IOWA DISTRICT WEST
THE LUTHERAN CHURCH-MISSOURI SYNOD

409 Kenyon Road, Suite B
Fort Dodge, IA 50501
515-576-7666 FAX: 515-576-2323
www.idwlcms.org

Executive Assistant - Human Care and Missions
THE REV. MARK GERKEN
Mark.Gerken@idwlcms.org
515-570-2331 cell

Dear partners in the Gospel,

The Human Care Committee of Iowa District West shares this proposed planned program with the prayer that it will be a blessing to you and to those you serve. May it bring to your awareness again the mercy and grace you have received from God. Then, *in view of God's mercy,* [may you] *offer your bodies as a living sacrifice, holy and pleasing to God (Romans 12:1).* May it make you aware of the opportunities in your local community to share God's mercy. May it lead you into specific actions you can take as a congregation or circuit to share God's mercy. Finally, may it result in glory to God and the gift of salvation by grace through faith in Jesus Christ being received by more people.

We share this proposed planned program to help you carry out what we as a District resolved to do at our 2015 convention. At that convention we passed resolution 2-04 which said, in part, *Resolved, that the congregations, schools and other ministries of Iowa District West be encouraged to incorporate at least one intentional act of Christian mercy into their annual ministry plans with the goal of serving especially the citizens and institutions of their local community.*

Each of the studies has been written by a different individual, reflecting their style and perspective. The topics selected are a reflection of the four focus areas of the Human Care Committee—acts of mercy, older adult ministry, life issues and church worker wellness. May God use these studies to stimulate reflection, discussion and action among those in attendance.

The first study, "The Mission of God" written by President Turner, serves as a foundation for those that proceed it. Following the first lesson you are free to use them in any order you desire. We also urge you to consider utilizing the studies within your congregation(s).

We welcome your input and especially the accounts of the intentional acts of Christian mercy carried out by the people within your congregation(s).

On behalf of the Human Care committee,

Mark Gerken

Rev. Mark Gerken
Executive Assistant for Missions and Human Care, IDW

IOWA DISTRICT WEST
THE LUTHERAN CHURCH-MISSOURI SYNOD

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THE *MISSIO DEI*
AND
THE THEOLOGY OF VOCATION

The Church is a missional entity.

It was formed by a missional God.

John 1:1-14

Mission always begins with a need. What is the need introduced in John chapter 1?

Vs. 11 God comes to the need. How does the need receive Him?

Vs. 12-13 How does this inform us about the missional nature of God?

Consider this in light of Luther's explanation of the 3rd Article of the Creed. Who is the actor in conversion?

Vs. 14 God comes to us. *Missio Dei* is not fulfilled from a distant transcendent God. It is fulfilled by the intimate Son of God. He is the Word made flesh who ἐ σκή νωσεν - literally moved into your house!

Luke 19:1-10

Why did Jesus go through Jericho on His way to Jerusalem? There were other ways.

What are some things we know about Zacchaeus?

Tax Collector—What does that tell you about his relationship in the community?
Wealthy—probably a supervisor of other tax collectors.
Short—short and tall were relative in ancient societies as they are today.

Does Zacchaeus come to Jesus or does Jesus come to Zacchaeus?

Who extends the dinner invitation?
What is the missional purpose? (see verse 10)

To participate in the mission is to participate in the movement of God's love toward people. Therefore the Church is to be a participant both as one who has been called by the Holy Spirit to be a disciple of Christ and one who is being sent to make disciples of all nations. The mission to which God has called Christian leaders is nothing less than an activity of God.

There is a Church because there is a mission, not vice versa.

Time and again the Scriptures portray God as a sending God. God has always been on a mission to seek, save and redeem. In the Old Testament, angels and prophets and even foreign rulers are at times His agents. Sometimes they communicate judgment and other times mercy. What the Bible consistently communicates is a God whose great and holy purpose is drawing humanity to Himself.

Exodus 3:1-10 The *Missio Dei* and Moses

Why does God appear to Moses? Vs. 7 Mission begins with a need.
The rescue is clearly God's work. Vs. 8
What is God doing with Moses? Vs. 10

It is clear that God sent Moses, which means he was commissioned by God to present to Egypt the living Lord.

Deuteronomy 31:23 Moses passed this mantle of missional leadership on to Joshua.

Note the imperatives Be Strong…Be Courageous. Why?

What is the commission of Joshua?

"for <u>you</u> will take the Israelites." Does this surprise you?

God used Joshua to go and possess the land He had promised His people Israel.

The *Missio Dei* in the Old Testament demonstrated God's ideal for Israel:
Exodus 19:5-6

What were the children of Israel called to do?

If they did, what would they be?

This blessing is for whom? Why?

Jesus says to the first leaders in the Christian Church, "Go and make disciples" (Matthew 28:19). The Scriptures reveal a God always active in mission. The Church of all sizes has a calling from God to fulfill the Great Commission of making disciples of all nations, The Church, rooted in the concept of the *Missio Dei*, will recognize that there is one mission and it is God's mission.

God's mission is our mission.

What is that mission? 2 Corinthians 5:18-20

What is God doing in Christ?

What has He entrusted to us?

To whom has God entrusted the ministry of reconciliation?

God's objective is to reconcile the world to Himself, and He has entrusted this ministry of reconciliation to all Christians. The plan to involve a community of believers in Christ's mission to the world had its foundation already in the beginning when God chose and destined sinners to become His children through faith in Jesus Christ. It is God who has originated this plan and made it part of His eternal plan of salvation.

Conversion is fundamentally not the work of humans but of God. The mission does not have its authorization through any decision by the Church in the past, in the present, or ever. We are not at liberty to decide whether or not to engage in mission. It has its origin and source in God the Father and His sending of His Son to atone for the sin of the world and the Holy Spirit who calls and gathers His Church. It is the Triune God who now commissions His Church to go into all the world to proclaim the Good News of reconciliation through the death of Jesus Christ. It is the same God who has also promised His Church the gift of the Holy Spirit so that it can effectively perform its mission even until our Lord's return. Therefore, the mission of the Church is not optional. It is the Lord's work. It is the *Missio Dei.*

Vocation does not belong to heaven; it belongs to the world.

All Christians are called to share the Good News of Jesus Christ (1 John 1:1). We are called to participate in a local congregation where we each have a part to play in the community of faith. We do not all have the vocation to be preachers or teachers. Luther understood vocation as a "station" which is by nature helpful to others. This witness of being a Christian in the world is most often lived out in ordinary lives.

We live our lives in the time, the culture and the community where God has placed us.
Romans 12:4-8

In Christ, the many form what? What do we call that?

The parts of the body do not have the same *functions.* (πρᾶξιν, maybe better translated, "tasks.")
What are the different tasks in the Church?

Vs. 5 To whom do we belong?

Vs. 6 What have we been given?

These gifts are some, certainly not all, of the vocational gifts given to the Church.

