

Key Ideas from Rob Moll

The Art of Dying – Living Fully Into the Life to Come

John 14:1-4 (NIV) "Do not let your hearts be troubled. Trust in God; trust also in me. ²In my Father's house are many rooms; if it were not so, I would have told you. I am going there to prepare a place for you. ³And if I go and prepare a place for you, I will come back and take you to be with me that you also may be where I am. ⁴You know the way to the place where I am going."

"Prepare your heart for your departure. If you are wise, you will expect it every hour.... And when the time of departure comes, go joyfully to meet it, saying, 'Come in peace. I knew you would come, and I have not neglected anything that could help me on the journey.'" – St. Isaac the Syrian, *Meditation on Death*, p.26

"... I realized that I had given almost no thought to this most essential truth of life: I will one day die. What should I think of that, and how should I prepare myself? And how could I help someone near death if I haven't spent time considering my own mortality?" (p.25)

1. Dodging death, keeping death at a distance. Death is usually the last thing we want to think or talk about. Our culture encourages us to push death away, to push it into the background.

p.10 – "For Christians in most times and places, death has been a routine part of life. But during the last century, Americans have embraced an unprecedented denial of death, an unprecedented evasion of death. In general, we have removed death from our homes. People no longer die there; corpses no longer repose there before burial. We no longer allow people to say that they are dying—rather, they are 'battling' an illness. Far from encouraging the perilously ill to recognize the imminence of their death, we encourage the sick (and their doctors) to fight death—but not to prepare for it."

p.13 – "Our culture simply doesn't know what to think about death. Through medicine and science we know more about death and how to forestall it than ever before. Yet we know very little about caring for a dying person."

p.15, quoting Virginia Morris – "All the things that once prepared us for death, regular experience with illness and death, public grief and mourning, a culture and philosophy of death, interaction with the elderly, as well as the visibility of our own aging—are virtually gone from our lives."

p.15 – "For most of the last century, death has moved steadily away from view."

p.16 – "As the place of death moved to the hospital, people became less familiar with the sights and sounds of the very ill. Medical personnel took over the intimate care of the patient, often simply because their expertise was required. These changes allowed patients to survive—at least temporarily—diseases that would have killed them. But through those exchanges, we forgot what death looks like, and we lost something. We now keep death at a distance...."

"We have forgotten how to behave as caregivers or simply family and friends. We act clumsily and awkwardly around the grieving, often complicating their mourning. We're clueless about what to say to a person on his deathbed. We ourselves are left feeling confused and uncertain about death's meaning and its affect on our faith and lives."

p.26 – "We avoid death or even fear it because death is an evil, the horrible rending of a person from her body, for loved ones, from the ability to be fully in God's image... Jesus wept at Lazarus's death. The apostle Paul called death the last enemy. Death is indeed evil."

2. The Christian tradition of the "good death." What does it mean as a Christian to die well?

pp.20-21 – "I was unsatisfied with Christian responses that either required the prolonging of life—no matter the physical, mental, relational or financial suffering involved—or that pinpointed what treatments might be appropriate under what circumstances. Instead, I wanted to find a Christian response to these issues that would be useful under any medical circumstance, that upheld the value of life and the dignity of the person."

"What I discovered was the Christian tradition of the good death. While the particulars of medical technology in the twenty-first century are unique, every age has challenged Christians with difficult questions of how to die well. And every age, including our own, has wrestled with how to teach fellow Christians the meaning of death and the ways they could practice it faithfully. Each age recognized that how a culture approaches death precisely reflects what it believes and how it approaches life. While this is true for any culture, Christians must also reconcile their approach to death with Jesus, the Son of God, whose death and

resurrection provides a very specific example of how to die and offers the hope of all Christians of a bodily resurrection in the last day. If we Christians really do enjoy the life of God, who is victorious over death, our life on earth is therefore cast in a very different light.”

pp.21–22 – “Century after century Christians rehearsed and applied their beliefs about death; throughout their lives they envisioned dying so that at the moment of death they would be prepared. They sought to die reconciled to God and their human brothers and sisters. They gave evidence of their faith in the life to come, either by professing it or by describing their deathbed vision of the heavenly places, often both. They offered comfort to surviving loved one who desired to hear the last words of the dying who were so close to the eternal enjoyment of life with God.

“Death, Christians believed, was not just a medical battle to be fought, though they did use medicine for healing. Nor was death simply about the loss of precious relationships to be mourned. Instead, this was a spiritual event that required preparation. The dying performed it in public as evidence of their faith and to provide instructions to others. Rather than waiting for illness to overtake them, these Christians were actively involved in their own dying, in control—to the extent possible—of the dying process. Injured at the death of a fellow Christian, the church community then rallied together to grieve and to express once again their faith and knit themselves together in a new way.”

p.22 – “While the question of when or whether to withdraw a feeding tube is still difficult to answer, there are at least certain values we can apply. As we assist others through the process of treating a terminal illness or as we contemplate our own answers to such questions, we can seek to perform these elements of the good death. Whatever the medical decisions made, under any circumstances we can express our faith in God, our love for one another, our hope in the resurrection. Having done this, we will have been faithful, in the eyes of fellow believers throughout history, to God and our neighbor. In the culmination of our lives, we will have said and done what was most important.”

