

Sample Sermon: A Chaplain's Prayer

**Originally preached by
the Rev. Dr. Martha R. Jacobs
April 1997**

Psalm 139:1–18, 23–24; Luke 12:35–39

I want to begin today by admitting that I am nervous about this sermon, which I have entitled “A Chaplain’s Prayer,” because I am going to be talking about end-of-life issues — not an easy topic to preach about or to hear about. Death and end-of-life issues are not often raised from the pulpit, except in terms of living a so-called “good life” so that we will be acceptable servants of God and will be able to enter heaven. As a hospital chaplain, however, I am finding it difficult to be quiet about a missing link that I encounter all too often, namely the lack of conversation between parents and children, spouse and spouse, patient and doctor, and patient and pastor. These are conversations we need to have about how we want to be medically treated as we near the end of our life.

Luke describes in his Gospel the love and healing power of Jesus. As we know, there are all kinds of healing. As we near the end of our life, our focus changes from healing of body to healing of spirit. Not only do we concern ourselves with our own spiritual healing, but also we concern ourselves with our loved ones and the impact of our death on them. I have been in too many situations where families are arguing with each other about what invasive procedures their mom or dad would have wanted to keep them alive. At the time a family should be coming together for healing, they are split apart. These situations do not allow God’s love and healing to be present.

We need to be prepared because our physical being is vulnerable. It is the part of us that will one day fail us. Whether it be due to old age, tragic accident, or illness, we are all eventually going to die. That is one thing we all have in common. While we may not have a say in when that happens, I believe we do have a mandate from God to be ready for our death, both spiritually and physically. We have an obligation while we are still alive to deal with the inevitable. And in some ways, we do deal with our death. We deal with it in terms of how we live our lives. We live our lives by loving our neighbor as we love ourselves. We try our best to serve God as we believe we should. We open our hearts and minds to God’s will for us. We search our hearts and seek to do the best we can do, while honoring God and the body and mind we have been given in order to serve God. We worry about who is going to get our material wealth. How will we divide our material wealth among our loved ones? And so, we prepare for our deaths in other ways. We write wills; we tell our children our history, hoping that they will carry it with them and tell their children. We do our best to prepare for our death and to live the life God wants us to live. And yet there is an important part of our future that we neglect: a missing link that can make the difference between a peaceful, dignified death and one fraught with difficulties for you and your family. The consequences of that missing link can be observed in the hospital all too often. Families do not communicate to each other their wishes about end-of-life health care. The Supreme Court of the United States has tried to help us in this area.

In April of 1975, a twenty-one-year-old woman named Karen Ann Quinlin, for reasons that were never fully determined, ceased breathing for at least two fifteen-minute

periods. As a result she suffered severe brain damage and was in what is called in a persistent vegetative state. She had no cognitive function. Her parents went to court to have the respirator disconnected so that their daughter could die. The Supreme Court of New Jersey took up the case, and ruled that Karen could be removed from life support. The story goes that she was in a Catholic hospital and the nurses, knowing the ruling was coming, had weaned Karen off the respirator, so when the time came to remove her from it, she was able to breathe on her own. She remained in this vegetative state for another ten years before she finally died.

In the 1980s a young woman named Nancy Cruzan was in a terrible car crash that left her in a permanent vegetative state. She was breathing on her own and was receiving artificial nutrition and hydration. After many years, it became obvious that she too would never awaken. Her parents wanted the tube feedings that were keeping her alive to be discontinued. The hospital said no. Nancy's parents went to court. The case eventually wended its way to the U.S. Supreme Court, which ruled that individuals have a right to self-determination.

