

# Ministry to the Dying



CONGREGATION & VISITORS



# Practical Skills Ministry to the Dying

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**MINISTRY TO THE DYING****Leader's Guide**

*How to use "Practical Ministry Skills" by BUILDING CHURCH LEADERS in your regularly scheduled meetings.*

*Welcome to BUILDING CHURCH LEADERS: Your Complete Guide to Leadership Training. You've purchased an innovative resource that will help you develop leaders who can think strategically and biblically about the church. Selected by the editors of Leadership Resources and Christianity Today, the material comes from respected thinkers and church leaders.*

"Practical Ministry Skills" is completely flexible and designed to be easy to use. Each theme focuses on a practical area of church ministry and comprises brief handouts on specific aspects of that ministry. The handouts give a succinct and practical overview of the issues most relevant to your goals. You may use them at the beginning of a meeting to help launch a discussion, or you may hand them out as brief primers for someone new to a particular ministry.

This specific theme is designed to help you provide care at the end of life. You may use it either for a group training session or to give individually to people who reach out to the dying in your church, or need to reach out to a close friend or family member facing death. Simply print the handouts you need and use them as necessary.

For example, to reflect on some important principles of ministry to the dying, see "How to Shepherd in the Shadow of Death" (p. 3). To glimpse a veteran pastor's method of ministry at the bedside of dying people, see "Sitting with the Dying" (p. 8). For ideas on getting your congregation to think about and prepare for death, see "Planning for the Last Days" (p. 9). To learn about choices for caring for a terminally ill person, read "Options at the End of Life" (p. 10).

We hope you benefit from this theme as you equip your church to minister effectively in the final, sacred hours of life.

Need more material, or something on a specific topic? See our website at [www.BuildingChurchLeaders.com](http://www.BuildingChurchLeaders.com).

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**MINISTRY TO THE DYING****How to Shepherd in the Shadow of Death***Pastoral reflections for ministry in a person's last days.*

Psalm 23:4

Helping a person die with grace is one of ministry's most significant privileges. But it is also an awesome, serious, and intimidating task. Here are a few things I've learned while shepherding people through the valley of death's shadow.

**Little Things Say That I Care**

A veteran pastor once told me, "When life is threatened, little things mean more than before." That stuck with me. Ever since then I have looked for small ways to say to those approaching death, "I care."

For someone who loves music, I will try to find a copy of some music they enjoy. For a sports fan, I try to gather memorabilia that he or she will like. Personal notes are very meaningful, and I fill mine with devotional thoughts and prayers.

**Make Personal Visits Personal**

A person near death longs for companionship and looks forward to visits from pastors and church leaders. I attempt to pay a personal call once a week during a terminally ill patient's plateau period (the time before a person's rapid decline in health). As death creeps closer, my visits increase.

For home visits I stay less than a half hour. In the hospital, I stay ten minutes or less. More important to the dying than the time we stay is what we do while we're there. Physical touch is powerful. It is an outward sign that you, as caregiver, are entering into their pain. I try to hold the hand of the dying person when I visit.

When I read Scripture, I have found it means a great deal to the sick person if I read a favorite passage of his or hers. I especially use familiar passages, since familiar words are especially meaningful near death. Sometimes I sing a favorite hymn or worship song. A familiar tune and cherished words can enlarge the faith housed within a weakened frame.

**Talk About What's Next**

An essential part of my spiritual care to those who are dying is to prepare them not only for death but for eternity. I ask direct questions: "Are you afraid of what's ahead?"

"How are you feeling about leaving your family?"

I offer dying people biblical passages of hope and assurance. This gives believers confidence, and it enables nonbelievers to see the benefits entitled to a Christian.

**Coach Grieving**

Sometimes the family, especially a spouse, has difficulty adjusting to what lies ahead. That's when I need to help the family give the dying member permission to die. This can be freeing for the person who is suffering and freeing for the family—who can then begin to accept what's next.

—GREG ASIMAKOPOULOS

**Reflect**

1. Consider some times you have spent with a person who was dying. What things are you glad you did? What would you do differently?
2. Make a list of Bible passages that you could read to comfort a dying person. Why would they be effective?
3. What is intimidating about ministering in someone's last days? What is rewarding?

# Deathbed Questions

*The stages of grief, questioning, and how you should respond.*

Jude 22

*Grief occurs in both psychological and theological stages. People face death asking many questions about God and the meaning of life as they go through the grief process.*

## **Denial: Rejection of evidence—That isn't true, is it?**

When people hear they will soon die, an avalanche of new thoughts, information, questions, and demands for decisions rushes down on them. It's overwhelming—too much to handle all at once. For their own protection, they need to avoid the immediate impact of the avalanche.

