

"CODE BLUE"

Romans 14:7-12

Mark 8:31-38 3/23/94

Rev. RL Morris

Collect: Gracious God, forgive us for not having done the inner work necessary to align our life energy with your holy dreams and purposes. Forgive us for not caring much about the life and health of others. Give us the courage now to face death with confidence, to be open to the companions with whom we share our pilgrimage of life, and to trust that you will bless the end of our earthly lives as you have blessed all our days. In our Savior's name we pray. Amen.

After two years of delay, January 1, 1986, New York state joined many other states in the use of "D-R-G" (Diagnostic Related Groups). What D-R-G means is that hospitals are paid on the basis of illnesses rather than an individual's rate of recuperation. In other words, if we have gall bladder surgery the hospital is paid according to a schedule of payment regardless of whether we are in the hospital 5 days or 7 days. Every treatment and diagnostic test has a schedule of payments. Thus there is a financial incentive to get people out of the hospital "quicker and sicker" than ever before. The result has been more out patient treatment and less hospitalization.

This is just one aspect of the many sweeping changes which have been taking place in health care in our country. All the pastors of our cluster churches could tell you they don't make as many hospital calls as they used to. We could also tell you that in at least half the cases where people die in hospitals, families are faced with decisions regarding what to do about treatment. In addition to loving our neighbor as ourselves, there are real issues about what it means to love our families. Modern medicine has not only made it possible to live longer, it has also forced us to assume responsibility for our own medical care.

Let me set this in Biblical perspective. Contrary to the promise of scripture, long life is no longer the blessing or reward for having lived a good life. Long life can also be the curse of modern medicine and the lack of advanced health directives. Although miracles happen, there's still a difference between being cured and healed. People can be healed even though they die. Not all suffering can be eliminated from either our living or dying. And it is truer than ever, "WE DO NOT LIVE...OR DIE TO OURSELVES".

Tonight's Gospel Lesson reports that Jesus spoke quite openly to the disciples about his own death. Jesus rebuked Peter when Peter did not want to deal with such things. Our Lord explained there is both a divine and human perspective about death. Even those who try to hold onto and save their lives, lose them. And Jesus indicated there are things we can do in return

for the life which we have been given. We can make heavenly decisions while still on earth. In the words of the Apostle Paul, "WHETHER WE LIVE OR WHETHER WE DIE, WE ARE THE LORD'S"!

I hope that you realize dealing with death is an appropriate subject during Lent. I trust that in the light of the national debate about health care you also think this is a timely topic. For me personally, there is also quite an existential involvement in my sermon tonight. For my 86-year-old mother recently had a cerebral hemorrhage and massive stroke. However, all pastors deal with these matters almost on a daily basis. I have had special experience the past two years that I have been a member of the Ethics Committee at the Lake Shore Health Care Center.

I am proud to say that our UCC has taken a leadership role in many of these issues. I lift up for you tonight two particular resources of our denomination. The first is a notebook for "Educating and Organizing Health Ministries" which includes background and recommendations about health care, Bible Study and Worship Materials and tips on what we can do to make a difference. The other is a brand new resource called "Making End-of--Life Decisions" which deals with overcoming the barriers to such decision making, making decisions for ourselves, making decisions for others, ethical approaches and UCC perspectives. In a little while I will be speaking about another resource, "The Health Care Proxy".

I want to speak now about assuming responsibility for informing ourselves about the ethical and health care issues of our day. Obviously, there are differences of opinion. We should not believe everything we hear. There is a crisis. Spiritual, emotional and relational issues are interwoven in this crisis. There is no single Christian understanding that is a guide or true for everyone or all situations. It is one thing to consider these matters theoretically, and another to experience them first hand. However, just as Jesus did with his disciples, we need to be sharing with one another how we feel and what we think about these matters.

One of the most difficult things about my mother's recent illness is that she didn't leave any written instructions about her preference regarding health care. Obviously, the five children and our families do not all agree on what treatment should be given. Although he knew my mother's wishes, my father had to make some very painful decisions about her medical care. Even when those opinions have been expressed verbally, there's always a nagging doubt about whether we got it "right".

Needless to say, there is a great deal to learn about health care. Making it available to everyone is just the first step. There are many other ethical issues such as: Is everyone entitled to an artificial heart, or heart transplant? Who decides who gets transplants? 50,000 lives are saved each day by CPR. Of that number, 5 to 10,000 of the patients end up in a vegetative state. At what point is it best to 'save a life'? It costs \$800,000 a

year to keep a person alive in a vegetative state. It costs \$150 a day just to feed intravenously, Hemodialysis costs \$15,000 a year per patient. How long should blood be changed for those who are terminally ill?

