

A Chaplain's Prayer

The Riverside Church in the City of New York

February 14, 2010

Psalm 139:1-18, 23- 24. Romans 8:31a-39

When Rev. Coleman and I discussed my preaching today about the United Church of Christ Faithfully Facing Dying Lenten series, it struck me as rather ironic that on February 14, the date when many of us acknowledge in special ways our love for the special people in our lives, I would be here preaching about end of life issues. I thought to myself, God does indeed have a great sense of humor. But then, as I thought about it and prayed about it and talked and joked with some friends about it, I remembered something that I say to people when I am leading workshops about Advance Directives. The greatest gift you can give to your loved ones is letting them know what your wishes are as to how you want to be medically treated as your life nears its end. And, I mean the greatest gift, because, as a hospital chaplain my heart has ached as I have watched significant others, young and old, who felt like their world was crashing around them because the love of their life was dying. Then, on top of that anguish, because they had not had a conversation with their significant other about what their wishes were, they were not able to make any decisions about how their loved one was to be medically treated as they were dying.

I have also been deeply saddened as I watched adult children as they have tried to figure out what medical treatments their parent would have wanted as they neared death. At the very time that families need to be there, supporting each other, siblings would be fighting amongst themselves, as they tried to deal not only with their heart breaking over the thought that their parent might die, but with the normal sibling stuff that arises when family stresses and difficulties are present.

The reason for all this additional pain is that in New York State, once a person is not able to express their own wishes, the hospital is to do everything to keep the person alive, unless there is a health care agent designated. A Health Care agent is someone who you have selected to make healthcare decisions for you when you can no longer make them for yourself. This takes effect ONLY when you are unable to make your own health care decisions. Without this designated person, hospitals are not to take into consideration what your quality of life might be should you survive. Without a health care proxy, decisions are not made based on who the person is, how old they are, or what they value in life. The sole focus is to try to keep that person alive.

I can see some of you are squirming in your seats. I know that dying and death are uncomfortable subjects for most people to

talk about let alone think about. Even clergy have a hard time talking about this. Think about it – how many sermons have you ever heard about dying and death, even on Good Friday? So, I am a bit nervous standing up here talking about the one topic – other than sex – that makes people squirm in their pew and look at their watch, hoping that the final hymn will start soon.

It does give me some solace to know that I am not the first one who has been nervous about preaching from this pulpit about an unpopular topic! This is a pulpit that has a long history of difficult topics being raised from it. As I was preparing for today, I remembered a conversation I had with the late William Sloane Coffin, the former Senior Minister here. I spent several hours with Dr. Coffin about a year before his death. I was interviewing him as part of my dissertation research. I shared with him that my research was showing that clergy, just like most people, are afraid to talk about dying and death. Dr. Coffin laughed that nervous laugh he had and agreed with that finding and mentioned that he himself was not comfortable talking about it until many years after his son Alex's death. We agreed that most clergy and their congregants have an unspoken pact – we as clergy won't talk about it and you as our congregants can remain comfortable in your pews. But, then Dr. Coffin reminded me that it is incumbent upon clergy to talk about those things that no one else wants to

talk about. He said, “Who better to talk about issues surrounding dying and death than pastors. After all, our faith is founded on one who died.” He then went on to talk about the very difficult discussions that surrounded adopting a statement of affirmation of gays and lesbians as being fully welcomed and accepted members here at Riverside. Dr. Coffin said that he knew that he was going to have trouble when talking about it, but, realized that he needed to do exactly that because it was an issue of justice.

Well, this morning, I am addressing another issue of justice. Knowledge is power and without knowledge about end of life laws, particularly in New York State, we are left in situations where we are powerless and bereft of being able to make our own decisions about how we are to be medically treated when we are dying. For the most part, those who have money and have a will to protect that money also have a health care proxy designee who helps to protect how their physical body is treated when they are wheeled into the emergency room. For those of us who don't have an estate will or don't have access to a lawyer, and hence, don't know our rights, being wheeled into an emergency room without a health care proxy designee, does not enable us to be treated equally. All people should have the benefit of this knowledge and equal protection for how we are to be treated. In New York State, in order for that to happen, you must complete a

health care proxy form which, by the way, does not require a lawyer's expertise nor does it need to be notarized. The form only requires the signatures of two witnesses.

