To Care in a Christian Context

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In other words, we are likely to be stingy of whatever is most valuable to us: perhaps money, but often time and smiles. The priest and the levite who passed by the beaten traveler in Chapter 10 of Luke's gospel probably tithed but they were stingy -only the Good Samaritan was not. Marvin Olasky[1]

"Words carry a political charge; words shape our ideas and understanding." Marvin Olasky[2]

Contemporary discourse employs a vocabulary detached from the values of traditional etymology. Alterations in word significance - and more importantly in the translation of words into behavior - are not limited to so called politically correct vocabulary. Juxtaposition of 19th century and contemporary definitions of the word compassion may serve as an example of modem language drawn through "the looking glass."[3] In 1834, the first edition of Webster's dictionary defined compassion as "a suffering with another or painful sympathy." However, the second edition redefined compassion as "the feeling or emotion when a person is moved by the suffering or distress of another and by the desire to relieve it." Most recently, the third edition describes compassion as a "deep feeling for and understanding of misery or suffering and the concomitant desire to promote its alleviation." During a period of one hundred and sixty years, the connotation of compassion has been stripped of suffering with and replaced by only feeling or desire - a shell of the original definition. Likewise, our predecessors defined "stingy" as "not sharing that which is most valuable." The word "stingy" is still pejorative, but its meaning is now limited to a feeling for money. Contemporary misuse of the essence and actions of what these and other words originally intended has indeed reshaped our ideas and understanding of the world.

Germane to our discussion, words utilized to describe the telos of medicine seem to have suffered a similar fate. One such word, "care" - almost synonymous with medicine itself -appears to have undergone an evolution detached from both traditional and biblical etymology. As a result, medical care has undergone a "connotative transition"[4] in a society expecting care to be represented solely by diagnostic scanners and therapeutic gadgetry aimed at cure.

Recently, I became even more conscious of the connotative transition of care in considering the aphorism that "a picture is worth a thousand words." A recent photographic anthology of medicine 1840 - l9405 published a photograph entitled, "Comfort in the Absence of Cure." The disparity in physician attitudes concerning death circa 1840 vis a vis today reveal a striking contrast. The picture shows a physician practicing a nineteenth century definition of medical care as he leans over a dying patient using soothing touch as his medium. The accompanying caption reads, "Physician Johnathan Letterman soothes a dying patient. When this picture was taken, there was often little else a doctor could do for the very ill." Indeed, as I reflected on the meaning of the picture for contemporary medicine, I felt uneasy about a disturbing difference. One hundred and fifty years later, I still have very little of substance to offer regarding cure of the very ill. Does comfort comprise a significant portion of my care?

This paper is a search for the quintessential meaning of the word "care," especially as care describes the good of medicine. Our search will require a contextualization and Biblical study of care; an identification of needs that

urge a response of care; resolution of the contemporary confusion between care and cure through a review of the current cosmology and anthropomorphism driving science; and, finally, prescriptions for Biblical change in a prevalent world view dominated by self sufficiency and autonomy.

INTRODUCTION: THE CONTEXT OF MEDICAL CARE

"Care is context dependent.... it is a notion that is incomplete because its significance depends on further specification in relation to particular roles, principals, expectations and institutions." Stanley Hauerwas[6]

An enterprise to accurately define care must begin with the realization that care is a single word utilized in multiple contexts. Misidentification of the context in which care is rendered may create unnecessary ambiguity. Use of any word in multiple contexts often reveals a final definition greater than the sum of each part. The English word "love" is similar to care in this regard and may serve as an example. In Greek, the language of the New Testament, love is empowered with four separate components applicable to context -agape, philos, eros, and storge. For example, love consummated as eros is only appropriate in the context of marriage. Agape, however, may represent the ultimate of Christian love in any context.

In order to similarly define and evaluate care, we must begin by appreciating that care, like love, should be studied in both context and essential components. For Christians, care in the context of medicine must involve components not normally addressed in contemporary culture.