p.26 – “Yet death is also a mercy; it is the final affliction of life’s miseries. It is the entrance to life with God. Life’s passing can be a beautiful gift of God. This riddle of death’s evil and its blessing is not difficult to solve. We enact it ever Good Friday as we recall the evil of Christ’s death to be followed on Easter Sunday with the joy of his resurrection. We do not rejoice in Christ’s death or Judas’s betrayal. Yet there is not evil so great that God cannot bring joy and goodness from it. That is why death deserves our attention in life. Because we instinctively want to avoid it, to turn our face away, it is good to look death in the eye and constantly remind ourselves that our hope is in God, who defeated death.”

p.38 – “A death that comes after heroic medical efforts does not allow for those things that Christians have traditionally sought in their own deaths and those of their loved ones. Throughout Christian history, Christians have sought to die well. A death that doesn’t afford the opportunity of last words, for reconciliation, for repentance and for spiritual preparation for the next world is not a good death, according to traditional Christian teaching.”

p.40 – “For nineteen centuries Christians in different forms and different cultures understood that their attitude toward death should be infused with hope, for they worshiped a Lord who had defeated death. They died and cared for the dying differently than others in pre-Christian societies... The first Christians distinguished themselves in Roman society by remaining in the cities when epidemics struck, caring for the ill and burying the dead when the rest of society refused to touch anyone who was ill.”

p.41 – “But by the end of the nineteenth century the ground had been prepared for a radically new approach to death. According to historian Gary Laderman, during the nineteenth century ‘new ideas about science, medicine, and the life of the spirit contributed to a breakdown of religiously authoritative positions.’ Christian interpretations of death, he said, ‘were challenged, downplayed or modified’...

“Unfortunately, not only were Christian interpretations of death marginalized by a country that had become more secular, but Christians themselves now looked differently on death... Death became not the inevitable result of sin but the natural process of journeying to heaven.”

p.47, quoting C. Ben Mitchell – “Of all groups of people Christians should be able to face dying well. After all, at the heart of our confession is a Redeemer who died.”

p.47–48 – “For the dying person spiritual issues are paramount. And the spiritual preparation necessary for a good, faithful death accumulates slowly over a lifetime. A good death does not occur in a vacuum. Also necessary are a supportive family and caring spiritual community alongside a medical community able to provide quality care consistently with the goals of a patient.”

pp.54-55 – “Since the beginning of the church Christians have cared for the dying and sought to practice their deaths in ways that express belief in Christ’s death and his resurrection. These practices sought to honor the body as the image of God. If God became

a human, and even he had to die, Christians recognized that to die is not something to fight against, thought it was not a part of God's original design. And if Christ was raised from the death, Christians believe that death does not hold any power over the faithful."

p. 61 "Modern science teaches that in the process of dying, when death is not caused by trauma, a body actually shuts itself down. It does not simply stop working. Rather, organs prepare themselves to cease their function, like a factory closing shop by turning off the machines and sweeping before cutting the power. So our body, even while dying, is still working. In the same way, the spirit of the Christian is too."

p. 64 "As anyone who has observed a good death can attest, it is in many ways a life-changing event for those watching. While tremendously sad and even horrible, a good death can also be beautiful and deeply moving. Such deaths were to be shared by members of the Christian community who were thereby encouraged in their faith. When death is public it is harder for the rest of us to become afraid of it. There is less mystery as we see how the physical body ceases to function."

p. 67 "Yet what we do after someone dies matters, and not only because the value we place on memorializing someone reflects our value of the person. Christian funerals, of course, may be joyous celebrations. But whether somber or celebratory, faithful believers must gather to remember and honor their deceased brothers and sisters. Through these rituals the injured community acknowledges its loss, instructs the living and begins the difficult process of rebuilding. A funeral begins the reintegration of a mourning believer into the community of Christians. It reinforces the belief that the deceased has gone to be with God, which is the same destiny for all Christians. And it offers hope that just as Christ rose from the grave, so will we rise again. A funeral service does all this in a way that worships God—whether by somber reflection or joyful, hand-clapping celebration—for his salvation and wisdom. In this way also the funeral instructs the community on the nature of death, an evil, God has defeated, and from which God can bring good."

p. 68 "The Christian art of dying is not a denial of the awfulness of death. In fact, Christians recognize, as Paul did, that death is the last enemy. The Christian tradition of *ars moriendi* recognized that horror and provided the tools that can help to guide believers through their last hours. The Christian death is an embodiment of a belief in a God who has defeated death and will give life to our own mortal bodies. As we care for the dying and make choices about our own last days, we stand positioned to regain a deeper understanding of this eternal triumph and the hope of Christ's resurrection."

3. The growing need for long-term care. The challenges of providing long-term care.

p. 27 "While twentieth-century medicine drastically change how we die, it has also had a more subtle—but no less profound—effect. Because of modern medicine, dying often takes a long time. One study found that most elderly are diagnosed as having a disease three years before it will eventually end their lives. On top of that a Rand study found that 'Americans will usually spend two or more of their final years disabled enough to need someone else to help with routine activities of daily living because of chronic illness.' Long before we are visiting loved ones on their deathbed, we may be helping them cook, clean and use the bathroom.

