

SPIRITUAL CARE OF THE DYING



SPIRITUAL CARE OF THE DYING II

GOALS:

1. To present a Biblical perspective on the subject of death and dying
2. To present Jesus Christ as a Model in handling death
3. To give understanding of the world of the Dying person
4. To give practical instruction to Healthcare staff/ others taking care of the Dying
5. To assist each participant to make adequate preparation for their own death

CONTENTS:

1. Preparatory Questionnaire
2. Biblical View of Death
3. Jesus Christ as model in facing death
4. The world of the Dying Patient
 - 4.1. The Patient
 - 4.2. Those around the Patient - staff, family, church members
5. Practical Care of the Dying
 - 5.1 Practice
 - 5.2 Principles
6. Preparation of the Care giver/ for own death.
7. Helping the bereaved.
8. Care of the Dying Child

1. PREPARATORY QUESTIONNAIRE:

1. How have you reacted when you encountered death or a dying person?
2. How do these reactions influence your life today? To what degree have you worked through them?
3. What do you think the Lord is saying to you regarding your reactions?
4. How often do you think about your own death?
(tick one) _____ Never _____ Seldom _____ Often
5. What feelings surface in you when you think about your own death?
6. Are you certain of where you will go when you die? _____ Yes _____ No
7. Are you at peace about your final destination after death? _____ Yes _____ No
8. How do you deal with the fact that you don't know exactly when you are going to die?
9. If you could choose, what type of death would you prefer to die?
10. Which type of death would you find the most undesirable?
11. Suppose you have a terminal illness; would you prefer to know the diagnosis?
(Give reason/s for your answer)
12. Who would you find most difficult to leave behind?
13. Which things would you find most difficult to leave behind?
14. Have you made sufficient preparations for your death?
 - for your body?
 - for your possessions?
 - for your family?
 - for your job/business
 - for your other activities?
 - for your spiritual ministry?
15. a) Which spiritual tasks do you wish to complete before you die?
b) Do you know specifically which ministry the Lord has entrusted to you?
c) What is the result the Lord and you expects from it?

2. BIBLICAL VIEW OF DEATH

2.1 The Dying Person - A Biblical View of Man

- + Man is created in the image of God, and God is Three in One, or Triune. Man is the image bearer and creation of God. On this, and this alone, is the intrinsic value of man based.
- + Man is sometimes described as a two-part being and sometimes as a three-part being
- + The Tabernacle concept of Martin Luther is a practical three in one model - one Tabernacle and yet three distinct parts. The whole would be incomplete without all the parts

HOLY OF HOLIES
SPIRIT

SOUL

THE HOLY PLACE

OUTER COURT
BODY

For the sake of clear communication, it is sometimes helpful to assign particular functions to body, soul and spirit. It could be done as follows:

BODY: The five senses	Relationship to the environment
SOUL: Will, emotions and intellect	Relationship to man and animals
SPIRIT: Conscience, intuition, illumination	Relationship to God and evil spirits

2.2 Understanding Death (See Illustration 2.5)

Dying is not part of God's original plan for the world. Gen.2: 17. However, God Himself introduces death after the first sin. Death is a punishment from God. It is judgement on a broken commandment in God's Kingdom. Gen.2:17
It is a result of sin. Rom.6: 23.

The term "death" in the Bible usually refers to separation.

Separation of: - man from the purpose for which he was created;
- man from God;
- the inner from the outer man.

2.3 Manifestations of Death

2.3.1 Physical Death

Separation of spirit and body. James 2:26a; Luke 8:55; Gen. 35:18

- it happens at a particular moment in the human life.
- it is
 - inevitable Heb. 9:27
 - definite Job 7:9)
 - beyond our control Luke 12:25

In physical death, we can make a distinction between:

- Clinical or reversible death
 - + cessation of heart and lung activity
 - + possibility of resuscitation with adequate human intervention (i.e. CPR)
- Legal or biological or irreversible death
 - + tissue death
 - + flat EKG and EEG taken several times over a 24-hr. period
 - + would require Divine intervention through raising from the dead.

Note: Only Jesus was resurrected

2.3.2 Spiritual Death Eph. 2:1 - 3

Separation/alienation of the sinner from his God.

- It is a condition rather than a short event.

2.3.3 Second Death

The eternal separation between the RESURRECTED sinner and his God. The final punishment for fallen mankind. Rev. 20:11-15

- Starts after the last judgment
- The second death is also called "eternal destruction", "eternal annihilation", "oppression", and "torment".
- Eternal situation of the sinner in hell, a terrible place.

