directives and if there is disagreement among family members and physicians as to what medical treatment is in your best interest, the appointment of a guardian by probate court may be the only way a medical treatment decision can be made. This is impersonal, often emotionally charged, and worth every effort to avoid.

We would all like black-and-white answers regarding what is right and good when we have choices to make. But God does not give us black and white answers. Each of us walks our own journey, and, if we walk with Jesus, we have our answers in living color. We then have the wisdom, the courage, and the peace to make our own decisions using the principles he gave us, and trusting that he loves us in our decisions, and not because of them.

A bit of practical preparation for this last leg of your journey home may protect your loved ones from undue anxiety and family disagreement, thereby allowing their time and energy to be spent in peaceful, healthy grieving with you as you prepare to separate from each other.

During my career as a nurse as well as in my experiences as a friend, I have been privileged to witness some very beautiful moments during the days and even minutes before physical death comes.

We can all minister to the dying

I recall a 56-year-old man who had terminal cancer. He went into the hospital full of fear and uncertainty. In the weeks that followed, he became so weak that he hardly had the energy to speak. During this time, he was rarely without someone at his bedside—his wife, one of his five children, or often a good friend or two. His children made a tape of his favorite hymns and, with the use of a small tape player and head phones, even as he slipped into unconsciousness, those hymns nourished his spirit. As he took his last breath, his countenance was so peaceful that it seemed to radiate out from him. The family wept and hugged, and they, too, seemed to be at peace.

Often it seems that the dying person is able to draw on the strength of those who love him or her. With loved ones around, they seem open to receiving the grace of God.

I also recall an 83-year-old woman named Martha. Martha seemed in fairly good health, except for some arthritis, high blood pressure, and a few other maladies controlled with medication. When Martha suddenly had a massive stroke, her two daughters seemed confused and in disbelief that Mom couldn't just be given a pill and made all better. Speaking out of their own fear and pain, they began accusing the medical personnel of not doing all that they could. The two sisters became very angry with each other. Two weeks after she arrived in the hospital, Martha died in the middle of the night. Her daughters could not agree on a "code" status (i.e. whether or not to have their mother receive CPR), and so the medical staff did perform CPR on Martha. It was unsuccessful.

Unfortunately, there are times when family members cannot agree on treatment, and when this happens, accusations and harsh words surround the sick bed. It is at times like these that we can cling to the fact that Jesus came for us "while we were yet sinners" and we must place our hope in his endless mercy. I cannot help but think that if Martha and her daughters had, at some point, discussed the possibility of an illness, much bitterness and hurt could have been avoided.

When we walk to the kingdom's door, having "finished the race" and ready to "claim the prize," we can leave a precious gift for our loved ones. We can allow them to accompany us on this final walk, knowing that all is well and being done according to our wishes. In the meantime, run as if to win!

"I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus."

***Faith Ball, R.N.**, has been a nurse for almost 40 years. She is also a Catechism teacher and a Bible study leader. She and her husband, John, live in Madison Heights, Michigan, and are members of St. Thomas More Catholic Church. They have seven children and, so far, eight grandchildren.*

* Information about Advance Directives taken from William Beaumont Hospital, Royal Oak, MI, brochure, *Record Your Health Care Decisions for the Future*, used with permission. All medical advice in this article is the opinion of the author, and should not be construed as specific medical or legal advice for any specific factual situation.

The following Durable Power of Attorney for Health Care form is meant to provide a guideline for common and standard situations. Each person's situation is, however, unique. If you feel that your particular needs require more specificity than is provided on this form, you should consult an attorney. The laws in different states vary, so if you have any doubt that this form is valid in your state, you should review the completed form with an attorney.

Durable Power of Attorney for Health Care
For Care, Custody, and Medical Treatment Decisions

Please note: This form is legally binding in Michigan. If you reside in another state, you may obtain information about a form like this one from your hospital or physician. Please feel free to use or photocopy this form as often as you like. (If you enlarge this by 200% on a copy machine, you will have three 8 1/2 x 11 sheets, which you may find easier to fill in.)

I, ______________________________, am of sound mind, and I voluntarily make this designation.