" While the period may average three years, many people—particularly women—will spend more than a decade caring for older parents and in-laws. In the coming years, 'family care giving—long the backbone of long-term care—will be heavily burdened, the Rand study predicted."

p. 29 Quoting Stephen Kiernan: "For the first time in history, we can anticipate our mortality."

p. 29 Quoting John Dunlop: "Less than ten percent of my patients experience unexpected, sudden death. You ask anybody how they want to die today, and they say, 'Make it quick.'"

p. 32 "A study published in the Journal of the American Medical Association found that people of religious faith (95 percent of who were Christians) were three times more likely to choose aggressive medical treatment at the end of their lives, even though they knew they were dying and that the treatments were unlikely to lengthen their lives..."

" Those who intensively rely on their faith when suffering from terminal illness, the study found, 'may choose aggressive therapies because they believe that God could use the therapy to provide divine healing, or they hope for a miraculous cure while intensive medical care prolongs life.' God, however, doesn't need the surgeon's assistance to restore health. Not only did they choose more aggressive medical interventions, the study found religious people were less likely to have done any end-of-life planning or to understand the legal documents involved."

p. 33 “Every Christian doctor, ethicist, pastor or theologian I spoke to believed that while aggressive care had its place, there must come a point when Christians shift their focus from extending life to preparing to die.”

p. 34 “While gradual dying gives us the advantage of advanced warning about the death, it is easy to squander the potential for end-of-life preparation. Aggressive medical care may always be our first option, but by pursuing powerful medicine until there is ‘nothing left to do’ we likely forgo time with loved ones, final pursuits or perhaps a spiritual deepening in anticipation of life with God. There is a trade-off when choosing aggressive care, and we must learn to balance the proper desire for healing with the eventual need to die.”

p. 37 “The 35,000 people currently in persistent vegetative states, says Stephen Kiernan, are there because life-saving efforts were able to revive a body, but not the person. For most of these patients, death will come only after the removal of life support.

“...Unfortunately, many Christians insist—as a matter of faith and in order to be consistently pro-life—that all deaths should come only after deploying an arsenal of medical treatment. To many believers it seems paradoxical that one could at once be pro-life and embrace death as it approaches.”

4. *Ars Moriendi* (art of dying) is/was the use of woodblock art to teach the art of dying in fifteenth century.

p. 55 - 56 “This mental preparation resulted in the *ars moriendi*, the art of dying. Christians in the second half of the fifteenth century endured their deaths in anticipation of the resurrection with the help of illustrated woodcuts...

‘Knowing they were likely to die alone, individuals were compelled by the church to learn to die. Woodcut pictures depicted the deathbed scene, with the dying man surrounded by either devils or angels, or both, vying for the soul. Like stained-glass images in church, the woodcuts told a story. They illustrated both the temptations one would meet in the face of death (impatience, fear, etc.) and the means to overcome them. The woodcuts were followed by explanations on the art of dying, to be used by priests or anyone else who could read. For those who couldn’t the pictures were instruction enough. The *ars moriendi* developed—a Christian practice as well as a literary tradition of instructing the faithful on how to die.”

p. 56 “As the tradition developed, a number of common themes emerged, tying different rituals and practices together:

- Death requires preparation.
- The dying process is a deeply spiritual event.
- Death is to be actively undertaken.
- Death is a public and instructive event.
- Death injures the community.

“The *ars moriendi* tradition blossomed not only because of the emergence of the plague but also because Christian tradition asserted that the death of a follower of Christ was to be different from those who die without faith. This life is only the prelude to an eternal life with Christ. We, like Jesus, will be reunited with our glorified bodies. We will worship God corporately for eternity. So we have reason to hope and to be in peace as our life on earth comes to its end.”

p. 57 “Throughout Christian history, Christians intentionally practiced their own deaths, cared for the dying and prepared for their passing in ways that reflected their beliefs about the life and death of Jesus Christ.

“It is clear from Christian history that dying well requires preparation. Jesus not only prepared himself, most intensively in the garden on the night before he died, but he also tried to prepare his followers.”

p. 58 “This emphasis on preparing to die encouraged Christians to live throughout life with eternity in mind. The prospect of death focuses the mind on our priorities. So good deaths naturally followed good lives. Dying was too terrible an event to face unprepared, but a lifetime of Christian living helped to get one ready. When death did come, either suddenly or by a preparing sickness, the Christian could accept it in peace and hope.”

p. 59 “The spiritual process of dying simply involved resting in the faith of Christ’s victory on the cross. Having experienced the joy of salvation during their life, Christians could rest in Christ’s work—confident of entrance to heaven and joyful, no matter the final terrors.”

5. Nearing death. Friends and strangers in the room.

p. 71 - 72 “...while the Bible does not tell us precisely what happens at death—leaving us with latitude to make our own interpretations—the important fact is that spiritually a dying person is very much alive...”

“The spiritual dimension of a person who outwardly is wasting away is still quite active, alert and aware of its spiritual environment. We often think of spiritual growth at the end of life involving a new self-awareness—a new understanding of the spiritual life or a reinvigorated devotional life. But our spiritual life is more than psychological personal growth. Even Alzheimer’s can’t touch the life of the spirit. When a dying person gives evidence that his or her spirit is entering a new life, it can be spiritually encouraging to onlookers and emotionally comforting to those who will grieve the loss of the person. And as we support the dying spiritually, we help them to die well.”

p. 75 “Being with those who are nearing death brings us nearer immortality, in the sense that those who are dying will soon be entering eternity. On the deathbed it is possible to have a preview of the next life. What’s striking about the experiences of those near death is how natural the supernatural seems. Such intrusions are unexpected, perhaps, but not extraordinary. Though some people explain these occurrences as the physical result of the dying process, Christians throughout history and those who spend time with the dying today often believe there are spiritual explanations to seemingly spiritual events at the end of life.”

p. 76 - 77 “Though our images of a deathbed visitor don’t quite match what dying people appear to experience, there seems to be truth to the idea of a someone who comes to accompany a person at death. Dying people often report friendly visits (and, less frequently, hostile ones), sometimes from strangers, sometimes from friends and relatives. And usually these people have come to help them on their coming journey.