Conclusion: death is an event that involves the whole man. His body, soul and spirit are "submitted to" and "in a situation of" death as a result of sin. Physical death is the visible symbol of punishment for sin.

2.4 The Eternal Destiny of Man

Life versus death

- each human life once started, will never finish...God created us for eternity, Eccl. 3:11
- Each human being will live on in eternity. Matt.25:46

Eternal life versus eternal punishment

Eternal life is: Jn.17:3; Rom. 6:23, 1 Jn. 1:1-3; Rom. 14:17

Eternal punishment is:

Matt. 25:46 The Greek word used is 'kolasis' = punishment. It is a punishment that aims to remove the bad, that wants to cut it off.

Gen. 3:16; 23-24. This punishment or curse started with the fall and includes the entire world and mankind.

Gal. 3:10; Deut. 27:26. This curse still rests on those who do not trust in Christ as their only Saviour.

Luke 16:23-31 this punishment brings the unrighteous to the place of torment after his death. Matt.25:41 The Lord has (literally) prepared a place where the devil and his angels will ultimately go and where the cursed will be after the Last Judgment.

Heaven versus Hell

Hell:

- A terrible place!
- Luke 16:23,24; Rev. 20:10,15 - A place of darkness, of destruction, of an unquenchable fire whose flames do not consume.
- A place where a dead sinner will be separated from his Maker for eternity without any possibility of prayer, without hope, without love, without any prospect of change.
- A place where the unrighteous will consciously suffer from everlasting pain and torment in their body, soul and spirit.
- A place that one would want to flee from, but without escape routes.
- A place without a second chance

Heaven:

Read together Rev. 21:1 - 22:5

Application:

Write a paragraph about each of the following: eternal life, eternal death, hell and heaven.

- Are you sure of your eternal destiny?
- What gives you this assurance?
- What aspect of this study has spoken to you

2.5 A Summarizing Illustration:

[Will scan in here as the graphics don't come over well through the email.](#)

3. JESUS CHRIST AS MODEL IN FACING DEATH:

3.1. **Jesus Christ: Redeemer from Death** Heb. 2:14,15

3.2. **Jesus Christ: Victor over Death** Rom 8:31 - 39, Rev. 1:17,18

Power Over Death - John 11; John 10:17,18

His Death on the Cross:-

- dealt with the cause of death
- carried the punishment for sin

His Resurrection:-

- proof of victory over death
- destroy the power of Satan to ensnare men by the fear of death. Heb.2:15
- He lives forever and has the key of death and Hell Rev.1:17,18

3.3. **Jesus Christ: His Dying, our example.** Matt 26: 36 - 44; Luke 22:41 - 44

Jesus was, on the one hand, fully man, thus His suffering and death (physically and psychologically), will differ little from that of any other person. On the other hand he is fully God, and so did not sin. Thus He demonstrated how we can and should react to these crisis times of our lives. He handled death in an exemplary way. It has been noted that although physically and psychologically we can compare Jesus' death fully with our own, this parallel cannot be carried through to the spiritual aspect of dying.

- The death of Jesus was the redemption price paid for us, the reconciling sacrifice. Because of this, His death pleased the Father Is. 53:10, and He was forsaken by God. Matt 27:46
- Our death is punishment for sin. Nevertheless it never gives God pleasure. Ezek 18:23,24. God will never forsake His own, not even in the shadow of death. Heb. 13:5,6; Ps. 23:4

3.3.1. Jesus worked through His loss and grief

- He wept at the grave of Lazarus John 11:33 - 36
- In Gethsemane. Luke 22:39- 45; Heb. 5:7,8

3.3.2. Jesus overcame loneliness.

- He focussed on others - His mother, John, those crucified with Him

3.3.3. Jesus conquered fear and uncertainty.

- His battle in Gethsemane

3.3.4. Jesus acted with stability under stress

- | | |
|--------------------|----------------|
| acceptance | Surrender |
| a joyful spirit | Contentment |
| comforted by God | Trust in God |
| a clear conscience | Reconciliation |

hope
insight
courage

Peace
Appreciation/ thankfulness
Certainty

3.3.5 Jesus dealt with pain courageously

3.4. Jesus Christ: Our example for associating with the Sick and Dying
See: Practical Care of the Dying.

4. THE WORLD OF THE DYING PATIENT:

4.1 The World of the Dying: Introduction:

Dying is one of the deepest experiences in the life of a human being. The whole person, spirit, soul and body are involved in it. Example: Psalm 88 - "The Comfortless Comfort Psalm"

Being terminally ill evokes a real crisis in the life of the human being. Because of the many things that are taken away from the dying person, he is suddenly confronted with the question of the "worth of these things" in his life, and thus also with the purpose of his life. If he has placed his hope and concentration in temporal things, he will be rudely confronted with their relativity. It is very shocking for him at the end of his life to have to come to the conclusion that all was "vanity". This is the time to point him to the absolute value of a life built on the foundation of Jesus Christ. We have summarized the world of the dying person by dividing it into five key areas:

1. Loss and grief.
2. Loneliness/isolation
3. Fear/insecurity/ guilt
4. Stress swing reactions
5. Pain and common physical manifestations

4.1.1 Loss and Grief

Loss

Question: Please check which of the following most common losses you have personally come across in the terminally ill person?

