



PAUL JUVINAL

THE MINISTRY of PRESENCE

Annie

It was already late in the evening when I arrived at the Healthcare Unit of the downtown Care Facility. The doctor had just left Annie and was giving instructions to the duty nurse regarding her care.

She was in the final stages of life. Her various medical issues were now taking hold in a manner that was not reversible. An instruction extended by the doctor was for the nurses to administer on an “as needed basis” the liquid pain medicine; in essence, not to wait for the usual four hour span between doses. This to control pain.

The doctor’s point was to make Annie as comfortable as possible, to truly minimize her pain and discomfort. Each time when it was obvious that the pain was intensifying, Annie’s daughter and I

would go to the nurses’ station and make a verbal statement about her situation.

One nurse replied, “I’m not going to assist your mother in committing suicide.” The other nurse was more compassionate and would bring the medication to the room for administration. Soon, the medication would take effect and we began what became a most interesting and touching routine, a routine that repeated itself for several hours well into the night.

The daughter would place a call to a family member, a son, another daughter, grandchildren, Annie’s own siblings. I would hold the phone so Annie could hear. After a brief conversation from the other end, Annie would respond, “I love you, too.”

After the final call had been made, Annie slipped into a deep sleep and about 45 minutes later, passed away. On her face was a smile. She had experienced, as had her family, closure. In truth, she was ready to move on, to die with peace in her heart, reassured in her very being.

For the family, from the granddaughter in Illinois to the daughter in her mother’s room, there was a closeness, a privileged moment that was, albeit surrounded by sorrow, full of celebration.

God’s presence was evident. Tears of grief turned, across the country, to tears of joy. Annie had gone home!

Lily

Lily was cared for by her younger sister in the home they had shared for years. Lily’s sister had taken care of their mother and another sister in a similar fashion. That is the way it was done, back home in West Virginia. People, who were terminal were cared for at home.

As Lily’s condition progressed, the visiting nurse and I met with the “caring sister” to carefully note Lily’s situation and her prognosis. She was not gaining, rather she was losing levels of stability. The visiting nurse and I suggested it was time to let Lily “go home.” The thought of this act of finality was difficult for the “caring sister” to comprehend and to accept.

After all, she had cared for their mother and sister, giving each added time that the doctors thought impossible for either to know. She had dedicated herself totally to the care of Lily and wanted time to disprove the prediction of the professionals once again.

The visiting nurse and I carefully noted that God would truly care take care of Lily, eternally. She would know no further pain or discomfort, only God’s grace and God’s peace.

We urged the “caring sister” to give permission to Lily to go home, to let Lily know that she and the rest of her family and friends would be OK.

With tears of sorrow and perhaps frustration, the “caring sister” went to Lily’s bedside and told her that she loved her, that God loved her so very much, and that she would be fine. She gave Lily permission to die, and she did soon thereafter.

Ed

He was not yet forty-five years old when the diagnosis was presented. Incurable cancer would take his life in a relatively

short time span. This was devastating news for him. He was involved in a very profitable business that he and his wife had built over the past fifteen years.

The family included two daughters and one son, ranging from a senior in high school to a fourth grader. This was devastating news, to be sure, for the immediate family, for Sunday school class members, for the church family in general and for his business associates.

Care was extended from the initial analysis of the situation, through the months of varied treatments, and the eventual passing. Ed and his family knew the love, the care, the stability of their numerous friends.

They also knew the dedication of the medical team assigned to Ed, from the primary doctor and his team, to those additional services needed to provide professional care. Faith was evident throughout the developing ordeal, and yes, since Ed's passing.

Ed was always an active leader in the local church. He believed strongly in outreach, in Christian Education. He shared his quest for personal faith development through leadership roles in conference events, including Emmaus weekends.

He ministered to those about him by verbally and non-verbally assigning the trial of the day and the joy of the moment to God.

I'm sure there were times of utter despair, indeed anger over the situation, perhaps anger directed toward God. Yet, in time, Ed placed himself in God's hand.

So often you would leave Ed's company feeling as if you had been ministered to.

When Ed's passing occurred, there was a marked sense of God's continual presence. Friends from the church and the community attended the funeral. It was a celebration. It was presented to remember Ed, to honor God, and to realize privately and collectively the promise of Christ regarding eternal life.

Ed's life was a continuum that drew on the truth, the reality of eternal life. He moved to the final stage of his life with dignity, with self respect. And his family continued to know clearly the support of their church family.

Compassion, listening, a gentle touch, an opportunity for prayer are part of the ministry of presence. This is needed prior to, during, and following death.

The Stephen Minister, the Care Committee member, the Sunday school class member, the clergy need to present the love, the care of Jesus Christ to the family in this most important time.

We know that death is part of life. It presents the final stage of life, providing the believer with eternal care, where only God's grace, God's peace will prevail. For the believer, there will be no pain of any description—physical, mental, spiritual—only God's love.

For the family, if they too know a growing faith within themselves, while there is an obvious sense of loss, of grief, there is also the reality of peace. They can be involved in relaxing in their faith, to know understanding, then acceptance, then eventually, celebration.

It is difficult when someone in the family does not share a belief, does not know a growing faith. There is a clear hesitancy to acknowledge the divine presence of God, and there is often an anger that their loved one has been taken from them.

The anguish the non-believer experiences is, of course, difficult. People of faith, in time, have a relationship with God who walks with them through each stage of life. They know his presence in times of trial, in times of celebration.

To minister to families during the death of a loved one it is most important for you convey the love of God and of the church.

The ministry of presence is so very essential prior to the passing, during the time of the service, and following the service. To remember, with the family, the initial anniversary of the passing of their loved one is important.

For families not connected with your local church, it is most important to again be there for them, on behalf of the church. You need to be a servant in their time of need, extending care, ministering to their whole being.

Death and dying situations offer times to realize reconciliation, to encourage communication between family members, to underscore love for each member to say good byes, to give permission to go home. It is a time to live the ministry of presence, to feel God's presence, to know his eternal care for your loved one and for you. □



Paul Juvinal is a deacon in full connection and responsible for visitation and older adult ministry at First United Methodist Church in Orlando, Florida.

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