In our vocations, people are not reaching up to God but rather their vocation is the means by which God, through them, reaches out to the world. Vocation is lived out in service to neighbors. A challenge of contemporary Christians is to relate their faith to their daily activities. There is often a separation between Sunday and Monday. Christians often do not see the relationship between their work, other daily activities, and their Christian faith. There is often a disconnect between the spiritual and the secular in people's lives.

Luther, in rather earthy language, said it like this:
"If you are a craftsman you will find the Bible placed in your workshop, in your hands, in your heart; it teaches and preaches how you ought to treat your neighbor. Only look at your tools, your needle, your thimble, your beer barrel, your articles of trade, your scales, your measures, and you will find this saying written on them... 'My dear, use me toward your neighbor as you would want him to act toward you with that which is his.'"

As is clear from the above quotation, "vocation" refers not only to one's occupation but also to all one's relationships, situations, contexts, and involvements (including, of course, one's occupation, if one is employed).

Robert Kolb keenly points out that faith recognizes that God is present in this world. But faith also recognizes that Jesus is no longer present in His own flesh. When Christ ascended, He promised His Holy Spirit. It is now the Holy Spirit that works in Christians and through them in their vocation. The Holy Spirit, Kolb argues, has not become incarnate. Rather, He has to "borrow our tongue and hands and warmth and feeling to accomplish His purpose, to carry His love to others."

According to Kolb, how does God work in the world today? Where will God use us?

A healthy understanding of the doctrine of vocation allows us to appreciate the different roles we are asked to play in the life of a congregation. God uses the events of people's lives, their intellectual capabilities, and their personal characteristics to prepare them for service.

The *Missio Dei* calls us to action to use the gifts He has entrusted to us. God does have a mission, and God's mission is our mission. In their vocations, God works through His people in their ordinary stations of life to which He has called them. In this way He cares for everyone—Christian and non-Christian—whom He has given life. God will use the vocational diversities of your Church to serve Himself and your community.

If, as we said earlier, “mission always begins with a need” and “to participate in the mission is to participate in the movement of God’s love toward people” then where are the needs/opportunities in your community for your congregation to bring that love of God toward people?

What about in your vocation? Where do you personally have that opportunity?

Take a few moments to identify one concrete, specific step that you can take personally and another step that you believe God would have your congregation take to bring God’s love toward people under the broad umbrella of human care. Share what you identified with the person next to you. Close in prayer, thanking God for taking that step in sending your Savior as well as meeting your first article needs. Pray that the steps you identify might be the first step in connecting others with their Savior.

For more information contact:
Rev. Dr. Steve Turner
President, IDW
Email: steve.turner@idwlcms.org
Office Phone: 515-576-7666

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Acts of Mercy: Calling all Congregations to Action

"Christian life consists of faith and charity." - Martin Luther

1. What is mercy? [1]
    a. Diakonéō (to serve), diakonía (service), diákonos (servant, deacon). This word for service, as distinct from douleúō (to serve as a slave), therapeúō (to serve willingly), latreúō (to serve for wages), and leitourgéō (to do public service), carries the basic nuance of personal service.
    b. Diakonéō outside the New Testament
        i. The concrete sense is basic: a. "to wait at table," b. "to care for," and c. (Comprehensively) "to serve." For the Greeks service is undignified; we are born to rule, not to serve. Service acquires value only when it promotes individual development, or the development of the whole as service of the state (or ultimately as service of God). If this demands some renunciation, the idea of self-sacrificial service finds little place.
        ii. In Judaism, service is not thought to be unworthy; hence a deeper understanding of it develops. The LXX does not use diakoneín, but has leitourgeín, latreúein, and even douleúein. Philo has diakoneín for "to serve" with an echo of waiting at table. Josephus has it for "to wait at table," "to obey," and even "to render priestly service." The commandment to love one's neighbor offers a solid basis for sacrificial service, but in later Judaism tends to be weakened by the distinction between the righteous and the unrighteous and the construing of service as meritorious rather than sacrificial.
    c. Diakoneín in the New Testament: By exalting service and relating it to the love of God, Jesus both sets forth a completely different view from that of the Greeks and purifies the Jewish concept.
        i. The sense "to wait at table" occurs in Luke 17:8 and John 12:2. An astonishing reversal takes place when the returning master rewards his servants by waiting on them (Luke 12:37). Jesus Himself is similarly present as one who serves (Luke 22:27). Hence when He asks who is greater, the one who sits at table or the one who serves, the obvious answer that the Greeks would give is wrong. Yet Jesus does not substitute an answer that is theoretically opposite. Instead He points to Himself, for as the Son of Man who is also Lord of the kingdom, He institutes a new pattern of human relationships which extends even to waiting at table or washing the feet (John 13:4). In Acts 6:2 diakoneín means "to supervise the meal," i.e., its whole provision, preparation and organization. This diakonein as love in action is set in tension with the diakonía toú lógou as the proclamation of love. Most likely what was involved was not just the distribution of portions to those in need but the arranging of common meals, and the radical issue might well have been that of table fellowship rather than wrangling about the better portions; if so, the appointment of the Hellenistic Seven takes on added significance. Diakoneín is also used for Martha's serving in Luke 10:40 (cf. John 12:2) and that of Peter's mother-in-law in Mark 1:31. When the angels serve Jesus in Mark 1:13, Matthew 4:11, they, too, are probably bringing Him food after the period of fasting.
        ii. The wider sense "to serve" reflects the same transvaluation of values as the narrower meaning. Waiting at table may well be included in Luke 8:3, but the term covers many activities in Matthew 25:42. Here service of others is service of Christ and involves personal commitment. Worldly rulers lord it over their subjects but the concern of the disciples is with God's kingdom, the way to which leads through suffering and death that has service as its point. Hence the only path of greatness for Christians is to

become the servants and even the slaves of all (Mark 9:35; 10:44). More than table service is now involved; all kinds of sacrificial activity on behalf of others, as exemplified by Christ's own self-offering, are required. Service of others is service of God, and it may entail service even to the point of death itself (John 12:25-26).

iii. The life of the community is thus a life of serving. Every charisma is given (1 Peter 4:10) in stewardship, and the charísmata comprise gifts of word and gifts of action, the latter especially being described as diakoneín. Timothy, Erastus, Onesimus, and Onesiphorus (Acts 19:22; Phlm. 1:8-10, 2 Timothy 1:16) offer examples. The prophets rendered an advance service (1 Peter 1:10), and the apostles also do service (cf. 2 Corinthians 3:3: "a letter diakonētheisa by us"). This service cannot be proud, self-righteous service; it is discharged only by God's power and to His glory.

d. Diakonía.
   i. In the New Testament this first means "waiting at table," "providing for physical sustenance," or "supervising meals" (Luke 10:40; Acts 6:1).
   ii. A wider meaning is "the discharge of a loving service." The diakonia of Stephanas is an example (1 Corinthians 16:15). It is linked with works, faith, love, and patience in Revelation 2:19. All that edifies is covered in Ephesians 4:11-12. There are various ministries (1 Corinthians 12:4), but all are rendered to the Lord. Acts of care must have been included (1 Corinthians 12:28).

e. What did you discover from the above word study? How do you think that might apply to our study of "acts of mercy" which we carry out as Christians both individually and corporately?