I designate ______________________________,

residing at ______________________________,

as my patient advocate, with the following power to be exercised in my name for my benefit, to make decisions regarding care, custody, or medical treatment if I become unable to participate in care, custody, and medical treatment decisions. The determination of when I am unable to participate in care, custody, and medical treatment decisions shall be made by my attending physician and another physician or licensed psychologist.

[(Optional) If the first individual is unable, unwilling, or unavailable to serve as my patient advocate,

then I designate ______________________________

residing at ______________________________,

to serve as my patient advocate.]

With respect to my care, custody, and medical treatment, my advocate shall have the power to make each and every judgment necessary for the proper and adequate care and custody of my person, including, but not limited to:
(a) to have access to and control over my medical and personal information
(b) to employ and discharge physicians, nurses, therapists, and any other care providers, and to pay them reasonable compensation with my funds;
(c) to give an informed consent or an informed refusal on my behalf with respect to any medical care; diagnostic, surgical, or therapeutic procedure; or other treatment of any type or nature;
(d) to execute waivers, medical authorizations and such other approval as may be required to permit or authorize care which I may need, or to discontinue care that I am receiving.

My advocate shall be guided in making such decisions by what I have told my advocate about personal preferences regarding such care. My wishes concerning care are the following:

OPTIONAL

I authorize my patient advocate to make a decision to withhold or withdraw treatment which could or would allow me to die. I acknowledge that such a decision could or would allow me to die.

____
SIGN THIS STATEMENT IF YOU WISH TO GIVE THIS AUTHORITY TO YOUR ADVOCATE.

This Durable Power of Attorney shall not be affected by my disability or incapacity. This Durable Power of Attorney is governed by Michigan law. I may revoke this designation at amy time and by communicating in any manner that this designation does not reflect my wishes.

It is my intent that my family, the medical facility, and any doctors, nurses, and other medical personnel involved in my care, not be liable for implementing the decisions of my patient advocate or honoring the wishes expressed in this designation. Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document. I voluntarily sign this Durable Power of Attorney after careful consideration. I accept its meaning and I accept its consequences.

(YOUR SIGNATURE) (YOUR STREET ADDRESS)

(DATE) (CITY, MICHIGAN ZIP CODE)

Notice Regarding Witnesses

You must have two adult witnesses who should be disinterested individuals and must not be your spouse, parent, child, grandchild, sibling, presumptive heir, known devisee at the time of the witnessing, physician, patient advocate, an employee of your life or health insurance provider, an employee of a health facility that is treating you, or an employee of a home for the aged.

Statement of Witnesses

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this decision voluntarily, and under no duress, fraud, or undue influence.

(WITNESS 1 SIGNATURE) (WITNESS 2 SIGNATURE)

(PRINT OR TYPE FULL NAME) (PRINT OR TYPE FULL NAME)

(ADDRESS) (ADDRESS)

Acceptance by Patient Advocate

A. This designation shall not become effective unless the patient is unable to participate in medical treatment decisions.

B. A patient advocate shall not exercise powers concerning the patient's care, custody, and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.

C. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.

D. A patient advocate may make a decision to withhold or withdraw treatment which would allow the patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and the patient acknowledges that such a decision could or would allow the patient's death.

E. A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.

F. A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient, and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient's best interests.

G. A patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.

H. A patient advocate may revoke his or her acceptance to the designation at any time and in any matter sufficient to communicate and intent to revoke.

I. A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, begin Section 333.20201 of the Michigan Compiled Laws.

I understand the above conditions and I accept the designation as patient advocate for :

____

______________________ ______________________

(DATED) (SIGNED)

DURABLE POWER OF ATTORNEY FOR HEALTH CARE, PAGE 3 OF 3

MEDITATION

Strolling Through the Art Gallery: A Pastoral Retrospective

Reed Benedict

Pastoral care is similar to strolling through a gallery of wonderful paintings. When in undergraduate school at Abilene Christian University, I was blessed with the opportunity to intern in a cancer hospital as a chaplain for ministry credit and experience. Since that time, I have been involved in other areas of the church, all of which involved pastoral care, but not as a "full time" occupation. This article is a "retrospective" on that experience and related pastoral experiences; I will be using the metaphor of an art gallery to convey ideas and principles related to pastoral care and its practice.