- Loss of:
- normal physical comfort: e.g. nausea, general malaise
 - mobility - can't even get to the toilet by himself
 - physical self-control - incontinence (can't control urine and stool)
 - physical dignity - extremely thin, loss of hair
 - physical strength - weakness - even for small tasks
 - mental dignity, e.g. with senility
 - identity - becomes a number, loss of personal control and decision making
 - control and the right to make decisions - others seem to have the say in everything now
 - psychological dignity, e.g. emotional instability
 - relationships (family, friends)
 - work and financial security
 - social status (reputation, honour, independence)
 - possessions
 - immediate future
 - for those who are not born again: loss of his last chance to save his soul and spirit from the second death.
 - finally - loss of his body

Grief (mourning):

Every loss is accompanied by feelings of grief and sadness. Mourning is the expression of great sadness. Sadness is an emotion showing the person is weighed down by sorrow. The patient grieves/mourns for himself - for what he was, is, and hoped to be or become. Mourning begins from the moment a terminal illness is suspected and is repeated with each new loss. Patients who can express their grief and emotions outwardly often work through their sorrow better than the ones who suppress or hide them.

4.1.2 Loneliness/ Isolation

- * By definition, dying is an individual process.
- * Different social factors intensify the loneliness:
 - higher life expectancy (a number of his friends and relatives have already died)
 - hospitalization (separated from familiar surroundings; now in a new professional environment)
 - urbanization and individuality
- * The very nature of the illness evokes isolation, e.g. cachexia, disfigurement.
- * The dying person can be neglected (forsaken), amongst others, by the medical staff and the family, or he perceives it to be that way.

4.1.3 Fear/Insecurity

- * The dying patient is insecure about:
 - The nature of his illness
 - His future
 - The future of his family

This insecurity manifests itself as different fears, anxieties and guilt feelings.

Question: Mark the common fears you have observed in the dying patient:

- progressive dependency on others
- helplessness
- being a burden
- being left alone, being abandoned
- suffering and pain
- dying without someone knowing
- humiliation: as a result of loss of physical control and disability
- an emotional breakdown
- separation from loved ones
- the future of his family, e.g. financially
- the unknown
- punishment
- submission to strangers

- * Common guilt feelings of the dying patient:
 - concerning past irresponsible lifestyle
 - concerning good things they failed to do, were planning or had promised to do.
 - concerning unresolved conflicts

- * *Note: It is important to differentiate between real and false guilt; between conviction of sin and feeling of condemnation.*

4.1.4 Stress Swing Reactions (Instability)

The fact that the patient is going through a critical phase in his life, heightens the tension he already has because of his physical discomfort. Each life crisis introduces confusion and inner struggle. It shocks his inner balance. Most patients will experience this instability in the form of psychological and spiritual swing reactions in the dying process.

DENIAL	<=====>	INSIGHT
REBELLION	<=====>	SURRENDER
BARGAINING	<=====>	DEPENDENCY
ANXIETY	<=====>	A CLEAR CONSCIENCE/PEACE
ANGER/PROTEST	<=====>	ACCEPTANCE**
DISTRUST	<=====>	TRUST IN THE LORD
DESPAIR	<=====>	COURAGE, HOPE
DISAPPOINTMENT	<=====>	SATISFACTION/CONTENTMENT
DOUBT	<=====>	CERTAINTY/SECURITY
CRITICISM	<=====>	APPRECIATION/THANKFULNESS
DEPRESSION	<=====>	COMFORT BY GOD/CHEERFULNESS
BITTERNESS	<=====>	RECONCILIATION/FORGIVENESS

** *ACCEPTANCE - not passively waiting for something to happen, but actively trusting in the Lord through every situation.*