2. How does God demonstrate mercy to us?
   a. Mark 10:45
   b. 2 Corinthians 1:3-4

3. To what is God's mercy connected?
   a. 1 John 2:2
   b. Psalms 25:6
   c. Psalm 103:2-4

4. What shall be our response to God's mercy and love?
   a. Luke 6:36
   b. Galatians 5:13
   c. 2 Corinthians 1:3-4
   d. Romans 12:1-22

5. Today more than ever? Importance of actively engaging in acts of mercy in today's culture:
   a. Although it has not been our intent, many from outside the church perceive us as defensive and reactive in response to today's political and cultural changes and challenges. This perception (sometimes reality) pushes us further and further away from people who are not part of the church, and them from us. As we engage the culture, speak loudly in the public square and assert our right to freedom of religion and speech, we risk making the battle to protect what is ours the point, and forget the real point – the real reason we are here: to participate in God's mission leading to salvation for all people.
   b. Read and discuss this quote: *"How in the world did the term Evangelical become the antithesis of grace? If Evangelicals are known mainly for the defense of their own ethical views and their own legal rights, they risk becoming one marginal interest group among many. Or they could be known for always considering the person…a model of social engagement for Christians would be to act like Jesus – the image of Jesus in the Gospels – the one who brought good tidings to the*

poor, bound up the brokenhearted, and proclaimed freedom to the captives. When people, including modern, cynical, skeptical people see the image of Jesus even partially reflected in another human being, it appeals across every distinction, every division, and every boundary. It stirs the deepest longings of the human heart. And when the representatives of Christ act like Jesus, true authority and influence returns." (2)

6. Opportunities: What would our churches look like if ministries were based on current needs of the community rather than tradition? What would be different and what would be the same in your congregation?

7. Identifying current needs: who are the "least of these" in my community?
    a. Those without a voice; unseen or often overlooked, societal outcasts
    b. Vulnerable people – give examples

8. What opportunities exist in my community to demonstrate mercy? How do I know?
    a. Support my community: *Partner with Existing Providers*
        i. What LCMS partners are possible?

        ii. Are there other non-LCMS partners, either governmental or religious?

    b. Get to know my community: *Identify unmet needs through conversation and research*
        i. State of Iowa Department of Human Services (DHS), find funded services, all populations: http://dhs.iowa.gov
        ii. Vital Statistics: Statistical information by Iowa County, 2014 last reporting year: https://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2014.pdf
        iii. Child abuse statistics by County in Iowa, 2015 last reporting year: https://dhs.iowa.gov/reports/child-abuse-statistics
        iv. Older Iowans 2016: http://www.iowadatacenter.org/Publications/older2016.pdf
        v. Veterans in Iowa: https://va.iowa.gov/counties
        vi. Poverty in Iowa, by County: http://www.indexmundi.com/facts/united-states/quick-facts/iowa/percent-of-people-of-all-ages-in-poverty#map
        vii. Population profile by County compared to rest of Iowa, education, poverty, English, non-English speaking households, unemployment, food insecurity, income by source: http://www.icip.iastate.edu/special-reports/poverty
        viii. Disability, Uninsured, Household composition, education, poverty, others by County: http://www.census.gov/quickfacts/table/PST045215/00
        ix. Iowa State prison and community based corrections populations, updated daily: http://www.doc.state.ia.us/DailyStatistics
        x. Iowa Juvenile Detention placements, de-individualized, sort by county: https://data.iowa.gov/Public-Safety/Iowa-Juvenile-Detention-Secure-Placements/3kck-gq3y
        xi. Community specific data, Lutheran Church Extension Fund: https://lcef.org/demographics/
        xii. LCMS support for community outreach (Planting Gospel Seeds)

        The "Planting Gospel Seeds While Serving Human Needs" program helps congregations develop ways to enable their neighbors to break the cycles of poverty and struggle:
            - After-school care or youth mentorship
            - Food pantries and nutrition

- Legal and resettlement assistance for immigrants
- Job-retraining and job-related transportation assistance
- Assistance with physical and mental health concerns
- English-as-a-Second-Language (ESL)

By identifying the most critical, unmet and under-served needs in the community, congregations can plan ministries that build closer relationships with neighbors and help congregations become vital, growing churches, making new disciples for Christ! Provides demographic study and onsite consultation.
http://www.lcms.org/gospelseeds

9. Barriers: What are some potential barriers or areas of resistance to beginning an active mercy outreach effort in my congregation?

10. How can I help my congregation overcome those barriers?

11. What do you believe God would have you do as a result of this study?

"But know that to serve God is nothing else than to serve your neighbor and do good to him in love, be it a child, wife, servant, enemy, friend….If you do not find yourself among the needy and the poor, where the Gospel shows us Christ, then you may know that your faith is not right, and that you have not yet tasted of Christ's benevolence and work for you." - Martin Luther

(1) http://www.lcms.org/emphasis Greek Word Study
(2) http://qideas.org/videos/the-pope-francis-moment/
(3) *Theology of Mercy*, Rev. Dr. Matthew Harrison, 2004, reprinted 2015, Lutheran Church—Missouri Synod

For more information contact:
Wanda Pritzel, LISW
Director of Ministry Support
Email: wpritzel@LFSiowa.org
Office Phone: 515-573-3138, ext. 22
Cell Phone: 515-570-2310

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Human Care and the Mission of God

The Preborn

There is a significant contrast in our culture today regarding how to view those who are not yet born. Some view the unborn as "human beings," others do not. A true understanding of the nature of the unborn is important if we are to appropriately extend the Mission of God to all nations and all peoples.

For millennia, followers of Jesus Christ have believed the unborn were human beings because they were created by God in His own image and likeness. Unfortunately, in the pagan Roman empire children were not valued highly and therefore abortion, child abandonment and infanticide were commonplace. Especially if a child was deformed, frail, handicapped or interestingly enough, female, it was not uncommon to dispose of the child for reasons related to the culture's general lack of value for life.

When a culture looses its honor and respect for the Triune God, it most naturally looses a moral compass that is related to nature and conscience. Like the Roman Empire, the United States today is on a slippery slope finding itself devaluing human life in direct proportion to the rejection of the Triune God. As our "Christian roots" get dryer and dryer we see our culture, including leaders in government, viewing the unborn or newly born more subjectively, and by this view, life is valued not by *what it is*, but according to *what it does*.

