

# Shalom!

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## Aging and the End of Life

**THIS IS THE** third time in almost 35 years that *Shalom!* has addressed issues related to aging. In Winter 1985, the title of the very first edition of *Shalom!* in its current format of a single theme each quarter was “Do Not Cast Me Away When I Am Old.” At the time, it seemed like an unusual topic for a publication that had previously been known as the *Peace and Justice Newsletter*. The topic was chosen because the Board for Brotherhood Concerns (*Shalom!*'s publisher at the time) had just conducted a survey of the denomination to learn what social issues were considered most important. Issues related to aging emerged at the top of the list.

According to the Population Reference Bureau (prb.org), the number of Americans age 65 and older will likely double by 2060, to 23 percent of the total population. Aging, especially of the baby boomer generation, may result in more than a 50 percent increase in the number of Americans needing nursing home care, and will strain the Social Security and Medicare systems. Similar trends exist in Canada (see [www150.statcan.gc.ca](http://www150.statcan.gc.ca)). With more and more adults reaching age 90 and above due to factors like better health care and advanced medical technology, concerns about how to deal with an aging population are increasing.

When the first edition of *Shalom!* on aging was published in 1985, I was only 36 years old; when the second edition was published in 1997, I was 48. Now I'm 71, having passed the biblical “three score and 10”; I'm one of the baby boomers who is part of that

doubling population. I am keenly aware that this third edition on aging and end-of-life issues resonates with my own life circumstances. My husband and I still live independently in our own home, are (mostly!) physically and cognitively healthy, enjoy traveling, help with babysitting our grandchildren, and volunteer various places. We have no immediate plans to move to a retirement community, even though Messiah Lifeways is almost literally only a stone's throw away. Yet I feel much more vulnerable than I was at age 36 or 48, and something could happen suddenly to completely change our circumstances.

So as I read the articles in this edition, I think about the need to plan for our future needs (some of which we have already done), clear out the “stuff” in the basement that has accumulated over decades, make sure our children know our wishes, record my memories for future generations, consider what kind of legacy I want to leave, think about what it means for me to “die well,” and so on. Readers who are not yet at my stage of life can use this edition as a springboard to conversations with their parents or as inspiration for developing relationships with older adults from whom they can learn much.

I'm sure that most people, no matter their age, whether young or old, understand at a gut level what the psalmist said, “Do not cast me away when I am old; do not forsake me when my strength is gone” (Psalm 71:9).

**Harriet S. Bicksler, editor**

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# Health Care Decisions at the Beginning and End of Life: A Statement Revisited

By Harriet Sider Bicksler with Lenora Stern

**MORE THAN THIRTY** years ago, the denominational Board for Brotherhood Concerns (BBC, the founder of this publication) prepared a statement on “Health Care Decisions at the Beginning and End of Life.” It was passed by General Conference in 1988. For this edition of *Shalom!* focusing on the same theme, it seemed appropriate to revisit the statement, how and why it came to be, and how it is still relevant two decades into the twenty-first century. To do that, I talked with Lenora Stern, who was chair of the BBC at the time. First the statement in its entirety, and then a few reflections.



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## Health Care Decisions at the Beginning and End of Life

We, as Christians in the twentieth century, are faced with situations relating to life and death that present very complex moral and ethical issues. Advancements in medical technology are progressing at a rapid pace. These advances have had numerous effects: increasing the proportion of the elderly in our population, reducing the infant mortality rate, increasing the ability to sustain infants in medically complex conditions, and increasing the recovery rate in previously thought terminal illnesses. Costs of this care are increasing, adding a financial burden on families and society. The availability and administration of health care vary with a person's economic and social status. These factors, along with others, have made decisions concerning health care increasingly difficult.

We believe that we are made uniquely in the image of God and that life is a gift from God. The “worth” of a person is due to God's interest in that person and not in any value that a person can achieve through human efforts. The sanctity of life transcends any degree of worth society might apply to a person. We do not have the authority to decide when to end life, whether our own or that of another. We are stewards of the life given us and have a responsibility to maintain the best quality of life possible—by adopting a healthy lifestyle, by pursuing appropriate health care, and by developing ourselves to our fullest physical, mental, and spiritual potential.

It is through life that we initially develop our relationship with God. Life also provides us the opportunity to establish relationships with those people around us and to demonstrate God's love to others by our actions and attitudes. Cognitive functions and communication skills are important components that help to develop these relationships.

Eventually, though, death is inevitable—

a fact of our human nature. Sometimes it is inevitable early in life. We do not give life; at best we can maintain it or allow it to end. Death is not to be avoided at all costs. Nor is death an automatic solution when physical pain or mental anguish dominates our lives, or when physical conditions are incompatible with extended life.

However, striving to maintain life in a terminal situation can decrease the dignity of a person. Meaningful communication can be lost, physical abilities may deteriorate, and cognitive functions may cease. Efforts to maintain life in spite of these changes suggest that physical life is the ultimate priority when, in fact, it is the relationship with God that gives life its value.

Despite our respect for life, at times there are factors that influence our decisions about whether to maintain life. Some are:

- the person's capacity to interact with and respond to people around that person,
- incurability of disease or inevitability of outcome of a medical situation,
- the cost of care and its influence on family and society,
- a motivation to decrease unnecessary suffering and pain,
- a desire to maintain the dignity of an individual,
- the human emotional factor and the threat of loss of life.

We, therefore:

1. Affirm the sanctity of life as given from God.
2. Aspire to the hope of life eternal.
3. Understand that physical death is inevitable and view the physical death of a Christian as a transition to the fullness of life in God.
4. Strongly support maintaining life in the fullest way possible—spiritually, mentally, and physically.
5. Affirm proper medical care for all people, regardless of age, race, sex, or economic status.

6. Oppose any active termination of life.
7. Affirm the importance of preserving the dignity of dying persons.
8. Realize that our human capacities for assessing any medical situation are limited, and decisions should be made with these limitations in mind.

