Conference Care Newsletter

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"And went to him, and bound up his wounds . . . and took care of him" Luke 10:34
"But that the members should have the same care one for another" 1 Corinthians 12:25

Editorial

Where Am I?

That's an easy question to answer. I'm at home. I'm on the road to the city. However, when it comes to my mindset, it becomes more difficult to define. There are always issues in society, the church, or the family that make it hard for us to be conclusive. Perhaps one of the biggest challenges in our day is how I feel about the pandemic. Where am I with that? Do I need to establish a position?

March of 2021 marks the first anniversary of Covid-19. Those of us who were at Annual Meeting in March of 2020 remember that the meeting ended early upon the advice of local authorities. The ensuing year has been a roller coaster of experiences. This editorial was written several weeks prior to publication, and even those weeks while printing was being set up may have brought changes.

One question I ask myself when I think of writing about Covid-19 is whether it is possible to write something that would address it reasonably, with an unbiased approach, and in a way that would be acceptable to readers in our constituency. I have read some comments on the subject in our writings but nothing that addresses it specifically. There may be a good reason for this. I know that Conference Services has sent out a notice or two regarding certain aspects relating to the pandemic. Most of us have read countless expositions and opinions regarding it and may have come to a rest in our conclusions.

From my bubble, I am probably unqualified to make a statement, but I am ready to say that coming to a rest with conclusions is rare, and in general, people who have seemingly formed conclusions are not really at rest either. I also know that what I say here may not contribute to anybody's rest in any big way.

I have spent the last year in one of the conference's guest homes. Mostly, the health of our guests is compromised. They come here because of medical issues, either for themselves or their loved ones. The issues being faced may be cancer, transplants, and major surgeries.

Some of the people profess little faith. Others are nominal believers. Some profess strong faith. Most of them carry a healthy respect for the possibility of being infected with the virus. One guest said it simply, "If I get it, I'm finished."

I notice different attitudes among these people. There is respect, and sometimes there is fear. These people have come face to face with the reality that they have serious health issues. They are not ready to take a lot of chances. One woman said, "They gave my husband three months. We chose intervention and treatment and now they say three years. We are very thankful. We like to come to your guest house because you are careful and take precautions as it relates to Covid."

I have noticed that the more religious the profession, the more chance there is for resistance to regulations and authority. This is somewhat troubling because I notice that some of my brethren tend to fit into this group. Is there some kind of concept in people who profess faith in God that makes them think they are above civil authority? Do they think that the faith they profess makes them superior in some way? After all, they walk by faith under the authority of God and not man. What kind of a spirit motivates this concept? Or is it a concept that motivates the spirit?

It is a pleasure to serve the guests. They are focused on their health or the health of their loved ones. They like the

peace and safety of the guest home and respect the standards. Relating to the skeptics and gainsayers adds another dimension to the service. The most drastic fall into the category, "Covid—it doesn't give such." Pardon the low German.

There are those groups that openly resist the regulations and choose to disregard the health authorities. There are concerned people pleading with these groups to submit. I will quote from a column in a local newspaper. The columnist addressed the above issue and quote from a writing shared by the concerned people. "The faith leaders urge everyone to adhere closely to the recommendations and directives of public health officers and government officials." And there is this from the leaders: "Even more than this, we encourage our fellow citizens to not merely adhere to them begrudgingly and minimally but willingly and with an overabundance of care. We pledge to model this ourselves, each in our own communities as well, in ways appropriate to contexts. This may require certain sacrifices of self and of freedom, but such is the path of love."

Is the above quote consistent with the profession of Christianity?

If all goes as planned, I will be back home before this is published. It will be interesting to find out what influences I will be exposed to there.

"The Valley of the Shadow of Death"

Tim Penner

Those are striking words. What is the psalmist saying? Was it a recurring experience for him, or was he in this valley all the time? Do people experience the shadow of death on their death beds or when they have close encounters with death in everyday experiences? Although a little judicious in making the following comment, I will say that we face the valley of the shadow of death daily. On the road, in the air, in hospitals, at work, and at play. We are usually not so conscious of this. Although our bodies are strong and resilient, death is never far from us.

In this article, I will try to address death realistically and cover some practical aspects of the end-of-life experience. I remember incidents from my work in long-term care. Someone died, and there were caregivers who had a hard time dealing with this. We wondered if we had failed to counsel them that this was an occurrence in a rest home. Yes, people come to a care home, and it is expected that they will die there. And those who work there expect the same. It is accepted that it is a better place in which to pass away than in a hospital.

There are several groups of people who will be considered: the caregivers, the family, and the ones who are passing. I will refer to a Canadian Virtual Hospice writing called "When Death Is Near." I will indicate when I make a major quote; otherwise, the content will be a summary on some points that are covered in the writing.