This morning, I want to share two different family stories with you that will enable you to see why it is so important to make your wishes known. These are true stories.

Tom was fifty-five years old. He had been diagnosed with lung cancer eighteen months before his current admission to the hospital. This was his most difficult hospitalization because his disease had progressed. His chances of leaving the hospital were very slim. Shortly after his admission, Tom lapsed into a coma. To keep him breathing, it was necessary to intubate him (that is, put a tube down his throat) so that a machine could do the breathing for him. Without the help of this machine, Tom would die in a very short time. Tom's wife was approached by the doctor and asked whether Tom had expressed his wishes concerning life support and whether he had designated a health care agent. Tom's wife said that they had never discussed things like that because they did not know it was important. She did not know what his wishes were, but she knew in her heart that he would not want to be kept alive by machines. What Tom's wife knew in her heart was not enough. By law, the doctor had no choice. Tom was put on a respirator.

As the hospital's chaplain, I was called to talk with Tom's very distraught wife. She did not understand why he was put on a respirator. Why couldn't they just let him die? Why couldn't they just let him go in peace, she pleaded? She and her children were, understandably, very upset. They felt powerless to help Tom. Tom's wife talked about how much he had loved life and loved God and worked his whole life to serve God and others. She wanted to know why God was doing this to her husband. Why was God now making him suffer after he had been so faithful? She was angry with God. She believed that God should have taken care of Tom so that he would not have to be kept alive by machines. Tom died several days later after developing complications. While he was not in pain, his life was prolonged by machines because he did not appoint someone to be his health care agent. And, Tom's family went through several very difficult and pain-filled days. After her husband had died, his wife's words to me just before she left the hospital were, "Why didn't anyone tell us we should have had health care proxies?" At the time, I had no answer for her.

Harriet was an eighty-five-year-old woman who had been relatively healthy for most of her life. She suffered a stroke that left her physically immobilized, yet able to communicate. She let her grandson know that she did not want to be kept alive by

machines and was ready and wanted to die. Her grandson was beside himself, because Harriet had raised him from childhood. He did not know what to do because he was not sure whether she really understood her request to be allowed to die. Harriet remembered that she had completed a health care proxy form, which was obtained from her home. Her proxy form very clearly stated her wishes. Her grandson was greatly relieved when he realized that she had stated that she did not want extraordinary measures taken if she had no reasonable expectation for recovery. The proxy form assured him that she understood what she was asking for. Harriet went into the hospital's hospice program and was allowed to die with dignity, in comfort and peace in her own home. And her family was able to concentrate on Harriet and their final days together.

Unfortunately, most of the families I have dealt with are in situations like Tom's. I have prayed that more would be like Harriet's. I have shared these stories with you not to scare you, but to help you see what can happen when you don't know what your rights are and how much of a difference it makes when people are empowered because they possess the right knowledge about health care proxies. As a hospital chaplain, I have observed far too much pain around this issue. Because of the question Tom's wife asked me, I felt called by God to address

this lack of knowledge. I was so passionate about it at the hospital where I was the chaplain, that I became known as the Proxy queen, working to ensure that not only patients and family members completed health care proxy forms, but staff as well. God would not have put such a fire under me about this issue if I was supposed to remain quiet about it and do nothing.

So, I'd like to ask that you look within and consider what your wishes would be if something were to happen to you. This is not an exercise for those who are older. Anyone over the age of 18 should have these conversations because, as we all know, unfortunately, younger people die too. By the way, I have been surprised at the conversations that have taken place between teenagers, who seem to be aware of the need for organ donations and so they have talked with their friends about whether or not they would want their organs donated if something were to happen to them. That would be an important thing for you to know about, if you are the parent of a teen who has had this conversation with their friends.

So I invite you, to think about the following questions.

What if you could not make your own decisions about your health care?

Who would you entrust to be your agent and make the decisions for you?

What decisions would you want your agent to make?

Would you want everything done for you, no matter what the outcome?

If there was no reasonable expectation that you would recover, would you want nothing done, except comfort care, like Harriet?

Would you want to donate organs?

Would you want to be placed on a respirator if there was a chance you would survive?

What if the chances were slim?

What if whatever happens to you physically would cause you permanent damage that would drastically alter your quality of life?