Care, either individual or corporate, necessitates an intimacy between medical caregiver and Christian community.[7] Medicine needs to be both surrounded and influenced by the church so that medicine may be true to its commitment. Only the church is empowered to make the necessary connections required among illness, suffering, death, and sin - essential to place medical care in appropriate context.[8] This intimate relationship should be inhabited by a theology of medicine recognizing suffering and death as a reality in a fallen world. Final cure of disease is achieved only at the resurrection of the body upon Christ's return. The connection of church and medicine is further intensified in the "central paradox of the New Testament - strength comes only through weakness."[9] as care and community are taken to their biblical conclusion. Thus, the most fundamental and important question of all for medicine and care may be answered: "What kind of community is necessary to sustain the longterm care of the ill according to biblical standards" - since medicine as cure must ultimately fail?[10] Essential to the development of a community-medicine relationship is that the church and the Christian practice of medicine remain distinctive from the culture which they inhabit. Vigilance is necessary, in order to combat contemporary Zeitgeist and resultant misconception of suffering as something always to be overcome. A Biblical goal for medicine is not the eradication of suffering but rather relief of suffering through the formation of a community willing to be with people during illness. Quite simply, medicine and the Christian community must approach care together as they pledge to be at the very least a human presence in the face of suffering.[11] Within this context for care, church and health care workers become inseparable.

A BIBLICAL CONSTRUCT FOR CARE: THE ESSENTIALS

"But God, who comforts the downcast, comforted us by the coming of Titus." (2 Cor. 7:6; 2 Cor. 1:3ff; Mt. 25:31-46)

Hanson realizes that Paul's lesson in this verse "is that the sufferer is not forgotten, because God cares and often expresses His caring through the comfort given by other people."[12] He states further that, "Paul sees an ordinary series of events in theological perspective. The arrival of his friend with good news encourages Paul who is afflicted with anxieties and conflicts in his work; but it is ultimately God who comforted Paul through Titus. Thus for Paul, the aid that one human being gives to the other is a human transaction grounded in and manifesting the character of God, 2 Cor. 1:3."[13] Care manifesting the character of God is expressed by

people in medical settings without resort to technology or cure which are best evaluated separate from care. Once we experience care and comfort, God calls us to comfort others as He has comforted or cared for us. We become "stingy" of care whenever we "care" for others or demonstrate compassion in indirect or impersonal ways. Biblical care involves the acts of people who touch, interact, and quietly listen to those who suffer. A fleshing out of care as evidenced in the early Church may be pertinent. A paradigm for "care" involved a witness against abortion and may serve as a worthwhile application of care to daily life. Such care is contained in the early church's adoption and nurture of unwanted children. For a moment allow me to reframe the abortion debate as not only an issue of intrinsic right or wrong but even more so of an issue of community response in care. The Reverend Terry Hamilton considers Mt. 25:31-46 a living model applied by the early church in a working out of care.[14] Care, then, especially as it confronted the immoral practice of abortion and infanticide, was comprised of the idea of 2 Cor. 7:6, 2 Cor. l:3ff, and Mt. 25:31-46. The Reverend Hamilton's and Hauerwas' impression is that one aspect of such care was intimate and personal as it entailed a constant readiness to receive unwanted children, an explicit sanctification of the family, an appreciation that the new life of children was an enrichment of the Christian community and a celebration of the hospitality of life as a gift. All of these responses spoke out as living testimony against abortion through the positive example of adoption and child rearing. The quintessence of this community response to care resides in a consideration of the word "care" as a verb and not a noun. A contemporary commercial says, "Care enough to send the very best," then fails to do so. When a Christian cares enough, the very best is a personal, prayerful presence, not stingy or material substitutes.[15] Contemporary connotation of the verb "care" leads to an impersonal United Way contribution or dependence on entitlement systems both fraught with a number of unacceptable results.16 Bona fide Christian care humbles rhetoric and check writing and lends credence to the proverb that actions speak louder than words or money. Compassion as an essential component of care requires suffering with as the primary component. An attitude of care disallows stinginess of time and demands presence, commitment, and smiles which manifest the character of God Himself.