“God works in many ways on the deathbed. Some people experience a sublime spiritual power as they bare witness to someone’s death. Others experience a vivid encounter with the spiritual world as death draws close. And still others discover a renewed spiritual life following the diagnosis of a terminal disease but while they are still relatively healthy.

“Nancy Capocy, a devout Christian and the director of a hospice program in Chicago, has assisted hundreds of people in their deaths. She says the process of dying is as miraculous an event as being born. It is a basic physical event that is surrounded with mystery and miracle. Witnessing this process has ‘made my faith even stronger, as I see people making the transition.’

“Capocy says the presence of spiritual beings is often apparent. ‘As I’m watching people die, you can almost tell what they’re seeing.’ Capocy says her patients often talk to or are aware of people unseen by everyone else.

“Some people say these visions are hallucinations, the result of chemical changes in the dying brain. ‘I don’t buy that,’ Capocy says, ‘I think they’re talking to people who have died. And I don’t think they’re hallucinating. I think they actually see the people. I think they actually converse with them. I think people who have died before them are actually calling them home. And as I see that, it reaffirms my own spiritual beliefs.’”

p. 78 “While the moments when death occurs can be a deeply spiritual event, other times the prospect of dying brings about a spiritual renewal long before death actually arrives. In fact, when a terminal illness is seen as God’s means of bringing about such a renewal, it can have profound consequences in the lives of numerous people outside the normal reach of that person’s life. It shows that God can provide new meaning and hope, even in the life of someone whose days are numbered.”

2 Corinthians 4:16-18 (NIV) Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. ¹⁷For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. ¹⁸So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal.

p. 83 - 84 “Those steps recommended by the Christian art of dying—expressing willingness to die, showing belief in Jesus, offering final thoughts and encouragements to family and friends, giving hope in the life to come—do more than create a peaceful and welcoming environment for the dying person. These actions prepare the spirit.

“Repeated and intimate experience with the dying, over the course of centuries, taught Christians the necessary path to dying well. While everyone is different and these steps may not look alike from person to person, the general outline is the same. And Christian wisdom teaches that it works to bring a dying person on the right path from mortality to immortality...

“...the experiences of everyday Christians nearing their own deaths, combined with Scripture, can provide glimpses of heaven, details of the world to come and hope to attain to the place God has prepared for his children. These can offer us as Christians, congregations and caregivers an extra reason to hope in Christ’s victory over death—and its implication for our own life to come.”

6. The hardest conversation you will ever have: talking about death with a loved one

p. 85 - 86 “Conversations about our values and those of our loved ones at the end of life are certainly not easy...

“Even if we think that the time has come to have an end-of-life discussion, it can be nerve-wracking. We don’t want people to think we are anticipating their deaths. And we don’t want to force such an unpleasant subject on another person. Yet one of the most important things to do, in order to create an environment where a loved one can die well having complete relationships with family and friends, is to have this most difficult of conversations.”

p. 87 "...today we have no more rituals, no manners to guide our behavior, no expectations to ease the path into these conversations. It is harder now that we have to start from scratch but nevertheless essential that we try. And the sooner and more often we discuss our end-of-life wishes the better off we and our families will be. And the better our deaths will be."

p. 87 "In such conversations, caregivers or potential caregivers should ask how someone would like to die. Hospital deaths and at-home deaths are different ways of dying, not just different locations. Someone who wants to have everything possible done to keep him alive will want to be where the most medical options are available, though it may limit time with family and spiritual activity. Someone whose ultimate wish is to die among family in a comfortable and familiar place will probably need to forgo some medical options. Learning this and other desires of parents, siblings and friends is often necessary for those who are terminally ill. It is a conversation between caregivers and patient, where each needs to be heard."

p. 88 "But, Fisher (David Fisher a hospice doctor) says when patients understand that so-called heroic measures performed on the terminally ill rarely add value to a life even if they extend it, they'd typically rather have peace."

p. 89 "Fisher has learned a few things that he recommends to others who are having such a conversation, whether with someone who is very ill or quite healthy. 'I always try to frame my discussions around goals of care,' Fisher says. 'That helps people better frame their decisions. If their goal is to live as long as possible, trying every treatment available, then we'll do that. But if a patient's goal is to not be in pain, or not suffer, or stay at home, or see a grand-daughter graduate, then we can work toward that.'

