

Thank you for inviting me to speak this morning. I have to apologize to some of you for changing the date. I didn't realize how many people were involved in making sure these Sunday services at PGIMF go smoothly until I sent the email asking to reschedule. Within a few hours half a dozen of you had sent about a dozen emails back and forth, scrambling to fill the gap. I'm very grateful to Henry and all the others who stepped in to take over. Thank you.

I was able to listen to the recording of Henry's sermon, and before I get too far, I'd like to briefly recall one of the questions he left off with. 1. What do we do with uninvited guests, particularly those who threaten our well-planned schemes? Maybe a more appropriate question for this morning is, "What do we do with invited guest speakers, who postpone their sermons and muck up everybody else's schedules?!" Now before y'all start yelling to kick the bum out or start throwing overripe vegetables, I think Henry would remind us to be hospitable and forgiving even if the bum is an undesirable in the community. To him who much has been forgiven...

Maybe I should mention this is my first sermon, and that I'm a bit nervous. I had hoped my debut might be at a Quaker service or for a silent monastery community so I wouldn't have to say much. However, the hospitality you've all shown me and the forgiveness I'm hoping you'll have if my sermon doesn't come out well has made me comfortable enough to accept the invitation as one from friends. While I would have liked to speak on some theme that celebrates fathers this Father's day, I'm afraid I'll

have to settle for giving a heartfelt thank you to all the fathers here for their too often unrecognized love and service.

Today I've been led to speak about something a bit more somber, another kind of uninvited guest, the one that Emily Dickinson describes, and I paraphrase her poem, "Because I could not stop for him, He kindly stopped for me." The uninvited guest I speak of is Death. This uninvited guest came to town for me this past week, as an uncle I am very close to died suddenly and unexpectedly at the age of 61. His health had been poor and declining for several years, but still we didn't think death would come so soon. He was a longtime follower of Jesus, and as one of his pastors said "He didn't have much to give, but he had love. He gave his love freely to all." My Uncle James' life and faith made it much easier for us all to mourn his death and remember and celebrate his life as he left us with little doubt about where he is and how much better he's doing now. My quick trip to Georgia and the funeral celebration we had for my uncle was quite healing for me and my family I think, some of whom I hadn't seen for 15 years. Some I'd never met.

As I speak today, first of all I want to paint some broad strokes of some contemporary views on death and dying for context. Second, I want to look at two Biblical narratives, one depicting David as he deals with the death of his son and the other of the woman who anoints Jesus beforehand for His burial. Lastly I hope to leave you with some thoughts and questions for further discussion.

Views on death and dying are changing significantly in our culture. Increasingly, death has become the uninvited elephant in the room, while worship of youth, beauty, comfort and longevity goes unchecked and has reached dangerously unhealthy

proportions. The stature of these idols continues to grow and cast looming shadows on the immense spiritual value that may be gleaned from aging, pain, suffering, dying and death. Certainly these particular facts of life aren't sexy, and to our society's great disservice, they aren't getting the attention they're due. Furthermore, this ignorance and avoidance of confronting death is painfully ironic when we look at the rampant abortion, homicide, and suicide rates, especially in the US (I'm not sure what the numbers are in Canada). I can't help but be in solid agreement with the Roman Catholic pronouncement that ours is a "culture of death."

I know I don't have to remind this congregation, but I believe North American culture at large needs a loud wakeup call because "If we don't have time to stop for death, Death will kindly stop for us." I believe this generation, particularly as the baby boomers are aging, is going to have to reckon considerably with issues of death and dying as it becomes what one U.S. study has termed as "the first-ever mass geriatric society." Europe and Japan have had to deal with such issues already, as their population is older.

However, this is still very unfamiliar territory for North America. The baby boomers have always placed freedom of choice and self-determination as high values, along with entitlement and a marked impatience with delayed gratification or unnecessary suffering. My generation much more so. So it should come as no surprise that death has increasingly become an *option*, just another one beside many in our choice-driven culture, to consider when life and its suffering become unbearable.

Public discourse on assisted suicide, euthanasia and the right to die issues tend to ebb and flow usually with the coverage of cases such as Florida's Terry Schiavo, who was taken off life-support a few years ago after having spent years in a coma, and

Vancouver's Sue Rodriguez, who was assisted in taking her own life after losing a legal battle to end her suffering from ALS about a decade ago.