THE CHALLENGES OF CONTEMPORARY CARE

"It is precisely because all genuine suffering includes psychological and social dimensions as well as the physical, that comfort from others is so terribly important. The sufferer longs to be assured that others care, and that others are striving to relieve the suffering. To feel abandoned, alone in one's suffering, would crush the sufferer with an unbearable burden." Hanson[17]

"They are tempted to shun the suffering because they stand as a sign of the brokenness of the world. Without a truthful acknowledgement of the brokenness of the world, care givers are tempted to remove all traces of the pain and suffering, even if that finally requires removal of the sufferers." Lammers and Verhey[18]

In order to frame descriptive and prescriptive aspects of contemporary care gone wrong, the spirit of our age, which has redefined care must be discussed. But first, recipients of care -the suffering, dying, and community which they inhabit - will be studied for identifying characteristics. Further scrutiny then will determine where contemporary society stands in relation to scripture and earlier church practice. Since to be human is to both suffer and die, characteristics of suffering and death may at first seem obvious. However, discussion of the characteristics of suffering and dying is essential at this point in order to identify the specific needs residing in recipients of care. Only then may contemporary evaluation be pursued. In order to approach this daunting task, I will list several characteristics of the sufferer that may or may not be apparent. First, those who suffer are alienated. Scripture describes alienation as an existential reality and as such, alienation may be studied by reading any of the Psalms of disorientation.[19] Care responsive to the disorientation of pain and loss was demonstrated by Job's friends during his trial. His friends sought to apprise him that though he was alienated, he was not alone. Care in Job's context required only being with

but remaining silent. In fact, later verbalization of faulty theodicies interfered with the ministry of comfort and care. Less intimate contact as an aspect of care is available to hospital, nursing home, or home bound sufferer in the late 20th century. The material substitute of IVAC's and monitor alarms are grossly inadequate.

The existence of suffering and death also reminds each of us of the reality of brokenness. As a consequence of the fall of man and a post-enlightenment hubris born of scientism, our contemporaries tend to ignore brokenness by ignoring the ones who need care the most - the suffering and dying. Abandonment is often the contemporary response to brokenness - a response totally foreign to a Biblical definition of care. Apropos of our prior discussion of community, only the Christian community understands brokenness in the context of suffering and dying. Only the church has the appropriate world view perspective to respond. Ignorance of brokenness and its relationship to sin leads to the isolation of those who suffer and die at a time when they desire human contact.

A third characteristic of those who suffer and die is their dependence on others. The dependence of the suffering and dying repels the depraved part of our nature which seeks a contemporary mindset of independence and self-sufficiency. This part of our fallen nature relies on government programs and nursing homes for care, rather than families. Dependency will not push away the sufferer if Christians realize that the very content of revelation teaches us precisely that we are all a dependent people.[20] We will likewise need to depend on others at some time and must remain cognizant of our total dependence on Christ.

Mutual dependency should also remind the sufferer, in the context of Matthew 25, that he/she is rewarding the one who ministers. This is the second side of care in that the one ministered to actually represents Christ to the minister. Thus the sufferer is simultaneously blessing the one who ministers, as he/she is blessed, in the midst of suffering and death. Hauerwas reminds us that "the very willingness of those who suffer from illness to be in the presence of the well is a form of service. Suffering and pain make us vulnerable, and we try to protect ourselves through "self-sufficiency." "A willingness to be present, as well as to accept the assistance of others when help is needed, is a gift we give one another."[21]

I have reached the point of readiness for contemporary social commentary by digression; a point that will propose a world view metaphor for our age relating to medical care. This commentary will attempt explanation of the mindset that led to connotative transitions in the word "care." Prevalent world view perspectives of our day are divorced from both scripture and tradition. Immersion in the spirit of the age and recognition of its eventual effects on definitions, behavior, and care are instructive to our final prescriptions.

MEDICINE AS RELIGION: A HINDRANCE TO CARE OR "WHY ANTHROPODICY" HAS REPLACED THEODICY[22]

"In the machine age he [Darwin] established a mechanical conception of organic life. He paralleled the human struggle with a natural struggle. In an acquisitive hereditary society he stated acquisition and inheritance as the primary means of survival." Geoffrey West[23]

"Our concepts of nature are supremely anthropomorphic, reflecting our desire to make everything conform to our current image of ourselves. Rank believes that our concepts of nature tell us more about ourselves at any given moment in time than they do about nature itself." Jeremy Rifkin on Otto Rank[24]

The scientific training of health care workers may obscure an essential fact of life: cultural influences substantially affect scientific assumptions. In fact, the realization that science and technology are not pristine empiric observations or free from cultural influence, is essential to rescue Christians from the ultimate of intellectual deceptions (1 Cor. 1:19-20)