"If possible, it is important to have these conversations outside the hospital."

p. 89 Quoting Faith Zwirchitz a intensive care nurse: "...I think a big thing that contributes to a good end of life is communication."

p. 89 "Unless a family knows they want something else, the direction of modern health care leans is toward more technology and intervention. Faith says, often simply for fear of a lawsuit. 'You can keep people alive for quite some time on machines,' Faith says. And once the technology has started, it's tough to remove it."

p. 90 "In his essay, 'I Want to Burden My Loved Ones,' Gilbert Meilaender gently argues against the application of living wills or advance directives as the modern fix-all to the tendency of doctors to rely too heavily on medicine. We say we don't want to burden our families with making difficult choices when we cannot make medical decisions on our own, so we turn to legal documents that outline what we would and would not want should we ever be unable to tell a doctor ourselves.

"But Meilaender... says that this appeal to a piece of paper overturns what families are supposed to do—carry each other's burdens. When we allow someone else to care for us, make decisions for us, Meilaender says, we most often discover that they are willing and eager to pick up our burdens.

"It is, therefore, essential,' Meilaender writes, 'that we structure the medical decision-making situation in such a way that conversation is forced among the doctor, the medical caregivers, the patient's family, and perhaps still others such as a pastor.'

"Meilaender says that advance directives are not bad or wrong. But it is best when a range of people—family, doctors, pastors and someone appointed by the patient with legal authority to make decisions—are a part of the conversation about what medical care a patient desires. When an advance directive helps get these conversations started, it can go a long way toward directing a patient's medical care, because patients and families need to talk about these tough issues."

p. 91 – 92 Questions to ask doctors about terminal illness...

- What is the exact diagnosis? Learn all you can about the disease and how it will affect someone who suffers from it.
- What is the natural prognosis of the condition without treatment? If you were to allow the disease to advance, what would happen? Some diseases are less painful than others, some may allow life to continue normally for some time.
- What are the treatment options for the disease? What are the chances of success? Some treatments are more painful than others' some may be worse than the actual disease.
- What are the potential complications of the treatment under consideration? Some treatments are more likely than others to put families in ethical dilemmas.

p. 92 – 93 "A patient's readiness to die translates into what care he or she wants. Because these values are very personal and can change as a patient feels that death approaches, families must be in conversation. Often family members have to implement a dying person's wishes. 'Living wills,' like the Five Wishes, simply give legal enforcement (and therefore a guarantee to the hospital that it will not be sued) to a patient's desires. However, they can always be changed or rejected entirely (simply by throwing it out).

“But the point is not to pin down what doctors should or should not do in any unforeseeable circumstance. It is to provide an opportunity for families to discuss a patient’s medical desires. Because our views may change, because we cannot know what medical options may be relevant, or what their ethical or relational implications may be, our conversations should simply reflect our values: this is what I want my last days to look like.”

7. Being a caregiver – What is the Christian tradition of care at the end of life? In the end it’s about “faithful presence” and the fact of being there. “It is no small thing to be present with someone.” – Dallas Willard

p. 100 – 101 “How do we care for a dying person? How do we honor their last days as significant? How do we make meaningful visits to someone terminally ill? Despite all the difficulty, all the awkwardness, all the pain, the answer is quite simple. Be present. However, if it is a simple answer, it is not an easy one to practice.”

p. 102 “Yet the most important thing to do is to be with someone facing death. It can bring families together, and it can be a healthy reminder that no matter how much we’d rather not think about it, none of us will be around very much longer. And in the end it will help our loved ones die more peacefully; it will help us grieve more easily.

“In truth, dying people are often ‘not so much afraid of death as they are of the process of dying. They fear progressive isolation, and they fear being forced to go it alone.’ Being present also means coming to terms with the fact that someone you love is dying. Holding out hope for a person’s recovery can be a way of isolating yourself from him or her. And we may have apprehensions about attending the bedside when death is near, because dying patients often narrow down their circle of relationships due to increasing weariness.”

p. 103 “We often say ‘there is nothing left to do’ when medical options to cure an illness run out. But there is so much left to be done. As family members we can offer hope—not in extending life but in the goodness, purposefulness and blessedness of life. In addition to volunteering practical help, we can tell stories, sing songs, read Scripture and pray. For ‘much of what the dying and their families need can be given by non-professionals, caring friends and churches,’ says nurse Arlene Miller. ‘Meals, notes, funny stories, quiet presence, respite care: all are ways to say, ‘We care.’”

p. 103 “No matter how much we love and care for a person, often it is simply too easy to neglect the work that relationships require. Then, when a loved one receives the diagnosis of a terminal illness, our discomfort with dying puts up an additional barrier to achieving completeness in a relationship that will soon end. Even when our relationships are healthy, the pain of loss can be too much to bear. When relationships are strained, it can be painfully difficult to talk about a terminal illness or say the necessary words.”

p. 104 “Quoting Nancy Capocy: “Your presence is what you needed to do. The fact that you went there. Sometimes there isn’t anything to do, any task to do. Sometimes our presence is doing more than anything else that could be done. Presence is a very powerful, powerful thing.”

p. 104 – 105 Quoting Dallas Willard: “What we want to do is to carry with us at all times a consciousness that we are spiritual beings with an eternal destiny in God’s universe... When we deal with people who are on the verge of death, or their loved ones, we want to bring that same spirit of peace into their lives. I think that reassures them of the substantiality of their soul, to put it in grandiose language. They are received, and that makes a difference. The spirit of peace and joy that you carry in yourself, you can extend that to them. We really need to understand what it is like to be with a person and not have to manage that, how to look into their eyes and listen to them. That’s the greatest blessing you can give to people, to be with them in those kinds of situations and to avoid the temptation to try to explain it or smooth it out. Just let it be, be with them.”