During the course of our journey through the gallery, we will discover together the places where theology meets practice. In no way is this article comprehensive, for it would take volumes of books to address the theology and practice of pastoral care. This is a mere survey of significant points related to visiting the sick.

Before we walk through the doors where beautiful art is found, it is important to address some concerns. So many people express fear when discussing visiting those who are either sick or terminally ill. Those fears have legitimate expressions! Often I will hear people say:

"I don't know what to say"

"What am I supposed to *do* when visiting someone?"

"How do you visit someone who is dying?"

"I am afraid."

"Why does God not bring healing?

"Why does he allow sickness and suffering?"

All of these are legitimate concerns. It is difficult to face someone who is either sick or terminally ill. First and foremost, visiting someone who is terminally ill causes us to face our own mortality. Suddenly we become aware that one day we, too, will die. This can be a sobering and morbid thought. In some respects, it is. Death is a difficult subject for anyone, even for those of us who have found hope through the resurrection. Visiting the ill raises our own sense of self-consciousness. To be aware of this is to understand it. Our own discomfort may be what our loved ones are experiencing as they face the end of their lives. In visiting the seriously ill, it is not only a ministry you perform, but it is also a blessing you receive. Facing issues in your own life as a result of this form of ministry will

enrich your life and bring you closer to God, but it will also cause you to ask introspective questions. The Holy Spirit is there in this task working within you, and within the visits you share with those who are ill to bring you closer to his wisdom. This is part of the other counselor Jesus promised us, his Spirit which helps us face our deepest fears and face them within ourselves and with others in his name.

Entering a pastoral situation, like entering an art gallery, is to engage the unexpected. We do not know what will lie beyond the door. What will touch our lives? What colors, emotions, images, words, and behaviors will have an effect upon us? What work will move you to incredible joy or difficult tears? All we know is that the art contained within will have an effect upon us. This sense of unexpectedness expresses two fundamental truths of pastoral care. First, whatever lies beyond the door will affect us. Patients bring to the situation their own unique identity, their personhood. Beyond the door lies a person, a work of God's art who will touch us in the deepest ways imaginable. The second truth is this, *we* go to meet the art—we do not go for the art to meet *us*. In other words, one walks into an art gallery to listen to the art, to let the painting speak for itself. In the same way, we walk into the hospital room to listen to the person we love, to allow them to speak to us themselves. For if you walk into an art gallery (or a hospital room) expecting or scheduling a reaction, you have not allowed the creation to live on its own; to speak for itself; to touch you as a living creation.

WHAT YOU MIGHT SAY WHEN VISITING A SICK PERSON IS NOT AS IMPORTANT AS WHAT THEY MAY SAY TO *YOU.*

Patients will tell us how they are feeling, what their concerns are, where they see the role of God. And so in this sense we have answered one of our fears, the fear of "What do I say?" It is best to let the person who is sick speak for themselves, and for us to stand back, see the beauty of their soul and experience them as who they are. What you might say when visiting a sick person is not as important as what they may say to you. After all, you are there to console them, and what better way to hear their needs and concerns then to let their canvas show its colors?

As we walk down the corridor of the gallery, we go where it leads us. We see a painting and then one next to it, and we move according to what is in the gallery and where it is. And so, we spend a moment in front of each piece, sometimes staying and looking for a long time, examining the brush strokes and the colors. At other times we pass over a painting quickly to move to the next, making our way through the gallery. To look ahead to the other wall—to a sculpture that is several works of art away—is to take away from the moment. We must be able to enjoy what is before us at a particular moment.