Our job at this initial stage is to help them focus on one aspect of that avalanche at a time. We need to let them examine it for a while. Also at this stage, questions or statements that lead them to focus on their own beliefs about life and death help more than statements about our beliefs.

## **Denial: Rejection of help—Can I count on anything I used to believe in?**

Once people start to accept the fact of imminent death, another dilemma emerges. They are now thrown for a loop concerning what and who to trust. People need grounding at this point. Our job is to help them place what is happening on the foundation their own faith laid in previous years. This helps people reassure themselves that all has not changed; what has changed is their awareness of death.

## **Denial: Rejection of others—How could anyone else know how I feel?**

Denial takes yet another form: people deny that anyone else can possibly appreciate what they are experiencing. While probably true in terms of fully knowing their inner thoughts and fears, the position also closes out our attempts to empathize or show support. At this point we need to demonstrate we appreciate them, even if we cannot fully understand the specifics of what they are feeling. This is not the time for trite, simplistic explanations.

## **Anger: Emotional release—If God really loves me, why doesn't he do something?**

Eventually the realization of what is happening sinks in, and all the complexity of feelings that must be faced in approaching one's own death bubble up inside and need to come out. Anger is typically one of the first emotions to expose itself. People get angry at their doctor, their spouse, and with God.

During this stage, people need permission to express all their feelings, so each one can be addressed in turn. They do not need our defensiveness about God. A simple listening ear and gentle probing into the depth of their anger is better than all our theological explanations about the wisdom and will of God—who surely can take care of himself.

## **Guilt and bargaining: Emotional release—What can I do to change this?**

Guilt and bargaining seem to be two sides of the same coin. Both assume that what people have done, or will do, can affect the eventuality of death. Both arise from the proposition that human beings have final control over life.

At this point, people want to make up for some inner deficiency they assume caused their vulnerability to death. They need to be reminded that God relates to them out of grace and not retaliation or vengeance. This is a time for encouragement. Communion, prayer, Scripture, and the assurance of God's forgiveness are most appropriate at this point.

## MINISTRY TO THE DYING

### **Depression: Inward focus—Does anybody care if I live or die?**

Once the concept of dying begins to sink into a person's awareness, their approach to the future changes. They begin to visualize a world without their presence. This can easily lead to insecurity. At this point, people need reassurance they are so important God sent his only Son to save them, and that God has the hairs on their head numbered.

### **Depression: Outward focus—Who will take care of my loved ones?**

This other side of depression is the awareness that, in dying, they are leaving others behind, that their loved ones may not be well prepared, that this death will cause pain and problems. On this side, people need exactly the opposite reassurance than was required for the inward-focused depression. They need to be reminded that God is in control of the universe and he will take care of the family. Specific plans for the future, such as insurance and funeral arrangements, are appropriate at this point.

### **Acceptance and hope—What's next?**

Eventually, after many side trips and much exploring, people reach the point in their journey through grief where they can accept what is happening. They have been allowed to acknowledge that death is not fair, to rule out trying to scheme their way out of it, to learn that the love of God remains even for sinners, and to accept that the family will be taken care of in their absence.

Now we can talk about Easter, the images of heaven prophesied in the Bible, and the promises of Jesus for life everlasting. Theologically they have reached the stage of receptivity to the beauty of eternal life.

—LINWOOD H. CHAMBERLAIN, JR.

### **Reflect**

1. Why is it important to tailor our ministry to the dying person's stage of grief?
2. For each category, come up with another question a dying person is likely to ask at that stage.
3. How can we empathize with a person whose suffering we cannot feel?

## MINISTRY TO THE DYING

### When Death is Near

*Four steps for healthy ministry and a reminder of what the dying person needs to express.*

1 Kings 2:1–2

Edwina Taylor, executive director of Cahaba Valley Health Care in Birmingham, Alabama, who is also an RN intimately acquainted with care for the dying says, “When a person dies, it takes a whole lot of pulling together.” She offers these four steps as healthy tasks for ministry in the final days and hours of life.