Applications of these ideas:

1. We acknowledge that the refusal of treatment in a terminal situation may not indicate a suicidal impulse, but may indicate acceptance of this condition, thus avoiding complications (prolonged suffering and excessive financial burdens) with no obvious benefit.
2. On the other hand, we cannot omit ordinary means in maintaining life (adequate nutrition, hydration) even when terminal situations exist. However, in such terminal situations, extraordinary means (life support systems, surgery, medications) need not be initiated and may be discontinued.
3. Adequate medical information concerning the treatment options and proposals should be obtained.
4. Decisions to treat or to withhold treatment should be made with the individual's wishes in mind, or in the case of an infant, the parents'. These decisions are best made jointly with the family, physician, and the church community.
5. When we encourage maintaining life in difficult circumstances, we must also be willing to help others (the family and the person) with the physical, emotional, and financial burdens that will result. We must also encourage each person to strive to maintain his/her maximum capabilities.
6. We encourage families to maintain loving relationships and communication. Too often a decision to prolong a person's life may be the result of years of inadequate communication, broken relationships, feelings of guilt, now too late to correct.
7. As medical technology advances, the line between physical life and death is at times difficult to determine. We must maintain an awareness of these new developments and must encour-

age continuing discussion of the ethics in these medical areas.

*Adopted by General Conference, 1988*

During the previous biennium, the BBC had prepared and General Conference had passed a statement on abortion, and this new statement reaffirmed a commitment to being consistently pro-life from birth to death. There were several medical people on the board, including Lenora Stern and Arlene Miller as nurses, and Paul Wengert and Alvan Thuma as physicians. In preparing the statement on health care decisions, the board wanted to speak into current situations. such as the birth of a baby without cerebral brain function whose parents wanted to sustain life.

As Lenora and I talked recently about the statement, we agreed that it was ahead of its time and reflects many of the best practices of today, thus standing the test of time. Even though the specific language isn't used, the statement is highly consistent with today's emphasis on living wills, advanced directives, and health care powers of attorney. The document helps individuals and families articulate the reasons for their decisions.

Missing from the statement, due to the cultural context in which it was written compared to today, is any reference to such issues as "aging in place," and providing support and respite for caregivers. Relatedly, the statement does not really address how or whether one's health care decisions in the United States should take into consideration the inequitable distribution of health care resources around the world (i.e., the fact that many people, even here in the United States, lack access to affordable basic health care).

In addition, Lenora offered the following observations:

- The statement could be updated to reflect new scientific findings and innovations in health care.
- It is consistent with a commitment to the stewardship of life and acknowledges that our bodies are made by God and life is a gift from God.
- The statement reminds us of basic Scriptural teachings to use our gifts to

serve others, show hospitality, show compassion, and share God's love and joy, especially with those who face difficult life decisions.

- It promotes acceptance of the body's life process, and reminds us that death is a natural part of any living organism. As we grow older, we have to "adjust, repair, and replace" in response to the changes in our bodies and in ways that are realistic and reasonable for us individually.
- We come into the world absolutely dependent and go out of this world the same way. The statement confirms that at both ends of life, we expect nurturing care, increasing or decreasing amounts of sustenance (water, food), and above all, comfort (e.g., freedom from pain).

In the end, Lenora and I also agreed that the work the BBC did all those years ago in providing guidance to the church on how to approach sensitive and controversial topics was important. We note that the statement also applies to end-of-life decisions at any point in the life span when death threatens (such as a newborn with life-threatening anomalies), not just when the individual is old. As board members involved with the creation of the original statement, we felt strong re-affirmation of our work. We hope that calling attention to this official denominational statement again will be helpful to a new generation of Christians navigating their way through complicated end-of-life decisions.

*Harriet Sider Bicksler is editor of Shalom! and served on the Board for Brotherhood Concerns in the 1980s. Lenora Stern served as chair of the same board from 1984-1990, and is retired from a career in public mental health policy. They both attend the Grantham Church, Mechanicsburg, PA.*

# Parent Care A Cappella

By Esther Spurrier

**JOHN AND I** were getting ready to return to Zambia after a short visit to Pennsylvania in May 2010 when my father came to us with this request: “You have always said that we should tell you when we got to the place that we needed your help in our living situation. I think we’ve reached that time.”

My parents were both 89 years old and living on their own. Our family had had discussions long before about what we would do when they reached this stage of life. They wanted to stay in their own home, and we children very much affirmed this plan, assuring them of our help. But now that the time had come, the reality of what it was going to mean hit home. I remember feeling numb, and neither of us slept very well that night.

Our nuclear family had been back and forth between Pennsylvania and Zambia for decades, serving the Zambia Brethren in Christ Church at Macha Mission Hospital. My parents had provided a home for us with them whenever we were in Pennsylvania, and in the 1990s we had purchased their house at a very generous price. They had always been supportive and encouraging of our mission service; never had they intimated that they felt neglected or abandoned. We wanted to honor them now.

So, in November of that year, I returned from Zambia on my own. John stayed on at Macha. During the next five years we lived an often-separated life. One of the hardest things was not knowing how long we were going to be living this way. After the first 18 months, we realized we needed more time with each other, and I needed some connection to my “other home.” We decided that John would make the trip to Pennsylvania twice each year, and I would travel to Zambia for two months. My sibs willingly filled in during these times. Our mission administrators were very understanding and supportive of the plan.

In retrospect, those were rich years, but that does not negate the reality that they were also hard years. I had a steep learning curve to master in senior care. My daughter recommended a new book to me that turned

out to be very helpful. New York Times journalist Jane Gross had written *A Bittersweet Season: Caring for our Aging Parents and Ourselves* (2011). Partly a memoir of her own experiences with her aging mother, the book was also a compendium of helpful information and advice on elder care—and self-care. What exactly does “assisted living” assist with? Why do I need to be present at every doctor visit? What is a gerontologist and why should every elder person have someone who serves this function? The book also has a helpful index of resources for elder caregivers.