In the following section, I will develop two interrelated thoughts. First, through a presentation of Jeremy Rifkin on Charles Darwin, I hope to demonstrate that the science" of evolution is an example of an anthropomorphic bias masquerading as scientific

dogma. The direction of scientific experiments, as well as the interpretation and application of results, are contingent on a desire to make everything conform to our current images of ourselves. I will then extrapolate Rifkin's model of science as anthropomorhism and apply it to contemporary definitions and expectations of medical care representing a technological and anthropomorphic syncretism that is removed from original intent. Such anthropomorphism drives the telos of medicine and is most responsible for changes in a definition of care. It will be apparent to the Christian that today's syncretism represents a medical care system in need of Biblical healing.[25]

Jeremy Rifkin develops a paradigm for a preceding age of science through the example of Charles Darwin and his cosmology.[26] Rifkin makes it clear that one cannot divorce either Darwin or his discoveries from the social context in which they developed. To develop this idea, events concurrent with Darwin's scientific thought will be presented. Darwin inhabited an English colonialism represented by a variety of "natural selection" and "survival of the fittest." The concomitant invention of the telegraph and railroad, as well as the development of technology and industry exceeding the accomplishments of previous cultures, suggested an acquisitiveness and progress in mankind. Finally, a staggering advance in artificial breeding engendered further thought about selection and survival. English culture was at its intellectually "evolved" apex. Rifkin trenchantly observes that, in his scientific writings, Darwin dressed up nature with an English personality, ascribed English motivations and drive, and even provided nature with an English marketplace and an English form of government.[27] The " ,, pure science of evolution was conformed to Darwin's image of himself and his culture. "Darwin strayed from what could be proven by observation and the naked eye to what had to be imagined and conjectured by a fertile mind."[28] Tom Bethell further suggested that, "what Darwin really discovered was really no more than a Victorian propensity to believe in progress."[29] Darwin could not and did not remove his contemporary English cosmology from his conceptualization of nature in his particular science. More than one hundred years later, the continued holes in the fabric of evolutionary science are not surprising in such a context.

If one accepts Rificin's example of Darwin's science as telling us more about Darwin and his culture than about nature itself, allow me to look at a more contemporary cosmology to evaluate anthropodicy and prevalent beliefs concerning medicine. In fact, Rifkin took this further step himself as he appreciated that genetic engineering was one attempt of contemporary medicine to perfect the shortcomings of Darwin's cosmology for a new generation; a generation which abs come to expect more of medicine and science than ever before.

We begin our contemporary study of cosmology by describing the current telos of medicine. Medicine strives to eradicate or eliminate suffering and death by a complete elimination of the causes of suffering and death. Society is convinced that such a goal is both reasonable and achievable. A modern technology with the capability to alter genes or their products, to transplant failed single organs, or to open closed arteries demands a desperate faith in its suffering followers. What medicine thinks about, strives and pays for is a barometer of our ethos imprinted on science, not an accurate description of science, per se. Though religion has been closely allied with medicine and its goals throughout the centuries, the unreasonable expectation of medicine to end disease and suffering makes physicians in contemporary society the priests of a new religion. The hubris inherent in continued post-enlightenment scientific discovery and the systematic elimination of God and religion from our marketplace are symptoms and signs of a contemporary cosmology gone wrong. Medicine's expensive science tells us a lot more about our society's expectations and as such is driven by the anthropomorphism of autonomy and absolute faith in science.

Medicine's counterfeit promise of immortality reflects itself most in the contemporary anthropodicy of death. Death is one aspect of the human condition to be avoided at all costs! The suffering that may surround death leads to either despair or a collective silence rather than care.[30]

Allow me to proceed one step further in a

contemporary secular anthropodicy - to the question of the elimination of the sufferer. Medicine and society's posit of an unattainable goal - namely the elimination of suffering - is an unacceptable chink in the armor of our new religion. If suffering has no place in this cosmology - might we see the next logical step as removal of the sufferer? Since no agreed upon telos is available for aging, suffering or death, what better way to eliminate the visible failures of medicine than by eliminating the source of failure - the sufferers themselves. If suffering is not allowed or explained in this cosmology, euthanasia may readily become an accepted solution.

So how would care be defined in contemporary cosmology and then used in idiom and action? Care could only be associated with attempts to cure utilizing the most up-to-date scientific discoveries. For the believer, such discoveries reaffirm a hope in the physical extension of life at all costs. Isn't this why medical care immediately connotes or becomes the equivalent of cure-related interventions and up-to-date technology? When death is imminent in such a system, care cannot be extricated from cure since death reminds medicine of its failure to attain what is unattainable. We are led then to the inescapable fact that care must be defined most carefully for the Christian in the shadow and inevitability of death. So we proceed. Only then is care distilled to a pure definition unencumbered by technology and science.