p. 105 “The biggest factor that makes for good deaths, says hospice doctor Ira Byock, is family relationships. In his experience, ‘patients who died most peacefully and families who felt enriched by the passing of a loved one tended to be particularly active in terms of their relationships and discussions of personal and spiritual matters. These families in particular also seemed to be involved in the person’s physical care. In the broadest sense, it was as if dying from a progressive illness had provided them with opportunities to resolve and complete their relationships and to get their affairs in order.’”

p. 106 “As we learn to be present with the dying, we can go on to make sure our relationships are complete. We must mend, strengthen and celebrate our relationships with those we love. Byock says we all need to say four things to a dying person: ‘Please forgive me,’ ‘I forgive you,’ ‘Thank you’ and ‘I love you.’”

p. 106 “Marge Schaffer, a nursing professor...has studied dying... Dying well, she says, means being at peace with God and with the people in your life. ‘That’s a very important part of dying, that one could say ‘I’ve said what I needed. I made peace in my relationships.’”

p. 107 “For Christians, complete relationships include a spiritual element. Caregivers can encourage a dying person’s spiritual life with God.”

p. 107 Quoting Dr. Al Weir of the Christian Medical and Dental Association: “...I don’t think there’s a magic formula. As I look back over my career, those who were confident in their relationship with the Lord, those who were confident that God was with them, and those who had family members that also felt the same way, they tended to be the ones that died well.”

p. 108 “...Weir says, a spiritual relationship with God alongside belief that following death they would be with those who loved and cared for them in this life were the biggest factors in achieving a good death.”

p. 109 “Having end-of-life conversations, making wise choices toward a good death and being present with dying loved ones are especially important because our medical system is not designed to help people die. Despite the remarkable advances of modern medicine, which have led to longer lives, journalist Virginia Morris says that doctors and hospitals often make the difficult work of dying even more arduous. Often hospitals are an obstacle to a good death, simply because they’re not in the business of helping people to die but to live.”

p. 113 “Long-term caregiving is hard and often thankless work. It is not wrong to feel relieved of the task. It is holy work that included modern-day caregivers in a long line of Christians dedicated to the care of the sick and dying, a tradition that reaches back to the earliest churches.

” Whether we struggle to accept our loved one’s terminal diagnosis or we feel squeamish about interacting so physically with a dying person, our presence is the most powerful measure of care we can offer. If we’re not sure where to start, creating the conditions for a good death can sometimes be as simple as having lunch on the deck.”

p. 115 “Learning to be with a dying person and create an environment in which he or she can complete relationships with loved ones does not come automatically. Our own inabilities and discomfort can pose obstacles to saying the things we need to say, offering forgiveness and expressing love to those we love. These apprehensions can make it difficult for caregivers to have the end-of-life conversations that our medical system often makes necessary if we are to help loved ones make choices that assist in their dying well.

“Yet all these difficulties and obstacles can be overcome by one simple thing: our presence. Even when we fail to do this or that task or say the right thing, being present makes up for our inadequacies and allows relationships to heal, grow and become complete.”

8. The Christian Funeral

p. 118 - 119 “Though mourning can begin when a death is foreseen, it only anticipates the actual event. The funeral is when a mourner is for the first time among society as a different person. Between a death and the funeral, families are often caught in the chaos of death. The funeral begins to give shape to grief as the community expresses its faith and ties the swirling emotions following death into the larger story of humanity’s fall into sin, redemption and the re-creation of the world. The funeral is an essential element in the mourning process and a chance for the church to, first, begin reintegrating mourners into the community, and second, to publicly express the church’s and the deceased’s faith and hope.”

p. 110 “After centuries of Christian tradition, in the last 150 years funerals have slowly lost their Christian emphasis. They became memorial ceremonies calculated simply to soothe the grief of the bereaved rather than being worship services in which a community journeyed to the final resting place of the deceased...

” Christians, along with the rest of society, had ceased to see the process of the funeral as a religiously significant event.”

p. 121 “In this set of funeral rituals—the visitation, procession, funeral and burial—the grieving congregation enacted the stories of the Bible, texts at the heart of the community of faith. Like Mary and the apostle John, who stood at the foot of the cross, Christians attended the dying. Like the woman with the flask of ointment who anointed Jesus and washed his feet with her hair, they prepared the body for burial. They imitated the grieving Christ who mourned at Lazarus’s grave and the children of Jacob who interred their father’s bones with his ancestors. These physical actions embodied their grief and pointed them, in hope, to the day their beloved dead would rise again.”

p. 125 – 126 “A Christian funeral is more than a memorial. The service, of course, does indeed remember the person who has died. This is an important piece of the funeral. It honors the loved one and allows the bereaved to publicly express that person’s significance in their lives and in the life of the community. We make a big deal of something that is a big deal...

“But a Christian funeral does more than that. One funeral director I worked with said he served families best, allowing them to mourn and grieve in the most healthy way, when he was able to bring together all the traditional elements of a visitation and funeral. This allows grieving people to accomplish two things: 1. Worship God, who—contrary to our immediate experience of mourning a dead loved one—has defeated death, and 2. Reknit a community that has been fractured.”

p. 126 “In some ways a funeral is simply an excuse to publicly get together. Gathering around food, at a funeral home or cemetery, or at home visitations is an end in itself. A healthy community and the recovering bereaved simply need to be together. Funerals can be done both well and inexpensively, but the purpose is not to get it done cheaply. Singing hymns, reading Scripture and hearing God’s Word preached—all with an ear toward the purpose of a funeral—is how the church displays its hope. By doing so the congregation not only gives witness to the rest of the world, but it also serves to reaffirm our resurrection hope.”