Pastoral conversation

This is also a fundamental principle of pastoral care. Each moment is a gift to be enjoyed. Some moments will require a lot of our attention, as we talk, reconcile feelings, express joy, weep, or deeply consider what may be happening with our loved one. At other times the conversation may be fast, passing from one topic to another, engaging in small talk and humor only to move on to another moment with its own unique character. This is pastoral conversation. It is important to listen to the moment, to go with the flow. Pastoral conversation takes time to consider deep feelings and to discuss them, but it also allows for times of quick comments, humor, and small talk. If we look too far ahead in the conversation, thinking of something else besides the gift of the moment, we are not really present with the person who is ill to experience their concerns and suffering. One of the lessons I have learned in visiting the terminally ill was that each moment of life is precious, and that if I look too far ahead, I miss the joy and sorrow of what is before me.

When we don't understand

There are times when we pass by a work of art that confounds us. Its sharp angles combined with strange curves and colors seem incoherent, yet somehow exist together.

We survey its surface, walk around it, question its purpose. Sometimes we wonder if it's really art at all, and we don't see what others may perceive. Someone across from us looking at the same object may ask, "What is it saying?" and our response is a resounding "I don't know" as you both look with admiration and puzzlement on the same object. This is also a fundamental principle of pastoral care. We may be a witness to a situation that puzzles us. Why does God allow suffering? Why does God allow our loved one to hurt? The person who is sick may even ask us these questions. Like the sculpture with sharp angles and smooth curves, situations in our lives dealing with severe illness may not have a clear answer. It is necessary to struggle and ask these questions, for it is in the asking that God's wisdom is discerned. The most important words I believe anyone can learn when visiting with the sick are the words: "I don't know". A definitive answer as to why God would allow serious illness and suffering is beyond us at times.

IT IS NECESSARY TO STRUGGLE AND ASK THESE QUESTIONS, FOR IT IS IN THE ASKING THAT GOD'S WISDOM IS DISCERNED.

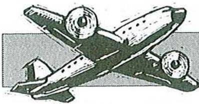
Sure, we may try to apply "pat answers" and we hear them often just as loudly as Job did when his friends tried to answer (incorrectly) the same questions. Above all else, God has promised us his presence, regardless of the situation, our questions, doubts, and faith. He has promised us us that he is there, even when it does not *seem* like he is there.

It is difficult to visit someone who is dying or ill. Just going to the hospital takes much resolve and energy. Opening the car door, walking into the hospital, taking the stairs to the room, and knocking on the door is emotionally taxing. I say this not to discourage anyone from visiting the sick, rather the contrary. God knows

your heart, and just as Moses was called into Egypt and did not know what to say, God says to us, "I will be with you."

For when visiting the sick we are not alone. God is with us. In the hospital room before we arrive, in our car on the way to the hospital, in the elevator, God is there. It is through his Spirit that ministry takes place. This is a comforting thought. For God has equipped you for the task. This is where courage originates: That all ministry is God's ministry. I'll say it again: the Holy Spirit will be with you in the task. You, too, can encounter the artistry of God's own hand in other people and in turn realize the beauty in all things.

Reed Christian Benedict *graduated with a BA in Pulpit Ministry from Abilene Christian University, Abilene, Texas in 1995. Currently, he is working for Holt United Methodist Church in Holt, Michigan, and is attending Princeton Theological Seminary, Princeton, NJ, to continue as a Master of Divinity candidate.*



POETRY

Dust

Deborah Choate Shepherd

As a father has compassion on his children, so the LORD has compassion on those who fear him; for he knows how we are formed, he remembers that we are dust.

Psalms 103: 13-14

Emmy stood on Sixty-four Highway
and saw the cloud in the west.
Oklahoma farms, drifting in the wind.

He knows we are
dust.

Emma cleaned the house on Ford Street,
"Clean enough for the President!"
Nothing escaped her hand.

He knows
we are dust.

She answered the door of the new brick house.
"Mrs. Choate," they said,
"He won't be coming home."

He knows we are dust.

Deborah Choate Shepherd *is a member of the* Integrity *board and worships with the Troy, MI, Church of Christ. Her father was only 45 years old when he died.*

BENDING THE TWIG: CHRISTIAN PARENTING ISSUES

Teaching Children to be Truthful

Laquita Higgs

My mother was visiting a friend, and those grapes on her dining room table were so tempting. Grapes were beyond my family's budget, and I couldn't resist. I vividly remember popping some of those luscious grapes into my mouth, though I knew it was wrong to take them without asking—and I remember the graciousness of Miss Evelyn, who saw me and said that I could have all the grapes I wanted. I learned two lessons that day: my guilty conscience told me that I had done wrong; and Miss Evelyn taught me that grace kindly forgives.