With the release of Dr. Jack Kevorkian from a Michigan prison earlier this month, you may be seeing more discussion of these issues in the media. Kevorkian, also known as, Dr. Death has said he actively helped 130 people to die. Interestingly, assisted suicide advocates have worked hard to distance themselves from the monstrous persona that many associate with Kevorkian and his suicide machine. However, one of his colleagues attributes the success of the assisted suicide movement today to Kevorkian's work. I would agree that Kevorkian has most certainly forced Americans to confront end-of-life choices for the suffering and the terminally ill.

I was intrigued to learn that Kevorkian's release has come right before California votes on whether to join Oregon as the only states to allow assisted death for the terminally ill. Oregon has had the legislation since 1998, in which time 292 people have exercised their right to die. The only other jurisdictions to have such legislation are Holland, Belgium and Switzerland and all have passed only recently.

On a more personal note, suffering and end-of-life issues have been on my mind more intensively for the last six months, as I had the opportunity to visit with my grandmother this Christmas before she died, and to visit Luciana's grandfather this spring after he had been diagnosed with what looks to be terminal cancer. Each of these experiences has been great teachers to me, in ways that I would not have encountered in my courses at Regent. And each has been dramatically different in terms of how the various individuals and families involved have responded to illness and dying.

In my grandmother's case, I returned home with hopes that I might be of some blessing to her and my family. Instead I found my grandmother was in such a ravished condition from metastasized lung cancer and so unresponsive from the medication she was on, that I could barely speak to her or even hug her without sensing I was causing her increased pain and discomfort. She could only tell me that she loved me, and not wanting to see her pained any more than necessary, I uncomfortably resigned to sitting beside her in hopes I would not overwhelm her. In fact, I felt useless and a helpless bystander to the terrible advances of her suffering and death. Here I was a Regent masters student unable to say or do anything to help my grandmother except by prayer. There just wasn't much that I felt I could do.

The most livened response that I saw from her those few days before she died was as she listened to a hospital chaplain sing and play Christmas carols on his guitar. As my grandmother nodded her head and sometimes sang along to the music, I realized how my intellectual and theological notions of relating to a dying person, my grandmother, had very little power compared to the simplicity of "Away in a Manger," "Silent Night" and "Jingle Bells" sung by a stranger. I was very grateful for the wisdom and sensitivity that the hospice care workers brought. They and my grandmother had much more to teach me in her death than I could have taught her.

In Luciana's grandfather's case, I took what I learned from my experience with my grandmother. I did what I could, supporting Luciana the best I could. Knowing that I barely spoke her grandfather's language I trusted that my love and prayer would filter through Luciana and the Spirit to somehow comfort and support Ojiichan and his family. I was very encouraged when after dinner one night, the entire family of about ten people

circled around him and prayed silently for his healing. To my knowledge, they do this every other night, and I'm glad to say that to the doctors surprise, Lu's grandfather has a reduction in one of his three tumors and is doing much better than expected, back to feeding his chickens and driving around town. I know that my time with him and especially the love and prayer that I sensed from his family for him, healed me in a way that words of any spoken language couldn't.

As I looked at the texts from the lectionary last week, they all dealt with resurrection. Elijah resurrecting the widow's son. Luke's account of Jesus resurrecting another widow's only son. While I would love to hear a good sermon on these texts, I personally find these texts very challenging. While one hears of such miracles occurring from time to time in our day and age, I doesn't seem to me to be the common experience or even one that God uses most often when teaching us about death, dying and resurrection. My experience with dying persons is more akin to that of David with the loss of his son as read earlier.

I've done some lectionary gymnastics in choosing the texts to read to today. One of the prescribed texts is from 2 Samuel 12 when Nathan rebukes David for his killing of Uriah to marry Bathsheba. The passage I've chosen picks up where this one leaves off, as David is praying, fasting and mourning an entire week in hopes that God might deliver his dying son. I'm sure that many of you have also had similar experiences in which you have prayed for the healing of a sick loved one. Sometimes God answers our prayers and heals our loved one. Often, despite our most fervent prayers and convictions, our loved ones die.

David's servants were afraid to tell him of his child's death, they were afraid he might do himself harm. Were they afraid that his suffering might so overwhelm him that he would injure or even take his own life? His actual response dismayed them. They must have thought he had gone mad, or that he was at least going through denial when at the death of his son he so quickly went back to his daily routine. I would probably think the same thing. David's actions do seem to resemble the signs of the classic stage of denial when dealing with a loved ones death. However, David gives a very sobering response that in my mind shows how honest, sincere and wholly human his emotional and spiritual mourning process for his and Bathsheba's first son was.