Conservative Christians in the U.S. are dumbfounded by the general lack of value for life in our nation. Many older Christians are severely depressed at the distinctions drawn from their day to our day. Not long ago artificial contraception was viewed as contrary to God's Word across denominational lines. Now Christian churches are even debating whether or not they should speak against abortion or even infanticide at all! The challenge for Lutheran Christians in Iowa District West is very much like Christians in a pre-Christian era. *How do we respond in and to a culture that places subjective value on the unborn and human life in general?*

It is important to remember that Christians have never formed their faith on the basis of man's word. The Christian faith is formed by the Word of Christ. God's Word is always relevant. God's Word declares truth. Within Scripture we learn of a God who created us in the beginning, knows us intimately, and loves us so much that He was willing to sacrifice His own Son in order to save our lives from death and destruction. The Gospel message transcends time and culture. If God created and loves life from the moment of conception, His people should do the same.

This study is meant to encourage conversation on the subject of the unborn as human beings, created in the image of God. Biblical texts are offered for discussion and reflection. As you read, reflect upon God's attitude toward the unborn. Ask yourself how you can serve them and their families in mercy in your own area of influence. Discuss what you know about life-affirming ministries and efforts in our district. Finally, discuss how serving the *"least of these"* relates to the Mission of God.

"Your eyes saw my unformed substance"

In Psalm 139, David reveals much about the unborn. In a classic Psalm for our understanding about life in the womb, he makes clear that God is in control and is with us throughout our lives. In an effort to reveal just how intimately God knows our "ways," he not only says that God knows our "*sitting down and our rising up,"* or that He knows our thoughts but he also shares what God knew about us before we were born saying, *"Even the darkness is not dark to you...for you formed my inward parts; you knitted me together in my mother's womb. I praise You for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well."*

3D and 4D ultrasound technology has made it even easier for us to understand what David writes in Psalm 139 and what Christians have believed for millennia: the Preborn are indeed human beings wonderfully made by their Creator God! The Scriptures truly are consistent with reality. Just take a look at the evidence and you will see! What a message we have to share, indeed, "Praise the Lord!"

Biblical Testimony:

Read a portion or all of the following classical "life affirming" texts, especially in terms of the relationship that they reveal between God and man, then discuss the questions that follow:

Genesis 1:26-28 *"Then God said, 'Let us make man in our image, after our likeness…'"*

Jeremiah 1:5, *"Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations."*

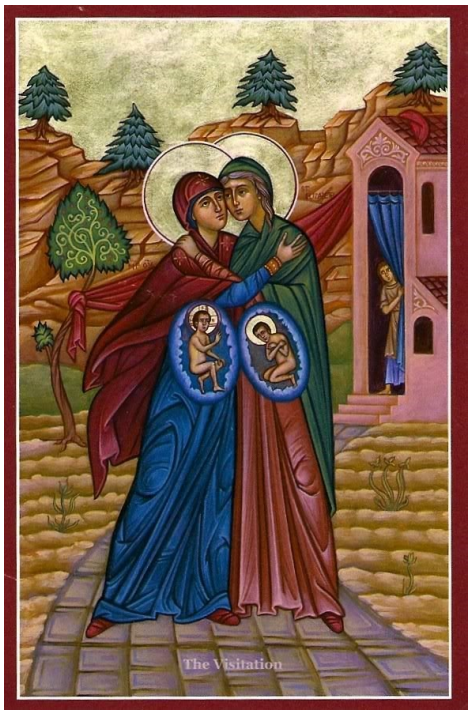
Psalm 127, *"Unless the Lord builds the house, those who build it labor in vain…"*

Psalm 139:13-14, *"For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well."*

Mark 10:13-16, *"And they were bringing children to him that he might touch them, and the disciples rebuked them…and he said to them, 'Let the children come to me…'"*

Luke 1:41-44, *"And when Elizabeth heard the greeting of Mary, the baby leaped in her womb...For behold, when the sound of your greeting came to my ears, the baby in my womb leaped for joy."*

Luke 1:30-31, *"And the angel said to her, 'Do not be afraid Mary, for you have found favor with God. And behold, you will conceive in your womb and bear a son, and you shall call his name Jesus.'"*



This icon of The Visitation of Mary unto Elizabeth not only contains the women's greeting, but also that of their preborn children as well.

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Discussion Questions

Discuss the following questions related to the biblical testimony and the introduction on the first page. How do these biblical texts, and others not mentioned, form our understanding and care for the preborn?

1. God created man, *"In His own image and likeness."* Though we live after the Fall, is there still something to be said about the image of God and human life born and unborn?
2. God makes clear in the creation narrative that man should, "*be fruitful and multiply"* (See also Gen. 9, 17, 28, 35 and 48). Psalm 127:5 adds, *"Blessed is the man who fills his quiver with them!"* Do these texts inform how we relate to life in the womb?
3. Many people love Jeremiah 29:11, "*I know the plans I have for you…"* Jeremiah 1:5 reveals a very personal plan from God to the unborn Jeremiah. What does this text tell us about God's ways and our ways?
4. How is God shown exerting His charge over life in Psalm 139? What is the attitude of the Psalmist in relation to His activity? How does 3D and 4D ultrasound technology affirm this Psalm?
5. What does the practice of gender-selective abortion reveal about the true nature of legalized abortion? What does it reveal about the culture's value of life? Finally, do you think the abortion issue in our day relates more to the 5th commandment or the 1st? Why?
6. The truths found in Holy Scriptures are in keeping with truth discovered according to nature and conscience. How does this understanding help in the task of speaking for life in the public square?
7. Many women can tell about the first time they *"saw their belly move."* What do you think Elizabeth said to Zechariah after John leaped in her womb at the sound of Mary's greeting? How can you use this text to comfort couples grieving the loss of an unborn child?
8. The Annunciation and birth of Christ is the most profound narrative related to the unborn the Scriptures contain. Discuss the significance of Christ being *"conceived in the womb"* especially as it relates to the book of Hebrews (Hint: Hebrews 2:14-18).
9. Consider the incarnation of Christ and the logic of "choice." At what point in the pregnancy would aborting Jesus be less radical?
10. What do you believe God would have you do as a result of this study?

Bible Study and Discussion

Older Adult Ministry

Participant Guide

Goals of this study:

1. Identify personal and professional experiences and observations relating to relationships with older adults.
2. Explore what Scripture says about older adults.
3. Develop a framework for approaching and growing an older adult ministry on a personal, congregational, and community level.

Scriptural References:

"The Physical":

2 Corinthians 4:16
"So we do not lose heart. Though our outer self is wasting away, our inner self is being renewed day by day."

Psalm 92:12-15
"The righteous flourish like the palm tree and grow like a cedar in Lebanon. They are planted in the house of the LORD; they flourish in the courts of our God. They still bear fruit in old age; they are ever full of sap and green, to declare that the LORD is upright; he is my rock, and there is no unrighteousness in him."

Proverbs 16:31
"Gray hair is a crown of glory; it is gained in a righteous life."

"The Need, The Plea"

Psalm 71:18
"So even to old age and gray hairs, O God, do not forsake me, until I proclaim your might to another generation, your power to all those to come."

Psalm 71:9
"Do not cast me off in the time of old age; forsake me not when my strength is spent."

"The Response, The Promise"

Job 12:12
"Wisdom is with the aged, and understanding in length of days."