People age at a steady rate of speed. Twenty-four hours of time make a person a day older. This rate of speed seems slow for the first thirty years of a person's life. We have heard, and some of us know, that time seems to speed up as we age. As a person nears the end of life or faces terminal illness, the end becomes even more real. This affects the person in many ways. Perhaps the most noticeable is a weakening of the physical body. Everyone is experiencing this, but the evidence becomes more visible and the effects are felt more acutely in the aged and the ill. Young people and middle-aged people seldom feel this, and thoughts of addressing this are distant.

As illness becomes more acute, especially in the aged, physical capabilities decline. Reserves in energy decline more rapidly, and it becomes difficult or impossible to build up reserves by eating properly. We see this happening externally in people and need to understand this is also happening internally. Internal organs are slowing down and becoming weaker. We look for treatments, and sometimes implement them, but recovery from treatments becomes more difficult. It should be expected that there may be sudden improvements and fluctuations in strength. A young person, supposedly healthy, has down days for different reasons. This happens with the ill and aged as well, except these fluctuations are usually more acute and lasting for obvious reasons. The body and mind are declining.

When someone is dying, there is decreased alertness and social interaction. This is normal and should not be alarming. Again, the body and mind are becoming too weak to function like would be considered normal in a younger, healthy person. Closer to the end-of-life, a person may be quietly confused. This is to be expected. Something to consider at this point are options for spiritual and emotional support. Would the person benefit from a pastoral visit? Is the family able to cope quietly and effectively?

For caregivers, the challenge is in balancing care for the patient and the family. The ultimate objective of caregivers is to make the passage as dignified and comfortable as possible. The family may not have experienced death before. It is important for the caregivers to be caring and to give the dying person the comforting care they have learned to give. Such a caregiver will reassure the family and make them feel more comfortable. Explaining to them that what they are seeing is normal and, under most circumstances, not painful or uncomfortable for the dying person is important.

Another important point to remember is the type of conversation conducted within hearing distance of the dying person. Normal visiting among family members

may well be the most comforting for the person, and there may be little or no response. Hearing is a strong function. It is very probable that there is more comprehension by the dying person than one might think. Any conversation regarding the condition of the person dying should not be done in his presence. Saying goodbyes to the loved one and encouraging them to "let go" is in place.

There are reflexes that take place as a person fades that seem disquieting and may cause some trepidation. For example, if someone is holding a dying person's hand and tries to withdraw it, the person may tighten the hold, and the conclusion is that he does not want you to leave. This may be disconcerting to family members but is usually a simple reflex. Newborns have the same reflex. Family members should be free to ask caregivers about anything they do not understand. There may not be an explanation for every issue, but communication can relieve a lot of anxieties.

The desire may be to encourage intake of food and drink, thinking it will prolong life and provide comfort. This is false. The patient may not be able to swallow properly. Because of this, it may cause aspiration of food particles and create breathing and coughing issues. Also, the internal organs are not strong enough to digest food anymore. In short, forcing intake of food and drink may actually hasten death. "Dehydration is a normal part of the dying process and is not the same as thirst. Decreased food and drink intake is a natural part of the dying process."

The more difficult aspects of experiencing the death of a loved may be the confusions, agitations, and "visions." Illusions and hallucinations may be frightening to the family. Whether these experiences represent something spiritual or metaphysical or are the result of the brain being under significant burden of illness is hard to say. It is at this point that sedation to treat confusion may need to be considered. "Family members trying to decide whether sedation is appropriate may wonder whether medication will bring about an earlier death. Families, friends, and the health care teams should understand that when the underlying illness is expected to result in death, within a few days to a week, or perhaps even one to two weeks, sedation with appropriate doses of medications does not influence the time of death. The goal of sedation is to use doses that maintain sleep but are not strong enough to hasten the natural dying process."

As the person nears death, different physical changes occur, especially breathing. Sometimes there is an unexpected rally, and this gives family a time for creating some meaningful memories, even if it is brief.

The most obvious signs that it is over is when breathing ceases and the muscles of the face relax, and there are no more movements. This may be a moving experience for those at the bedside. Feelings are mixed: relief, sadness, emotion, joy, or grief. So much depends on circumstances.

"Yea, though I walk through the valley of the shadow of death." It is not the shadow now, but it is the reality. Depending on circumstances, the next challenge is the grieving. What is grief? What does it mean to grieve? How long does grief last?

Even if I walk through valley of the shadow of death, I do not need to be afraid. Because the Lord is with me and comforts me. Goodness and mercy follow me daily.

Blessed Are They That Mourn

Ida Klassen

Sadness. Loss. Fear. Death. Worry. Mourning. Anger. Denial.

These can be part of a process we call grief. An article by a psychiatrist, Gianpiero Petriglieri, states, "Grief is the personal experience of loss." A dictionary definition of *grief* is "keen mental suffering or distress over affliction or loss; sharp sorrow; painful regret." Of interest is that none of the above definitions mention death, but they mention loss. Lately, conversations I've had, observations I've made, and articles I've read have made me think more deeply of grief in various ways.

