

Good News

Luke 7:1-23

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First Central Congregational UCC
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The season of Epiphany is focused on the stories from the Gospel which manifest the divine power and glory of Jesus. Listen in today's stories for those moments when Jesus is revealed.

[Read Gospel]

The First Central Book Club met this week in order to discuss *Being Mortal* by Atul Gawande. Gawande is a surgeon from Boston who is also an accomplished writer. His writing has centered on the shortcomings in medicine and the exploration of ways to do it better. This particular book is about the end of life—nursing homes, assisted living, death, and the difficult conversations around those topics.

A few years ago we held a series of classes in First Forum on end of life issues entitled quite bluntly "Before You Die." I believe that series and the conversations it sparked are among the best ministry we've accomplished at First Central in my time as pastor. In another year or so, we should repeat that series.

Gawande's book emphasized many of the points we've emphasized before—that everyone needs to be talking with their loved ones about end-of-life issues so that everyone can make better choices. Here he states the core ideas of his book:

The betrayals of body and mind that threaten to erase our character and memory remain among our most awful tortures. The battle of being mortal is the battle to maintain the integrity of one's life—to avoid becoming so diminished or dissipated or subjugated that who you are becomes disconnected from who you were or who you want to be. Sickness and old age make the struggle hard enough. The professionals and institutions we turn to should not make it worse.

Gawande argues that modern hospitals and nursing homes had sacrificed autonomy, integrity, and well-being for safety and extending life. Fortunately he believes that the tide is changing and that medicine is now becoming more concerned with overall health and well-being that allows patients to determine their priorities, which may not be taking the safest course or the course that extends their life. Autonomy, he argues, is being able to write your own story, and so we should be able to write our own story at the end of our lives.

From palliative caregivers Gawande learned a series of questions to ask patients as they are approaching critical decisions—What do you understand? What are your biggest fears and

concerns? What goals are most important to you? What tradeoffs are you willing to make and which are you not willing to make?

As someone who often sits with families as they hold these conversations, and as someone who's been part of a family making those decisions (and failing to make them), I found Gawande's discussion encouraging and helpful. I wish I had known those questions years ago. They will definitely become part of my toolbox now. I may even print them off on a piece of paper and stick them in my wallet so they are always handy.

I encourage everyone to read this book.

Of course medicine was once much more focused on overall well-being, as modern medicine arose in faith communities. Historian of science George Sarton pronounced quite clearly that the hospital "is very distinctly Christian," though he acknowledges that they built upon a Jewish idea of the "house consecrated to the needy."

The first hospitals were created by Constantine the Great and his mother St. Helena as "establishments where a collective hospitality could be proffered not only to the sick, but also to the aged, to the lame, [mute], deaf, and blind, to strangers, even to those whose souls were ailing." The number of hospitals greatly expanded during the Middle Ages, often founded by religious orders. And in our own lifetimes we can remember when most hospitals were not corporations but were run by the various Christian denominations as non-profit charities.

The health ministries of the United Church of Christ are rooted in the Evangelical side of our history among German immigrants to the Midwest. Louis Edward Nollau, pastor of St. Peter's Evangelical Church in St. Louis, started Good Samaritan Hospital in 1856 and opened an orphanage in the church basement in 1858 after a devastating cholera epidemic. In 1889 that church helped in organizing the Evangelical Deaconess Society with the aim "to nurse the sick and exercise care for the poor and aged." The first Deaconess was Katherine Haack. These women were among the first to be officially commissioned and given leadership roles in the Evangelical churches. The Deaconess movement spread around the country and the globe and across denominations as hospitals and care centers were opened.

These original, nineteenth century health ministries of the Evangelical Synod continue as part of the United Church of Christ's Council for Health and Human Services Ministries which oversees 363 health centers. According to the CHHSM website "These include acute health care services, services to persons with developmental disabilities, services to children, youth and families, and services to the aging."

Why this focus on health ministries in the Christian church? Because healing was central to the life and ministry of Jesus, and Jesus understood healing to be about overall well-being—physical, emotional, mental, and spiritual, but also including economic and political well-being in a healthier society.

When John the Baptist wanted to know if Jesus was in fact the Messiah sent by God to bring salvation to the earth, Jesus' answer was "Go and tell John what you have seen and heard: the blind receive their sight, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, the poor have good news brought to them."

The great preacher Fred Craddock wrote of this story, "And now most pointedly the

question arises, Can someone who gives time and attention to the dead, the very poor, the outcast, the acknowledged violator of the law, and the diseased be God's Messiah?"

These stories of Jesus healing are part of the revelation that he is God's agent and tells us something about who God is. These stories connect Jesus to the great prophetic tradition of Israel. Like Elisha, he heals a foreign soldier. Like Elijah, he shows compassion upon a widow and raises her son. Like Isaiah, he imagines a world where the outcasts are included. God is inclusive, merciful, and compassionate.

These are not simply miracles—signs and wonders. We readers of the biblical story learn that any time miracles appear they always serve as signs pointing to some truth God is revealing. The miracle serves the purpose of flashing neon lights or simply a person jumping up and down, waving their arms, and saying "Look over here. Pay attention."

And what deep truth do these miracles point to? The poor and the disabled and the excluded are receiving good news.

What is the good news?

God is visiting. God has come among the poor, the disabled, and the excluded. God knows their suffering and their pain. And God is working to bring them wholeness and new life.

To answer Fred Craddock's question, the Messiah is precisely the person who spends time with the poor and needy. Which is why the Christian church has so often dedicated itself to ministries of health and well-being.

The other night during the Book Club I sat and listened as those present shared very personal stories of how they dealt with difficult end-of-life questions with parents and other loved ones. And I shared my stories of my own family and some of the church members who I've assisted in making those decisions.

Part of the power of the Christian church is that we are simply present in those moments. And by our presence we are a reminder that God is present. The merciful, compassionate God is still visiting. God is with us in all the moments of our lives, the sorrows and the joys, working to bring wholeness and life. That is good news to remember.