Psalm 37:25
"I have been young, and now am old, yet I have not seen the righteous forsaken or his children begging for bread."

Isaiah 46:3-4
"Listen to me, O house of Jacob, all the remnant of the house of Israel, who have been borne by me from before your birth, carried from the womb; even to your old age I am he, and to gray hairs I will carry you. I have made, and I will bear; I will carry and will save."

1 Timothy 5:8
"But if anyone does not provide for his relatives, and especially for members of his household, he has denied the faith and is worse than an unbeliever."

Psalm 73:26
"My flesh and my heart may fail, but God is the strength of my heart and my portion forever."

Questions to elicit thought and discussion

Take a few minutes to remember, and share, if you will, what the final ten years of life were like for your great-grandparents, grandparents, or parents. What was their health status? Where did they live? How much help did they need from others? How willing were they to accept that help? How old were they when they died? What was most important to them? What was their faith life like? Did they regularly attend worship? How did they practice their faith? As you think about those final years of your loved ones, what emotions are evoked in you?

Take a few minutes to think about what you hope your final ten years prior to the end of your life on earth might look like. Where will you live? How much help will you need from others? How will you feel about accepting that help? What will be most important to you? How will you practice your faith? How will you disciple others?

As you look at the members of your congregation who are in the latter years of their life, what needs do you see? What are some of the physical challenges? What are some of the mental and emotional challenges? Are they attending worship? Are they receiving the sacraments regularly? Who is helping them? What are the needs of those who are helping them? What are the barriers the older adults and their caregivers face in meeting physical, mental, emotional and spiritual needs?

How can you apply the scriptural references given to address the needs of older adults who are your loved ones and/or members of your congregation? How might you utilize their gifts in your own family or congregation? What are the barriers for utilizing their gifts and talents?

In what ways can you address and facilitate meeting the needs, personally and professionally, of the older adults who may be difficult to have relationships with due to their personality traits and/or failing cognitive status (dementia)?

What does God call us to do, personally and professionally, when we have relationships with individuals nearing the end of their life who have lived a life that has caused great pain and anguish to others? For example, someone who has been physically, emotionally, or mentally abusive to you or other people?

How might you facilitate the creation of a network in your community that better serves the needs of older adults? What are the barriers that keep you from doing so? What are the resources that you might be able to utilize to develop that network?

For more information contact:
Toni Larson, LISW
Lutheran Family Service
tlarson@LFSiowa.org
Office Phone: 515-573-3138

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Alzheimer's Disease

Alzheimer's disease (AD) is a progressive disorder caused by abnormal accumulation of toxic proteins that kill brain cells. The disease affects memory, language, directional skills, thinking and behavior. The condition often begins after age 60 and is present in nearly half of those over 85. However, it is not an inevitable part of aging.

Signs of Alzheimer's Disease

Signs of AD progress over time and include:

- Memory loss
- Problems with thinking
- Word finding
- Getting lost
- Restlessness
- Mood swings
- Personality changes

Caring for a Person with Alzheimer's Disease

If you or a loved one has memory loss, visit the doctor for testing. Your doctor will work with you to manage problems, suggest changes to the home, and give support to family members and other caregivers.

Medicines should be started as soon as possible to have the best effect on thinking and behavior problems in the early stages of the disease. Talk to the doctor before starting any medicine. Medicines provide treatment for symptoms of Alzheimer's disease, but do not cure the condition.

More on next page ➔

Learn more about your health care.

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Wexner Medical Center

In later stages of disease, memory and behavioral changes become more prominent. The person loses their abilities to perform their usual activities. Eventually, the person is not able to do tasks such as eating, dressing and bathing. He or she may become anxious or violent, or wander away from the home. As the disease progresses, the person will need 24 hour care.

Most people live 8 to 12 years after symptoms become obvious. The most common cause of death in people with Alzheimer's disease is infection or the inability to swallow.

The Alzheimer's Association provides caregiver education and support groups and has a Safe Return Program to help persons with AD who wander away or get lost. Participation in research is critical to find better treatments.

For more information, contact these organizations:

- Alzheimer's Association, www.alz.org, 1-800-272-3900
- Alzheimer's Disease Education and Referral Center (ADEAR), www.nia.nih.gov/alzheimers, 1-800-438-4380
- Eldercare Locator, www.eldercare.gov, 1-800-677-1116
- Family Caregiver Alliance, www.caregiver.org, 1-800-445-8106
- National Family Caregivers Association, www.thefamilycaregiver.org, 1-800-896-3650
- National Institute of Mental Health (NIMH), www.nimh.nih.gov, 1-866-615-6464
- National Respite Network and Resource Center, www.archrespite.org

- **Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.**

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Caregiver Self-Assessment Questionnaire

How are YOU?

Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have …

1. Had trouble keeping my mind on what I was doing…. ☐Yes ☐No
2. Felt that I couldn't leave my relative alone……..... ☐Yes ☐No
3. Had difficulty making decisions……..... ☐Yes ☐No
4. Felt completely overwhelmed……..... ☐Yes ☐No
5. Felt useful and needed ……..... ☐Yes ☐No
6. Felt lonely……..... ☐Yes ☐No
7. Been upset that my relative has changed so much from his/her former self……. ☐Yes ☐No
8. Felt a loss of privacy and/or personal time……. ☐Yes ☐No
9. Been edgey or irritable…….. ☐Yes ☐No
10. Had sleep disturbed because of caring for my relative…..... ☐Yes ☐No
11. Had a crying spell(s)…….. ☐Yes ☐No
12. Felt strained between work and family responsibilities… ☐Yes ☐No
13. Had back pain…… ☐Yes ☐No
14. Felt ill *(headaches, stomach problems or common cold)*….. ☐Yes ☐No
15. Been satisfied with the support my family has given me……. ☐Yes ☐No
16. Found my relative's living situation to be inconvenient or a barrier to care……... ☐Yes ☐No
17. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress. _____
18. On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very ill," please rate your current health compared to what it was this time last year. _____

Comments:

(Please feel free to comment or provide feedback.)

_____

_____

_____

_____

_____

AGS Geriatrics Healthcare Professionals

Leading Change. Improving Care for Older Adults.

Healthinaging.org

Trusted Information. Better Care.

Self-Evaluation

To determine the score:

1. Reverse score questions 5 and 15.
   For example, a "No" response should be counted as a "Yes" and a "Yes" response should be counted as a "No."
2. Total the number of "yes" responses.

