

WITNESSING TO THE DYING

by C. John Miller

(c) 1978 by PRESBYTERIAN EVANGELISTIC FELLOWSHIP, and issued into electronic media on a "shareware" basis for informational and educational purposes. For permission to reprint or republish, please contact PEF, P O Box 1890 Decatur, GA 30031, (404) 244-0740.

This article is also available in an attractively printed booklet from the same address.

WITNESSING TO THE DYING

by C. John Miller

The call came unexpectedly. I had known the man's health wasn't good, but I wasn't prepared for this message: "Come to the hospital quickly. Mr. York is dying!"

At the hospital I received my second shock. The sound of Mr. York's breathing was horrible. This non-Christian man was dying from lung congestion; he was suffocating and had already lapsed into a coma.

TUBES AND PARAPHERNALIA

The whole scene left me dismayed. My impression was of tubes and hospital paraphernalia everywhere.

Here I was, a young pastor who had never before been plunged into anything like this. To top it off, I didn't know the patient all that well. Once or twice I had talked to him about Christ, but his response had been vague. So what should I do? How do you minister to a man who seems unconscious? No seminary course had prepared me for anything like this.

Even so, I've long been convinced that God's sovereign plan governs everything. But what kind of web was the Lord weaving here? All I could see to do was to give Christ's gospel to Mrs. York.

Yet when I leaned my heart on the Almighty, the deep waters of death seemed less threatening. God began to bring to mind things I'd heard several years before from a Christian nurse.

This distinguished lady had encouraged me in hospital visitation and laid down some guidelines for communicating with a patient who seems to be unconscious. In effect she had said, "Don't assume that a person in a coma or apparently unconscious is beyond all communication. Sometimes the patient who does not speak or show signs of listening can hear you. Don't be misled by appearances."

THREE THINGS TO DO

To this she added wise counsel on communicating the gospel to the person who appears to be unconscious, especially to the dying:

1. Read to the patient a short, familiar passage of

Scripture, a few verses that sum up the gospel (as, John 3:16, 17).

2. Speak rather loudly and briefly, close to the patient's ear.

3. Repeat the process several times, using as much as you can the very same words each time you speak.

With these thoughts, coming to mind, I prayed with Mrs. York in the hallway outside the dying patient's room. Then I asked, "Do I have your permission to speak with your husband about his need for Christ--and to speak loudly to him?"

She consented, and I approached the bedside. I read Scripture--no, really I half yelled it at him. And I fired off a two-minute sermon, setting forth the way of salvation. I did this repeatedly.

"TELL BOB I'M SAVED!"

Afterwards Mrs. York and I came in and out of the room to see how her husband was doing. For a short time hope was renewed for his recovery, but his life energy continued to drain away.

Then suddenly one day Mr. York raised up in bed, tubes and all, and said, "Tell Bob I'm saved!" Then he slipped back into the coma.

Mrs. York was dumbfounded but also greatly comforted. It turned out that "Bob" was a Pentecostal neighbor who had been witnessing to Mr. York. The next day the man died; but there is good reason to hope that he is now in eternity, adoring the Father and the Lamb, along with persons like the thief on the cross.

What impresses me from that experience is how little the church does to train its leaders to bring real hope to the dying. As a result we tend to write off the dying as unreachable or not worth the effort. Except for the "training" given me by a wise Christian nurse, I wouldn't have had a clue as to the opportunity at this man's bedside.

PSALM 23--READ REALISTICALLY

In a second experience of ministering to the dying, which took place nearly ten years later, I had to learn that more goes on at the bedside of the dying than you may think.

Mrs. Smith was about forty years old and dying of cancer. I had not known her before, but the Smith family had friends in our church who told me of her sad condition.

My twice-weekly visits to her bedside were brief and apparently profitable to her. I began by reading a familiar passage of Scripture, one that sets forth the lovingkindness of the Lord. This time I started with Psalm 23, a passage that I almost always use as an opener in a hospital visit when I'm on unfamiliar ground and the situation calls for special tact.

I explained that this shepherd psalm pictures a sovereign Lord who loves his people with infinite compassion and strength. But, I added, this often is understood unrealistically, with the psalm being used to evoke sentimental images of sheep gamboling over the green, presenting God's peace without conflict. In fact, the psalm presents something entirely different from a nature romanticism. For here you learn about a perfect security the believer enjoys even in the midst of the deepest needs and in the very presence of the shadow of death.

Peace in the midst of conflict! That is what the Shepherd-Lord can give to those who know him. He helps people where they really live and when they die.