It has become clear that anyone who has lived for any length of time has experienced grief, to a greater or lesser degree. There are many ways in which we can experience loss, apart from the death of a loved one. Although that can be one of the more profound instances of loss, in this article, I would like to explore other griefs and losses. Some examples would be loss of a job or career or a downturn in financial standing, having a child or spouse reject us or their rejecting the faith we love. Perhaps our dreams for the future have not come true in the areas of marriage or having a family; there may be a chronic illness of a loved one or a disability that disrupts what we envisioned happening in our life. Our marriage may not be the fairy tale we expected. As we grow older, we may feel a loss of purpose. With the restrictions imposed upon us in 2020, many of us have experienced a completely different kind of loss—what can be called the loss of proximity. Each of us could enumerate other personal experiences.

As I look at the above list, one thing comes to mind that would cover all of them, and that is the loss of expec-

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tations. We expected our marriage to turn out like our parents' marriage. We expected to get married in the first place. We expected this career to be one in which we would be extraordinarily successful. We expected we would get our dream vacation in 2020. We expected to always feel close in heart to our children. However, as we know, seldom do our expectations come true, and so we grieve. Grief involves pain—something we try to avoid. Do we spend too much time fighting the pain instead of letting the Lord help us work through the pain? We can give ourselves and others permission to grieve.

Grief is not like an illness in that there is a cure, and after it is over, we go on with our lives as before. We do not "get over it." Grief becomes a part of our emotional makeup. It does not need to define us, but perhaps we could say that it becomes a part of our full definition.

About twenty years ago, I took a young girl with a lot of emotional baggage into my home. She was basically homeless, had addictions and a "past." I was young and naïve but felt strongly that God was asking me to do this. We went through hard times together, and she became an important part of my life. I learned so much from her about acceptance of others. She gave her life to the Lord, found happiness, and joined His Church. After a time, life became difficult, and my dear friend took her own way. She drifted away, and my heart has grieved much. Even as I write this, tears threaten. However, the pain has eased. As it has become a part of who I am, I have had to continue to learn acceptance. As I look back, I realize how much the Lord has used this experience to teach me compassion and understanding for people who come from a different place than I did or look at life from another angle than I do.

In Genesis, we find the story of Jacob and his nocturnal wrestle with an angel. It was a hard-fought battle, and, in the end, Jacob was left with a limp. He did not stop living his life, but that limp was there to remind him and his people of the greatness and mercy of God. Can we look at the losses in our lives in the same way? There is so much pain involved, the grief consumes us, and we almost succumb, but when we can prevail and cry out to God for a blessing, as Jacob did, He is merciful! The scars may always be painful, but they are a reminder of an encounter with the Lord. Let us not be frightened of feeling pain. We can learn to be okay with who God is making us. Truly, the Lord can turn ashes into beauty, and if we let it, grief can contribute to our personal and spiritual growth.

Another quote from Petriglieri: "Mourning is the process through which, with help from others, we learn to face loss, muddle through it, and slowly return to life." Where does mourning fit in with our grieving, and what does mourning consist of? It may be different for each person. One person may talk about his loss freely, another tends to stuff it all inside until it bursts out in a big eruption. One person may be openly angry and defiant; another hides his feelings, perhaps not acknowledging to himself what is going on in his heart. It is helpful if we can be open and communicate what we are feeling. Friends are invaluable in this process. Thank God for friends who are okay with hearing things that are not particularly beautiful, who can sort out what we mean from what we say and can listen with grace.

There are times when this journey of grief is not one where we travel alone. We do not live only to ourselves; often, there are family members, friends, or spouses who are grieving the same loss we are. What happens when we are at different places on this journey? Just as important as communication would be acceptance of where others are in their pilgrimage and how they are traveling. With acceptance, we can give the gift of a listening heart because we care.

What else can be of assistance as we attempt to "muddle through" this part of life? In personal experience, I have found good, old-fashioned work to be of great help. Somehow, it gives our minds and emotions a rest as we focus on the challenges of our occupation. Following simple daily routines can be very comforting. It is good to have something to do that you enjoy, whether it is being out in nature, working on a hobby, or having coffee with friends and talking of mutual interests. Thinking of and doing something for others is a huge antidote to the pain inside.

In closing, let us look at Matthew 5:4, "Blessed are they that mourn: for they shall be comforted." What a beautiful promise! It is lovely to know that Jesus understands what it is like to grieve; He pronounced a blessing on those who do. Perhaps, at times, we miss putting the emphasis on the last part of that verse. The scars of loss and grief won't disappear in this life, but to me, "shall be comforted" means healing. Jesus is the Comforter and Healer.

Notice

The Resource Team (as part of the Conference Care Committee) has been creating a website. Our goal is to assist in improving the overall well-being of those with unique needs and special challenges among us. We want to serve and support with the compassion and humility of Christ. A website will give our members easy access to this service.

On this website you will be able to find team information as well as resources and event information. It is a work-in-progress, so keep checking for updates and additions.

cccresourceteam.com