Did you ever steal? Or tell a lie? Or have you ever been deceptive with a half-truth or with silence? Of course, you have—at least when you were a child. All children lie or steal now and then, but as adults we should have reached a level of honesty so that in most situations, the right reactions emerge automatically. Moral development is a complex process over a period of several years. It does not come automatically or quickly—there are no shortcuts. Godly moral behavior must be taught, and that's our job as parents. If we don't give active instruction, set expectations and limits, and teach what the Lord wants, then a child's moral sense will be developed by other influences, such as playmates and television. Without proper teaching and guidance, the child's own desires and feelings will become the reference for moral behavior.

Teaching children to be truthful and honest is one of the most important things we can do for them—and it is one of our biggest challenges. Truthfulness involves more than not telling lies; it includes living responsible lives of truth and genuineness, and not just to others, but to God and to ourselves.

> **"JUST AS THE TWIG IS BENT, THE TREE'S INCLINED."**
> *-ALEXANDER POPE*

The lack of honesty in a person is manifested in many ways —in lying, deception, evasion, stealing, and cheating—but in this article I am going to concentrate on lying and suggest some ways to teach a child to be truthful.

Society has lost its moral sensitivity to lying. Although most people would condemn "big lies," "little white lies" are often disregarded; but lying of any sort is a core sin. It is consistently condemned in the Bible and is a basic characteristic of the devil. Jesus said that the devil "is not rooted in the truth; there is no truth in him. When he tells a lie he is speaking his own language, for he is a liar and the

father of lies" (John 8:44, NEB). In contrast, Jesus speaks the truth—indeed, He is the Truth.

The first task in teaching the young pre-school child is to help him or her learn to distinguish between make-believe and the real, coupled with gentle instruction that one must always tell the truth. At that stage, punishment for "lying" is not appropriate, for the child may be genuinely confused about what is true and what is "pretend."

Apart from those younger children, why does the older child—or an adult—lie? Fear is a frequent motivation for children or adults—fear of punishment or ugly consequences if the truth is known. Also, we go to great lengths to look good before others, so for the more mature, deliberate lying or distorting the truth may be part of an attempt to be something that one is not. Finally, lying may also be used to gain personal advantage, as when the student presents "borrowed" work as his own. The answer to all of this lies in cultivating a sense of security and moral integrity that makes one less vulnerable to this kind of temptation.

What can we do, then, about the problem of children lying? Here are some suggestions, but with the caution that parents must exercise good judgment about how much the child is able to handle in the younger years:

1. Be an example of honesty; your children are watching. Be truthful and consistent with your child. Never make promises (or threats!) that you don't plan to keep. Be truthful to others; such truthfulness will show your child that honesty is a primary virtue in your life.
2. Explain why honesty and truth-telling are important. Stress that trust is based on honesty and that people will not believe you if you have been telling them lies. Point out that truthfulness is always better than a lie, even though it might not seem so at the time, because one lie almost always leads to another and entangles the liar in a web of subsequent lies. Emphasize that truth and lying are at the core of the battle between good and evil. Spend time together reading God's word on the subject and memorizing some relevant passages.
3. Read stories that emphasize truthfulness and the bad consequences of lying. A current favorite at our house is Mack Thomas's story, "Let's Make Jesus Happy," in which little Eli makes Jesus unhappy by lying about meeting a friend. Our five-year-old Rachel now says that she will never tell a lie; undoubtedly she will fail along the way, but the aspiration has been planted in her mind.
4. Expect and insist on honesty. Let the child know that you take the matter of lying seriously and will not let it pass without comment or punishment. On the other hand, praise truthfulness when a child might have been tempted to lie, and praise the older child for taking responsibility for moral behavior.
5. Share openly with your child about your own past (or present!) struggles with truthfulness and honesty. Encourage your child to talk about moral dilemmas and the feelings about them that she or he faces. Often the child can come to the right conclusions on his or her own, just by articulating the problem. Sometimes a well-phrased question on your part can be helpful; for example, "How do you feel inside about this?" or "What do you think Jesus would say about this?" The aim is to help the child learn to monitor his own moral reactions and to foster the willingness to take responsibility for wrongdoing.
6. When the older child is caught in a lie, punishment (whatever kind works in your household) is necessary. My 15-year-old nephew reports that he learned to be truthful because he knew from experience that his parents would punish him more severely for lying than for the wrongdoing that he had been trying to cover up. Always explain the purpose of the punishment, and use the occasion to talk about honesty and the hazards of lying. Emphasize that habitual lying will bring one to the point of being unable to tell the difference between truth and falsehood.
7. As the child matures, talk about the positive aspect of guilt—how a sense of guilt can drive us to face the problem of lying or dishonesty and to deal with it. Emphasize, though, that once we have confessed our wrongdoing, accepted punishment, and made restitution if we can, we are not to be weighed down by guilt anymore, for the grace of God has already forgiven us.