But, I concluded, this realistic help comes only to those who know the Lord personally. This tender Shepherd cares for his own sheep. They are sinners, and he laid down his life for them in Jesus Christ. And you, through faith in God's Son Jesus, can come to know this Shepherd intimately and to rest in the care of his mighty arms.

This is what I shared at the beginning--though the communication was much more in the form of dialogue than indicated by the summary here.

A THEOLOGY OF HEAVEN

Because of the conversational freedom that developed after about the fourth visit, Mrs. Smith said something like this: "You know, you ministers are always talking about heaven. But heaven doesn't mean a thing to me. I want to live now, right here. Why, what is it then that makes heaven so special?"

Her penetrating comment was offered with a smile, and it made me smile in turn. "You think," I replied, "that heaven is a pretty boring place? I can see your idea of it now-- everybody standing around in choir robes, singing the same boring hymns forever and ever."

"Well," I went on, "that's not what it's like at all. Think for a moment, Sharon. What has been the happiest moment of your life?"

What followed was striking. She slowly pulled on the question with the tired ropes of her mind. It turned out that the best, happiest times of her life came when she was with someone she really loved.

"And that," I said with joy, "is what makes heaven so very special. The Christian loves Jesus most of all. Jesus is his very best friend. And the great thing about heaven is being there forever with my best and truest friend."

That was the high point of this ministry and practically its conclusion. Apparently the private-duty nurse had been listening, and she reported my visits to the dying woman's husband.

MACHINE-GUNNED AT SIX PACES

At my next visit, the nurse met me in the hall. According to her, she had talked to Mr. Smith and he did NOT want me visiting so often for fear that my presence would alert Mrs. Smith to the seriousness of her condition. Why didn't I do what the other ministers did? They don't disturb anyone. They stop for a moment, quickly pray, and move on. Didn't I have any sense? Did I want to get her all upset? Did I want to get everybody upset?

Mr. Smith had enough of me, and so had the nurse. "Why," she continued with righteous anger, "I lie to her a hundred times a day. It's just what I must do, the Lord forgive me."

She certainly gave me a powerful shock. This nurse treated me as though I'd committed some unpardonable crime against a mysterious deity. I was the blasphemer because I was willing to take death seriously and to be concerned about the soul of a dying woman.

If the nurse was upset, I was even more as the charade unfolded around that bedside. Mr. Smith paid fewer and fewer visits. It was reported in the community that his loss of interest stemmed from his already having selected a new wife. Whatever the case, he certainly handed his wife over to the medical people and then seemed to fade out of the picture.

But Christ wasn't finished. Unexpectedly the telephone rang and a voice said, "Rev. Miller? I'm one of the nurses caring for Mrs. Smith. She's told me she wants to see you. When can you come?"

This nurse was on the night shift and turned out to be a Christian who loved the Lord and Mrs. Smith. She arranged for me to visit while she was on duty. Furthermore, as Mrs. Smith weakened from the cancer, the day nurse lost interest along with Mr. Smith.

ABANDONED TO DIE ALONE

Although Mrs. Smith was still physically alive, she was socially dead--abandoned and almost forgotten by her friends and family.

Again, this was a shock. Earlier the family seemed passionately committed to keeping her in the dark as to the fact of impending death. Now that physical death spread its darkening shadow across her thin face, they couldn't care less.

Or as one writer bluntly sums up the mood of our century:

* One must avoid--no longer for the sake of the dying person, but for society's sake, for the sake of those close to the dying person--the disturbance and the overly strong and unbearable emotion caused by the ugliness of dying and by the very presence of death in the midst of a happy life, for it is henceforth given that life is always happy or should always seem to be so. *

(Philippe Aries in WESTERN ATTITUDES TOWARD DEATH. Baltimore: Johns Hopkins, 1974, p.87.)

An even deeper issue is what lies behind this attempt to preserve the collective happiness, undisturbed by death. People want to tame death, draw its sting by ignoring it and by handing over the dying person to the medical priests who often do their best to disguise the reality of death with drugs and other technology. The medical team will often let you die by inches so that you will never be confronted by the hard reality that this is it. You just fade away, with little thought or attention given to your eternal destiny.

It's still hard for me not to get sick at heart as I think of Mrs. Smith being eased into eternity, lonely and afraid, her mind crying out for answers about the nature of life and the meaning of death. Instead of getting a deeper love from her family, she was increasingly forgotten. She took months to die, and they couldn't stand it. So far as I could see, they did everything to hide her, to forget about her; instead of receiving answers about the purpose of life she received heavier doses of drugs.

The only word for the whole situation is "phoney."

THE LEGAL DRUG-PUSHERS?