1. **Power of presence.** “You don’t abandon people,” Taylor says. “Nobody wants to die alone. Jesus said, ‘Lo, I am with you always.’ There is nothing greater than that. You don’t have to say anything profound. There aren’t enough profound things to say.”
2. **Affirmation of family.** Integrating family members into the dying process is critical. It allows the dying person to find resolution and release, in order to leave this world in peace. But bringing family into it can be “very messy,” Taylor says. “When a terminal illness occurs, all the problems in the family are magnified a thousand times. It is very difficult. We have families who haven’t spoken for years. So we’re treating the patient’s symptoms, while working with the families all at the same time.”
3. **Explain, explain, explain.** The pain and shock of watching a loved one die leaves a family disoriented. Being willing to explain what’s going on over and over again, Taylor says, “enables people to move through the grieving.”
4. **Physical and emotional touch.** “We can touch people at some point in the human experience that we hold in common,” Taylor says. Death is not a time for boundaries.

Doctors, nurses, and social workers do not make up the ideal group of people to care for a dying patient, Taylor says. “Professional caregivers can help, but this is something bigger. What people really need when they are facing death are five things: To say, ‘I forgive you. Please forgive me. I love you. Thank you. Goodbye.’”

—WENDY MURRAY ZOBA

#### Reflect

1. How have you experienced these examples of “pulling together” in your own life?
2. What are the difficulties of each of the four steps that Taylor outlines? What are the benefits of doing each well?
3. How can we educate and encourage our people to put this advice into practice?

**MINISTRY TO THE DYING****How to Minister to the Terminally Ill**

*10 points that should shape your care for those at the end of life.*

Proverbs 12:18

*Here are some important things to keep in mind for your ministry to a person who is dying. Review this advice prior to a hospital or home visit to help your care be the best it can be.*

**Remember:**

- People with terminal diseases know it. Our failure to talk about it doesn't shelter them; it isolates them. Whether now or later, they need to talk about it.
- The adjustment to a new (and often inferior) body image can be a great crisis for illness or injury victims.
- People need to grieve their losses or approaching death. The five stages of grief—denial and isolation, anger, bargaining, depression, and acceptance—can be expected in both patient and loved ones. These are normal, acceptable, and even therapeutic.

**Do or Say:**

- Provide emotional and social support for the hospitalized and their families. Transportation, meals, baby-sitting, companionship, help with bills—all are part of the response of caring churches.
- Give patients human touch, control over their situation, someone to talk with about what *they* want to talk about, the sense of being important.
- Offer realistic hope.
- Listen to the person who is ready to talk about death. Help her put life and faith in order so that death becomes a natural transition to real life, not a dreaded doorway to terror.

**Do Not Do or Say:**

- Do not withhold information from the patient. People have the right and the need to know the facts.
- Do not talk about a patient in his presence—even one in a coma—as if the person were not there.
- Do not give patients a sense of abandonment. Let them know when they can expect to see you, and make every effort to visit regularly.

—JAMES D. BERKLEY

**Reflect**

1. Why is it important to talk with a dying person about their coming death?
2. What are some ways to offer hope to a dying person?
3. What are some ways the entire congregation can unite to minister to a dying person and his or her family?

**MINISTRY TO THE DYING****Sitting with the Dying**

*One pastor's reflections on bedside ministry at the end of life.*

Hosea 11:4

*In over forty years as a pastor, Kenneth Nelson sat by the hospital bed of hundreds of dying Christians. Now in retirement, he reviews his modus operandi.*

- If there's no response to word or touch, I don't demand recognition.
- If from another world she calls me by a different name or asks about dead friends, I don't correct her.
- I share bits of news—something I saw, a mutual friend I visited.
- When relatives come, I step into the background; families need time alone with their dying.
- I neither catechize nor preach. If she nods her head when I suggest prayer, I offer one; if not, I pray silently.
- If regret is expressed for words and acts, I listen without interruption, then assure her that God heard the confession and forgave.
- If regret is spoken for having done so little with life, I assure my friend that God understands. And I confess that none of us will ever do all we could before death. I would like to make the passage from here to eternity as joyous as possible. My judgment in word or attitude is inappropriate.
- If the person is in a coma, I try to imagine the joys and apprehensions of this friend, who is now approaching the Heavenly City.
- If there's no response during my visit, before leaving, I put my hand on my friend and offer a silent prayer.
- If a person has neither friends nor relatives, I stay longer. Everyone deserves companionship in death.

—KENNETH E. NELSON

**Discuss**

4. What are some things you can pray for at the bedside of a dying person?
5. How can a person prepare themselves for a visit like this?
6. Who are some people in our church who would be particularly good at these kinds of visits?

