

Hearing Stories of Life in Death

The Ministry of Good Death

Rebekah Miles and Len Delony

A chaplain was called to the bedside of a woman nearing death. When he entered the hospital room, Susan, who was very weak and in the final stages of cancer, was surrounded by hushed family and friends. One family member, talking to another by phone, whispered softly, “You better come soon. She might not last much longer.” Susan, overhearing this whispered conversation opened her eyes and began to mumble softly. The chaplain leaned forward and asked, “What did you

say, Susan?” Now she whispered a little more loudly and clearly, “I’m not ready to go yet.” Others near her bed heard her this time. Uncomfortable that she had overheard the phone conversation about her imminent death, they tried to change the subject. Stubbornly, Susan whispered again, “I’m not ready to go yet.” The chaplain, standing by the bed, turned to the room full of mourners, smiled, and announced, “Susan says she’s not ready to go yet.” With that, Susan struggled to sit up and then told the

gathered mourners, “Let’s dance. How about Patsy Cline’s ‘Crazy’?”

After a short and urgent search, the chaplain returned with a CD player and a Patsy Cline CD that had been found in the glove compartment of a custodian’s VW beetle. Susan gave orders to move the furniture back and then, with frail body and strong resolve, she stood, took the chaplain’s hand, and danced slowly to “Crazy.” Others in the room, at first frozen in astonishment, looked around and found a partner to join in the dance. When the dancing was over, Susan went back to bed, visited and prayed with family, and, returning to a semiconscious state, died a few days later.

Although her family and friends were shocked that Susan went from dying to dancing within a few minutes, this burst of vitality was not completely foreign to what they knew of her life. Susan was a free spirit who, trusting in God’s strength, had fought her way to sobriety after rowdy early years. She had never lost her will to fight for life, her love for a good party, or her fondness for Patsy Cline. Her last story made sense within the larger story of her life, and it moved others to join in her story. Those dancing with her, even some of those hearing the story of the dance, joined in her sense of wonder and celebration and her will to live and to live fully. The healing community that surrounded Susan was blessed to witness the surprising stirrings of the Holy Spirit in Susan’s life and death and was charged to keep her story alive. Susan’s good death inspired others to fuller life.

As our nation sat watching by Terry Shiavo’s deathbed and our courts debated the medical decisions of her doctors and the conflicting wishes of her family, the two of us, watching the coverage together, remembered other deathbed scenes, ones that were much less public but no less powerful for the dying and those gathered around them. One of us, Len, was a hospital chaplain for many years and kept scores of deathwatches and offered comfort and counsel after deaths. As with the Shiavo case, some of the families were confronted with heart-breaking

decisions—whether to put the young mother, comatose after an accident, on a ventilator or whether to take a dying elderly man off a feeding tube. In other cases, the heartbreak was not in the difficulty of the medical decisions; there were no big medical decisions left to be made because what could be done had been

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done. All that was left was the comforting, praying, and waiting.

For all of their differences, many of these deathbed scenes held something in common—a hope for a good death. Euthanasia comes from the Greek and means “good death.” By its most literal meaning, then, every pastor is in the ministry of euthanasia. Pastors seek not to hasten death artificially but to nourish whatever goodness and holiness can be found in death and the moments surrounding it. The ministry of euthanasia—a good death—is a part of a pastor’s job description.

Wesley and early Methodists were also in the ministry of euthanasia, or good death. They spoke passionately about the deathbed and attended the dying at their last—singing hymns, engaging in holy conversation, and even taking notes for a deathbed story to be written afterwards so that others could be schooled in death. Scholars note that early Methodists, writing over several decades for Wesley’s *Arminian Magazine*, developed a distinctive genre of deathbed stories with a typical flow including stages the dying person normally moved through and the encouragement they would often give to their grieving loved ones.¹ The dying not only modeled a holy death for those gathered around them but also encouraged a holy life. Death became a means of grace

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Thinking about these deathbed scenes and reflecting on our own work as a hospital chaplain (Len) and a moral theologian (Rebekah), we have asked ourselves what is a good death and how can pastors be with the dying and be present to the presence of God, helping to foster a good death? In her book *Stewards of Life: Bioethics and Pastoral Care*, Sondra Wheeler describes four roles pastors play in medical crises, including those at the end of life.² Most importantly, the pastor engages in the *ministry of presence*, truly being with the patient and those gathered around. Another role is the *ministry of giving witness to the gospel*.

The pastor may also play a third role of *interpreter*, helping the patient and family understand the health care workers and vice versa. This role requires pastors to have basic knowledge of key terms in medicine and medical ethics. Wheeler’s book is a good introduction for pastors to the ethical and pastoral care issues that arise in medical crises.

Finally, Wheeler highlights another role for pastors—*partners in moral discernment*. Pastors not only help patients and families understand the medical and ethical decisions, but they may, in some cases, also enter into the process of moral discernment with them, bringing the language of Christian faith into these deliberations.

