

Philip Hacking and Dr Mark Houghton share their ten-point tool kit for helping people prepare for this life's final journey

Our final duty

It is a great privilege to be physicians and pastors to the bodies and souls of people. At every phase of life are ways for pastors and doctors to share their faith. There are, however, special opportunities when patients enter life's final journey and we need to be prepared for both our medical and spiritual duties.

The principle is well established in the history and practice of palliative care. Moreover the General Medical Council has clearly left the way open for the appropriate sharing of faith with patients at every stage, provided it is with sensitivity:

'The profession of personal opinions of faith is not of itself improper...doctors who caused patients distress by the insensitive expression of their religious views would not be providing the care which patients are entitled to.' (*GMC Annual Report; 1993:4*)

Therefore our medical responsibilities provide a framework for opportunities to share our faith appropriately. In practice, however, we face a double dilemma. On the one hand there is far less home visiting by the caring professions and pastors. On the other there is a vastly increased ignorance of the Christian message, even among elderly patients.

Even hospice chaplains can find it surprisingly difficult to move from small talk to the spiritual. This means that Christian doctors often find that the first opportunity to bring up spiritual issues presents itself to them. So however pressured we are we must be ready for the task.

Using this ten point tool kit will equip both doctors and pastors for those opportunities to share our faith that arise with people who are beginning their final journey:

1. Confidence: We need to be confident about the theological basics. Much depends on whether we accept the clear New Testament teaching on heaven and hell. If we believe that finally all will go to heaven clearly it will take away the need and the urgency to prepare a person to face the ultimate. The New Testament teaching, not least from the lips of Jesus, (Mark 9:42-49), on the realities of hell should concentrate our minds. Confidence on this issue can help us to seize opportunities.

2. Opportunities: We should not expect that opportunities will come out of the blue. Most of the time they are the result of a long process in a person's life. We see only a part of it. Most of our witness is non-verbal and arises from a consistent Christian life but it will help if the patient has gathered that your faith is important to you. There are many ways this can be done such as mentioning a conversation at church at the weekend. A sound relationship with the patient, backed by caring compassion, wins trust.

3. Know the Good News: In order to introduce the dying to Christ we need a good grasp of how to explain the way of salvation. CMF has excellent resources to help such as *Confident*

Christianity and Saline Solution. (See www.cmf.org.uk)

4. Excellence in medical care. There is nothing so damaging to a doctor's spiritual effectiveness than weakness in some other area of medical practice. As physicians to the dying we must ensure that the whole team is working together well; controlling distressing symptoms and supporting the family. Leave no opportunity for the comment, 'She may be a good Christian but she is a rubbish doctor!'

5. Value people. Having set in motion the best available holistic care, try not to neglect individuals in the midst of the busyness of the job. It is nurturing relationships that builds trust and earns the right to probe into the spiritual heart. Time may reveal a causal 'I'm fine thanks', to be a suppression of deeper issues.

6. Pray beforehand. Remember Paul's advice to 'pray in the spirit on all occasions.' Our job is not to force doors open but to be in step as the Holy Spirit opens doors. We may need a little courage to walk through and prayer helps.

7. Be alert to the prompting of the Lord. As you continue to care for every area of the patient's life, be ready for that God-prepared opportunity in the dying person. Look for that moment. It may come very close to the end, even when one feels that perhaps the chance was missed. In the same way as one palpates for signs of tenderness, so when appropriate one can probe with words for areas of spiritual tenderness. The timing and depth of this probing takes faith, sensitivity and experience. Questions can be helpful in letting people open up. It can be helpful to ask open questions such as, 'What place does faith have in your life?' or direct questions such as 'Would you like me to pray with you? I often do at times like this.'

8. Obstacles. We are dealing with someone's eternal destiny and our Enemy has a fixed agenda to prevent us if he can. (Ephesians 6: 11, 12.) We need just as much humility and prayer to speak with one person as we do with a thousand. Prayer and praying friends will promote many encouragements.

9. Mistakes. We are all human and make mistakes. If we offend in some sensitive area, be ready to apologise quickly.

10. Keep confidences. Seek the patient's permission before involving the pastor.

We all battle against pressures of time and accusations from the Devil. So it is important and healthy to remember that we cannot do all this on our own. We need the ever-present help of the Spirit and other Christians in the background. But the rewards of seeing someone find peace at the end are out of this world.

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