To interpret the score

Chances are that you are experiencing a high degree of distress if any of the below is true:

- If you answered "Yes" to either or both questions 4 and 11
- If your total "Yes" scores = 10 or more
- If your score on question 17 is 6 or higher
- If your score on question 18 is 6 or higher

Next Steps

- Consider seeing a doctor for a check-up for yourself
- Consider having some relief from caregiving (Discuss with your healthcare provider or a social worker the resources available in your community.)
- Consider joining a support group

Valuable resources for caregivers

HealthinAging.org
(800) 563-4916 | www.healthinaging.org

Caregiver Action Network
(202) 454-3970 | www.caregiveraction.org

Eldercare Locator
(a national directory of community services)
(800) 677-1116 | www.eldercare.gov

Family Caregiver Alliance
(800) 445-8106 | www.caregiver.org

Medicare Hotline
(800) 633-4227 | www.medicare.gov

National Alliance for Caregiving
(301) 718-8444 | www.caregiving.org

Local resources and contacts:

This questionnaire was originally developed and tested by the American Medical Association.
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COMMUNICATION TIPS WHEN INTERACTING WITH DEMENTIA PATIENTS

It has been noted widely that non-verbal communication, such as body language, voice tone and facial expressions relay great amounts of information to the cognitively impaired adult. As their ability to process verbal information is impaired, the way in which we use language is extremely important when working with cognitively impaired adults.

Clear communication, verbal and non-verbal alike, is the essence of any quality interaction. The following suggestions will enhance your effectiveness with your family member or patients.

1. **In your interactions with the patient, try to:**
   - *** Be calm and reassuring**
   - *** Speak slowly and distinctly**
   - *** Use simple words**

2. **Remember that the patient is dealing with:**
   - *** Confusion**
   - *** Anxiety**
   - *** Loss of self-esteem**
   - *** Irritability**
   - *** Feeling of depression (when he is aware enough)**

3. **Before asking the patient to do something, address him by name to get his attention. While you are speaking, maintain eye contact to help maintain his attention. Non-verbal gestures help in communicating to the patient what you want him to do.**

4. **Ask only one question at a time and give the patient time to respond. If the patient does not seem to understand, repeat the question using the same wording. If this does not work, after a few minutes try to rephrase your question. (This will require that the patient process new information).**

5. **Approach the patient from the front. It may startle and upset him if you touch him unexpectedly or approach him from behind.**

6. **Allow the patient adequate time to respond in conversation or when performing an activity. Rushing the patient will increase his confusion.**

7. **Use humor whenever possible though not at the patient's expense.**

8. **Always remember the importance of love and affection. Sometimes holding hands, touching, hugging and praise will get the patient to respond when all else failed.**

9. **The feelings expressed in your voice when speaking to the confused patient are as important as the words you say.**

10. **Try to maintain a regular daily routine. An Alzheimer patient has difficulty coping with change. A structured routine will help the patient maintain his abilities. It may also save you time and energy.**

11. **Involvement with his daily tasks help to maintain the patient's self-esteem. Also, disruption in the patient's usual habits may result in his no longer being able to perform that activity. For example, if you begin dressing the patient, he might soon forget how to perform this function.**

COMMUNICATION TIPS …CONTINUED

12. Keep your expectations of what the patient can do realistic given his degree of impairment. There will be less frustration on both your parts if expectations are realistic.

13. Break down all tasks into simple steps. Tell the patient one step at a time what to do. Giving too many directions at one time, or giving them too quickly, will increase the patient's confusion. If the patient gets upset and becomes uncooperative, stop and try again later.

14. When the patient wakes up from a nap or a night's sleep, he may be more disoriented than usual. Expect this and be prepared to orient him through general conversation.

15. Do not disagree with made up stories. Instead, gently correct the patient to avoid increasing his anxiety. If the patient mumbles incoherently or rambles, attempt to reduce this by directing him with an activity.

16. Be consistent. If you say that you are going to do something, follow through with it.

17. If the patient repeatedly asks a question, remember that he cannot remember the answer you have just given him. Instead of answering the question after a second or this repetition, reassure the patient that everything is fine and that you will be with him and will help him.

18. Repeating the same act may be meaningful for the patient and provide relief of tension. For example, the patient may spend 20 minutes contentedly wiping the kitchen counter. If the activity does not seem to be upsetting the patient, let him continue. If it upsets you, try to gently redirect his activity by giving him something else to do.

19. Use gestures when appropriate. Point to objects or demonstrate an action, such as brushing your teeth.

20. Do not argue over the correct answer. Relatives are often confused. He may call you his mother and mean his wife. Also remember he may be speaking his reality. If he says it is winter even though it is the middle of July, it may feel like, look like, and be what "winter" is for him.

21. If you do get angry, use "I" statements as opposed to "you" statements. Example: "I'm feeling angry, I need to rest now," instead of "You make me so angry, I can't stand to be here." Accusing him of causing your bad feelings is fruitless. He can't change his behavior for you. Also, he is frightened to see you angry at him when he feels so helpless. Talk to a friend when you need to blow off steam. Support groups are a great place for this. You will be relieved you did not yell at him after things have settled down.

22. When he is no longer able to communicate verbally, keep talking to him about those things that were important to him, such as yourself, family member, etc. Speak clearly, say names of people he loved, touch him, massage his arms, feet, head and back. Touching is the greatest communicator of love.

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Resources on Aging

Iowa Department on Aging

https://www.iowaaging.gov/iowa-department-aging

Iowa Alzheimer's Association

www.alz.org/greateriowa

Elderbridge Agency on Aging

elderbridge.org

Iowa Longterm Care Ombudsman

https://www.iowaaging.gov/long-term-care-ombudsman

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Death with Dignity vs. Death with Faith
By Rev. Max Phillips

Introduction:

Since the landmark "Roe v. Wade" Supreme Court decision in 1973, our society has been pressured with new vigor to change values and laws regarding life. Since that time millions of pre-born lives have been terminated by choice through abortion. Animal life has a rising respect while human life has been devalued; such that animal rights are, for many, equal or even superior to human rights. Gender equity has evolved to making gender a choice. The push has begun to adopt "choice" even in death. Iowa is among a handful of states where Physician Assisted Suicide has become a "front-burner" issue. This movement has taken hold in five states and several countries. The results are profound with escalating assisted deaths and consequently, increasing deaths of all ages by suicide or in the new vernacular "choice." The ramifications range from temporal to eternal.

Take a moment and brainstorm the impacts of death by choice on nursing home communities, hospice organizations, hospitals, physicians/pharmacists, Medicare/Medicaid, families, personal finance, taxation, mortuaries, insurance products and the church. These are only a handful of the many places that such legislation and practice will reshape our culture.

In general, the societal argument is that there are two moral reasons to permit early death by choice, either in order to preserve dignity or as a release from suffering. This is a beginning position and in the places where this has been legalized other reasons have soon challenged for legitimacy.

The third way is natural death, which is not only a godly choice, but also a public witness of Christ's power over death and His help in suffering. This is the Way of the Cross. So, there are these three end-of-life options which will be debated in living rooms, coffee shops, capitol chambers and I pray, in your church. Again, they are:

- Death with Dignity
- Release from Suffering
- Way of the Cross

Read Judges 9:52-55, 2 Samuel 1:6-10, Matthew 16:21 for examples of these choices.

Initial Discussion

It has been estimated that perhaps as high as 45% of our church body either hold an opinion that early death by choice (doctor assisted suicide) is okay or have no opinion on the matter. What is your position on the question of death by choice? Does it change based on the lateness of the hour or the severity of the condition or the pain and suffering experienced? Does it change when a physician prescribes it?