I had anticipated relational challenges—my mother and I created enough fireworks earlier in life that I had no illusion that aging would make things easier. But I was pleasantly surprised that as both of us accommodated for conflict-ridden situations, we could get along pretty well. I was more tolerant of her eccentricities, and we both learned that every difference did not need to become an issue. Hospice workers came the last few months as Mother grew weaker, and their advice on caregiving and medical intervention was very helpful. She died peacefully in her sleep the night of March 26, 2015, after a rich day spent with a dear friend.

I expected that caring for only my father would be easier. But I had not counted on how my parents’ marriage relationship had strengthened my father and given direction to his life. Almost immediately, he became very anxious and did not know what to do with himself. The next seven months were very difficult. All three of us sibs took turns and fulfilled various tasks and needs in our father’s care. We could not have done this without the help of hospice workers. At one point, I was exhausted from the necessity of being vigilant both day and night, and we turned to the hospice social worker to discuss options. She was so knowledgeable and helpful, loving and supportive as she helped us make a plan to increase in-home respite care and to hold as a possibility some in-agency respite care. Just having a good night’s sleep and knowing I had options helped me gain

new energy and hope that I could see this commitment through to the end.

Daddy died one Sunday afternoon in early November after becoming bedridden that Friday morning and soon unresponsive. My niece, Naomi, who lives upstairs in our home, brought her family with three young children downstairs Saturday evening to sing hymns for Grandpa. As was our custom, the family members who lived nearby came for Sunday lunch on the mountain. We knew the end was near, and each of us—even John’s 94-year-old father—took time to go in separately to Daddy’s bedroom to say our words of goodbye. My sister Faithe was sitting with Daddy mid-afternoon while I loaded the dishwasher and cleaned up the kitchen. She came and said his breathing had become ragged and irregular. By the time I got to his room, he was breathing his last. We cried and thanked God.

John’s father lived until May of this year; he was 98 when he died. We feel grateful that all four of our parents were able to live out their lives and die in their own homes. Naomi is especially thankful that her children have been able to experience death and dying as a part of life and not some mysterious activity. We also realize that this is not an option for many families. We three sibs live side-by-side and were each able to be helpful. John’s sister also moved from Virginia in 2010 to help with their parents.

Being part of our parents’ aging and death also made us realize the need for us to be intentional now about making plans and doing all we can to ease our aging process for our children. I am sure that our living in Zambia for much of our adult lives gives us a different perspective from many Americans. In Zambia, there are no senior retirement and nursing care facilities. Senior care happens in the family home/village as sons and daughters-in-law care for parents until death. Medical interventions for end of life are few. In contrast, it can be hard to die here in the States; there are so many interventions possible that it’s difficult to decide which may be reasonable and which are extreme.

We have come to enjoy books written by Atul Gawande, an American-born surgeon of Indian ethnicity. His latest is *Being Mortal: Medicine and What Matters Most in the End* (2014). He writes in light of the observation that in recent decades mortality has become a medical experience rather than the natural order of things. Again this book is part memoir, but it's also part medical case study, part history of nursing care, and part admonition of things that need to be considered in making medical decisions about end-of-life issues. Does longevity outweigh quality of life during those lengthened years? What do I want to do in the time I have re-

maining? Do I want to stay alive to be a part of some important event that is coming or experience I want to have? What interventions may make that possible?

With our own aging a present reality, we have tried to make plans and check off accomplishments in progressing toward our end. We prearranged and paid for our funerals. We updated our wills and our living wills, redid our powers of attorney, both financial and medical, and discussed our plans with our children. It was helpful to be able to have this discussion face-to-face rather than by email. Our family situations are not the same as they were when we cared for our parents,

and we need to be realistic in our expectations. But as we look at the ways God has brought us to this place and time, we have many reasons to be thankful.

*Esther Spurrier served with her husband John for many years as Brethren in Christ missionaries at Macha Hospital in Zambia. Esther now volunteers in many places, including at the Dillsburg (PA) Brethren in Christ Church where they attend.*

## From Two Floors to Two Rooms

### *Thoughts on Leaving Behind a Home and a Heritage*

By Richard and Jane Long

**AFTER COMPLETION OF** our ministry tenure of 17 years at Walkersville, Maryland, it seemed only natural to move to Messiah Village. Our parents before us had lived there and received excellent care. Therefore, we placed our names on a waiting list several years prior to the move.

We chose to live in a two-level cottage with ample room to host family gatherings and overnight guests. After living in this setting for 22 years, declining energy and increasing health concerns prompted us to consider what our next steps might be. This resulted in our recent decision to move from two levels to two rooms! Prayer and strong family support confirmed this was the right decision for us at this time.

"Downsizing" is a word frequently used by people making a move such as ours. The move from our home in residential living with approximately 1,800 sq. ft. to an apartment with 600 sq. ft. in enhanced living involved discarding many items. Years prior to this, we asked our children to choose things from our home that were meaningful to them, including furniture, quilts, and handed-down items from their grandparents whom they dearly loved. The removal of the things they chose made our move much easier. We counted and took pictures of the U-Haul rental trucks as they left with some of our most cherished items,

so thankful that they were going to family members! Additionally, many things were donated to ministries that provide for persons in need. Of course, we also threw much away, some of which we had not touched in 40 years. The question we asked ourselves was, "Why did we hold on to it in the first place?"

Some folks find it difficult to talk about "end-of-life" issues. With age come changes that are hard for many to make, particularly the loss of independence due to limited health and mobility or the need to surrender the freedom of driving. Perhaps the most difficult topic to speak about is death itself. However, we know that physical death is a reality for everyone, unless Jesus comes first. We believed it was significant to open the door to discussing this with our children and gave them copies of our "Five Wishes," a document that indicates our desires in a variety of perceived medical and life situations. In addition, we think it is also valuable to share with family members one's wishes concerning future memorial services.

While passing on tangible goods such as family heirlooms is beneficial, we realize it is more important to pass on spiritual values. We don't recall ever choosing specific Bible verses and declaring them as a blueprint for teaching our children. How-

ever, Proverbs 22:6 has been beneficial as it speaks of both the training of a child, and the belief that they won't depart from what has been taught. While aware of both our imperfections and the grace of God, we sought to live consistent with the teachings and example of Jesus, as modeled by the godly heritage we received from our parents.

