Sunday, September 4, 1983
PREPARING FOR OUR OWN DEATH AND THE DEATH OF OTHERS (NO. 2 IN A SERIES: HOW TO DEAL WITH DEATH)
Psalm 46:1-7; Romans 8 (selected verses)

In a remarkable book entitled Widow, the author, Lynn Caine, writes: “My husband thought he would live forever. He knew better, of course, but that’s the way he felt. Martin had been badly wounded in World War II. His plane had been shot down, half the crew was killed, and Martin had shrapnel in his head and nearly lost a leg. He eventually came home after three years in an Army hospital with a metal plate in his head and the Silver Star for gallantry in action in his pocket.”

But, of course, Martin didn’t live forever, and none of us will. He died not too many years later of cancer. As I mentioned in last week’s sermon, the one certain thing in life that we can all count on is that one day we will die; yet it can be the event we are least prepared for.

We do often try to deny death or avoid even talking very much about it. We have some fears concerning death and the process of dying. As I noted last week, our fears and problems in dealing with death are often closely related to our problems in dealing with life. However, as Christians, we are comforted by the fact that that which we call eternal life begins here and now in this life. As the psalmist put it, “God is our refuge and strength, a very present help in trouble. Therefore, we will not fear, though the earth should change.”

Or, as St. Paul put it in his letter to the church in Rome, “If God is for us, who is against us?... Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? No, in all these things we are more than conquerors through Christ who loved us. For I am sure that neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor anything else in all creation will be able to separate us from the love of God in Christ Jesus, our Lord.”

So we need not try to deny death or have any abnormal fears about death. As Christians, we can prepare for it and at the same time live fully and joyfully in this world.

In this context, I am going to make some very practical suggestions about preparing for our own death and the death of others.

To begin with, there are some things that all of us can do, even though death may seem far away.

Make a will. Talk with an attorney about this. No matter how small you imagine your estate to be, making a will can prevent all sorts of problems from occurring. And then keep your will up to date. Our lives continue to change as we grow older. There are, therefore, changes you will want to make in your last will and testament.

Secondly, do not be afraid to talk with the members of your family about your funeral plans. If you have no immediate family, then talk with me or one of the other staff members about your plans. A number of our church members have already done this, and we have carefully written down their requests and placed them in a special file.

Time and time again, family members of one who has died have said to me, “I’m so glad that our mother or our dad talked with us about funeral plans. It’s made it so much easier on us.”

I’m personally pleased to see that funeral directors are encouraging families and individuals to visit their place of business and talk about funeral arrangements, costs, and other matters in advance. Then decisions can begin to be made in rational, thoughtful ways, without the pressure of time.

Consider making a “living will” if that seems appropriate for you. This is a simple document which lets your personal requests be known about the use of extraordinary measures to keep you artificially alive. This is something you should discuss with your closest family members, your physician, and others you are close to. We have some sample “living will” forms available in the church office.

Some people decide before they die that, upon their death, they want their eyes or their heart or some other part of their body to be given to a hospital so they can be used by physicians to repair injuries in people who might not otherwise see or live. This is an individual choice each one of us should at least think about. Some people want to give all of their bodies so that medical research centers can study it and learn more about certain diseases and how these diseases might be prevented or cured. That’s something else to think about.

If you are married, be sure to discuss with your spouse the financial condition of the family. In her book entitled Widow, Lynn Caine suggests that each couple declare a “contingency” day — an annual review of the financial state of the family. On that day they would discuss steps to be taken if either husband or wife should die in the next twelve months. How much money would the surviving spouse and children have to live on? What changes in their lives would be necessary? What kinds of insurance does each have, and what is the amount? Where are all the important legal papers kept? Where are the copies of the wills? How much are the monthly house payments if the couple owns its own home? Who carries the mortgage? What are the overall assets and liabilities of the couple?

Lynn Caine writes that if she and her husband had done this, she would have made fewer crazy decisions following her husband’s death, because she would have had a guide, a plan to follow, so that, filled with grief as she was, there would have been a lifeline of sanity for her to cling to.

This contingency day should be an annual event with its own set date to be most effective. Perhaps the couple’s wedding anniversary is the best time. Each family has its own very special concerns, problems, and hopes, but the essence of the discussions should be the future — and the direst contingency, death. What happens if either spouse dies?

Now let’s look at some issues which come up when we have to face the death of someone we love.

The first question that many have to face is, do you tell the person who is terminally ill what the truth of the matter is? People often say, “I can’t possibly tell my loved one how sick he is. It would destroy him. He can’t possibly handle this terrible prognosis.” But maybe it is you, not your beloved, who can’t handle and deal with the truth.
The question usually is not whether or not to tell of the life-threatening illness, but who will tell, how to tell, and what to tell. Too often we play games about the seriousness of a terminal illness. We say to the patient, “You’re doing so well,” or “Let’s not talk about it,” or “You’ll live to

be a hundred," or "You'll die when your time is up." Such games are not helpful and tend to erect barriers to open, honest communication. Furthermore, such games are usually played for the survivor's sake, not for the dying person.