Lying can easily become a habit. Have you ever had a close relationship with someone who was a habitual liar? Such relationships cannot flourish for long. On the other hand, truth-telling can and should become a habit, but it has to be taught consistently and faithfully. You can do nothing that would be of more lasting value to your child, for a person who is honest in word and deed is one who is dependable and responsible, a person who can be trusted, a person that you would want as a friend, a person who pleases God.

A suggestion for a child's Bible

I help teach a two-year-old class at church, and recently little Jacob marched in proudly carrying a book by its handle. It was Baby's First Bible (Standard Publishing; $10.99). The colorfully illustrated boardbook includes twelve short Bible stories, verses, and rhymes; has peek-through windows; parent-child activities; a snap lock—and sturdy handle. Jacob certainly likes it.

Anyone have any advice or comments?

Choosing the type of schooling for a child can be a difficult question. Should we choose the public school and thereby let the child learn to deal with the ways of the world? Or, if finances allow and there is a good Christian school available, should we choose the Christian school and

thereby try to base the child's learning firmly in Christian thinking?

Or, should we choose homeschooling so that we can be completely in control of the learning process?

We've been considering the various options for our Rachel. We've visited several schools and talked to parents. We bought a book, hoping it would discuss all the ins and outs of the question, but the author was interested only in making a strong case for one option. We would like to get your ideas on the subject. What has worked for your family? Let us hear from you; contact us at 9 Adams Lane, Dearborn, MI 48120, or at <Ehiggs@umich.edu>.

Laquita Higgs is a Professor of English at the University of Michigan. A member of the Integrity Board for almost 20 years, she shares her parenting advice with us in this regular column, which is among the most popular features of the journal.

BOOK REVIEW

When There are No Words

Finding your way to cope with loss and grief

by Charlie Walton Pathfinder Publishing, 1996 ISBN 0934793573

Review by Debi Shepherd

How many times have you searched for the right thing to say to someone who has suffered the sudden death of one he or she loves? You consider, "I understand," but you know you don't. You can't say with certainty, "It's for the best." Everything you think about saying is at best inadequate or at worst, wounding. The truth is, There Are No Words.

When There are No Words is addressed to the grieving person, yet is also a resource for anyone who wants to be able to offer consolation. Unfortunately, "resource" suggests what this book is not: an academic study of the stages of grief. It is, instead, "a conversation between a sensitive, articulate victim of sudden, tragic loss, and any person struggling to endure the numbing first hours and weeks of a life catastrophe."

Charlie's words tell the truth about his journey through grief at the sudden deaths of two sons. He reveals the hours and days and years since the night the Sheriff came to the door with the news of the freak accident that took their lives. He gives practical, useful insight into what was consoling and helpful, and what was not. Instead of platitudes, Charlie delivers a grounded discussion of what a grieving person experiences: distortion of the sense of time and speed; anger; guilt; difficulty taking a deep breath. He offers advice about driving, accepting help from friends, not trying to behave the way one thinks a grieving person is "supposed" to behave.

