

1

A MATTER OF LIFE AND DEATH

“Whereas you do not know what will happen tomorrow.
For what is your life? It is even a vapor that appears for
a little time and then vanishes away” (James 4:14).

“Do you love Jesus today?” This was the way I greeted Bill that spring morning at Deaconess Hospital in Oklahoma City. Having complained of chest pain, he had undergone an angiogram and was now, some days later, in the pre-op area, awaiting open-heart surgery. Bill quickly answered my question with an emphatic “Yes!” He looked very healthy that day. As a matter of fact, we both laughed when he said he was feeling great and contemplating getting dressed and going home.

During the surgery, I sat with his wife, Kay, until the surgeon came out to let us know that the operation had been routine and Bill was in recovery. Once surgery is over and all is well, I usually leave the hospital. Seldom do I wait to see patients after recovery, because for the rest of the day they are usually sedated and unaware of anyone’s presence. My regular habit is to visit the next afternoon when the anesthesia has worn off and all the cobwebs have cleared.

About an hour after I had left the hospital, I was having lunch at a fast-food restaurant when my cell phone rang. One of my associates was calling from the church to inform me that Kay had called and things were not going well for Bill. I threw my tacos into the trash and drove the few blocks back to the medical center, where I learned that Bill's heart had failed and the prognosis was not good. We prayed. We trusted God. We reached for faith. Ten minutes seemed like an eternity before the surgeon appeared with news neither of us wanted to hear: They had lost Bill. It was unbelievable. Only hours earlier he had looked so healthy and so full of life. Now he was gone. Life is fragile.

The apostle James compares life to a vapor, a cloud, a puff of steam (James 4:14). I once saw Dr. Jim Diehl, general superintendent in the Church of the Nazarene, demonstrate this for students in chapel at Southern Nazarene University in Bethany, Oklahoma. He explained that it's as if you and I are actors and we enter the stage from one side, go across the platform doing our act, and then depart on the other side. No one knows how long our run will take and neither does anyone know when we'll make our exit. Some stages are long and lasting, while other platforms are way too short. Life is fragile.

Since life is so delicate, I usually greet most hospital patients the same way I had addressed my friend Bill: "Do you love Jesus today?" I ask that question because I'm fishing for an answer. It is enormously important for a pastor to know where each parishioner stands with Christ. Most of the time, the response is exactly what I want to hear. There have been occasions, however, when upon realizing my sincerity a person has honestly admitted to being out-of-step with God. Such a response opens the door wide for personal counseling and prayer to help him or her get back into a proper relationship with Jesus.

Carter was a young man in his thirties who suddenly landed

in the hospital. We were not worried, though, for the problem seemed easy to correct. I visited with Carter in his hospital room a couple of times over those few days, and when all appeared that he might soon be released, I called him on the phone instead of making another personal visit. Everyone was looking forward to seeing Carter back in church. He had become such a vital part of our growing congregation. Bright and early every Sunday morning, Carter would faithfully set up chairs for children's church. I don't think anyone ever asked him to do so. It was his self-appointed job. He always came into church carrying a briefcase (we all wondered what was in that satchel!). While still in the hospital, however, something went wrong, an infection of some sort, and he was quickly moved to critical care. A day after our phone conversation, Carter was comatose and soon passed away. Our church family was devastated.

What I am trying to say is that life is extremely frail and we are never promised a single, solitary thing. Death is certainly never a part of our plans, but it is definitely a part of life, and although we do recognize that, we never seem to find a place for it. After all, there is way too much living to be done. There are people to see, places to go, things to do. It is almost as if we believe we are exempt from such a dreadful intruder, that we are, in fact, immortal. Sooner or later, however, death will find us, one and all. Emily Dickinson wrote, "Because I could not stop for Death, / He kindly stopped for me; / The carriage held but just ourselves / And immortality."¹

One of the ugly things about death is that it is no respecter of age. As a pastor, I have personally buried two sets of infant twins, and for the same couple. I have laid to rest several other babies, as well as a six-year-old boy who drew pictures of me as I preached, artwork that is still in my files today. Such losses are so hard to accept. Children burying their parents makes better sense than vice versa, yet it happens every day.