Most often the loved one who is dying knows more than you think. People around him or her communicate so much non-verbally by facial expressions, moods, defensiveness, and avoidance. Patients also learn of their conditions from cues by the hospital staff, ranging in subtlety from nurses' anxious glances and avoidance to overhearing a discussion of the case by doctors outside the door. The one who is dying is not fooled about the drastic changes in his or her body. Even children sense accurately the trend of their illness.

When dying people of all ages do not share their feelings and fears verbally, their silence may not be denial of death, but the attempt to conceal their awareness from friends and family who they believe can't handle an emotional confrontation. Sometimes, the dying person becomes the protector and caretaker of the healthy.

I believe that in most cases your loved one wants to know the truth. Most patients wish to know their diagnosis, even if it's fatal. When they are not told the truth, they are deprived of free expressions, of shared understanding, of putting their lives in order — drawing a will, settling debts, disposing of possessions. By the conspiracy of silence, they cannot tell their fears and anxieties and be comforted. They are "managed" like children, stripped of self-determination and control. Awareness opens communication and allows choice; choice encourages rational thinking; rational thinking reduces the fear of death.

The American Hospital Association Patients' Bill of Rights includes this: "The patient has the right to obtain from his physician complete, current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand... to give informed consent prior to the start of any procedure... and to refuse treatment to the extent permitted by law."

I believe the family physician should usually be the one to tell the patient of his or her condition, and never by telephone. Ideally, the physician should choose a time when you and your loved one can sit down and talk together without outside distraction. After you hear the diagnosis, be sure to ask any questions for clarification. There are no silly questions when a loved one is dying.

The truth can be spoken in a kind and loving way. Be sensitive to what your loved one is or is not asking. People ordinarily do not face dying with any more objectivity or serenity than they have shown during other life crises.

Personally, I believe that patients should not be told in a way that completely extinguishes all hope. But the hope must be anchored in realistic possibilities. To speak of a "cure" encourages false hope. But pain may be reduced... the lifespan extended even beyond the doctor's expectations. Frankness does not mean hopelessness.

I remember in a former parish where a man in his early forties was diagnosed as having lateral sclerosis, sometimes known as "Lou Gehrig's disease." The doctor told him that he would probably die within two years. He lived four years. He used to tell me that he would die when his favorite pair of shoes wore out, but they never seemed to wear out, and then I discovered after he died that he had secretly had them resoled.

Hope means different things for different people at different times. Cancer patients hope before the diagnosis that it won't be true. But when it is, they hope they won't have too much pain. And finally, they may hope only they'll live to see a grandchild born. Each hope is realistic — for the time, each new hope is tailored to the new reality.

The greatest hope is to live as comfortably — as usefully — as normally — as possible for the remaining days, to be valued, and to be living in the setting of his or her choice.

When death is expected, family members may mistakenly believe that their loved one is no longer lucid and is unable to discuss family or business matters or even to make decisions about his or her own health care. In your zeal to protect your loved one from unnecessary stress, you may say, "Don't worry; everything is being taken care of." There is no dignity when a living person is left for dead.

Rather, allow your loved one to do the things he or she can do, and give encouragement to do things he or she doesn't think possible. Let your actions be based on your beloved's needs, not only on your own. One dying person wore a T-shirt in the hospital that read, "Be patient; God isn't finished with me yet."

As dying people are able to recognize and resolve many of their inner conflicts, they become more at ease with the idea of death. They are more able to face the prospect of death with a sense of acceptance and peace, as long as their physical needs are also met.

In her study of hundreds of dying patients, Dr. Elizabeth Kubler-Ross discovered most terminally ill people go through at least five stages, and it is helpful for the family to be able to understand these. I'm going to mention these very briefly.

The first is denial and isolation. The patient responds by thinking, "No... not me; it cannot be true."

A second reaction or stage is often anger: "Why me?"

A third stage may be a time of bargaining. If we have been unable to face the sad facts in the first stage and have been angry at people and God in the second stage, maybe we can succeed in entering into some sort of an agreement which may postpone the inevitable from happening.

A fourth stage is often depression. When the terminally ill patient can no longer deny the illness; when he is forced to undergo more surgery or hospitalization; when the patient begins to have more symptoms or becomes weaker and thinner and cannot smile it off any more; then the patient's numbness or stoicism, anger, and rage will soon be replaced with a sense of great loss.

The fifth and final stage is acceptance. If a patient has enough time, that is, not a sudden, unexpected death, and has been given some help in working through the previously described stages, he or she will reach a stage during which the patient is neither depressed nor angry about his fate. It is as if the pain is gone, the struggle is over.

One dying woman described this stage as a "free fall." She said it felt like a parachutist must feel when he leaves the door of an airplane and begins a free fall. "I'm falling in very slow motion — ever so gradually leaving planet Earth behind and moving into the vast and clear

expanse of space. I feel an exhilarating sense of freedom from conventional restraints, but an increasing sense of separation from all that I know, love, and am sorry to leave behind. I am leaving the assurance of what I know for the hope of what I will discover through my leap of faith."

Often in this last stage of dying, the patient may just want us to sit quietly and hold his or her hand. The important thing is that our presence confirms that we are going to be around until the end.

We all need to make preparations for our own death and the death of the ones we love. As Christians, we are especially comforted by the fact that ultimately God is our refuge and strength and that nothing can separate us from God's love. Amen.