To these four roles, we add another. When we ask people to tell us about the final days of a loved one, we often hear an anxious recital of medical details—a list of things doctors said, procedures tried, surgeries performed, medicines given, and medical (and sometimes moral) decisions made. If it is exhausting and confusing to hear this recitation, it is much more so to experience it.

In these settings, the moral role of the pastor may entail more than helping parishioners as they make difficult moral/medical decisions. The moral role also includes helping the dying and their families in their hope for a good death.

To this end, the pastor can sometimes engage in a fifth pastoral role—*midwifing stories of life in the context of death*. The pastor may be able to hear and call forth the deep stories, sometimes gently changing the subject from the preoccupation with the medical narrative to a deeper focus on the stories of the dying person and their family and how those stories fit within the timeless story of God's life with them and with all of us. While we give thanks to God for the gifts of modern medicine, we also recognize that it is easy, when patients and their families are facing serious illness and death in a hospital, to get wrapped up in the medical issues, forgetting the bigger picture.

Arthur Frank, a sociologist and cancer survivor, writes movingly of the challenges faced by those facing life-threatening and life-changing illnesses.³ He describes three storylines or ways of seeing that are common among those facing serious illness.⁴ For many in our culture the storyline of choice is the *restitution model*.

The aim of the restitution model is to regain full physical health, primarily through medical technology, and to return to how things were before. When people face death or serious long-term effects and recognize that things will never be as they were before, they often move to the flip-side of the restitution storyline—the *chaos narrative*—in which the patient and families can become overwhelmed in the chaotic details of the suffering and treatment.

Frank's third storyline is the *quest*. While restitution narratives grow from a reliance on medical technology and chaos narratives from its failure, the quest narrative begins with the acceptance of crisis and limitations as a part of life. The person within this frame seeks meaning within the chaos and limits. Although losses may be overwhelming and even

end in death, the questing sufferer is not paralyzed, but grieves the losses and makes them a part of the quest. Central to the quest model is testimony. Those who suffer, facing pain and death, are called to bear witness. Through the school of suffering, the ill and dying learn and then teach others through their testimony.

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Frank's categories help us reflect on pastoral challenges at the end of life. His models, especially his quest model, offer resources for pastors who are in the ministry of *midwifing stories of life in the context of death*. As pastors see patients and families fully preoccupied with medical decisions, they not only can help them deal with those medical realities, but also gently remind them of another way of looking at the world. Pastors are called to lift up ways that patients and families might weave these difficult days into the larger storyline of their lives and to look for meaning—and more importantly for God's grace and presence—within this difficult situation. Pastors can listen and encourage as the dying

and their loved ones tell their stories and connect those stories with the larger story of faith, of what God has done for the world and what God has done for them. The dying bear witness to the ways that their life is an ongoing spiritual quest for and with God.

In this way, the patient and family may become attuned not only to the way God is gracing their lives—even in suffering—but also to their role, even to the end, of discerning how they might grace the lives of others. Pastors, then, not only have the role of offering their own ministries; but they also facilitate the ministries of others through healing stories and good deaths. Pastors not only give witness to the gospel; they also help others to give that witness—even in and through their deaths.

The question of how to die well is as vital for the living as the dying. Henri

Nouwen writes of a conversation after the funeral of Moe, a beloved, mentally disabled member of Nouwen's community, L'Arche. Over dinner, Nathan, another community member, asked his friends, "Where and how do you want to die?" Nouwen writes that this gentle question "came from our new awareness that like Moe, we would die soon . . . The main question is not, How much will we still be able to do during the few years we have left to live? but rather, How can we prepare ourselves for our death in such a way that our dying will be a new way for us to send our and God's spirit to those whom we have loved and who have loved us? Nathan's question . . . brought me face to face with a great challenge: not only to live well, but also to die well."⁵

This challenge is not just for those lying in their deathbeds, but for all of us, lay and clergy alike, who encircle the dying and await our own deaths, always looking for, as Nouwen puts it, "new ways to send our and God's spirit to those whom we have loved and who have loved us."⁶ □

1. Richard Bell, "Our People Die Well': Deathbed Scenes in Methodist Magazines in Eighteenth-Century Britain," *Mortality* (August 2005).

2. Sondra Ely Wheeler, *Stewards of Life: Bioethics and Pastoral Care* (Nashville: Abingdon Press, 1996).

3. Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: The University of Chicago Press, 1995), especially pp. 75-136.

4. This summary and some key ideas of this article come from Len Delony's *Hearing and Telling the Stories of Healing: From Restitution and Chaos to Testimony of Quest*, D.Min. Thesis, Chicago Theological Seminary, 1996.

5. Henri Nouwen, *Our Greatest Gift: A Meditation on Dying and Caring* (New York: HarperCollins, 1994), xvi-xvii.

6. *Ibid.*

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