I have also conducted funerals and memorial services for those who were in the prime of life: The head nurse of a hospital who had just recently accepted Christ, the man bitten by a mosquito that had bitten a horse that had carried eastern equine encephalitis, the auto mechanic who continually refused my offers of the gospel and died without God. Everyone who knew them agreed that each of these people was too young to die. It matters not that a family is left behind. It matters not that dreams are shattered. It matters not that the pain is at times excruciating. Death tackles us anyway and even pursues the youngest of our clans.

Not only does the loss of young people shake us, but sometimes even with adults of all ages, death comes as a shocking surprise. The sickness may not be serious. The surgery may be routine. A person may not even feel bad enough to consult a physician. And sometimes there's no illness at all—a fatal heart attack, an accident, an aneurism. Every day without warning, life for some good people who are loved and cared for by someone comes to a screeching halt and life as we know it will never be the same.

It's never just one or the other, but it's always a matter of both life *and* death. The two go hand-in-hand. It's like Laurel and Hardy. Abbott and Costello. Life and death. This revolting rendezvous with the “enemy” of our existence (1 Cor. 15:26) is a summit that's inevitable. We may be able to prolong it, but we cannot prevent it. We may choose to ignore it, but it will still come knocking on our door. Unless Jesus comes first, we will all experience some abrupt end to living. Robert Alton Harris wisely wrote, “You can be a king or a street sweeper, but everybody dances with the Grim Reaper.”²

But please, let's not forget that prior to death there is life: days that are filled with loving, learning, and laughing; opportunities for people to receive the ministry and aid they need in their personal journey with Jesus; and chances to instill in others all we have

learned along our way. Life is a precious gift from God, and we can't really talk about the dying without reference to the living.

Ministering to the Living

Although a person may be diagnosed as terminal or dying, we must remember that before death occurs, that individual is still very much alive. I think the family that is under great stress and strain sometimes gives up before the patient has officially lost the battle. Though it may be weak, his or her heart continues to beat and therefore life goes on. It is the vital task of the clergy or lay minister to help an individual along this path in a spiritual manner. My practice has been that if the person is hospitalized, either a minister from my staff or I will visit about every other day. Our calls are short, maybe ten minutes long. That's just enough time to pass pleasantries and offer a prayer for the sick.

In a hospital setting, I almost always stand, chat briefly with the patient, and then pray. Only once in over twenty-five years of pastoral ministry was my prayer refused, and that was by an elderly lady on the eve of her open-heart surgery, which, by the way, carried a poor prognosis. I am pleased to report, however, that I have found most people, regardless of their religious preference, are elated for anyone to pray with them. If the call is in a residence, I will probably sit for a very short visit, then pray.

My prayer is always positive and encouraging, thanking God for His presence, power, and ability to do the extraordinary. I mention the one who is ill by name and make the request of God's healing. Regardless of a physician's educated guess, God can and still does perform miracles. At this writing, our church is rejoicing with a young lady who has just been cleared by the surgeon who was preparing to operate in a few weeks to remove some sort of mass. The most recent tests and scans are showing that God evidently beat him to it! At the same time, we have another family that brought

their dad into a city hospital from a small town three hours away. Nonresponsive, he was showing signs of a possible stroke, and doctors had all but written him off. Each in their own way prepared the family for the worst, but the church went to prayer. Within two weeks Dad was out of intensive care and in rehab. The doctors are still baffled and cannot even determine what his problem was. It is our belief that God just erased every sign of the illness with His healing touch.

James 5:15-16 says, “And the prayer of faith will save the sick, and the Lord will raise him up. . . . pray for one another, that you may be healed. The effective, fervent prayer of a righteous man avails much.” The *Revised Standard Version* translates the last part of verse 16, “The prayer of a righteous man has great power in its effects,” and the *New International Version* says, “The prayer of a righteous man is powerful and effective.”

