

**“A Time to Die”**  
Wildwood Mennonite Church  
May 5, 2019

(Luke 22:39-44; 23:44-46 and Eccl. 3:1-8)

I expect you are aware by now that this morning I am talking about dying - and I am talking specifically about our own dying. The subject of death, fortunately or unfortunately, is always “timely.” Too timely, perhaps, for those who have experienced recent death in their own families, or who have themselves just received a diagnosis of a terminal illness. However, I think we need to think about dying at times like a regular Sunday morning, rather than only at funerals.

And to those for whom this is too much, too stressful, I give you full permission to tune out, or even to go for walk in the sunshine! Self-care is vital! For any of you, know that Joe and I are available to talk after the service, or you can make an appt to see us during the week. OR you may simply want to share with a friend, or continue this conversation at your tables during the potluck. We know it’s important to take good care of yourselves as we explore this subject of death and dying.

Sometimes we’re afraid to talk about dying, so we use euphemisms, and other idiomatic expressions. A euphemism (for those of us who can’t remember these things) is a mild or indirect word or expression substituted for one considered to be too harsh or blunt when referring to something embarrassing, or, in this case, something unpleasant; a mild or indirect word or phrase. After my dad’s death, I ran into one of his friends who had been unable to attend the funeral, and his first comment was, “I hear your

dad is pushing up daisies". I tell you, I nearly croaked on the spot! I would by far have preferred that he simply said, "I heard your dad died".

Our language is full of euphemisms, especially **when** talking about dying or death. We say: "pass away" or "pass on", "kick the bucket", "Crossed the Jordan", "Promoted to Glory". If we're talking about pets, we might talk about having them "put down" or "put to sleep" and then that they've "gone over the hill." Speaking of sleep or "being asleep in Jesus" (as I've also heard), think what it does to the mind of a child when death is referred to as sleep!

On the other extreme we have the Munchkin Coroner in the Wizard of Oz's non-negotiable pronouncement of the death of the wicked old witch when he sings: "And she's not only merely dead. She's really most sincerely dead!" OK, that's being quite clear! She is entirely dead!

Sometimes we don't want to bring up the subject of death for fear of upsetting other people, while others might say, "Why not talk about it? We're thinking about it anyway." The thing is, death can happen at any time, and at any age. We try to protect ourselves. My friend, Bev, who has a strong history of cancer in her family, has a sister going for a biopsy next week. But she herself, she assures me, is OK because she's always been healthy. Hmmm. Is being healthy some sort of a guarantee that we will not develop cancer? We try hard to maintain some sort of control – and one of those ways is by coming up with inventions like the idea that children shouldn't die before parents. It's "not the natural order of things"! Sorry, folks! No guarantee of that either.

I heard a young mom tell her son that he need not fear; nobody was going to die for a very long time. But those are not promises we can keep. We have very little control over death. Death can happen at any time, to young, to old, to in between – despite the fact that as a society we try to ward off death aka the “grim reaper.” Just yesterday on CBC’s “White Coat, Black Art” the guest said, “Many people everywhere will do almost anything to stave off death”.

It is one thing to work at staying healthy; it is another to think we can avoid death by doing so. I remember a man who was so angry because he had never smoked, and YET he had been diagnosed with lung cancer! How was this fair? The truth is, fair or not, we are all going to die of something!

Sometimes we ask why we must die now - and yet, I wonder what the options are. We do not travel along a predictable assembly line conveyor belt and then when we reach a given spot, we are dumped off the path of life. Instead, death can happen at any point - and so some seem to be snatched away from us too early and we speak of such a death as “untimely.” And then, on the other hand, some go on seemingly forever, waiting to die, even begging to die, and wondering why God will not take them home. We do not know when death will occur and we have no control over it.

Some of you may be familiar with Rachel Held Evans, a progressive Christian author who challenged evangelicals, and was described as being “unafraid to wade into fierce theological battles over issues such as the role of women, science, LGBT issues and politics on her blog and social media.”<sup>1</sup> I have the Kindle edition of “Searching for Sunday: Loving,

Leaving, and Finding the Church” which is one of several books she authored.

Sadly, according to her husband’s post on Rachel’s facebook account, “during treatment for an infection... [she] began exhibiting unexpected symptoms. Doctors found that her brain was experiencing constant seizures. [The doctors put her] in a medically induced coma while [they worked] to determine the cause and solution.”<sup>ii</sup> But to no avail. Early yesterday morning, at age 37, Rachel Held Evans died.