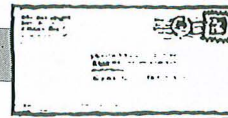
The chapter headings are typical of the tone of *Words*: "I Wish I Didn't Know Now What I Didn't Know Then," "Let People Do Things," "Two Cement Blocks, Ready to Wear," "People are Going to Say a Lot of Dumb Stuff," "Getting Mad at God," "Time Doesn't Heal All Wounds." The tone is conversational, but not flippant; serious, but not somber. This is a book that is human and honest. Readers who are suffering a loss will find someone here who knows how they are feeling and can point the way back to life. Readers who want to help will find a guide through the emotional land mines around the grieving person. Keep one copy on hand for yourself, and one to give away.

Also by Charlie Walton:

Packing for the Big Trip: Enhancing Your Life through Awareness of Death (Pathfinder Publishing, 1997; ISBN 0934793638)

Twelve Faces of Grief (Abbey Press, 1998, ISBN 0870293230)

Deborah Shepherd remembers Tim and Don Walton as lively little boys. Charlie Walton is now an elder to the Northlake Church of Christ near Atlanta, GA.



READERS' RESPONSE

Regarding Ministers

I just finished reading *Integrity* and I thought I'd respond to the question about how our churches treat our ministers and their families.

When I decided in my mid-twenties to preach as my life's work, my mother-in-law literally sat at our kitchen table and wept! She was an elder's wife for many years in a blue-collar congregation in Ohio and had seen a succession of poverty-stricken preachers in her life. They and their families were more likely to be on the receiving end of the church's benevolence ministry than on the giving end. My mother-in-law wept because she did not want her daughter to live that kind of life.

Almost two decades later, I am thankful to be able to say that our experience has been delightful. We have served the last sixteen years with the same congregation and truly count them as our extended family. They honor us and minister to our family at least as much as we minister to them. I can't imagine earning my living in any other way in which I would be more appreciated.

A few individuals at times along the way would have liked to have served as my antagonists, but they never went too far down that path because they could easily see how supportive the rest of the congregation was.

Economically, we'll never be wealthy, but the church has always been as generous with me as finances have allowed.

I don't know why our experience has been so good when many other preachers have suffered at the hands of their congregations. I simply thank God for the blessings my family has experienced.

Gary Pearson
Westminster, MD

Happy Birthday to Integrity!

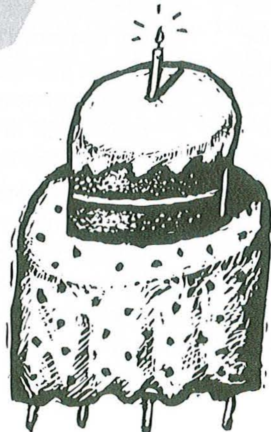
Inegrity is turning thirty this year, and we think that's a reason to celebrate!

Join us for our 30th birthday party Sunday, September 2, 2000, somewhere in the Metro Detroit, MI, area (location still to be determined).

The celebration will include some sort of meal, fellowship, perhaps some speakers, and—the best part—a chance for *Integrity* staff, friends, and readers to get together to worship our gracious and awesome Father.

We are excited to meet you, and we hope you can join us. Mark your calendar now!

If you have ideas about what you'd like to see and do at the celebration, please let us know. We want this to be your party. If you have ideas or thoughts, please e-mail Diane Kilmer at bkilmer101@aol.com, or write the Thirtieth Birthday Celebration Committee, care of the address on the back of the journal. See you in September!



Coming up in *Integrity:*

An article *you* wrote?
A poem from *your* heart?
A drawing from *your* pen?
Wisdom *you* have to share?

If you would like to submit materials for any of these upcoming issues, please do so! We are always interested in seeing manuscripts from new voices. You will find submission guidelines on the inside front cover.

We are here to serve you. If *Integrity* can minister to you by feeaturing articles on a specific topic, please let us know.

Winter 1999/2000
The Richness of the Christian Faith: What I've Learned from Other Believers

Spring 2000
Prayer
Submission deadline:
January 20";2000