Sometimes the work of leaving behind a legacy was recognized in moments of God's gracious provision, such as an automobile accident that could have easily resulted in the death of Dick and our sons. This was a sober reminder that death can occur unexpectedly at any age and a vivid lesson of God's care for our family. The reality of death and leaving a heritage was also made aware to us at a time of great mourning during the prolonged illness of our third son, Rob. Prior to his death at age 26 due to Hodgkin's lymphoma, he confidently declared, "I know I am ready to meet Jesus."

Daily prayer together has been an indispensable practice in thinking of our heritage, as we pray for our five children, 17 grandchildren, and 13 great-grandchildren (plus our 14th and 15th due at the beginning of 2020)! We have also tried to model Christian service and believe ministry to the Lord does not end in retirement. Our

life here at Messiah Village has provided ample opportunities to serve the Lord, and we have enjoyed involvement in a variety of ways, from leading Bible studies and choirs to serving coffee in the morning at the café known as Bailey Street.

With the births of our children, we realized our awesome responsibility as Christian parents to guide them to acquire Christian values in their lives. What they needed was not only “line upon line” instruction but living examples in our own relationships with Christ for them to see. Each of our newborn children was dedicated to the Lord, with the trusting that he would direct them. One of our sons-in-law

thought we would be upset when he was about to take our daughter in missionary service in French Guiana. I reminded him that we had already given her to the Lord for wherever she was to be led in life.

Our family was in pastoral ministry, as we served churches in New York, Pennsylvania, and Maryland. We did not expect our children to behave in some restricted way because their daddy was a pastor. We did sometimes remind them to “Remember Whose you Are.” This reminder was not simply referring to the Long family, but more importantly that they were children of God. We have tried to model godliness through being transparent in our lives, shar-

ing about God’s blessings, and discussing the ways we’ve experienced God’s grace in difficult times. While not always an easy life, we are happy that we can say with songwriter in Psalm 16:6, “The lines have fallen for me in pleasant places; indeed, I have a beautiful inheritance.”

*Richard (Dick) and Jane Long are retired from many years in the pastorate, and now live at Messiah Lifeways, Mechanicsburg, PA.*

## Caring for the Spiritual Needs of Older Adults

*An Interview with Debby Bentch and Evie Telfer*

**DEBBY BENTCH AND** Evie Telfer both serve on the pastoral staff at Messiah Lifeways Retirement Community in Mechanicsburg, PA. Debby is pastor of nursing care, and Evie is pastor of residential living, a newly-created position. Debby shares leadership responsibility at Messiah Village Brethren in Christ Church, while Evie preaches once a quarter, but regularly attends the Harrisburg Brethren in Christ Church. They agreed to sit down with the editor and talk about their respective roles and how they approach providing pastoral care and addressing the spiritual needs of older adults.

### What drew you to working with older adults?

Evie describes an internship during seminary that awakened her interest, and also fondly remembers discussions with the late Janet Peifer, who was the director of pastoral care at Messiah Village before she passed away suddenly 15 years ago. Immediately prior to taking the position at Messiah Lifeways, Evie was student ministries pastor at Messiah College. She notes some similarities between college students and older adults, such as the search for identity and meaning while navigating life transitions, but enjoys the slower pace of working with people whose involvements are narrowing while their spiritual lives are often expanding.

For Debby, coming to work at Messiah

Lifeways was a deliberate choice. At her home church of Cedar Grove Brethren in Christ, she loved working with older adults. Then later, while pastoring the Hanover Brethren in Christ Church as an unmarried solo pastor, she was often alone, and she found she needed to be around people. When the position of pastor of village ministries became available, she believes she found her calling. Now her home has become her sanctuary.

### What are the differences in your jobs?

Debby is more hands-on with the 187 or so nursing care residents in her care. She spends every Tuesday attending care-plan meetings (each resident has such a meeting on his or her behalf once a quarter). She directly oversees four Bible studies a week, and also contributes to devotions, preaches, and conducts funerals.

Since Evie’s area is responsibility for the 450 residents in independent living, her vision is to mobilize them in ministry. She tries to help them find their niche—their calling at this time of their lives. One of the challenges older adults face is reframing what ministry looks like in the context of new limitations. In the face of loss, there is often the challenge of renegotiating one’s identity—grieving old roles and discovering new ones. Evie seeks to assist in this process as she can. She attends events to interact with residents,

facilitates a contemplative practices group, meets with residents who are leading ministries and Bible studies on campus, and responds to residents experiencing grief or loss.

### What are the biggest spiritual issues that older adults face?

- Understanding the nature of grace and receiving salvation by grace.
- Questions of identity: Who am I now—after loss, after retirement?
- Questions of vocation and purpose: Knowing my limitations, what can I do now?
- Questions of acceptance: Nursing residents especially wonder, “Why am I still here; why doesn’t God call me home?”
- Helping people accept death.
- Finding peace with God and others, and dealing with unfinished business (unhealed relationships, negative thinking and living patterns.
- Loneliness, even in community.
- Dealing with depression and anxiety, often related to disease and loss.

Debby in particular tries to reassure people of their worth, and that there are still things they can do, such as smiling or praying, showing gratitude and encouraging those who care for them, giving others the opportunity to learn to serve and love.

### What advice do you have for older adults?

Both pastors encourage those facing the end of life to consider their legacy: What do they want people to remember about them? What does their faith say about who they are? What do they need to tell people while they still can? If there are strained relationships or unfinished business with others, take the time to seek healing.

Debby and Evie also emphasize that it is important to find emotional healing and work to overcome one's blind spots. They point to the importance of shifting from "doing" to "being," resting in the Lord, and trusting that they are firmly held in the hands of a loving God.