HOW SHOULD WE THEN LIVE? THE TASK OF OUR CHRISTIAN COMMUNITY TO CARE FOR THE SUFFERING AND DYING

"The only thing Christians should say about suffering is that God suffers with us. That is the meaning of the cross. If so, medicme may be more important as a gesture of care in the midst of suffering than as a promise of a technological triumph over suffering." Lammers and Verhey[31]

"The problem of the relation between caring and curing is perhaps most clearly but by no means exclusively, illustrated in relation to how we deal with the dying." Stanley Hauerwas[32]

An essential context and component of medical care is its intimate reliance on death for its complete definition. Hauerwas places medicine as theodicy smack in the center of the question of care and the discussion of death. Like Dostoevsky before him, he confronts the most difficult of theodicies and care - that of children dying. To accomplish this, he develops and discusses a play by Bluebond-Langner which studies children dying of leukemia.[33] Jeffrey, a child-leukemic close to death, asks Bluebond-Langner to read to him from Charlotte's Web, specifically from the chapter when Charlotte dies. This children's story confronts death and hope; Hauerwas quotes from the book "nobody, of the hundreds of people that had visited the fair, knew that a gray spider had played the most important part of all. No one was with Charlotte when she died."

Hauerwas' following commentary serves as an incisive prescription for medicine and the church relating to care. "But a child's death should not imitate a spider's. It may be that spiders are meant to live a little while and die, but we who are created for friendship with one another and with God cannot believe that this is "all there is." It may be that spiders are destined to die alone, but as those who believe that we are destined to enjoy one another and God, we cannot allow ourselves and our loved ones so to die. We have no theodicy that can soften the pain of our death and the death of our children, but we believe that we share a common story which makes it possible for us to be with one another especially as we die. There can be no way to remove the loneliness of the death of leukemic children unless they see witnessed in the lives of those who care for them a confidence rooted in friendship with God and with one another. That, finally, is the only response we have to "the problem" of the death of our children.[34] Consistent with a definition of care which confronts death, Christian health care workers don't need to discuss theodicy - they need intimate relationships with God and with people. (2 Cor. 1:3ff)

Even though a semblance or component of care may shine through many aspects of medicine, suspension of attempts to cure as death approaches really defines medicine qua care. As care is stripped of any pretext of cure, it entails many essential attributes. It is always

personal care and never indirect. It is care and medicine connected to the supportive environment of church community. It is a care that understands the existential reality of alienation, disorientation, dependence, brokenness, suffering, and death. As such, it realizes that care may relieve some of these but not prevent any. It does not place faith in technology but rather in the old definitions of love, compassion, and stinginess, all nurtured within a theology of medicine. Care in essence is an attitude of the heart which listens, hugs, and places the cross as the only theodicy in the economy of suffering and death. Only when we are most weak do we rely most on God's strength. Nowhere is this more clear than at the time of death. A Biblical example of care at the time of death will serve as a final description of care.

It is 66 A.D. Nero is emperor of Rome and the Apostle Paul is in prison. The political climate is volatile - especially so if you are a Christian. Nero has just burned the city, not only fiddling while it burned, but to raise public outcry, also spreading rumors that the followers of Christ were to blame.

Paul's final Roman imprisonment is not to be confused with his "house arrest" recorded in the latter chapters of the Book of Acts. It is a widely accepted view that Paul was released after his first imprisonment in Rome and continued his missionary ministry, even perhaps traveling to Spain.[35]

But now, Paul sits in his prison cell at a rough table. And, in the dim light he puts pen to parchment and writes what was to be his final letter.