Mrs. Smith's dying was a microcosm of the phoney response to death that dominates sick rooms and funeral parlors of the western world. I have known some great doctors who were concerned about the whole patient, including the issue of his eternal destiny. But as a general rule I see doctors tending to become legal drug-pushers, respected leaders thoughtlessly teaching people that the most important thing is to live without pain.

What about ministers? If anything, they are worse than doctors because they should know better. As a class, ministers are on the timid side--overawed by the real authority in the hands of medical personnel today.

But why? Well, the root problem of pastors appears to be their desire to be popular. Somehow this means that they have an unwritten deal with the community at large: "You, dear pastor, be nice to us, and we'll be nice to you. Don't say anything to disturb our right to be happy. Don't blaspheme against the 'happiness god' and we'll treat you right."

MINISTERS WANT TO BE LIKED

Now I do not agree with the old minister who always took as his funeral text the words, "Repent, lest you likewise perish." But the clergymen not only look phoney but ARE phoney when they try too hard to be liked. As a result, in moments of crisis they can be frightfully bland and not infrequently they become downright liars. They too serve the gods of carnal peace and carnal comfort.

At the bedside of the dying, how many ministers are content to discharge a social responsibility by mumbling a quick prayer and moving on? At the funeral, how many ministers preach unrepentant sinners into heaven, putting forward a "God" who is as bland and lifeless as themselves? What about the clergyman who expounds on the virtues of the deceased when, in fact, that departed brother never

took the trouble while alive to discover that he had a rotten set of relationships with wife, children, and business associates?

THE SOLUTION: DEATH DEFINED

To begin with, it's high time we all recognized that we have a great deal to learn from God. This is true of us pastors who have done so little in our time to set before our congregations the issues on death and dying.

Look, pastor, don't worry whether or not someone calls you "an ignorant fundamentalist." Death is a mighty mystery and we're all pretty ignorant of its nature until God introduces us to himself as Savior, Teacher, and Victor over death. But saturate yourself in the Scriptures and let their powerful interpretation of life and death take over your heart and mind.

What you will learn there is that death is ABNORMAL. Man was made to live in fellowship with a covenant God and not to die. Yet, because of sin, death becomes the penalty executed upon fallen man by a holy God (Genesis 2,3). You further learn that death is man's enemy (1 Corinthians 15:26), man's greatest fear (Hebrews 2:15), and Satan's weapon for destroying man (Hebrews 2:14,15).

Satan's strategy is simple. As the prince of a kingdom of darkness, he has certain rights. He is master over a realm of sin and has a right to accuse all sinners living in this realm, demanding that God execute a just penalty against them (Luke 22:31,32). This penalty is death--physical, spiritual, eternal. Its leading principle is separation--separation of man from fellowship with God, of soul from body, of man from his surviving friends, and eternal separation in hell from God and all that is good.

CONSIDER THE AGONY, O MAN

Scripture does not tell us all we'd like to know about death in relationship to sin and Satan's rule. It opens the door a crack, just enough to let us know that there are hostile powers at work far beyond man's understanding.

True, science may attempt to explain death apart from sin and Satan, but then the dilemmas mount. If the scientist says that death is merely natural and physical, how then does he explain the dying man's deep sense of struggle with a terrible enemy?

Consider the agony of blasphemous Peter De Vries as he struggles with his child's death in the semi-autobiographical novel, BLOOD OF THE LAMB. If death is purely natural, why De Vries' mighty anger against it? And why do doctors and nurses war so splendidly against death and feel so frustrated when they lose?

Good questions. They fall into place once you accept the biblical tie-in of the triad: sin, death; and Satan.

But keep reading the Bible and you find that there is much more. Take up the Gospels and you encounter a Man who overcame sin, death, and Satan. Death is the Great Separator, but Jesus is the

Great Reconciler. He has become the Prince of life, the author of a new hope founded upon his perfectly righteous life and his own death in man's behalf.

SURRENDERED TO THE LIE

Let's now apply this to Mrs. Smith. Once her disease worsened with a pattern of slow, steady decline, she lost all her human rights and her dignity as well. The family finally had her moved to a nursing home where she was so heavily sedated that she became a near zombie. All decision making was out of her hands. She was not permitted to express any feelings about her approaching death.

Regrettably, as the end neared she embraced the charade of the professional staff and her family. She deepened her pretense that she only had a "back problem."

