

# Tentatio February 2002 - Pastoral Care

Many of the issues in bioethics today are issues of pastoral care. I say this following two decades spent in hospital chaplaincy in which deciding what to do or not do in medical ethical dilemmas were ultimately resolved in the process of caring spiritually for the patient. The questions that were asked of the patient were frequently superficial questions necessary for decision making on the part of the hospital staff or physicians caring for the patient. They were not superficial for these providers, but they were for the patient as Christian. Deciding, for example, whether to continue treatment or withdraw treatment called for a superficial answer of yes or no. More deeply the question called for a moral evaluation as to whether withdrawal or withholding indicated a decision to intentionally bring about death of the patient.

Sometimes the patient was dying, but not dying fast enough to be kept in the hospital and the decision was placed before the family by a physician as whether they wanted to end it then and there or transfer the patient to a nursing home (at great cost to the patient and family). "Ending it then and there" was never posed in those words, but whatever the words used, the family knew what the doctor meant. It is one thing to move from the aim of cure to the aim of comfort in a terminally ill patient, but another thing to move from the aim of cure or comfort to the aim of death, particularly when the patient is not dying. Such deaths may have become planned because someone decided that the patient's life is not worth living as it is. Decision making frequently calls for the assistance of a pastor or spiritual care giver capable of addressing the decision maker's reasons, motives, and faith. When these are dealt with the actual decision that needs to be made is usually one that is morally acceptable.

A pastor able to help the patient or family ask the better questions - questions that ask about faith and trust in God - brings a depth to the decision making that no other professional can. It always seemed to me that it was more important to face the decision maker's fears, frustrations, anger, and exhaustion before asking what to do or not do that affected the patient's life. The facts presented by the medical condition of the patient are important, but of greater importance are the spiritual meanings of what it is that is being asked of the Christian decision maker.

## BIBLICAL THEMES IN BIOETHICS

On February 17 at 3:00pm and February 24 at 1:30 the first of four presentations will be made on Sunday afternoon at Concordia University Wisconsin in the Todd Weir auditorium sponsored by the Concordia Center for Bioethics. The first, "Human Suffering and the Theology of the Cross" presented by Dr. Arthur Just from Concordia Theological Seminary in Ft. Wayne, Indiana, will address the experience of the Christian faced with helplessness and God's response. The second, "Genetic Intervention and the Image of God" presented by Dr. Nathan Jastram of Concordia University Wisconsin will address the most current issues of genetic manipulation and their implications for human beings created in the image of God. Tickets at the door: \$10 per person or \$15 per couple, CUW faculty \$5 and students free.

## AN ETHIC FOR CARING FOR THE ELDERLY

The elderly vary in their youthfulness, but there comes a time when being old means being faced with the accumulation of more physical and mental problems than can be overcome. These are the elderly that need care. Caring for the elderly requires a unique kind of ethical attention. CPR used on the elderly may not be physically possible without doing great bodily harm to the patient. Tube Feeding for those who eat less and less as a normal part of later aging may, when caregivers are not aiming at death, be ethically unnecessary. Dental work or surgical procedures that require more strength or endurance than the elderly patient can tolerate emotionally may be ethically inadvisable. As we age we need more for comfort than treatment for cure since the elderly are preparing for heavenly rather than for earthly life. All of this is not to say that we should neglect or stop caring for the elderly. Rather, it means that the care we give must shift from a youth-oriented ethic to an ethic of aging where caring is shaped by tolerance for physical limitations, patience while waiting for God's intervention, and faith to place all that we cannot resolve into God's hands.