## Planning for the Last Days

*How to help your congregation prepare spiritually and practically for death.*

Psalms 90:12

Few church leaders and pastors are trained to prepare their congregations for the assaults of our final enemy, death. Even in the Bible, believers at Corinth and Thessalonica had questions and concerns about death. Here are some biblical and pastoral ways to get your congregation thinking about and preparing for death.

### Lay a Theological Foundation

This work is best done *before* the congregation needs to confront tragedy. Death is a metaphysical issue, a theological issue. Indeed, for most people, it is *the* theological issue. And it demands a theological response.

Through teaching and preaching, churches need to build for their congregations a theological framework that joins faith and reality. I believe this framework includes three main concepts:

1. Teaching the goodness of God
2. Teaching that death is inherently evil
3. Teaching the biblical hope

### Launch Educational Programs

At some point, theology demands methodology. There are some intentional things a congregation can do to help its members prepare for the experience we'll all face. The best strategy is to treat the topic in Sunday school lessons, youth group programs, and Sunday services.

In our church, we had one of our members who is also a sociology professor at a local college put together a six-week adult Sunday school elective called "Dealing with Issues of Death and Dying." The class focused on stages in the grieving process, how to comfort someone who is dying, how to comfort the bereaved, and what is important in planning a funeral. The class gave people not only information but also the chance to talk about our culture's most taboo subject.

### Acquaint People with Death Before It Happens

One of the best things our Sunday school class did was take a field trip to a funeral home. While at the home, the group discussed how to arrange a funeral and what it should accomplish. The experience helped people in a non-crisis situation prepare for their next visit to the funeral home, whether as the one bereaved or the one offering comfort.

### Create a Context for Grieving

Orthodox theology and the best curriculum will help little when death strikes if people in the congregation do not feel free to honestly express their feelings. Creating this climate for grieving people can happen in many ways. Our church has a sharing time each Sunday morning. Other churches use networks of volunteers to help minister to people who are grieving in their homes. In either case, an outlet for grief must be provided.

—RICK MCKINNISS

### Reflect

1. Describe a person who has adjusted to life after the death of a loved one in a healthy way. What kind of preparation did that person have?
2. In what ways have we prepared our congregation to think about death biblically and theologically?
3. What outlets for grief do we offer to people who have lost a loved one?

## Options at the End of Life

*Caring for a dying loved one can take several forms.*

Job 29:18

With the widely documented “graying of America,” families increasingly wrestle with how to care for a terminally ill loved one. Pastors and church leaders, who have long offered counsel and comfort to the sick and dying, find themselves asked many questions. One of the most common: how to choose among the main options for caring for the terminally ill—hospitalization, home care, and hospice.

### Hospital Care

When a life-threatening medical emergency or a terminal illness arises, hospitalization is the natural choice. Hospitals are accessible to practically every American, and they offer state-of-the-art technology and treatment. In the initial stages of a terminal situation, a family yearns to have doctors and nurses do all they can for a patient.

At a certain point, however, the patient or his family may sense that the hospital is no longer an appropriate place for a terminal patient, and he or she may be released.

### Home Care

Home-based care offers concentrated, individualized attention. And, for many families, it is the only option they know of besides hospital care (since nursing homes generally will not accept patients who have been diagnosed as terminally ill). This type of care may provide a time of deepening relationships and tying up of the loose ends of a lifetime.

### Hospice

Hospice care is not as accessible as hospitalization—there are about 4,100 hospice programs in the United States. But this type of care is considerably less expensive than a hospital stay, and it is covered by Medicare and some private insurers.

Hospice care holds out several promises to its patients. First, their personal wishes regarding treatment will be respected. Second, attention to the patient’s physical needs will concentrate on pain control, trying to prevent it from occurring rather than relieving it on demand. Third, patients are assured they will not die alone, and family and hospice staff wait with those who are near death. And finally, emotional and spiritual support is available to assist patients in coming to terms with their illness and bereavement counseling is provided for family members.

### Variations on Hospice

One little-known option for the terminally ill and their families is inpatient care at a hospice facility. These facilities provide palliative care that minimizes pain and increases comfort. Here, nurses provide expert care that is sensitive to the dying person’s needs.

—BETH SPRING

### Reflect

1. What are the needs that a family must be sensitive to when deciding how and where to care for someone during their last days?
2. What services are available to terminally ill people in our area?
3. List the benefits and the drawbacks of each type of care listed above.