9. Grief and Mourning

p. 127 - 128 “Mourning is a complicated process. But it is necessary, and it must be properly done for a person to successfully recover from the death of a loved one. Grieving is active work. The grieving person needs to come to terms with his or her loss, recognizing the fact of the loved one’s death. This, but itself, is a difficult task and one that even viewing a corpse may not completely help achieve. Once the fact of the loss is recognized, the mourner must mourn—weep, wail and agonize. And finally, out of the depths of the traumatic severing of a beloved relationship, the mourner must slowly rebuild a life as a new person. Mourners will suffer the death of all the ways they have absorbed the characters of their loved ones. All the ways one person relies on another must be taken up for oneself. This takes time and a great deal of healing.”

p. 129 “In the United States things were little different. By the 1950s the country had given up the mourning rituals that were common fifty years before, such as distinctive dress for women, black armbands for men or decorations outside the home signaling that the family inside was in mourning. Mourning was a job for the group. Those in mourning openly signaled their grief by wearing clothing or jewelry that let everyone know of their status as bereaved. This put the burden on others, not the mourner, to ease social interactions, to comfort and to allow the open expression of grief.”

p. 129 “In 1984 a journalist reporting on widows of Vietnam found that ‘The overwhelming majority of people surveyed thought that individuals should be through mourning between 48 hours and two weeks after death. Though Americans no longer deny death as they once did, and efforts like the hospice movement have done much to help people die and grieve well, Christians are a long way from being of any more use to the grieving than C.S. Lewis’s friends.’”

p. 130 “Today, grieving is often a lonely, awkward experience. Nevertheless, grieving well is best done within a supportive community that is willing to suffer, wait and care for the person devastated by a loss, and who in many ways is a new person. It is a tragedy that, for many, such a community doesn’t exist. In our fractured society it is not our natural inclination to be this sort of community, and we may be past middle age before we need to become this sort of community.

“Grieving well begins with dying well. Survivors have plenty to overcome as they mourn the loss of a loved one. A good death helps begin that process. This process is clinically and popularly described as occurring in stages. First comes disbelief, then yearning for the dead loved one, anger, depression and finally acceptance...

“...a report by the Yale Bereavement Study, which largely confirmed the popular notion of these stages during recovery from grief: including denial, anger, bargaining and finally acceptance. (It is important to note that the ‘stages’ of grief may be better described as moods that come and go throughout the mourning process even if they occur more frequently at certain points.)

“The Yale study found that feelings of yearning peaked four months after a loss, to be followed by anger. At six months came increased feelings of depression. Typically, the occurrence of the first four stages significantly declined after six months as the bereaved gained acceptance of the loss. Though the first six months are the most traumatic, the grieving process typically takes two years, though it may take twice as long before a survivor feels as though life has reached a ‘new normal.’”

p. 131 “While life cannot be postponed, working through grief is the most important job for at least the first year following a loss.”

p. 131 – 132 “Christians have the advantage of believing in a God who can support the mourner... On the often solitary journey of grief, it can be helpful to know that God understands, and God can take your anger at him or your confusion or whatever kind of feelings you have. You’re not walking this alone.

“However, it will feel very solitary. ‘It is a pretty solo and lonely journey a lot of the time... Even though it helps to have people come alongside of you and say they care, it really is each individual griever’s journey. Traveling through grief, everybody has their own individual stamp on how that’s going to look, because every person is a very unique person.’”

p. 133 – 134 “Proper grieving takes time, and taking that time recognizes the importance of the person’s life. When two people... have intertwined their lives together, it takes time to undo those ties. The grief process acknowledges the depth of the relationship... Mourning is the transition from one life with a person we loved to another life without that person...”

“Our society wants to make it easy on everybody. We rush along the grieving process, encouraging people to move on or sending subtle expectations that a person in mourning should return to life as before. Like C.S. Lewis’s friends, death makes us feel so awkward that we push the grieving person to ‘act normal’ again. This behavior doesn’t recognize that when we do that we’re actually making it harder for that person to work through grief, because facing pain heals it.”

10. Some final thoughts

p. 145 “A key element of dying well is to maintain the relationships and meaningful activities that are a significant part of life.”

p. 146 “...modern medicine has radically changed what it means to grow old. Previous centuries had their share of elderly... but never before has an entire population expected to become old and to live for decades as an ‘old person’...”

“Today, we think of retirement as a time to reap the benefits of forty years of work. We expect to travel, pursue a hobby, take up golf, visit grandkids. Westerners spend their working lives squirreling away money so they can live and enjoy twenty-five or more years of work-free life. No other generation in human history has had such an expectation.”

Some statistics...

In the year 2000 there were 4.3 million Americans 85 years old or older, in 2050 that number will be 19.4 million

In the year 2005 there were 35 million Americans 65 and older, which is 13 % of the total population. In 2030 that number will be 70 million which will be 20 percent of the total population

p. 147 “Rather than see these statistics as a burden, churches need to regard these individuals as a vital part of their congregations, including them in church life until their last breath...”