It’s not that I intend to scare you, but crazy things can and do happen. The truth of the matter, like it or not, is that life can change very quickly! As Eddie Guerrero, a wrestler who, it turns out, also died young, said, “Life turns on a dime. We have no idea what tomorrow will bring... sure life would be a lot easier if we knew what was going to happen. You've got to live by faith one day at a time.”<sup>iii</sup>

Although I am talking about our own dying this morning, I want to also ask the question, “Where is God in our dying?” and even though I don’t know all the answers (in fact I expect I don’t know any of them!), and even though this is not a sermon that covers the whole topic comprehensively, I hope it is at least a sermon that causes us to think about our dying in a more hopeful and possibly a new way.

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“For everything there is a season, and a time for every matter under heaven: a time to be born, and a time to die” (Ecclesiastes 3:1-2a, NRSV). This is a portion of a poem with which we are quite familiar. Many have heard this text from Ecclesiastes used for funeral services - and particularly

those of my generation, have heard it sung on the radio: “For every thing - turn, turn, turn, There is a season - turn, turn, turn...” This song was written by Pete Seeger back in 1965, and was sung by the Byrds, as well as a number of other artists. It was even used in the movie *Forrest Gump*. For some reason, it is (or certainly has been) a popular song!

Many people, even those who claim no affiliation with any church are familiar with the words of this poem - and we hum along with it. We know what it is talking about. We understand about the seasons of life. We know birth and death are both a natural and an inevitable part of life - and we're O.K. with that. We sure are. We understand that there is “a time to be born, and a time to die.” Parts of that, at least, make sense.

We love the “birthings” of our lives. When a new baby is expected, when we hear that another grandchild, or great-grandchild will be born, news travels quickly. How excited we are to receive this new life into our hearts! There are other types of births as well. New relationships, weddings - these rank pretty close to the birth of a new baby. For those nearing their graduation, the beginning of life-after-school is eagerly awaited. New beginnings of all sorts are anticipated with enthusiasm.

But everything that has a beginning is accompanied by an ending. Births, marriages, jobs, homes and possessions... none of these last forever. Ultimately, life gives way to death – the ending of that which we hold dear and the death of those we love. Yes, inevitably, death comes to each of us. One of the Social Workers with whom I worked quite closely for many years would say to families when we met with them, “We all have an expiry date”; we can all be classed as “terminal.”

Author Jacques Ellul maintains that “until we look [death] in the face, no wisdom is possible; no faith can exist”.<sup>iv</sup> Do we, as a society, look death in the face? Songs are written in praise of death; movies glorify it; horror films abound. Hallowe’en is celebrated by turning front lawns into graveyards and children dress as skeletons and ghosts. Cute, huh? Though we may wonder what that’s about, it’s all in fun - until you’re a resident in a nursing home and skeletons dangle jauntily in every window. It’s all harmless - unless you’ve just buried your own grandfather, your mother, or your child. Glorifying death can be a funny joke - until you are told point-blank that you have a terminal illness, they’re only giving you a few months to live, and they’re telling you to “straighten out your affairs”.

Suddenly we realize that death truly is the one sure thing in life - and that life is a fatal condition. We feel the chill of death’s cold sullen stream begin to roll over us, as an old hymn chillingly reminds us.<sup>v</sup> We are looking directly at the end of life, and there is no return. Sometimes, in a health crisis, we get a brief glimpse of how that might feel.

I realize that this sermon is quite intense, but I want to move on to seven recommendations and five tasks, as we prepare for our own deaths.

So... each individual has a unique experience at the end of life and there are many different ways to die. I think it’s hopeful to know you can improve your own chances of getting good end-of-life care and dying more peacefully. These recommendations come from an article by a Dr. Karen Wyatt.<sup>vi</sup>

Recommendation #1: Rather than denying death, begin to think about the reality that every living thing on this planet eventually dies and then spend

time contemplating the fact that you too will die one day. If you haven't thought about the end of your life, this is a good time to start. Joe lent me the movie "Wit" which I would say is not for the faint-hearted. There were times when I could barely keep myself in my seat – but it is an excellent commentary from the perspective of a patient. So, reading books and watching films can help you get more comfortable with the idea of death and start considering what type of care you would like to receive at the end of life, rather than trying to make clear choices for yourself while at the same time dealing with the stress and fear caused by a terminal diagnosis.