4.1.5 Pain and common physical manifestations

- * Pain has spiritual and physical aspects. Attention must be given to all aspects of pain.
- * Examples of spiritual aspects of pain:
Painful emotions go hand in hand with feelings of guilt, regret, repentance, and injustice. Through God's grace, we as Christians, have a solution for this type of pain.
- * Regarding the physical aspects of pain:
A study in England has shown that up to 95% of all patients in hospices these days can be kept pain free through medication without seriously decreasing alertness. For the other 5% pain can almost always be controlled at a bearable level.
- * The important role of palliative care and morphine.
In the past people were very hesitant to use morphine for three reasons:
 - a. The danger of addiction. This is not very important in the dying person!
 - b. Decreased level of consciousness. If this does happen, they soon adjust to it.
 - c. Depressed respiration. This is rarely a problem, and even if it does occur it will not be serious compared to the advantages of effective pain

control. The nausea that can at times accompanies the use of morphine can also be effectively controlled with the correct treatment.

Question: Mark the frequently Occurring Physical Problems you have seen in the Life of the Dying Patient:

- weight loss
- nausea/vomiting
- hiccups (frequent, long)
- dry mouth/thirst/dehydration
- difficulty swallowing
- cough
- depression
- anxiety
- confusion/unrest
- sleeplessness
- incontinence
- constipation
- diarrhoea
- itching
- decubitus ulcers
- deformities
- death rattle

4.2. Reactions of those around the Patient

In care of the dying it is important to understand the different reactions demonstrated by those surrounding the patient. Mainly three groups of people:

- Health Care Staff
- Family
- Local Church Members, friends and acquaintances

4.2.1 General Reactions

- Swing reactions/fluctuating reactions. The same as the dying person but with less intensity
- Wearing a Mask
- Insecurity
- Varying degrees of discomfort
- Desire to help
- Withdrawal/avoidance
- Sadness, sorrow
- Feelings of helplessness and desperation
- Falling back on cliches

4.2.2 Specific Reactions and Responses

4.2.2.1 Staff *Mark the ones you think are positive with ✓*

- over busy, professionalism (mask)
- becoming hard
- they go to pieces

- empathy,
- compassionate total patient care

4.2.2.2 *Family Members*

- In families it is possible that the stress swing reactions are more pronounced.
- Relationships can take new turns eg. husband-wife relationship can change to a nurse-patient relationship or to parent-child relationship
- help their relative with the dying process through openness, understanding, practical help

4.2.2.3 *Local Church Members, friends and acquaintances. Mark positive ones with ✓*

- Job's comforters, tactlessness, insensitivity to the condition of the patient
- Visitation of the sick by church leaders and other members
- Practical help where necessary
- Efforts to care for the dying

4.3 **Role of the Local Church**

4.3.1 Encouragement for those who visit the sick

- cooperation with HCF groups and Christians working in the health field

4.3.2 Recognize that Health care personnel are missionaries.

- support them in their task - pray for them, encourage them

4.3.3 Caring for relatives

- even 6 months after the death, as they often feel the loss most intensely at this time.

4.3.4. Spiritual

The situation of dying may cause questions and doubts to family and patients who are believers. Non-believers may start thinking about God. Therefore the church needs to be ready to minister to each individual or the whole family as they have need, whether it is for salvation, counselling in a specific area, encouragement or reassurance.

4.3.5 A Home care project for/in your congregation

Discuss some ways in which a local church can be involved in a home-care project to minister to dying persons and their families who are at home.

4.3.6 Care of the elderly by the elderly. *Discuss possible ways in which the elderly can take care of those of their own age who are dying.*

4.3.7 The ministry of healing in the church and the dying person:

Much wisdom is needed in relating to the dying person in this regard. God does at times choose to heal supernaturally, but, at other times He also chooses to use illness to usher a person into his eternal home. The journey may be stormy

but the Lord always ensures a safe home-coming for His children. Be sure not to cause distress to either the patient or the family by promoting health when it may be time for the person to die. Sometimes we can be so busy preaching about healing, that we forget to prepare the person for their death. Preparation for our own death is essential, whether that death is imminent or in the distant future - only then can we prepare the patient for this event in their own life.

4.4. Consideration of Circumstances:

In good care of the dying, circumstances must be carefully considered.

The Place: Hospital, Home, Hospice

Christians, especially should abide by the policies of the caring institution.

Good cooperation with those in authority is fitting. Be informed of the practices of the caring institution or home.