### How has working with older adults changed

### or influenced your own spirituality?

Evie notes that she has become more contemplative, and thinks more about how "dying well" begins now. She is learning more about how to be, to sit, to rest. Both Evie and Debby believe that their work among older adults has made them more empathetic. Debby says she has always been empathetic, but her capacity for empathy has increased, partly because of her experience with her own parents. She often sheds tears with families as they mourn their parents' declining health and eventual death. She never thought she could do the work she does (walking with people at the most vulnerable time in their lives), but has found that her pastoral life has become so much more meaningful than she ever would have imag-

ined.

Evie is thankful for the opportunity to walk and learn alongside lifelong learners who carry the perspective and wisdom of many years of relationships, prayer, and service. Debby sees what she does as a pastor to older adults as a prime example of washing Jesus's feet and giving cups of cold water in his name. As she walks among nursing residents, many of whom have lost much of their cognitive function, Debby often wishes she had known them "before." But, she says, "I am blessed to walk them Home!"

## Mom's Ending and New Beginning

By Donna Harvey

**WE LEARNED SO** much from our mother over the years, often as a result of how she handled five children while keeping her humor and creativity. Her early years were filled with trauma, and still her unwavering determination was to raise us to be full of faith and personal accountability.

As I was the practice kid, my mother's parenting training wheels got a workout. She had to wait until I was asleep to brush my blond curls, since I hated that as a two-year-old. I actually still don't like to mess with my hair, obviously.

Little did we know how her lessons on living with integrity and loving without reservations would be put to the test when the time came for us to care for her. As mom's dementia became more evident, she grew more determined and stubborn. We were shocked to see our loving mother turn mean "ish."

In the early phases of her illness, she once told me, "I am not going to get Alzheimer's." I replied, "Really? How do you know?" Her declaration was typical of her new self: "Because I decided I am not going to!" That was just one of the clues that helped us realize she knew something wasn't right, and she was going to fight against slipping into a troubled mind. Ultimately, 10 years later, she passed

away, having been diagnosed as suffering from Alzheimer's and vascular dementia.

In the intervening years, my next sister and I took turns doing our best to sensitively watch over her from afar. Most of our family was in California, and our mother and stepfather moved to Kentucky for their dream retirement life. He passed away shortly after their move, and she chose to stay. Patti and I worked carefully to convince her to sign power of attorney papers for health care and general decisions. One feature of dementia can be mistrust of others and accusations of thievery.

Our next task was to ask her to tell us verbally her preferences for care, should she become unable to relay her wishes to medical or legal people. She said that wouldn't be necessary, and she would know when the time comes. At that point, we had to step it up just one click, and get a little firmer. I reasoned, "Mom, you are smart and you trained us to think ahead, right? I remember reading somewhere that most people think they have all the time in the world, and then something unexpected happens to them. I promise you that we want to know your heart and preferences, so if something happens, we will be sure to follow your wishes, and not our own, nor try to guess what you would want."

Then she asked me something that shook me: "If I become incapacitated, with no hope of recovery, I need you to help me die." For me, that was another indication of her awareness of her decline, as well as her great fear of losing control of her life. We are deeply pro-all-life, and none of us siblings could promise to comply with that request. Fortunately, we were able to reassure her of our promise to always be with her and care for her, if she became unable to care for herself. When her dementia declined even more, we assured her that if she could not remember us, we would always remember her and share stories of her amazing life with her.

Mom fearfully prepared her DNR (Do Not Resuscitate) papers, and reluctantly agreed to move back to California. We acknowledged her love for Kentucky, and also reminded her of the joy she would feel as the family came to see her more often and share meals and little trips.

The move had to include all her hoarded possessions; otherwise she would not go, so Patti and her husband drove a large moving van full of junk—I mean treasures, like an empty box from her very first Tandy Radio Shack computer and an empty two-liter soda bottle. I was able to convince her to let us throw that one away by saying, "Hey mom,

guess what? I know where they sell those, so if you need another one, I will buy it and drink the soda for you (wink)."

She became irate to discover her primary caregiver wrote dementia on her chart. She told me, "I made him change that; it's just not right!" There are enough stories to fill a book, and many others have written them. We experienced sadness and humor, and gained medical and psychological expertise we never expected.

My three sisters, one brother, and I learned things we never wanted to know about our mother. We also learned how to let God give us the compassion we needed, especially when tempted to be frustrated. Patti was so good at knowing when it was necessary to correct mom's inappropriate words and behaviors and not feel guilty. Well, mostly.

As the time approached for hospice to be considered, we learned from our mother's example, and we read a lot. We studied about end-of-life decisions and did our best to sensitively help our mother keep as much dignity and self-respect as possible. When we had to clean her up each morning, she cried and said in a moment of clarity, "I'm the

mom. You're not supposed to have to do this." When she tried to sneak out at night, Patti was on the couch in the dark and turned on the light, and hugged her, gently leading her back to bed with a light snack. It always calmed her to ask her to pray, and I still hear her beautiful, heartfelt prayers, never weakened nor lessened, even at the end.

In our research, we learned of another option, besides DNR. It was AND (Allow Natural Death). We appreciated the spirit of that, which is available in several states. It means that when a person is terminal and declining, treatment can be withheld, especially when the treatment and testing becomes stressful and in theory only prolongs life a little bit.

Our siblings' connection is strong, as a direct result of our mother's constant emphatic teaching on the importance of family, no matter what our differences. In her last days, we told the nurses to discontinue testing her blood sugar, since the needle pricks hurt her. That was hard for the nurses to accept. We were firm when necessary, and mostly spoke compassionately to them, knowing they were trained to do everything in their skillset to

prolong life. We did have to request a nursing change at one point to help our mother's environment be as peaceful as possible. I slept on the floor next to her bed and scared a night shift nurse; the poor guy didn't expect my head to pop up from the other side of the bed.

Mom passed to her reward on July 18, 2016, so beautiful and full of peace. Later, her doctor said she wished more families would do what we did. Thank you, Lord, for inspiring and enabling us to do what seemed impossible.