**Recommendation #2:** Put your wishes in writing. A palliative care nurse said that what they tell people is: "get your affairs in order and then go about the business of LIVING!" So complete your Advance Health Care Directive (aka a living will), complete your estate plan, and funeral plan. On the Health Region's website you can find an AHCD with three different scenarios. Who, if necessary, will make decisions in your place? What kind of care would you want if you were expected to recover from this illness? What if you suffer from an illness that might take months or years to recover, or what if there was no expectation of recovery? Consider the options for care that might be available to you and formulate your own opinions—what is important to you? What are your wishes for your last days on earth? How alert do you want to be? How comfortable do you want to be?

BTW, I have a copy with me if you want to take a look.

**Recommendation #3:** Once you've decided what you want for yourself at the end of life it is vitally important that you talk to your loved ones about

your preferences; have conversations with everyone in your life that may be involved in making decisions for you. The more you talk about it the more you will create peace for yourself and for your loved ones when the time comes. I know that my mom and I talked about her wishes as I helped her fill out her Living Will – and that eased considerable strain when she was unable to give input at the end of her life and I, being her medical proxy, had to make those decisions for her. But I knew what she would want, and that made all the difference in the world!

Recommendation #4: Because people who have held onto bitterness and disappointment about life tend to be unhappy during the dying process as well, the 4<sup>th</sup> recommendation is to learn to find happiness within yourself long before life reaches its end. Each of us is responsible for creating our own joy in life, even if life hasn't turned out as we have hoped. Dr. Wyatt recommends that you conduct your own "experiment" and figure out what makes you happy—then cultivate those things in your daily life, and you will look back one day to find that you have led a life filled with joy.

Recommendation #5: She also suggests that it is never too early to start working on letting go of old wounds so that you can let go of regrets; of feelings of guilt and remorse over events of the past and avoid the overwhelming negativity of resentment at the end of life. She suggests developing our own daily practice of forgiveness and it makes sense that we will find much more peace in our life now, as well as during our last days.

Recommendation #6: It is important to come to terms with death, and our fear of it, earlier in life so that we don't waste time and energy trying to

prevent what is inevitable. It is pointless to spend much of our lives doing things we think will prevent us from dying: devoting ourselves to a restrictive diet or intense workout plan or even strict religious practices in order to live life “the right way” and avoid something “bad” from happening to us. These things will only serve to make people feel cheated and angry when they don’t work.

Recommendation #7: The last recommendation is that while doctors are well-educated about disease and treatment modalities, they know very little about you, your life path and what options might be best for you. When you receive a chronic or terminal diagnosis it is your responsibility to learn as much as you can about your options by asking questions, reading and studying, and requesting second opinions. You are the only expert on the subject of “you” so don’t give up your power to another person, no matter how impressed you are with their credentials. **For** instance, I remember stopping to visit a very elderly man parked in his wheelchair in the hallway of the hospital. He told me he was upset because his doctor wanted him to have surgery – and he didn’t want surgery. In truth, he would likely go through considerable suffering and still not have a better quality of life than he did now, which was already rather minimal. He was surprised and very relieved to discover he had the right to decline the surgery and just live out the last of his days in relative comfort.

So those are the recommendations.

The end of our lives, can be filled with meaning as we sort out what, to us, is important.

About three years ago, I took a course in Dignity Therapy (aka Legacy Documenting), the intent of which is to meet with a person with a limited life expectancy and have them talk about the important things in their lives, what they have accomplished, what they would like others close to them (like their families) know about them, what life lessons or affirmations they would like to pass on to their loved ones, and so on. These interviews are recorded, then transcribed and printed, with a copy given, usually after death, to persons of their choosing. This exercise, if you will, gives an opportunity to do what we call “Life Review” as persons nearing the end of their life consider, and in this case actually document, their understanding of the meaning of their lives.

One of many things that stood out when taking this course was that somehow, it seems, it is not until the end of our lives, that we are best able to sort out what is really important. A certain clarity surfaces as we near death, that does not seem possible earlier.

Anticipation of the end of our lives can lead to increased wisdom and renewed faith. And faith at such a time is what hope is all about. It can, and often does, become a time of serenity and deep peace. Anticipation of the end of our lives can be filled with richness if we learn about completing relationships and this is where the five tasks come in. Those tasks include saying, “I forgive you,” “Forgive me”, “Thank-you”, “I love you”, and “Good-bye” or, as I prefer, “Aufwiedersehen” (i.e. until we meet again).<sup>vii</sup>

The first two tasks are very closely related to one of the earlier recommendations. As we say, “I forgive you,” we can let go of bitterness or resentment that we harbour and we can free others of their guilt. By saying, “Forgive me” and in receiving forgiveness, we ourselves can be freed of

guilt. Negative feelings can be replaced by a deep peace when relationships are restored.