Scriptures to consider:

Genesis 1:26-27 *"Then God said, 'Let us make man in our image, after our likeness. And let them have dominion over the fish of the sea and over the birds of the heavens and over the livestock and over all the earth and over every creeping thing that creeps on the earth.' So God created man in his own image, in the image of God he created him; male and female he created them."*

Proverbs 6:16-19 *"There are six things that the Lord hates, seven that are an abomination to him: haughty eyes, a lying tongue, and hands that shed innocent blood, a heart that devises wicked plans, feet that make haste to run to evil, a false witness who breathes out lies, and one who sows discord among brothers."*

1 Corinthians 3:16-17 *"Do you not know that you are God's temple and that God's Spirit dwells in you? If anyone destroys God's temple, God will destroy him. For God's temple is holy, and you are that temple."*

Matthew 6:26 *"Look at the birds of the air: they neither sow nor reap nor gather into barns, and yet your heavenly Father feeds them. Are you not of more value than they?"*

Questions:

1. Based on the above and other scriptures, what do you believe is the God-pleasing position on end of life?

2. What is the value of human life? Is it conditional?

Discussion – What would you do?

Three of the following are actual end of life scenarios from my ministry. The fourth scenario is taken from a hospice situation with which I am familiar. No doubt you will have your own personal experiences. Please familiarize yourself with these and perhaps others that come to mind and discuss the questions at the end.

Scenario #1

[Name Withheld for confidentiality purposes] decided that he had endured dialysis long enough. He was soon to turn 80, in relatively good health, ambulatory on his own, could still dress himself, take meals, read, lived in an assisted living facility and had no "terminal" diagnosis. He wanted to celebrate his 80th birthday and then end dialysis. His adult children and estranged wife were brought into the decision and assented to his end of life request. Two nurses were speaking privately of his case. One wondered about the ethical and spiritual questions about such a decision. The other nurse assured her peer that the man was "ready to go." He was given an explanation of what would happen to the body without dialysis and invited by the social worker to consider if other comforts or adjustments could be made in his life to make dialysis more tolerable. He could think of none. The worker invited him to visit with the facility pastor, a request he refused. Upon withdrawing dialysis, he entered into hospice care. The man's dying happened after a brief period as predicted.

Scenario #2

A nursing home chaplain and I were discussing hospice care being given to one of our residents. The LCMS chaplain, a PhD and former medical researcher, offered that he believed that hospice care involving the choice to use as much pain medication as desired by family or patient often prematurely leads to an early unresponsive sleep. We wondered if such a rush to painlessness robs the Holy Spirit of the chance to use suffering as a way of challenging hearts and minds to Jesus. We agreed that the rush to "pretty up" death might actually devalue life.

Scenario #3

For six days one of my members, an elderly man with terminal cancer, labors unconscious but still living in a hospice house. His breathing is heavy. His inner mouth is filled with sores and cracked skin. His heart remains strong even though his organs are shutting down slowly. He is sedated for pain and takes no nourishment. The hospice care team focus on pain management and comfort. They tell the man's wife, that though he is living longer than expected, it is just a matter of time. The elderly woman is alone at the bedside of her husband. The family that had gathered earlier in the week to keep vigil anticipating a quick death have now filtered back to their jobs and homes awaiting word of the final hour. The woman asks me if her husband is suffering unnecessarily and would like to know if an acceleration of morphine or some other drug might bring a quicker and more merciful end.

Scenario #4

"Pastor, my mom was admitted into hospice care yesterday and their assessment is that she is in the middle stages of dying. She is terminal but not yet in their words 'actively dying.' During the meeting, the hospice folks recommended discontinuing mom's daily medications. One of those medications was a blood thinner that had been in place for a long period of time and frequently monitored and adjusted by blood tests. Their reasoning for removing this is that the body may not be metabolizing it. This concerns me a great deal because without it we've been told in the past that her blood will thicken and she will have a stroke. The doctor confirmed that this likely will occur and in this case is totally acceptable. Their recommendation makes me very uncomfortable and I believe it will kill my mother by stroke and not by natural causes from her disease. Does this amount to euthanasia? What will God think of this?"

Questions:

1. Is it ever okay to hasten or choose death? If so, when? If not, why?

2. Is there value in suffering? Is so, what and for whom? (Romans 5:3-5; 2 Corinthians 1:3-4; James 1:2-4)

3. Did Jesus fear suffering or death? (Luke 22:42; Mark 14:36) Does this provide a model for us?

What about Hospice? Does it hasten death?

Hospice came about as a way to value human life and bring a better quality to the terminally ill by focusing on patient palliative (pain management) care and family support at end of life. Each hospice organization will be challenged by the ethical and economic debate surrounding doctor assisted suicide.

The following is a statement taken from the Hospice Patients Alliance web site:
"Hospice Patients Alliance affirms that all human life is inherently valuable and that the role of hospice nurses, physicians and all other staff is to alleviate suffering and provide comfort for the sick and dying without sanctioning or assisting their suicide. A death with dignity allows for a natural death in its own time, while doing everything possible to assure relief from distressing symptoms."

> "Hospice care is there to make it possible
> for people who are dying to live fully until they die."
>
> Dame Cicely Saunders
> Foundress of the Hospice Movement

What is the argument for choosing death at end of life?

Below is a news report from the Des Moines Register in March of 2016 describing a legislative hearing in the Iowa Senate on the right to choose to die with doctor assistance.

> Supporters of Death with Dignity said terminally ill Iowans should have the right to end their lives rather than endure needless pain and suffering. Opponents — some of whom quoted Scripture — warned of a slippery slope in which government-sanctioned suicide

devalues life and could result in Iowans opting for death simply because they were depressed or lonely.

[Jennifer] Holm, a mother of a college freshman, tearfully told how she suffers from Stage 4 carcinoid cancer and another incurable illness known as sarcoidosis — a progressive multisystemic form. When the time comes that her conditions severely worsen, she said she doesn't want her husband or son to have to deal with her suffering, and she contends critics of Death with Dignity legislation are trying to impose their values upon others.

"The opposition is based on their religious beliefs. However, their religious beliefs are not the same as everyone else's religious beliefs," Holm told lawmakers. She added, "Please just let us die."

Retired hospice chaplain Alice Martin of Bettendorf said current laws against assisted suicide are "unnecessary and unmerciful," while Rev. Erin Gingrich of First Unitarian Church in Des Moines spoke of people facing a "painful meandering roller coaster" en route to the end of their lives.

John Hale, a consultant on long-term care and quality of life issues, said Iowans want to be in charge of their end of life decisions. Some Iowans want to live as long as possible, while others want their lives to end on their own terms. "I believe both are correct," he added.

Questions:

1. Are both choices correct as John Hale finds?
2. Many physicians believe that there is not a level of pain which cannot be managed by proper medication during the dying process. Is the suffering attached to death a personal choice, even if the answer is to hasten death?
3. Have you ever heard that "personal choice" argument before? How would you respond?