Christians therefore understand that God certainly has the power to miraculously heal, but sometimes, for whatever reason, divine healing is not in His will. I do believe that God intervenes on occasion, stopping that accident from happening, reversing the progression of the disease, or correcting the defect prior to birth. I also believe there are times when God chooses to allow nature to take its course, thus accepting the blame for many things for which He is not at fault. I’ve learned, however, that God always answers prayer. Sometimes His answer is “yes,” sometimes it’s “no,” and many times it’s “not yet.” We may pray fervently for a person’s healing, but instead, he or she dies. In those situations I’ve come to believe that death is God’s way of ushering us into His presence, which is our ultimate goal. No one desires to die, yet we all want to live forever with Jesus.

Many people struggle with theodicy, the fact that bad things do happen to good people. However, God is a God who creates, not one who destroys. I will never be convinced that heartache and tragedy and painful loss are part of His perfect will. Things will

happen in life that will break our hearts, and in those moments I believe the heart of God breaks right along with ours.

When praying aloud with the sick, I always request that God's personal touch be on that individual. As the sickness progresses and the signs of imminent death are more evident, my pastoral visits take place more often, eventually even every day. My daily calls will also become lengthier in the final hours. In his book *The Effective Pastor* Robert Anderson is in agreement: "When the actual deathwatch begins and it is obvious that the person will expire in a matter of hours, the pastor, a church leader, or an intimate friend of the family should be with family members at all times."³ I'll deal more with this in the next chapter.

Ministering to the Family

Clearly, the one who is terminal is going to have the worst experience in dealing with the difficult days ahead. Sometimes there is pain and discomfort and perhaps even confusion and depression, but there is almost always the fear of the future. At the same time, as much as our attention is on the patient, we must not forget the family. There are parents and children, brothers and sisters, and other relatives to consider. They may courageously hold back emotions when around Mom or Dad, but once alone, the tears are apt to flow. It is my feeling that a minister, whether clergy or lay or even a good friend, has a tremendous responsibility to try and comfort those who can do nothing but helplessly stand by and watch. A personal call every now and then in their home would no doubt be most welcomed. Talk with them, pray with them, and send notes to them. Read God's Word to them, and encourage them. Above all, permit them to talk about their loved one, which is for them a tremendous release.

A member of our church had lost her parents many years ago. One death was sudden, while the other was lingering. This lady

told my wife that when the loss is unexpected, there is a sense of shock and a terrible, painful grief. But she also said that when there is an extended, drawn-out death, the family grieves day by day and there is more of a relief than a shock at the time of passing. It's a relief in the sense that "the suffering is finally over."

As you talk with the family about their loved one, it's not a bad idea to later jot down some things that you remember them saying. Likes or dislikes. A favorite hobby or pastime. The story about the time he or she did this or that. Serious times, hilarious times. Allow them to talk, to reminisce, while you take it all in and later transfer thoughts to a notepad. File your notes away. It may be that a few weeks or months down the road you'll be asked to officiate at a funeral or memorial service. Those notes will be most helpful, not only to you, but also to others.

A Biblical Concept of Death

I think it is wise to discuss with the dying (as well as with the living) that the Bible has some things to say about death. We rightfully view death as a separation, one of body and spirit, but also a parting of loved ones. Death cowardly creeps into the homes and lives of good people and seems to rip a family member away, leaving a gaping hole and a heartache that is so heavy the bereaved are unsure whether they can survive.

Harold Ivan Smith offers a concise definition for the word "bereaved":

To be bereaved is to be *reaved*. "Reave" is a wonderful archaic English word that means to break, plunder, rob, tear apart, or deprive one of something. Thus, the griever can say, "I am reaved" and be precise because he or she has been reaved of a loved one and the tomorrows that would have been shared with that loved one.⁴

It's helpful to understand that death was never a part of God's

original plan. He had created Adam and Eve to live forever in the Garden of Eden, fellowshiping with Him in the cool of the day. Could it be that the first transgression committed in that garden was not the *eating* of the forbidden fruit but the sin of just *touching* it? Though God is not quoted in scripture as saying this, Eve adds this idea in her explanation to Satan (see Gen 3:3). Temptation, lust, selfishness, sin, death—the family line was tainted. Sin was passed down through the generations. One act that took seconds resulted in the world described in Rom. 1:18-32.