But within this framework of deception, I could tell her about a sympathetic God-man who had honestly looked death in the face at Calvary, had seen its horror, and had overcome it. I also could tell her that all who are united to Christ by faith immediately pass into his presence at death (Acts 7:59). Their souls find a paradise of peace in the presence of the Father and the Lamb (Luke 23:43). And at the general resurrection of the just and the unjust, they will inherit glorified bodies resembling the transformed body of Jesus (Philippians 3:21). As a pledge and guarantee of this reality, Jesus dwells by faith in our hearts even now. Heaven awaits; but heaven already has begun to possess our hearts (1 Corinthians 2:9).

I'm very, very sorry. Before this experience with the Smith family I had not taken seriously the idea that death has become the new American obscenity, the unmentionable word. Americans no longer "die"; they "pass away."

A CHRISTIAN BEDSIDE MANNER

From all of this I also learned that bitter anger is often just beneath the surface whenever a family member appears to be dying. The terminally ill patient can get fiercely angry at the doctors for not informing him as to the seriousness of his medical treatment, of major surgery or chemotherapy. Without any good reason nurses can catch it from the patient and the family.

And, in a word, the pastor should also expect to encounter bitterness against himself. But knowing this possibility ahead of time, he should use the attack as AN OPPORTUNITY to show Christ's love. No matter what happens, God wants you to practice the forgiveness commanded in the Sermon on the Mount. And the next time you visit, the patient may well apologize for last week's outburst.

When he does, you have a beautiful opening to explain the gospel. But do not seek to force the gospel on someone who does not wish to listen. Remember that in some sense a sick person is a captive audience, and you must guard against taking advantage of his helplessness to preach to him contrary to his expressed desire.

Let's put it all together now. Here are some steps to take when you are called to minister as a Christian to a dying non-Christian:

1. Recruit all the believers you can to pray for the terminally ill person, his family, and for you. Remember, this is a battle over a man's eternal destiny and the devil will not give up easily.

2. Watch to see if fears and frustrations are making it impossible for the patient to listen to you. If so, find out what they are and do what you can to relieve them. Remember, he has a physical life as well as a soul, a social life as well as a spiritual life; and if he is upset by something trivial like diet, see what you can do to get the matter straightened out.

3. Present the gospel in the framework of realistic hope, setting forth the grace and power to be found in Christ. Lift up Christ and keep lifting him up as the great Victor-Redeemer who supplies the answer to man's deepest need. Then at an appropriate point, ask the person if he knows the Lord Jesus and invite him to trust in this Savior.

4. Pray with and for the person with strong and loving convictions about the realities of divine things. This may be the most important part of your ministry. For this is how the patient comes to realize that you know God as your own Father and to expect that he too can share in God's gift of eternal life through Jesus Christ.

For myself, I also pray for healing of the patient unless God has made it abundantly clear that his will is to take the person from this life. In keeping with the prayer for healing, it seems to me that it is not ordinarily the minister's duty to inform the sick person of the approach of death. I believe this responsibility lies with the family, not with the physician or minister.

Under special circumstances, however, the minister or doctor may do this at the request of the family. But even here a word of caution is in order, just because in some instances the dying person recovers or at least lives much longer than the doctors think possible.

5. Make your visits BRIEF AND REGULAR, especially if the illness is protracted. The patient will begin to expect you at a certain time. So try not to disappoint him by coming several times in one week and then staying away for ten days.

6. Keep your eyes open to see how you can support the family, both during the final illness and afterwards. Cooked food for the family supplied by the congregation during the final hours and in the days afterward often is much appreciated. Spiritual food is, of course, even more important. So, whenever possible, use the opportunity to teach the whole family about the person and work of Jesus Christ within the context of deeds of kindness performed by the Christian community.

For any Christian who wishes to minister to the aged and the terminally ill, I would recommend some background reading to help you understand the attitudes of psychiatrists, doctors, nurses, patients, and the general public toward death and dying. Standard works on the subject are: Herman Feifel, ed., *THE MEANING OF DEATH* (McGraw-Hill, 1959); and Elizabeth Kubler-Ross, *ON DEATH AND DYING* (Macmillan, 1970).

For a recent work that provides a bibliography (340 entries), see: O.G.Brim, et al., *THE DYING PATIENT* (New York: Russell Sage, 1970). One of the most helpful works on the practical level is *THE PSYCHODYNAMICS OF PATIENT CARE* (Prentice-Hall, 1972), by Lawrence H. and Jane L. Schwartz.

For the Christian nurse I would also recommend an article in the January 1975 issue of the *AMERICAN JOURNAL OF NURSING*. Written by Helen H. Whitman and Selby J. Lukes, its title, "Behavior Modification in Terminally Ill Patients", reveals its Skinnerian orientation; yet it supplies some common-sense solutions to the behavior problems created by bad-tempered people who are dying.

(Keyed into electronic media by Clyde C. Price, Jr.)