“While the child was alive, I fasted and wept: for I said, ‘Who knows, the Lord may be gracious to me, that the child may live.’ But now he has died; why should I fast? Can I bring him back again? I shall go to him, but he will not return.”

David did all he could. He prayed, fasted and wept for seven days. He did all he could, but his son died, and he knew that there was he nothing else he could do to bring him back. David's response might seem to be insensitive; but rather than mourn any more he was sensitive to the mourning of others, namely by focusing his efforts on comforting his wife Bathsheba.

I want to relate this passage to that of the woman anointing Jesus in Mark chapter 14:3-9. This is a variation of the Luke text Henry preached on last week. Here in Mark we find the account of Jesus being anointed by a woman with costly perfume of pure nard (an aromatic Himalayan plant of the valerian family for those of you who are botanically inclined).

Unlike the Luke account in which the woman anoints Jesus' feet, in Mark, the woman breaks the vial and pours the perfume on Jesus' head. In the Mark account (as well as Matthew and John) the controversy that is raised is one of financial indiscretion that such an expensive perfume be wasted on Jesus when it could have easily been sold for three hundred denarii. This would have been at the time the equivalent of one year's wages for a well-paid laborer. Jesus' disciples had learned well His teachings to care for the poor, and the money the perfume would have fetched would have gone a long way in helping them.

On the other hand, they were not able to understand Jesus' foretelling of His own death. They scolded this woman for her actions, and Jesus' response surprised them. He told them to leave her alone, for she had done something very good to Him. He goes on to commend her to the ages for her uncommon act of compassion, for Jesus tells us that she, in fact, had honored Him in anointing Him... before his burial. This was uncommon, not because burial anointment was uncommon at the time, but because the woman anointed Jesus before he was dead. She, much like David invested all she could into her concern for a dying person while He was still alive. And while neither of their efforts could save the person from dying, they both did what they could. David prayed, fasted and wept in hopes that God would be gracious to him and deliver his son. The woman anointed Jesus honoring Him and preparing Him to face His terrifying death with courage. They both did what they could.

In light of these passages, I now want to look back at some of the moral and spiritual implications of increasingly popular contemporary views on the management of terminally ill persons. However, before I pose the questions I would like read to you

some of the distinctions between euthanasia and assisted suicide as defined by the Canadian Medical Association. I found these definitions in the May 2007 issue of *The United Church Observer* in an article titled “Death by Design.”

Euthanasia is defined by the CMA as the practice of compassionately terminating a person’s life with no or minimal pain.

Passive euthanasia, which is common practice in hospitals, is withholding common treatments (antibiotics, drugs or surgery) or administering oral, intravenous or intramuscular medication such as morphine to relieve pain, knowing that it may also result in death.

Non-aggressive euthanasia is the controversial practice of withdrawing life support, while **aggressive euthanasia** is the use of lethal substances or force.

Assisted suicide, according to the CMA, means providing a person with the knowledge or means needed to commit suicide, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs.

The CMA does not officially support euthanasia or assisted suicide. Instead, it urges its members to uphold the principles of palliative care, while recognizing that it is up to society to decide whether the laws dealing with euthanasia and assisted suicide should be changed.

I am not an expert, an authority or even someone who has had to make such a decision for a dying loved one. I’m aware that some of you may have been faced with such difficult decisions. Lacey who is joining us today is living here for about month while she takes an intensive course on palliative care. So when I raise these questions, perhaps naively, please know I don’t mean to be insensitive, and please know that I don’t

presume the answers, but in fact, I offer them to you because I recognize in you wisdom from your experience and from your walking with God.

Scripture tells us that Death's sting has been swallowed up in the victory and resurrection of Jesus Christ. However, Jesus reminds us of the powerful process of death that we must first past through before we reach this fuller resurrection. "I tell you the truth," He says, "Unless a grain of wheat falls to the earth and dies, it remains by itself alone. But if it dies, it bears much fruit."

How as Christians should we respond to right to die groups who would have assisted suicide legalized? Is it a doctor's duty to help a person hasten their death? Does this not conflict with the Hippocratic oath in which they swear to first do no harm? Or does pain management trump the natural and even the spiritual process of dying? If God grants us freedom and responsibility in all our living, does that include our dying? Given the range of medical options in our grasp today, and given the full range of choices for what we *can do* in hopes for healing and to prepare our loved ones for physical death and spiritual resurrection, how do we provide hospitality and hospice care to comfort and support our loved ones and even strangers to have courage in facing death as an essential spiritual process?