An example of the advocacy of those supporting physician assisted suicide (from the Death with Dignity Website)

7 IN 10 AMERICANS SUPPORT DEATH WITH DIGNITY—JOIN US!

We're a growing movement that works to ensure terminally ill Americans have the freedom to choose from a full range of end-of-life options, including how they die. Sign up to get Death with Dignity's latest news, information, and action alerts.

WHAT DOES DEATH WITH DIGNITY MEAN TO YOU?

Most people join our movement because of a heartbreaking personal experience. We receive stories of such experiences every day, and every day they inspire us to work toward ensuring terminally-ill Americans have the freedom to decide how they die. We want to hear from you. What's your Death with Dignity story? What inspired you to get involved in the cause?

More Discussion:
Part of the debate is driven by terminology. For example, "physician assisted suicide" seems comforting and directed. On the other hand, opponents of the practice often use "doctor assisted suicide" which sends a message of contradiction. The "Hemlock Society" which has promoted early assisted death since 1980 recently changed its name to "Compassion and Choices." Same purpose, same mission, different name. Review the following article from this media outlet and discuss how terminology shapes issues that devalue human life.
http://www.9news.com/news/local/why-9news-wont-stop-saying-assisted-suicide/300870445

Release from suffering advocacy - Why not end suffering for people like we do for animals?

"Release from Suffering" advocates often use the example of the universal acceptability of "putting down" an animal that is suffering either from accident, illness or old age. How does the theory of human evolution support this approach for suffering humans? Aren't humans animals? What's the difference?

Christians find a clear distinction between animal life and human life. Review the following Scriptures and discuss your findings:

Genesis 1:27, 2:7
Ecclesiastes 12:7, 1 Thessalonians 5:23
1 Corinthians 15:39
Colossians 1:16
1 Corinthians 15:42

End of Life Christ Witness and Kingdom Outreach

Really? In the suffering and death of someone there is the possibility of God working faith? Of course! In fact, this may be one of the best of times, not only for those who are dying, but those who are watching.

All of your life you have been a teacher. People have been watching you. This will be no different at the time of your death. Your decisions and choices will teach entire chapters about what you believe. Certainly, pain management is a welcomed option in our end-of-life suffering. The question becomes one of causing death as an option to eliminate our suffering. Which is it for you? What lesson does either decision teach? How will your relationship with the Savior Jesus in your last days be used by the Holy Spirit in the lives of others? Who are the others who will be watching with you? How might your faith impact them? What "gift" might God use you to give them?

I pray that you will choose the Way of the Cross in dealing with Life End Issues, not only for yourself but for our community as governed by the laws of our land. You can help! Join Lutheran Family Service, Perry Lutheran Home and Iowa District West in advocating for the sanctity of life in all situations, preborn to natural death.

If you would like to learn more, sign up to receive regular updates, invite a team trained in end-of-life issues from Perry Lutheran Home and Lutheran Family Service to present one of our "Remembering Hope-End of Life" seminars. To learn how you can help defend the sanctity of life in the public square please contact Kim Laube, our Lutheran Family Service (LFS) Life Ministries Director and our chief advocate to the Iowa General Assembly on life issues. Email Kim at klaube@lfsiowa.org.

In light of your study and discussion today, what is one specific action step you believe God would have you take today personally? As a congregation? As a circuit?

Closing Prayer*: Dear Heavenly Father, we face many temptations to sin by choice. We know the devil and world work hard to make choosing sin reasonable and okay. Enlighten us, O Lord, that we might see the valuable life that You've given Your human creatures on the first day of conception until the last day of natural death. Bless our suffering and dying that we might learn from You and teach others the way of the cross. Grant unto us the joy of our salvation every day until You call us home to You. Give us a confident faith until then to live contrary to the times when needed and embolden our witness at home, in our churches, and in the public square as we stand up for life. In the precious name of Jesus we pray. Amen!*

For more information contact:
Rev. Max Phillips
Executive Director, Lutheran Family Service
Email: rev.max.phillips@gmail.com
Office Phone: 515-573-3138

CHURCH WORKER WELLNESS

(*Student Guide*)

The well-being of those in ministry has a significant impact on the health, growth, and strength of the body of Christ. Well-being among ministers struggling with the everyday challenges of ministry needs to be addressed, both for the good of the workers themselves, and to be good stewards of the ministry. The goal of this Bible study is not only to help our ministers work towards being healthier and happier, but to extend the Gospel of Jesus Christ to all of the places so desperately in need of the love of Christ by taking care of those ministers.

Our Responsibility to Care for Our Body:

Read 1 Corinthians 6:19-20:

1. Realizing these verses come from Paul's section of this epistle in which he calls believers to flee sexual immorality, he also speaks to the care of the body. Why do we have a responsibility to care for our bodies?
2. What kinds of things challenge appropriate care for our bodies in the ministry?
3. In what ways does caring for our bodies contribute to a healthy ministry?

Read Romans 12:1:

4. What does it mean to present your bodies to God?
5. How is this a matter of spiritual worship?

Dealing with Unresolved Sin and Its Effect on Health

Read Psalm 38:3-8:

6. In what ways does sin affect health, spiritually and physically?
7. How can having a "Father Confessor" for private confession and absolution be of great benefit?
8. How does one go about finding a "Father Confessor" in the ministry?
9. At what point should a professional church worker seek professional counsel to deal with sinful and addictive behaviors?
10. What keeps professional church workers from seeking help? How might this be overcome?

Read Psalm 103:1-5:

11. According to the Psalmist, what benefit comes from Holy Absolution that pertains to personal and ministerial health and well-being?
12. Where is the sole satisfaction of good things to be found in our wretched lives?
13. How does this fit in with the ministry to which God has called you to offer others?

Dealing with Stress and Ministerial Health

Read Matthew 11:28-29:

14. What does it mean that Christ will give rest?
15. What is meant by Christ's yoke being easy and His burden being light?

16. How can this promise help in times of stress and anxiety?

Read Philippians 4:4-7:

17. What does Paul say “precedes not being anxious about anything” and how does that work?
18. What accompanies “not being anxious about anything”?
19. Define the “peace which surpasses all understanding” and how it has been experienced in your personal life.

Read 3 John 1-4:

20. Here we find John praying for Gaius and for his health which accompanies what?
21. What does such prayer for the brethren in ministry suggest to you for their ministerial health and well-being?

22. What do you believe God would have you do as a result of this study?

Conclude with Prayer and the Benediction.

An excellent resource that has been utilized in some of our circuits is produced by Shepherd’s Canyon Retreat, a Social Ministry Organization of the LCMS. It is titled *The Pastor-People-Project* and is available from the District office. Please contact Jill Davis (515-576-7666 or jill.davis@idwlcms.org) to request it.

For more information contact:
Rev. Phill Andreasen
IDW Chaplain to Church Workers
Email: phill.andreasen@idwlcms.org
Phone: 712-330-0472

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