And so advance directives were born in 1990, when the New York State legislature responded to the Supreme Court ruling by upholding patient rights through the use of a health care agent. In New York State, if you do not have a health care agent and are incapable of speaking for yourself, doctors are required to do everything they can to keep you alive, no matter what your quality of life might be. Let me repeat that. In New York State, if you do not have a health care agent and are incapable of speaking for yourself, doctors are required to do everything they can to keep you alive, no matter what your quality of life might be. A living will, which many people have, is not enough in New York. You must appoint a health care agent in addition to drafting a living will in order for your wishes to be honored. A health care proxy form is as important as your will, which states your wishes for your property and money. Why do we worry about material objects, our money and our property, and not about how our bodies are to be handled as we near the end of our life?

I want to share two different family stories with you today. These are true stories; the names have been changed to ensure confidentiality. I ask you to imagine yourself in these situations. Tom was fifty-five years old. He had been diagnosed with lung cancer eighteen months before his current admission to the hospital. He had been in the hospital several times previously, but this was his most difficult hospitalization because his disease had progressed. His chances of leaving the hospital were very slight. Shortly after his admission, Tom lapsed into a coma. To keep him breathing, it was necessary to intubate him 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 and family were approached by the doctor and asked whether Tom had expressed his wishes concerning life support and whether he had a health care agent. Tom's wife said that they had never discussed life support because they did not want to upset the children. She also thought it would upset Tom too much to talk about it. 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. Tom's wife asked to speak with me. She said that she did not understand why he was put on a respirator. Why couldn't they just let him go in peace? She was very upset, as were his children. She talked about how much Tom 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 in such a way 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.

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 her mind was intact. She told her grandson that she was ready and wanted to die. Her grandson was beside himself, as Harriet had raised him from childhood. He did not know what to do. Despite his grandmother being competent, 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 when she was healthy 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. She went into the hospital's hospice program and was allowed to die with dignity, in comfort and peace. And her family was able to concentrate on Harriet and their final days with her.

Unfortunately, most of the families I deal with are in situations like Tom's. I wish more were like Harriet's. I have shared these stories with you not to scare you, but to ask that you look within and consider what your wishes would be if something were to happen to you. What if you could not make your own decisions about your 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? 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?

All of these questions need to be answered by each one of us. They are hard questions. But imagine if you had not discussed these questions. Imagine your loved ones trying to figure out what your wishes would be. 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 would want. Then they would have to try to convince the hospital that these were your wishes. Lastly, your surviving loved ones would then wonder if they made the right decision. Did they make the decision you would have made? Is that what you want to happen?

A conversation on end-of-life issues is not an easy one to have, either with yourself or your loved ones. It is a conversation to have while you are healthy, whether you are young, like Karen Ann Quinlin and Nancy Cruzan, or old, whether or not you are currently facing a life-threatening illness. It is a conversation needed in this age of advanced technology when people can be kept alive for years, hooked up to machines. My suggestion, and one I give to all the community groups I talk with about health care proxies, is to invite your family and your extended family over for coffee and cake. Sit down at the kitchen table and give everyone in your household who is over the age of eighteen a blank copy of a health care proxy form. Then start talking about what your wishes are. It may be hard to begin the conversation, but it will be one of the most

important conversations you and your family will ever have. These decisions should be made in a prayerful way, with God at the table with you. God knows us intimately. God created us. 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 allow our bodies to be 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 for a loved one. These decisions need to be made in advance. Remember what a difference it made for Harriet and her family. She made her choices when she was healthy. Her grandson was able to accept them and helped her to die with dignity, which helped the family to prepare for and spend quality time with their loved one 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—but because there was no health care agent, they were bereft of God's comfort.

The health care proxy form is easy to complete. No lawyer is necessary. We will be getting together following today's service to talk more about and, hopefully, complete some proxy forms. After you complete your proxy form, give a copy to your agent, to your doctor, and to your hospital, and keep one with your other important papers. As you search your hearts and pray about writing your health care proxy form, my prayer for each of you is that you make your own decisions about how much you are to be treated when you are unable to make a decision for yourself. Be prepared for that time. You owe it to yourself, to your family, and to your God.