These are hard questions. But, they are questions that need to be answered by each one of us because medical technology can do amazing things but can also prolong life beyond what some of us might consider to be “living.” Our answers will all be different. Now, imagine if you had not discussed these questions with your

family. Imagine your loved ones trying to figure out what your wishes might have been. Instead of making the most of whatever time you have left, as was the case with Harriet's family, your loved ones would be trying to figure out what you might have wanted. Then they would have had to try to convince the hospital that these were your wishes. And if the hospital listened to them, your surviving loved ones would then be left to wonder if they made the right decision. Did they make the decision you would have made? That is why I say it is the greatest gift you can give to those you love. You and they will have at least some peace of mind because you are ensuring that your loved ones know what your wishes are thereby empowering them to make the decisions you want them to make on your behalf.

The Faithfully Facing Dying Lenten series will help you to consider these and other questions about various end-of-life issues in a prayerful manner, with God as a part of the conversation. As the psalmist reminds us, God knows us intimately. God created us. God hems us in behind and before. God knit us together and knows every word we are going to speak before we even know it. God helps us to take care of ourselves and expects us to take responsibility for ourselves and how we live our lives. I believe God also expects us to take responsibility for how we are medically treated as we near death.

I have seen too many tragic situations to believe that God would want families to agonize over end-of-life health care decisions for a loved one. These decisions need to be discussed in advance. Remember what a difference it made for Harriet and her family. She completed her proxy while she was able to and her grandson was able to accept her choice and helped her to die with dignity, which allowed the family to spend quality time with her as she neared death. Remember Tom's family and their pain. They questioned God's presence and love at the very time they needed it most. They were lost in the wilderness of the New York State laws around end of life issues.

Looking at dying and death can be a wilderness experience because wilderness can be the unknown, which reflects the uncertainty of life and where life is leading us. And, if you are not well-prepared for them, end of life medical issues are like being in a scary wilderness without a compass. It is a wilderness that becomes an oasis, however, when you are empowered with knowledge which enables you to take control of what is physically done to you as you approach the end of your life. And it can be an oasis for those who love you because they will be able to make knowledgeable decisions on your behalf.

Dying can be a bewildering experience both for the one who is dying and for those who love that person. It can be heart-breaking, heart-wrenching and take us on a journey of grieving like no other journey in our life. Yet one of the most powerful lessons I have learned as a hospital chaplain, while being with those who are dying and those who love them, are the opportunities for healing that take place when people are willing to accept that dying is a part of our living and can talk with their loved one who is dying. There can be healing of relationships, healing of hurts and angers, healing of broken promises and unfulfilled dreams, forgiveness sought and forgiveness given. Jesus is with us throughout. He does not desert us in our final days or hours or minutes or seconds – Jesus is right there with us – not only prior to and after our death, but while we are dying. Part of our faith is knowing that “neither death nor life, nor angels nor principalities, nor things present, nor things to come, nor power, nor heights, nor depths, nor anything else in all creation will separate us from the love of God in Christ Jesus.”

As the choir reminded us, when they sang Julian of Norwich’s beautiful words, death will not separate us from the love of God, “Glad and merry and sweet is the blissful face of our Lord as God looks upon our souls. For as ever we live, God holds us

continually in God's love. Our faith is a light. God leads us in this passing life for ever as we live. And when our woe ends, suddenly our eyes shall be opened and in clearest light our sight shall be full. Our faith is God, our endless day."

Death is not a lapse of God's love. It is the fullness of God's love. So whether we live or die, we belong to God. God is in our dying, just as God is in our living. God's love will never die, even as our human bodies fade away. Our faith is our light and so talking about dying and death is a part of our faith and a part of our life as Christians. It gives us the opportunity to shed light on a part of our lives that we would prefer to ignore and pretend doesn't happen – death. The one experience we can all be assured we will go through, but not go through alone, is death. Jesus will be right there by our side.

God gave Jesus Christ to us as God's most precious and priceless gift. The greatest gift you can give to your loved ones is letting them know what your wishes are as to how you want to be medically treated as your life nears its end. I pray that on this Valentine's Day, you will make a promise to yourself and to those you love to attend this Lenten series, so that you can give to those you love this most precious and priceless gift. Amen.