“Receiving and giving spiritual care in the midst of a congregation is essential to dying well. Studies show that an active spiritual life provides people the strength to positively and productively face these challenging years. In other words, those elderly, able to continue living well, with fulfilling personal relationships and a rich spiritual life, are well prepared to die well.”

p. 151 -152 “For many churches the first step in helping the elderly and dying live meaningfully at the end of their lives is to rethink our vision of retirement. People work hard, live frugally and, when they retire, are ready to enjoy their sunset years—the last chapter in life filled with regular rounds of golf, frequent vacations and perhaps move to a warmer climate. ‘In our culture this often means disengaging not only from the workplace but from the church and the community,’ says gerontologist John Dunlop. This disengagement becomes particularly difficult when an elderly person is diagnosed with a terminal illness. Without roots in a community, without the regular connections at church, an elderly person who served the church faithfully in younger years may find himself without support as he is dying.

“As a unique, intergenerational community, the church can offer a new kind of retirement to elderly members, a kind of retirement plan that will go with them, as they will move through their last years from health to frailty to dying. By encouraging the elderly and the dying to use their gifts for ministry in the church, the church imparts value to these later years and helps the aging to maintain a vital connection to the community—a connection they will rely on heavily when they are dying.”

1 Timothy 5:10 (NIV) ... is well known for her good deeds, such as bringing up children, showing hospitality, washing the feet of the saints, helping those in trouble and devoting herself to all kinds of good deeds.

Titus 2:3-5 (NIV) Likewise, teach the older women to be reverent in the way they live, not to be slanderers or addicted to much wine, but to teach what is good. ⁴Then they can train the younger women to love their husbands and children, ⁵to be self-controlled and pure, to be busy at home, to be kind, and to be subject to their husbands, so that no one will malign the word of God.

p. 153 “Paul’s vision here and elsewhere in his epistles is one of a community in which the younger generations benefit from the experience and wisdom of their elders. Such a community has two elements that many of ours lack. First, the elderly are integrated into the congregation. When members are actively dying and professional health care takes them away from the congregation to a nursing home or assisted living facility, it is the church that must go to them. ‘The best care we can give the aged is, when

possible, to use their gifts,' writes Rowan Greer, 'This means trying to avoid segregating the aged or at least seeking to mitigate that isolation as much as we can. We can strive to enable the aged to keep on serving, to be needed.'"

p. 154 - 155 "A tremendous source of value just leaks out of people's lives,' Weir says, when they're allowed to think that all they have left in life is their death. 'I think God's not through with us till he takes us home,' he says and Christians need to put a sense of mission back into the lives of the elderly and the very ill. 'If we can,' Weir says, 'they have this vitality that returns and remains to the end of their days.'"

p. 159 "We all need to have a sense that God has placed us on earth for a reason... and those who are aging or dying are no exception."

p. 159 "The Christian life is full of joy and hope not because Jesus makes us smiley with upbeat attitudes. But we enjoy an abiding hope that the God who brings life to the dead will do the same for us—not only in the last day but this one too. This deep hope pervades everything done by the congregation and individual believers."

p. 161 "Caregivers will find their loads lighter, and the elderly will find the challenges of growing old less burdensome when the church lives out of a culture not of youth but of resurrection..."

"...care for the elderly is an important spiritual discipline for everyone, because death is in all our futures. Caring for an elder will help us face death whenever it meets us and live more faithfully in every area of our lives..."

"When we allow ourselves to be confronted by death, our little excuses for unfaithfulness fall away. And we are prodded toward living more in view of what's truly important."

p. 162 – 163 "The two commandments of Christ, to love God and love your neighbor, are all we talk about at funerals. No one's going to ask what pay grade you had at your job, and was it an associate or assistant position. Nobody cares. It's the love of God, and it's the love of neighbor, and the way that this person helped me to connect with God and my neighbor that is or isn't her legacy... Of course, right now we do care, but that's why funerals are so helpful on life's journey. In contrast, at funerals we remember and celebrate when people helped us to know God and be neighbors... Funerals help us to measure our days."

p. 165 Quoting Todd Friesen: "You think nobody's paying attention because of your age. Think again. You can have a tremendous impact on people in your final decades. And you're going to have more of them than you think. A major job of the church is to give people a vision of the good life in the seasons of fall and winter."

p. 169 "We prepare for death and we see the Christian life in practice by providing a means for the dying to continue their presence in the church. Not only does it offer an opportunity for the dying and elderly to continue to fulfill the ministry to which God has called them, but the rest of the congregation sees life lived and ended with hope and faithfulness."

p. 176 "As we look to care for those who are dying, we must acknowledge our need for community support, those people in our circles who can provide respite, encouragement and assistance as we care for our loved ones.

"While we often use the more clinical term support systems, these are simply relationships. The relationships we have with family, friends, church members and colleagues are what will help us through our own deaths or help us care for those we love. It takes humility to recognize that we need help in life."

p. 178 – 179 "Dying is an art only because through it God is at work. Only in God's hand can something ugly and terrible be transformed into a thing of beauty and purpose. In the end death is as mysterious to us as resurrection. In our churches we spiritually enter into Christ's death and resurrection in the waters of baptism. In the same way, we must practice for our deaths, prepare to care for others as they face it and look for the hand of God who welcomes us through death to life everlasting."