*Donna Harvey is a California girl, living in an Arkansas world. She says, "Don and I marvel at how God's hand led us on this winding road to places we never imagined. I am especially grateful for my patient husband and my beloved Brethren in Christ family, who ordained me to vocational ministry. Behind the scenes, our Equipping for Ministry's Directed Study Program changed my life." She currently serves as a United Methodist pastor in Arkansas.*

## An Absurd Decision

By Ben White

**IT WAS WELL** past midnight and the sterilized, inorganic air of the intensive care unit was oppressive. I was exhausted from a late night call to join a distressed family in watching their mother die. They had decided to remove her breathing tube hours before. The nurses had said, "She won't last long." But she was lasting so long.

How strange is it to hope for death? What a completely surreal experience to decide your mother will die and then wonder when it will finally be over.

The family was settling into their conviction that they had done everything they could for her. They were clinging to the reality they had decided to make—this was not giving up. But as they witnessed the long pauses between their mother's breaths with a desire that each would be her last, they visibly struggled.

The medical term is agonal breathing. It is not one of those fancy medical words that looks deceptively like a word you know but turns out to have some other strange Latin origin. No, agonal comes from agony. We were watching the agony of death. Doctors prescribed fentanyl for her pain, but there were no drugs for us.

I looked around the room at the weary faces and felt an intense desire to escape. I was suffocating with her. My job as hospital chaplain was to be a non-anxious presence—a silent comfort in the midst of an impossible storm. To those who welcomed me, I was often a conspicuously holy presence and an institutional guide that did indeed bring comfort.

In this moment I was wondering if my stamina would produce anything at all for these strangers. I was trying to find an excuse

to leave the room my conscience could tolerate. Didn't they need privacy? Wouldn't it be better if it were just the family? I didn't know. I never really knew.

Then Lisa came to save us.

Lisa, the long-tenured ICU nurse, had been popping in and out as unobtrusively as possible. She had turned off the vital statistics monitors freeing us from the grip of the screen. I now was watching the gaping mouth from whence the slow, shallow breaths just kept on coming. Lisa looked at the medicine bags hanging from their poles, she touched the bedside loved one's shoulder, and she listened to the breathing. Then she punched a couple of buttons on the IV pump and left the room with a murmured word of compassion.

About 90 seconds later their mother was dead.

Lisa had pumped up the fentanyl and put an end to our torturous death watch. “God bless her,” I thought. But wait, can God bless her? Didn’t she just end this woman’s life? Yes, it was the cancer first, but was it Lisa last? Should she be able to sleep at night?

In the years of reflection since this experience, I have landed on “Yes, God blesses Lisa.” I say that today with much remaining trepidation because I am still very invested in protecting the sanctity of life, even if I am uncertain what that means in every situation.

Deuteronomy 32:39 is often quoted in conversations about euthanasia: “See now that I myself am he! There is no god besides me. I put to death and I bring to life.” Psalm 139 does tons of heavy lifting in these debates, too: “Your eyes saw my unformed substance; in your book were written, every one of them, the days that were formed for me, when as yet there was none of them” (v. 16). But the foundational tension is right at the beginning of the Bible: “Then God said, ‘Let us make humans in our image, after our likeness’” (Gen. 1:26).

If each life somehow reflects the very image of God, surely to have any willful part

in its end would be unacceptable. However, after a brief survey of the commonly quoted scripture passages, I find most of them to be mostly descriptive and not prescriptive. It seems to me that in the Bible the limitations of human life are usually expressed as givens in a larger thought. Since we are so weak and mortal—dot, dot, dot. Of course we can’t know when someone will die except if we murder them, which is an obvious prohibition, but it is obvious that euthanasia is not so obvious.

For example, you may not have any qualms about what Lisa did. I did in the immediate aftermath. The difference between our reactions, yours and mine, is evidence enough for choosing gray to color this scene. As I considered what had happened, I wondered at how I was thinking and feeling. It felt so right. It felt like, “Thank God for Lisa,” but I didn’t think it was right to feel that way. In light of all these Bible passages and more, was Lisa allowed to do that?

I didn’t know, and I guess I still don’t know in a proof-texting sort of way. Actually, I’m not really interested in knowing anything in that way anymore. But the rapidity

of humanity’s advancing technology makes certainty or prescription absurd to me. Didn’t this mother die weeks before when she was put on full life support? Shouldn’t she have died a year ago but for the ridiculous modern miracle of precision radiation therapy?

Our reality has changed. The descriptions of human limits in the Bible do not so readily apply in the twenty-first century. Sanctity of life, as a concept, requires new definition in light of our newly-acquired power. The burdens of decisions ancient people never had the power to make now rest on our shoulders. And it is all very gray. Each situation requires wisdom and real discernment. So we must remind one another that the Holy Spirit still speaks; the Body of Christ still counsels. Lisa still sleeps at night just fine. I pray the family does, too.

*Ben White is pastor of Circle of Hope in Pennsauken, NJ. From 2011-2013, he worked as a hospital chaplain in Philadelphia, PA*

## Housing Decisions in Later Life

By Nick Hankins

**THE MISSION OF** Upland Manor is to promote quality residential and supportive services in an atmosphere of Christ-like love and care for the whole person. We are an independent senior living facility with non-skilled services. We offer a dining program, ala carte housekeeping services, transportation services, and activities that foster independence longer. We focus on the middle market by providing housing and services at a price point that is consistent with traditional apartment living while providing the extra services and community living that seniors need to thrive. Our passion is for seniors who don’t qualify for affordable housing and financially cannot afford to enter a life plan or continuing care facility, but still want the safety, support, and love of a community that is focused on their specific needs.

In my role as executive director of Up-

land Manor, I work with seniors on a daily basis. In doing so, I’ve been blessed with getting life advice from many of them. Some is very serious advice, some is whimsical, but one bit of advice I hear often is, “Be careful. Getting old is not for the faint of heart.” It shocks none of us to know that getting older comes with increasing difficulties. Aging can often be seen as a series of losses until we are reunited with our Lord. As humans, we struggle with decreasing mobility, inability to take care of daily needs, having to give up our cars, losing our community (as friends go to heaven), and the need to start processing our belongings and downsizing our possessions. The focus goes from looking forward to hopes and dreams for this life into hoping and dreaming of the life to come. That mental transition is one of the hardest to make, especially when it is coupled with the fact

that the aging process does not let us decide when those changes need to be made.