> Paul, an apostle of Christ Jesus by the will of God, according to the promise of life that is in Christ Jesus. To Timothy, my dear son.
>
> I thank God, whom I serve, as my forefathers did, with a clear conscience, as night and day I constantly remember you in my prayers. Recalling your tears, I long to see you, so that I may be filled with joy.
>
> I am already being poured out like a drink offering, and the time has come for my departure. I have fought the good fight, I have finished the race, I have kept the faith. Now there is in store for me the crown of righteousness, which the Lord, the righteous Judge, will award to me on that day - and not only to me, but also to all who have longed for his appearing.
>
> Do your best to come to me quickly, for Demas, because he loved this world, has deserted me
> Crescens has gone to Galatia, and Titus to Dalmatia. Only Luke is with me. Get Mark and bring him with you, because he is helpful to me in my ministry.
>
> When you come, bring the cloak that I left with Carpus at Troas, and my scrolls, especially the parchments.
>
> Timothy, at my first defense, no one came to my support, but everyone deserted me. May it not be held against them.
>
> My dear son, do your best to get here before winter. ..."
>
> The Lord be with your spirit. Grace be with you. Love, Paul.[36]

Paul the Apostle, the "Great Lion of God." Exposed to death again and again, five times receiving the forty lashes, three times beaten with rods, once stoned, spending a night and a day in the open sea, knowing both hunger and thirst - often going without food, cold and naked he learned to be content no matter the circumstances.[37]

Paul, who stood before kings and preached the Gospel. Who sat with philosophers and challenged their thinking, who traveled over the known world proclaiming the good news that Jesus Christ is Lord - cries out to Timothy: Do your best to come to me quickly.

CARE: PAUL'S PHYSICAL NEEDS:

In II Timothy 4:13, Paul writes to Timothy asking him to bring the cloak I left with Carpus, at Troas, and my scrolls, especially the parchments. In a cold, dank prison cell, coming to the close of his earthly life, Paul acknowledges that the warmth of his simple cloak would bring him comfort.

As Christians who are called to meet the needs of our neighbor,[38] it is imperative that we care by recognizing not only the physical needs of the poor but also of the diseased and aging. Shel Silverstein captures this need in his simple children's poem.

The Little Boy and the Old Man

Said the little boy, "Sometimes I drop my spoon.
Said the little old man, "I do that, too."
The little boy whispered, "I wet my pants."
"I do that, too," laughed the little old man.
Said the little boy, "I often cry."
The old man nodded, "So do I."
"But worst of all," said the boy, "it seems Grown-ups don't pay attention to me.
And he felt the warmth of a wrinkled old hand. "I know what you mean," said the little old man.[39]

When any person - poor, diseased, or aging - is in the winter of life, it behooves us as Christians to personally meet physical needs.

CARE: PAUL'S NEED FOR FRIENDSHIP

In II Timothy 4:10,11,16,21 Paul speaks to Timothy of those "friends" who had deserted him. He encourages Timothy to bring Mark because he is helpful and Paul concludes with the heart-rending words: Do your best to get here before winter.

There is a wonderful scene in the Disney film Huck Finn where Huck, at ropes end, cries out "You're my best friend, Jim!" And Jim in return responds, "You're my only friend, Huck." The two together had been through the thick and the thin. They had discovered the value of friendship as an important means to the end of care.

Paul, of course, knew that real safety in life comes through close relationships. And, once again, aware that he is coming to the close of his earthly life, Paul expresses another need - the need for friendship.

What excitement must have gripped Timothy when the courier delivered this treasured scroll from Rome. Timothy, who for more than fifteen years had been Paul's traveling companion. Who had labored with Paul throughout Greece and Asia. Who had been sent by Paul on special assignments. Who had journeyed with Paul to Jerusalem. Who was with Paul during his first Roman imprisonment.

Timothy opens the letter and perhaps for the first time hears his dear friend express a need. And Timothy, do your best to get here before winter.

Many scholars believe that Paul was beheaded only a few days after writing this final pastoral letter.[41] Did Paul die without his cloak? Did Paul leave this world without his friends to comfort him? The real question however persists for us -when those around us are in the winter of their lives who will meet their specific needs for care?
Unfortunately, in our modern society, more and more people are moving into an isolationist mentality. In The Popcorn Report, Faith Popcorn writes that in the coming decade we'll entrench ourselves in the privacy of the fortress - Every home in America. The purpose of the fortress? To make us feel safe.[40]

POSTSCRIPT TO MY OWN COMMUNITY

"Because Christians never let anyone die alone!" A leader in the then Soviet Union when asked why active persecution could not repress Christianity.[42]

"Death is not only a crisis of the flesh. It is ... a crisis of community. Death will also reveal starkly and unmistakably something about the communities in which a dying person lives." William May[43]