The fact is that death is near for all of us from the day we were born. We don't like to think about it. It's too morbid! Yet we are all going to die some day. Look around! Everyone here tonight is going to die. All of us are going to experience the death of our parents, our spouses, our children, our friends. Sooner, or later, we are going to die. There is no one here who has not experienced the death of some loved one. We may choose to ignore it, but death and grief are very much a part of our lives every day we live. Shakespeare put it this way in Macbeth:

“Tomorrow, and tomorrow, and tomorrow,
Creeps in this petty pace from day to day
To the last syllable of recorded time;
And all our yesterdays have lighted fools
The way to dusty death. Out, out brief
candle!
Life's but a walking shadow, a poor player
That struts and frets his hour upon the stage
And then is heard no more. It is a tale
Told by an idiot, full of sound and fury,
Signifying nothing.

Now if that seems too depressing, perhaps we need to look more closely at the absurdity of death. Death is a waste! Life is absurd! Our life is like a candle which can be blown out with the very gentlest of breezes. However, it is not thinking about death which causes us to despair. As the Danish theologian Soren Kierkegaard explained, it is because we repress our feelings into our unconscious which causes our despair and dread. There's a "Catch 22". We have to think about unpleasant things if we are to avoid the despair of unpleasant feelings. As many psychiatrists suggest, "Schizophrenia is a sane reaction to an insane world." St. Paul offers the hope, "WHETHER WE LIVE OR WHETHER WE DIE, WE ARE THE LORD'S".

I titled this sermon "Code Blue". These words echo down hospital corridors and present the most dramatic decisions of health care. For "Code Blue" means death is imminent. Those who run to the rescue usually start CPR, inject epinephrine and if the heart has stopped beating, fibulate the heart with electric shocks. If they are successful, usually the patient is wheeled off to ICU, then placed on a ventilator and heart monitor. If resuscitation was not possible, the body is covered with a sheet.

Advanced Health Directives can prevent a "Code Blue" from ever being carried out on our behalf. Is that what you want? Under what circumstances do you want heroic measures used to "save" your life? Modern medicine has given us the blessing of having more control over our lives. Under some circumstances, this blessing can be a curse and prolong life far beyond any quality of living.

This is when I want to urge you to fill out what is called "A Health Care Proxy". Copies are available for you tonight. I hope you will seriously consider filling one out and giving it to your family and to your church. You should know that in New York State, unless you have

left instructions otherwise, everything that possibly can be done to prolong your life will be done. And if you have feelings about nutrition and hydration, they must be specifically noted on the Health Care Proxy.

Perhaps St. Paul spoke more than he knew when he said, "WE DO NOT LIVE...OR DIE TO OURSELVES". However, Paul could not have known then about our modern time when people have the ability to interfere with the will of God when it comes to our dying. There are real questions about the fact that 90% of our medical resources re-used for end-of-life care. Why are we so afraid of dying? Not only living, but dying is certainly changing. According to Paul, we are judged and held accountable for our decisions.

In the comic strip Andy Capp, Andy was at a soccer game. After he broke the rules by violently attacking an opponent and leaving him lying on the ground, the opponent said, "I don't know how you can live with yourself after a tackle like that." Andy replied, "I always try to let my conscience be my guide - but these days the games are played so fast you don't have time to listen to your conscience."

Well, the time for closing is fast approaching, but I want to lift up one final point about the loving thing to do regarding our death. I think it is important that we leave instructions about our own funeral and what we want done with our bodies. Of course, it is also responsible if we leave behind the funds to pay for disposal; but even more important than that, we need to leave instructions about whether we want to be cremated, where to be buried, whether we want a funeral or memorial service. It is not morbid to plan such matters ahead of time. It is responsible -and the loving thing to do.

Interestingly, we honor our veterans when they give their lives for our country; but some people are reluctant to give part of themselves for transplant. I'm probably vain, but the idea of someone else using my eyes, skin, or bones when I'm done with them that excites me and makes me feel a little more comfortable about dying. Unfortunately, you have to be under 50 to donate organs, or I would be willing to give other parts of my body for transplant when I die. I talked with a mother last week who was giving one of her kidneys to her daughter. She was just so thrilled to be able to do this.

Obviously, a great deal more could and needs to be said. I hope that I have convinced you that the loving thing to do is to assume responsibility for our own health care and dying. One thing is for sure, our wishes will not be carried out if we don't make them known to someone. It is not morbid to discuss these issues. Jesus talked with his disciples about such things. You see, we are not the only ones personally affected by our death. How we die is just as important as how we live.

Now that we are spending less time in hospitals and people are sicker while still at home, our churches are being asked to provide more care and support than ever before. I'm proud to say the UCC gave the initial grant for Hospice to get started in WNY. The people involved with Hospice offer a loving and caring ministry which is true to the Spirit of Christ. Ideally, our exit from this world should be as peaceful as our entrance was exciting. Both our birth and our death should be filled with anticipation and hope. In the words of the Apostle Paul:

"We do not live to ourselves, and we do not die to our-selves. If we live, we live to the Lord, and if we die,

we die to the Lord; so then, whether we live or whether we die, we are the Lord's. For to this end Christ died and lived again, so that he might be Lord of both the dead and the living" (Romans 14:7-9).