The value of community plays an important role in all our lives. Living in a place where you can get prolonged daily interactions with others can stimulate your spiritual, mental, and social well-being, and help increase your resilience as you age. Community can also give you hope and something to look forward to daily.

The senior housing landscape has been changing, and often this time of life can be exciting and life-giving. No longer is senior housing the cold dormitory, hospital-feeling places of our darkest dreams. Most communities host dining, activities, events, and a vibrant circle of other seniors with whom to interact. There are a variety of options: affordable housing, independent living, assisted living, and life plan communities or

continuing care communities.

Affordable housing offers a discounted rent program for those with limited income. This is a great option for those who need assistance covering monthly expenses.

Independent living offers housing at a normal market rate. The benefits are that these facilities not only provide you with a lot of neighbors in the same age and life stage, but also typically offer a variety of different services to add as needed (e.g., dining services, housekeeping, etc.). Independent living allows a senior to get a lot for a smaller monthly fee and a community to enjoy.

Assisted living is what it sounds like: a place that not only offers housing, but also provides assistance with daily needs (bathing, dressing, medication, meals, and housekeeping). If you need additional support, this is a great option, and is typically the next phase for seniors when they can no longer support themselves at home or in an independent living community. Assisted living involves a significant jump in cost of living, since you are now paying for more help.

Life plan or continuing care facilities set themselves up to be the final move you will ever have to make. Typically, older adults move in when they need few or no services, but then will be able to access assisted living and any nursing care needs near the end of life. These are great places, but they often

have a hefty monthly price tag and sometimes an entrance fee.

One of the questions I find many seniors and their adult kids facing is when, and how, to decide to get more care or move into senior housing. Unfortunately, there is no magic age when someone needs more care. Some people need care at 62, while some not until 92. However, there are some things you can do to prepare.

First, communicate. You should have regular and open conversations about the aging process, the challenges you or your senior family member has, and the steps to take to make this stage of life one that is thriving rather than diminishing. It is okay to talk about transitioning from one home to another, end-of-life care, and a memorial service. These can even be fun conversations! Being on the same page and making plans together help both the senior and the supporting family members feel involved in the process.

Second, plan. Unfortunately, I cannot keep track of the number of people who come who needed senior housing a week ago and are now realizing they cannot find housing at the last minute. We have a housing crisis in America and a rising senior population. Care facilities and senior housing often have a six-month to multi-year waiting list. Additionally, often the homes that are available

aren't necessarily the ones you would want for your loved one. That doesn't mean miracles don't happen. Sometimes a spot opens up last minute, but it is better to plan ahead. Go on tours, look at amenities and pricing, find the place you want to be, and get on the waiting list.

My final piece of advice is this: make the transition to senior housing before it is a must. When you are struggling to deal with a medical issue or dealing with the emotional processes of a specific aging challenge, you don't want to add the stress of packing up all your stuff, downsizing, moving, and getting adjusted to a new place. Put yourself or your loved one in a position to thrive. You want to enter your new home in an atmosphere of peace.

Seniors, you have a lot to give. As you face aging challenges, don't forget you still have a lot to offer. Your words of advice and your stories are important for younger generations (both familial and non-familial). Your words can be a support for your neighbors, friends, and family; your prayers can be powerful. Enjoy these years and may God bless you in your continued adventure.

*Nick Hankins is executive director of Upland Manor, in Upland, CA. Upland Manor is owned and operated by the Pacific Conference of the Brethren in Christ Church U. S.*

## What I've Learned from Older Adults

By Janet Peifer

**LIKE MOST PEOPLE,** I've been learning from older adults all my life. One of my early learning experiences was from a fun-loving grandmother and an older housebound neighbor lady. Years later, my learning from older adults intensified in geriatric nursing positions, in pastoral ministry to the elderly in my congregation, and more recently in chaplaincy at a retirement community.

I've learned that the well of spiritual resources does not run dry even when other resources (physical, mental, etc.) of the elderly are diminishing. A female resident and I sat together at the piano. She hadn't spoken in a long time. I began playing a familiar hymn,

and she sang word for word through the first stanza. Jason (not his real name) was having a difficult evening, wanting to "go home." His Alzheimer's disease precipitated constant roaming to look for his mother or to get to his car. I walked with him to his room, and we sat on chairs next to one another. I suggested that I could read a portion of Scripture, and he began opening his Bible to find the Psalm which I said I would need. I noted as I read my Bible how intently he followed along in his. I paused for what seemed to him to be too long. In his strong voice, he picked up exactly where I had stopped and read a lengthy passage with all the right intonations, stopping periodically to make ap-

propriate comments about what he had read. I was deeply touched, realizing that even in the midst of his profound dementia, Jason's spiritual resources allowed him for those several minutes to transcend his earthly limitations.

I have also learned that older adults are not set in their ways, that they reflect on their presuppositions, and indeed, they do change their minds. I have kept the written notes, verbal statements, and the overheard conversations of residents, pondering them in my heart as I've witnessed a large community of adults ages 66 to 96+ come to embrace the value of having a woman as one of their chaplains.

I have learned that older adults are lifelong students. They appreciate challenging sermons and Bible classes, especially those with new interpretation and understanding of the scriptural texts under consideration. My sermons are a convergence of who God is, who I am, where I have been, and what I perceive to be the spiritual and emotional needs of my elderly congregation. The swmona has the potential of being something different than “normal” sermons. A nurse told me following one of those sermons from Acts 10, in which I pondered out loud what might be on the “sheet” if it was let down from heaven today. I never heard so much conversation among the residents about any other sermon.

Older adults, I’ve learned, are teachers in life and death. Anyone who has lived 70 years or more has a wealth of experience which the younger generations could benefit from if the experiences were told and recorded. Numerous persons told me on a survey that they would tell their stories if others cared to listen. And beyond their stories, older adults teach volumes through their adjustments and fortitude in times of change that comes faster than at any other juncture in their lives.