A spectre hangs across Europe as Holland defines euthanasia as an aspect of terminal "care." A significant number of Americans sympathize with Dr. Kevorkian

and his definition of "care" related to the dying. The response of the Christian community cannot be rhetoric and as such "stingy" of time, true care, smiles, and love. The Christian health care professional has to be ready to differ from secular contemporaries who spend less and less time with terminal patients.[44] The predictable failure of cure leaves a vacuum crying out for care. Scrooge was born again only when compassion as true suffering-with prompted his responsibility to Tiny Tim. His personal care shifted responsibility from entitlement programs and enriched multiple lives. A generation of Christian baby boomers who were weaned on entitlement programs, United Way, and contemporary definitions of compassion and care may not be able to meet the challenge.[45] The cross tells us everything we need to know about God's response to sin as the cause of suffering and death. Let us not be stingy! Since the stakes are higher than they've ever been for medicine, care enough to send the very best.

Endnotes

1. Olasky, M. The Tragedy of American Compassion. Regnery Gateway, Washington, D.C., 1992, p. 198.

2. Ibid., p. 197.

3. Ibid., p. 197. See also Ed Payne's book, Biblical Healing for Modern Medicine, Covenant Books, Augusta, GA, 1993. On page 17, Dr. Payne illustrates how contemporary definitions distort life expectancy. Also, Dr. Olasky notes that redefinition and connotation began with American abortion practices circa 1870 as the word abortion became "getting rid" and being "helped out of trouble." Abortion Rites. A Social History of Abortion in America. Crossway Books, Wheaton, IL, 1992, p. 121.

4. Ibid., Olasky, M., 1992, Abortion Rites, p. 96.

5. Healing hands in Hippocrates, November/December, 1993, p. 33.

6. Hauerwas, S., Care in Encyclopedia of Bioethics, Warren T. Reich (Ed.), Vol. 1, 1978, pp. 145-150.

7. Hauerwas, S., Salvation and Health: Why Medicine Needs the Church in Suffering Presence. University of Notre Dame Press, 1986, pp. 63-83. Dr. Payne also addresses this issue in great detail in Biblical Healing for Modern Medicine. On page 30, in the context of James 5:14, John Wesley is quoted concerning the necessity of ministerial involvement in medicine. The same church-health care worker involvement is repeated again for emphasis on pages 41 and 42.

8. Ibid., Payne, EE., Biblical Healing, 1993, p. 91.

9. Amundsen, D., and Ferngren, G., Medicine and Religion: Pre-Christian Antiquity. In Health/Medicine and the Faith Traditions, M. Marty and K. Vaux (Ed.), 1982, Fortress Press, Philadelphia, p. 96.

10. Ibid., Hauerwas, 5., 1986, p. 75.

11. Ibid., Hauerwas, 5., 1986, p. 80.

12. Hanson, B., School of Suffering, Dialog 20 (Winter 1981): 39A5.

13. Ibid., Hanson, B., 1981.

14. Hauerwas, S., Abortion Theologically Understood. Task Force of the United Methodist Church on Abortion and Sexuality; Ephrata, PA, pp. 1-20. I was curious as to whether the active witness of the early church against abortion was ever repeated. In Olasky, M. (1992), a certain John McDowall led a group in America circa 1838 to "care" for prostitutes - a group frequenting abortion clinics. Mr. McDowall praises a physician who helped a woman when he "had compassion on her and took her into his own family, where she resided two months." (p. 135) 1 discussed this idea previously in a shorter format (Biblical Reflections on Modem Medicine, 1992, Vol.3, No.
4). When we say that we care about abortion practice in our country, how is this care biblically translated into action? Placard carrying or monetary contributions may be perceived as stingy responses vis a vis compassion, adoption, or personal sacrifice and involvement.

15. As my minister, Greg reminded me that of all things, people may be most stingy of money. My observations are not meant to minimize sacrificial financial giving, but rather to guard against contemporary "giving" in connotative transition. Ron Sider and Marvin Olasky both decry the yearly financial catharsis of Christmas turkeys, handouts, and United Way check writing. Though a "cheerful financial" giver may care, financial contributions are an essential aspect but not all there is to Biblical caring.

16. Ibid., Olasky, M., 1992. This is a must-read book! The evolution of compassion and its effect on the Christian in giving or caring is elegantly described.

17. Ibid., Hanson, B., 1981.

18. Lammers, S.E., and Verhey, A., Care of Patients and Their Suffering in On Moral Medicine, 1987, Eerdmans, Grand Rapids, MI, p. 247.