Gratitude and appreciation can be expressed as thank-yous are said. Our lives, and our very hearts, can be filled to abundance as we say, "I love you;" as we express our love to those who have been nearest and dearest to us. We can bless others with our love for them.

Finally, blessed are those who have the opportunity - and are able to find the courage – to express these words that complete their relationships and who are, in the end, able to say, "Good-bye;" to close off this time on earth before they die and move on.

These five tasks are important tasks in our dying, for as it has been said, "It was not up to us to be born, but it is up to us to die well." Come to think of it, if we are to live in the knowledge of our inevitable death, we do well to practice these words now, during our lifetime, and to practice them often: Although we will not yet say "Goodbye," we do well to learn to say, "I forgive you," "Forgive me," "Thank-you," and "I love you."

Many feelings are experienced as we face our own death, and we need to know that these feelings are real and that they need to be respected. In the fear and denial; the bargaining and anger; and the depression that is likely to accompany us on at least a part of this journey, often messy, in no particular order, and sometimes circling round to catch us off guard, it is good to know that Jesus, because of his experience, understands these feelings well. Jesus, too, asked that this cup be taken from him. Jesus, too, knew the despair of feeling abandoned by God.

I wonder if it could be that in that moment when he cried out to God, Jesus realized that God had not abandoned him, but that God, indeed, was present with him on the cross? Could it be that God brought Jesus to a place of acceptance which I consider a healing miracle in anyone who is facing death.

And so - Jesus is able to fully understand our experience, and walks with us even as we face the ending of our earthly lives.

As we face death, it is good to know that God is present with us - and that God is often evident in those who walk with us, those who support us, who respect our decisions, who care for us with loving kindness and gently bring encouragement. It is good to know that God is ever-present and ever-faithful; that, as one song reminds us, “the God of the mountains” is also “the God of the valleys.” It is good to know that the ending of our life on earth is really only the beginning of life that is eternal; of a life where we will be held forever within the heart of God.

A patient in the hospital once said to me, “I’m not afraid to die.” And then she added words that came as a bit of a surprise when she also said, “And I’m not afraid to live.” So it seems, if we are able to face our death, knowing that we are not alone; that God is with us, we will also be able to welcome each new experience of our life - the births and the dyings in it - knowing that those experiences have much of value to teach us.

They can certainly become a time of spiritual growth as relationships with self, others, and God are strengthened. They can serve as a reminder to live our life in a state of gratitude and take nothing for granted – to be more positive and less negative. They can inspire us to walk with others, to focus

less on ourselves and more on others, considering what we can do, in our lifetime, to make a difference in a positive way. What do we want to leave behind when our time on this earth is up? How do we want to be remembered? It can be a time to teach about living well and that means making the most of this moment, for in fact, it's the only one that counts. And it can be a time to teach about dying well, as I saw our grandparents do, until their last breath.

For God is able to use each experience - even those we might see as negative – in a way that is good, and beneficial to us, and sometimes even to others.

I pray... that God will grant us grace to look squarely at our own death - and courage to walk with others who are experiencing death in their lives. For not only is living well the key to dying well, but the opposite is also true – which is that: knowing how to die well is also the key to living well. For we will live well only if we are able to look death squarely in the face. It is then we will be able to grow in wisdom, faith, and hope - and to live an abundant and meaningful life here on earth until we reach its end and move beyond. Amen; may it be so!

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<sup>i</sup> [https://www.washingtonpost.com/religion/2019/05/04/rachel-held-evans-progressive-christian-author-who-challenged-evangelicals-dies/?utm\\_term=.590e410bee99](https://www.washingtonpost.com/religion/2019/05/04/rachel-held-evans-progressive-christian-author-who-challenged-evangelicals-dies/?utm_term=.590e410bee99)

<sup>ii</sup> <https://rachelheldevans.com/blog/health-updates>

<sup>iii</sup> <https://www.azquotes.com/quote/753632>

<sup>iv</sup> Jacques Ellul. *A Reason for Being: A Meditation on Ecclesiastes*, p. 174. Also p. 181, and quoting Maillot on p. 175.

<sup>v</sup> *My Faith Looks Up to Thee* (HWB # 565)

<sup>vi</sup> All recommendations found at [https://m.huffpost.com/us/entry/us\\_5a53ec06e4b0ee59d41c0d48](https://m.huffpost.com/us/entry/us_5a53ec06e4b0ee59d41c0d48)

<sup>vii</sup> Ira Byock, *Dying Well: Peace and Possibilities at the End of Life*, p. 140.