



Pastor's Update

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LUTHERAN
CHURCH OF **HOPE**

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By Pastor Merv Thompson

"May the grace of the Lord Jesus Christ and the love of God and the fellowship of the Holy Spirit be with you all." (2 Cor. 13:14).

Maybe it is a result of being "of a certain age," but almost the first section of the newspaper to which I turn is that of the Obituaries. Maybe the old adage is true, "If I don't find myself on the list, then I can get up and have a productive day." I especially appreciate newspapers which have made the obituaries into an opportunity for creative writing and enlightened story telling, rather than just listing statistics.

Just a week ago The New York Times devoted almost an entire page to the obituary of someone who has had an enormous impact on both the medical and the theological communities. Her name was Dr. Elisabeth Kubler-Ross. I was first introduced to her when she published her revolutionary book Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families. She completely reinterpreted how the dying should be treated, the way that medical and religious practitioners should respond to the terminally ill.

Some thirty years after reading her book, I still remember her ringing denunciation of the way dying people were treated in the 1950's and 1960s. I paraphrase her emphatic words: "Dying today is more gruesome, more lonely, more mechanical and dehumanized, for the patient is often taken out of a familiar environment and rushed to a hospital. At this point the patient is often treated less like a person and more like a thing, with no right to an opinion, no participation in decisions."

She steps up her caustic comments, "Dying patients may cry out for rest, peace and dignity, but instead will get infusions, transfusions, a heart machine or even a tracheotomy. She may want one single person to stop for one single moment so she can ask one single question, but instead will get a dozen people around the clock, busily occupied with heart rate, electrocardiogram or pulmonary functions, secretions or excretions, but not with her as a human being."

She asked the biting question, "Is our concentration on equipment our desperate attempt to deny the im-

pending death which is so frightening and discomfoting to us. Do we displace all of our knowledge onto machines, since they are less close to us than the suffering face of another human being? Are we becoming more human or less human?"

Obituary writer Holcomb Nobles writes, "Dr. Kubler-Ross helped end centuries-old taboos in Western Culture against openly discussing and studying death. She also helped change the care of many terminally ill patients to make death less psychologically painful, not only for the dying, but also for their doctors and nurses, and not the least for the survivors."

He continues, "Kubler-Ross was a powerful intellectual force behind creating a hospice system in the U.S. through which care and compassion are provided for terminally ill people. And she helped turn Thanatology, the study of the physical, psychological and social problems associated with dying, into an accepted medical discipline."

Kubler-Ross first became interested in the dying while a teaching fellow at medical school. Not long after she arrived she was asked to fill in for a very popular professor. She was very nervous with this assignment, and at first the students did not want to even listen to her. But then the place became noticeably more quiet when she brought out a 16 year old patient dying of leukemia and asked the students to interview her. Now it was the students who were nervous.

Their questions focused primarily on blood tests, chemotherapy and other clinical questions. Finally the teenager exploded in anger and posed her own questions, "What do you think it is like not being able to dream about the future, not be able even to plan for your own high school prom? Why won't people tell you the truth?" When the lecture ended, many of the students were moved to tears.

When she became a Professor of Psychiatry at the University of Chicago Medical School, her lectures on death and dying began drawing standing room crowds

of medical and theological students. Again she organized conversations with dying patients as a way to teach the professionals. Staff doctors at first objected to the program, arguing that patients should be shielded from thoughts of death.

To bring public pressure to change hospital standards, she agreed to a request from Life Magazine in 1965 to interview a terminal patient. The Life article angered hospital administrators who wanted the hospital to be famous not for its dying patients but for the ones it saved. Doctors were ordered not to cooperate further, and the lecture hall for her next seminar was empty.

But the hospital switchboard was overwhelmed with calls in reaction to the article, mail piled up and she was asked to speak around the world. Gradually the medical profession moved toward accepting new approaches to treating the terminally ill. Pastoral care was also deeply affected by her work, as chaplains, pastors and other caregivers were taught how to treat the dying as persons, responding to the whole person.

Dr. Kubler- Ross is most famous for identifying the "five stages of grief." She concluded that not every dying person experiences all five of these, and the order in which they occur is often different, but most everyone experiences at least two or three stages.

The first stage is denial. We often tend to deny that which is too painful to accept. (Sometimes family members are more into denial than the terminally ill patient.)

The second stage is anger. When we realize that denial doesn't work, then it is easy to lash out in anger. "Why me?" exclaims the patient. "It just isn't fair. It must be someone's fault; blame God, or a family member, or a doctor, or a pastor."

A third stage is bargaining. When death becomes a certainty, people often bargain with God. "God if I change my behavior, if I believe more, if I eat a different diet, if I go to church every Sunday, will you postpone my dying?" Martin Luther, when afraid of death in a storm, bargained with God, "God if you save me from this storm, I will become a monk."

A fourth stage is depression. When every other action fails, when death pushes in upon us, a person can easily become withdrawn, sullen or sad. Sometimes the patient even cuts himself or herself off from others.

A fifth stage is acceptance. Kubler- Ross called this the goal of the dying process, to come a point where we accept our own death. That will bring peace, tranquility, even a time of joy and anticipation for what comes next.

Another breakthrough by Kubler- Ross was that she applied these five stages to people who were experiencing a whole host of losses, from the loss of a loved one, to a divorce, to the loss of a job, to a good friend moving away, etc. Any kind of a major loss in our lives can trigger these five stages of grief.

The latter years of Kubler-Ross's life were not very happy. She began by focusing on the afterlife, concentrating much of her attention on those who had gone through "near death" experiences. While Christians would find this a very legitimate study, many scientists or medical personnel were not supportive. But later in this process she became associated with some less than reputable characters, reports about her channeling spirits were in the press. By the time of her death her reputation was seriously damaged.

But her end-of-life confusions do not in the least diminish her ground-breaking work on behalf of the dying. Those of us who were educated and equipped for ministry in the 60's and 70's were deeply influenced by Dr. Kubler-Ross and her book Death and Dying. And today much of the improved care and compassion given to the terminally ill, such as Hospice, can be credited to her pioneering efforts.