## MINISTRY TO THE FAMILY AND CONGREGATION

### After the Death

*Ministry doesn't end when a person dies; it refocuses on those left behind.*

1 Thessalonians 4:13–14

*Healing is a difficult process—especially for close friends and family who have lost a loved one. Helping guide people through their grief is an important ministry.*

While the process of grieving varies from individual to individual, it typically follows a pattern. When the progression toward healing is obstructed, people often need help. And pastors, church leaders, or trusted friends, can help them get “unstuck.”

#### Diagnosing the Dilemma

One familiar progression of grief is the five-stage process outlined by Elisabeth Kubler-Ross: denial, anger, bargaining, guilt or depression, and acceptance, in that order. You can recognize a person who is stuck in one of these stages when his or her attitude, behaviors, relationships, or even theology, become defined by one of the stages of grief over a prolonged period of time. Here are two techniques to enable the grief-stuck to continue the healing process.

#### Draw the Line

Grieving individuals tend to continue relating as they were accustomed to before their loss. In the case of a widower, for example, he might continue talking to his wife daily, for he hasn't learned where else to turn.

The first thing we can do to help is to enable the bereaved person to recognize the conclusion of the old life and the beginning of the new. We use a technique called “drawing the line.” We draw a bold, white line across a chalkboard in front of the grieving person and say, “That line separates where you were from where you are now, between what was and what is.”

This simple, visual image helps people to understand that they have been reacting to life according to old patterns that just don't work anymore. Many people respond well to the idea of drawing an imaginary line in various aspects of their daily life. By doing so, they begin to recognize their old, unhealthy patterns and adopt new, healthy patterns.

#### Reframing

This is a counseling technique that invites the person to focus on his or her loss from a different perspective. The loss doesn't change, but the way one views, understands, and responds to the loss does. Just as a painting takes on new dimensions when given a new frame, people who reframe their grief can discover new strength.

A couple in our church miscarried their baby, and their grief was stuck by a belief that God shouldn't allow such pain. Something needed to change to enable them to resume a healthy grieving process. After we talked about reframing, I guided them to the psalms of lament, to help them look at their child's death not through the frame of a God who can't understand suffering, but through the frame of a God present in suffering.

—RODGER MURCHISON

#### Discuss

1. Describe a time you have seen someone get stuck in the grief process. What kind of help did that person need to move forward?
2. If a person loses a spouse, what are some areas of life that it will be particularly important to draw the line in?
3. Make a list of three characters in the Bible who reframed their losses. Discuss the action steps they took to accomplish this.

## MINISTRY TO THE DYING

### Further Exploration

*Books and resources to help your church minister at the end of life.*

**BuildingChurchLeaders.com**. Leadership training resources from Christianity Today.

- “Giving Help to the Hurting” Assessment Pack
- “Answering Tough Questions” Practical Ministry Skills
- “Funerals” Practical Ministry Skills
- “Ministry for Depression” Practical Ministry Skills
- “Shepherding Others” Training Theme and PowerPoint

**LeadershipJournal.net**. This website offers practical advice and articles for church leaders.

**National Hospice and Palliative Care Organization.** ([www.nhpc.org](http://www.nhpc.org)) A non-profit organization that advocates for the needs of the terminally ill and offers many resources and information on hospice care.

**Faithful Living, Faithful Dying** *Cynthia B. Cohen et al., eds.* Offers theological and practical understandings on Christian death and dying, written from an Anglican/Episcopal perspective. (Morehouse Publishing, 2001; ISBN 0819218308)

**The Final Act of Living** *by Barbara Karnes.* An informative book about what to expect at the end of someone’s life, written by a hospice nurse. (Barbara Karnes Books, 2003; ISBN 096216030X)

**A Grief Observed** *by C.S. Lewis.* Personal reflections on C.S. Lewis’s loss of his wife to cancer. (HarperSanFrancisco, 2001; ISBN 0060652381)

**Hospice Resource Manual for Local Churches** *John W. Abbott, ed.* Explores hospice care and its relationship to the local church. (The Pilgrim Press, 1988; ISBN 0829807632)

**The Last Thing We Talk About: Help and Hope for Those Who Grieve** *by Joseph Bayly.* Reflections and advice from a pastor who lost three of his sons to death. (Chariot Family Publishing, 1992; ISBN 0781400481)

**Recognizing Spiritual Needs in People Who Are Dying** *by Rachel Stanworth.* How to speak to dying people about and listen for spiritual needs without using overtly religious language. (Oxford, 2004; ISBN 0198525117)