Older adults have taught me what it means to be ready and waiting for Jesus to come. Until my experience as chaplain in a retirement community, I had never lived among a group of people who daily longed

to go to bed at night and wake up in their eternal home. And not because they are depressed, but because they’re ready to go. I have a new understanding of the words of the gospel song, “This world is not my home, I’m just a-passin’ through.”

Others have taught me what true peace is when walking through the valley of the shadow of death seems never-ending. I have sat and prayed with dying residents whose bodies defied all medical predictions, and have lived week after week on the brink of death. It is a sacred privilege to witness the deep resignation to the will of God as they wait for the gift of death.

These things, and many others which older adults have taught me, affirm that their presence in the congregation, community, or family is not a liability, but an unparalleled asset. My life has been enriched by a concentrated exposure in this choice population. I have found that there are few times in my ministry with older adults that I have not learned more than I have taught.

*At the time of her untimely death in 2004, Janet Peifer was director of pastoral care at Messiah Village. Before that, and at the time she wrote this article, she was associate pastor at Landis Homes Retirement Community, Lancaster, PA. This article is abridged and reprinted from the Winter 1997 edition of Shalom! on “Generation to Generation.”*

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has grown both in principal and annual revenue to MCC, helping to feed many hungry people around the world through our family’s lasting, living legacy.

Donations made to a church to purchase some tangible item in memory of a loved one are good, but what happens when the thing becomes obsolete and no longer useful? On the other hand, making a donation to an “in memory” endowment provides an ongoing and permanent way of remembering the loved one while blessing a favored ministry each year. Providing sufficient funds to erect a building or some other useful capital project as a memorial certainly can have merit. Such memorial gifts should also be sufficient to help care for ongoing maintenance.

Contributions to an endowment can also show respect and appreciation for a couple’s 75th wedding anniversary or a 90th birthday. Here again, a gift to a Christian charity’s endowment “in honor” of such individuals is a more lasting recognition than another piece of china for their already crowded curio cabinets.

The difference between tangible memorials and a living legacy is biblical. Not only did Joseph in Egypt offer a model, but Jesus also gave a mandate when he said. “Do not store up for yourselves treasures on earth, where moth and rust corrupt and where thieves break in and steal, but store up for yourselves treasures in heaven” (Matt. 6:19-20, NRSV). Donating to a Christian char-

## Editor’s Notes

### Subscription renewals and contributions:

Thank you to all who have renewed your subscriptions and made extra contributions to help sustain the ministry of Shalom! this year. It’s not too late to renew if you haven’t already done so, or to give an additional end-of-year gift. Checks should be payable to Brethren in Christ Church U. S., and sent to the editor at the address on page 2. You can also renew or contribute online at [bicus.org/resources/publications/shalom](http://bicus.org/resources/publications/shalom).

**Topics for 2020:** No decisions have been made yet about topics for 2020. Under consideration are economic justice, living peacefully in an age of outrage and polarization, creation care, criminal justice reform (including mass incarceration), and understanding the generations (silent, baby boomer, Gen-X, Millennials, etc.). Your ideas for topics and writers are always welcome. Contact the editor.

ity’s endowment is a great example of storing up treasures in heaven.

Because “you can’t take it with you,” giving to an endowment is a lasting way of sending it ahead. Living a committed life dedicated to the Lord is the best testimony and legacy to leave, but providing a way for others to continue to give to the Lord’s work through an endowment is also important.

*Lester C. Fretz served as stewardship director and in other finance-related capacities for the Brethren in Christ Church in the U. S. and Canada. He and his wife are retired and live in Port Colborne, ON.*

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## Focusing on the Future: Leaving a Living Legacy

By Lester C. Fretz

**WHEN MY FATHER** died over three decades ago, we simply took his license plate to the funeral home where it was displayed, reflecting his and my mother's special long-term interests and commitments. It read: "MCC" (see photo). When an organization connected with one of my brothers realized a donation in his memory would become an endowment, they gave \$500. They never would have spent that amount on flowers!

During World War II, my parents helped to preserve food for Mennonite Central Committee (MCC). In retirement, they were involved in an MCC program that provided food for Canada's indigenous people. Their interest in and support of world relief greatly influenced the values of their eight children.

Statistics clearly underscore that giving to charitable organizations, including churches, is declining. When Joseph realized the effects of an imminent seven-year drought, he planned for the future by warehousing grain. This model can be replicated today to ensure future funding for Christian ministries through the creation of endowment plans. Such plans receive donations that become funds in perpetuity to provide ongoing in-

come to named beneficiaries through the interest earned.

Flowers are fragrant but fleeting. A few flowers are very comforting; however, too many given in memory of a loved one can become a burden. A more permanent memorial can be established by donating to an endowment in memory of the deceased. Because of the potential tax advantages of donating to a



registered charity (which most endowment funds are), the amount of the donation can even be enhanced.

Some data indicate that the most elderly generation in the U.S. has \$14 trillion in net worth. In Canada, it's proportionate. In some cases, these people don't necessarily want to pass along all of this wealth to their children or grandchildren.

Often, this elderly generation has favorite ministries to which they have ties and inter-

ests. By making a gift to the endowment fund of a loved one's favorite ministry or charity, the donor is providing for ongoing support from the annual revenue of the gift. The endowment also strengthens the ministry's equity position.

When our family endowment was created, the grandchildren were not yet earning incomes. My parents' legacy is now reflected as successive generations have been making donations to the endowment. By creating the endowment and designating to what projects the endowment's annual disbursement should go, we can ensure that successive generations will continue to be influenced by the family's value system.

Of course, there are many other values than giving money that parents can pass on to their families. Two children served as missionaries in Brazil and Zambia. My parents' interest in MCC influenced two of their sons as well as two grandsons to serve with MCC. These cross-cultural opportunities engendered positive attitudes toward other races, people living in poverty, volunteerism, and serving the Lord.

Over the years, our family endowment

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