This death was both physical and spiritual, a separation from the presence of the Lord. Human beings and God, who had enjoyed a personal relationship with one another, were suddenly no longer together. They had been severed from each other. Adam and Eve suddenly found themselves in a world of work and sweat, thorns and thistles, and headed for an eternal separation. Their offspring, born in the image of man, hardly reflected the image of their Creator (Gen. 5:3).

But praise God, this is not the end of the story. The amazing grace and mercy of God brought about a plan of escape so that we need not suffer forever. That plan began with the blood of animal sacrifices making atonement for the sins of the people a year at a time. The word *atonement* can be divided into syllables: *at-one-ment*. That's what these sacrifices did. It was the shedding of blood that brought human beings and God "*at-one-ment*" again. Later came Jesus, the Paschal Lamb of God, who once and for all paid the price for our sins with His very own precious blood. There are always consequences to sin, and as a result of the Fall, we still must face physical death, but thanks to the amazing, undeserved grace and mercy of God, we never need be separated from Him ever again.

Mark Twain said, "The fear of death follows from the fear of life. A man who lives fully is prepared to die at any time."⁵ That may be easier said than done, but for those who are truly living

the Christian life, there should be absolutely no fear of death. Imprisoned at Rome, the apostle Paul was facing possible execution, yet his attitude displayed little alarm. As a matter of fact, he was torn between living and dying. If his life was spared, Paul would continue to be helpful to others, winning lost souls to Christ Jesus, something he was definitely called to do (Acts 9:15; 13:47). On the other hand, once put to death, he would go immediately into the presence of Jesus, the eventual goal of every child of the King. The apostle believed that either way, he was unable to lose: “For to me, to live is Christ, and to die is gain” (Phil. 1:21).

Such should be the mind-set of the born again, thanks to the precious blood and resurrection of Christ. Jesus once told a sister in bereavement, “I am the resurrection and the life. He who believes in Me, though he may die, he shall live” (John 11:25). Without a doubt, this is extremely good news to proclaim to those who face their own demise, especially upon entering their final weeks of life. Read to them such scriptures as Ps. 23, John 14, and 1 Cor. 15. Show them a wonderful trilogy of Bible verses in Rom. 8:18, 28, and 38-39, and whatever you do, don’t miss the descriptions of heaven in Rev. 21 and 22. We so often give more attention to a person’s dying than his or her living. As an individual facing death continues to think and act and breathe, we, as ministers, friends, and family, have an awesome responsibility to help that living person to die peacefully and with dignity.

As I have been writing this chapter, Sandie, Tommy, and I have been visiting my father-in-law in a health and rehabilitation center in Oklahoma City. Last night we walked down the hallway toward Tom’s room, passing a private room on the left that had attracted a small gathering. People were standing and sitting. One middle-aged lady sat in a hard wooden chair that had been pulled up next to the bed. She ever so gently patted the face of a much older woman who seemed to sink into sheets and fluffed-up pillows. She lay

still. Even as we walked past the door, I could see that her face was ashen. Four or five younger people were outside the door in the hallway. It was quiet. Little was said. Lights were low. Everyone appeared to be “waiting.”

Tonight after work and dinner, my wife and I made our daily trek to see her dad. We walked down that same corridor, but tonight all was different. The people of yesterday were gone. The room was tidy. The bed had been made. The patient’s name was no longer on the door. I felt grateful that a little lady, whom I would later learn was ninety-one, had a great host of loved ones to not only help her die but also assist her as she lived.

Many times over the years in revival services and camp meetings I’ve heard Evangelist Robert Taylor exclaim, “I’m going to live until I die!” That’s not a bad outlook on life. Some of us give up on life before it’s ever over. Living is something we must learn how to do. Grief counseling and ministry is not just about death. It’s always a matter of both life *and* death.