19. Brueggeman, W., The Message of the Psalms, 1984, Augsburg, Minnesota, pp. 51 - 121. Stanley Hauerwas gave me this idea and then discussed Job and his friends in Naming the Silences, 1990, Eerdmans, Grand Rapids, MI.

20. Hauerwas, S., Naming the Silences, 1990, Eerdmans, Grand Rapids, MI, p. 89.

21. Ibid., Hauerwas, 5., 1990, p. 89.

22. Ibid., Hauerwas, 5., 1990, p. 59.

23. Rifkin, J.' Algeny, 1984, p. 32.

24. Ibid., Rifkin, J.' 1984, p. 32.

25. Ibid., Payne, FE., 1993.

26. Ibid., Rifkin, J., 1984, pp. 1, 29.

27. Ibid., Rifkin, J., l984, p. 72.

28. Ibid., Rifkin, J., 1984, pp. 77-78.

29. Ibid., Rifkin, J.' 1984, p. 83.

30. Ibid., Hauerwas, 5., 1990, pp. 59- 64 summarize anthropodicy. Much of the book discusses the wrong ends of contemporary medicine. Chapter III (p. 97) focuses on the topic of death in a pluralistic society and greatly contributed to my summary.

31. Ibid., Lammers and Verhey, 1987, p. 248.

32. Ibid., Hauerwas, S., both 1978 and 1986.

33. Bluebond-Langner, M., The Private Worlds of Dying Children, 1978, Princeton University Press, quoted in Hauerwas, 5., 1990, p. 147.

34. Ibid., Hauerwas, 5., 1990, p. 148.

35. Ogilvie, L.J., and Demarest, G.W., The Communicator's Commentary: 1,2 Timothy, Word Books, Waco, Texas, 1984, p. 231.

36. Selected readings from II Timothy, New International Version, Zondervan, Grand Rapids, MI, 1973.

37. II Corinthians 11:23-27 and Philippians 4:11.

38. Luke 10:25-37.

39. Silverstein, S., A Light in the Attic, Harper and Row, New York, 1981, p. 95.

40. Popcorn, F, The Popcorn Report, Harper Collins, New York, 1991, p. 4.

41. Ogilvie, op cit., p. 285.

42. Personal communication, Harold O.J. Brown, Professor of Theology and Ethics, Trinity Evangelical Divinity Seminary, Deerfield, IL.

43. May, WF, in Theological Voices in Medical Ethics, 1993, Vethey and Lammers (Ed.), Eerdmans, Grand Rapids, MI, p. 254.

44. A specific incrimination of physicians in the abandonment of the dying is contained in Stephen L. Carter's The Culture of Disbelief (Basic Books, New York, 1993). Contrast this contemporary scene with the 1840 photograph described in the second paragrah of this paper. On page 247 of Carter's book, Arthur W Frank describes the euthanasia of Joseph Sauder by a nurse. Per family and physician decisions, Mr. Sauder was disconnected from life support and his physician(s) were not even present. "Whatever relationship Sauder's physicians had with their patient, they defined their task as completed when the patient's death was imminent. NO more medical decisions remained to be made, and their expertise was undoubtedly required elsewhere (medical care equated only with cure)... Just dying isn't much of a medical event, as urban hospital practice goes." To relieve Mr. Sauder's post extubation choking, the nurse administered IV potassium. It apparently was not the doctors' job to "suffer with" when the medical "care" as cure was finished!

45. Sidney, K.H., Boomer Boom and Bust in Christianity Today, August 16, 1993, pp. 14-15. Sidney describes the "vibrant" church of the U.S. baby boomer. Average congregants attend church only twice a month. He or she gives little and serves even less and yet expects a high level of service and support from the church. Sidney then juxtaposes boomer "care" with Jesus' care. "I'll pick what meets my needs and stay with it only as long as it does," versus "Take up your cross and follow me." And "The boomer looks out for himself," versus "Love your neighbor as yourself." I also could not pass up justification of my repeated aspersions cast on United Way giving. In our local county in 1993, $106,000 was given to Planned Parenthood; $3,000 to Right to Life. I practice at a Catholic Hospital that wholeheartedly supports United Way. Is this contribution not viewed as complicity? Olasky is extraordinarily accurate when he describes American compassion as a tragedy.