5. PRACTICAL CARE OF THE DYING:

5.1. Jesus Christ - The Perfect Care Giver : Jesus Christ always knew how to address the deepest needs of people. In His name we want to follow His example in complete dependence on Him. He never made mistakes and always achieved the desired results Mk 5:36-43; 6:55-56; 7:37 thus glorifying God through His ministry. Mk. 2:11-12. Through His example we are directed to seven Target Areas for ministry. We will focus mainly on dealing with the individual with Jesus as our example. There are 7 target areas:

1. Agape Love
2. Attentive Listening
3. Eye Contact
4. Wise Words
5. Comforting touch
6. Prayer
7. Serving Feet

5.1.1 Agape Love Matt. 9:36; 15:32; Mk. 6:31-34; II Cor. 5:14

- a. Show Mercy (Greek *Splanchnidzomai*) Lk. 7:13
 - Be a Good Samaritan
 - Identify to the point where it hurts but does not pull you down.
- b. Build trust relationship
 - trustworthiness
 - understanding and tactfulness
 - realistic, practical and yet spiritual
 - keep any promises you make.
- c. endeavour to seek the best for others
 - the best from a Biblical perspective rather than too much human reasoning.
 - need reassurance, but do not give 'false hope'.

5.1.2 Attentive Listening John 4:7-26; James 1:19; Job 21:1-3a

- a. Give 100% of your attention
Listen
 - as a messenger of love
 - to discover communication keys
 - to God and people
 - as a foundation for ministry
- b. Ask pointed questions (so that they don't answer just "yes" and "no")
 - "Which things did you still want to do? instead of: "Is there something you wanted to do?"
 - "How could I be of help to you?" instead of: "May I help you?"
 - "How do you feel about your relationship with others?" instead of: "Is there something you need to straighten out with others?"

5.1.3. Eye Contact Mk. 10:21a (Greek *"emblemsas"* = look at inquiringly and penetratingly)

- Heart to heart contact through the windows of the soul
- Close observation of the sick and his surroundings.

5.1.4. Wise Words Lk. 4:22a; Prov. 13:14; 15:14; Mk. 10:51; Prov. 12:18b; James 3:17

In relation to each of the following statements made by the dying person discuss:

- a. *How should I respond?*
- b. *What hidden meaning might be concealed in these statements?*

Statement 1: "I am smelly

Statement 2: "I can't hold the newspaper anymore."

Statement 3: "I don't want to be a burden."

Statement 4: "Nobody really cares about me."

Statement 5: "I have doubts about whether I'm saved or not. That will probably never change."

Guidelines in relation to wise words

a. *Openness I John 1:7*

- Make your motives clear.
- Honestly admitting your own thoughts and emotions is invaluable.
- Ask others to help you to understand them.

b. *Give true hope by:*

- sharing the Gospel bearing in mind that the patient may be of a church or a non-church background
- using "kairos" moments
- using silence wisely in communication
- sharing about Christ's victory over death (Heb. 2:14-15)
- giving the eternal perspective - make heaven real
- promoting forgiveness and reconciliation
- building trust in God
- assisting with parting
 - * finishing well (e.g. the job/ministry/family matters)
 - * letting go (surrendering all to God)
 - * handing over (of responsibilities to appropriate persons or to God)
 - * saying farewell (could include speaking out a blessing to spouse/children)

c. *The "bad news" talk* (especially appropriate for Healthcare staff)

- Look for a place with sufficient privacy. Have everyone sit down. Provide enough time for discussion and freedom to interrupt.
- Avoid telephone discussions. If there is no other way, make a personal follow-up visit as soon as possible.
- With sudden bad turns in the illness, the care-giver should regain composure before telling the patient or the family.
- Include the family in the discussion. Decide who should be given the news first. Who should stay with the patient after he has grasped the bad news?
- Be hopeful, but avoid evading the issue and giving false encouragement.
 - Break the news gradually, bit by bit. Build your story up, making use of various diagnostic steps, or the chronological order of what has happened
- Be simple and clear. Use short sentences. Begin by establishing a few clear facts. Remember stress produced by the "bad news" talk will make further information difficult to grasp.
- Encourage the patient to ask questions and listen attentively to him.
 - Consider: What is essential for the patient to know? What does he want to know?
 - Allow the reactions of the patient to direct the progress of the conversation. Take note of how the patient receives the news. How is he interpreting the facts?

- How do the patient and his family respond to honest confrontation and open talks about difficult facts? Do they deny the information? How have they handled open confrontation in the past? Note that honest confrontation is something different from verbally assaulting people with facts!
- Determine if they have understood clearly.
- Be available after the conversation, and let the patient and his family know you are there for them.
- Provide information regarding sources of assistance that are available to them.

5.1.5 Comforting touch *Mk. 1:41a*

- * Through touch we can obtain information: How are you doing?
 - afraid, feverish, anxious, tired?
- * Through touch we can give comfort (Not the "miracle" cure of the New Age)
 - appropriate duration, body part, intensity, frequency, approach,
 - consider how touch will be interpreted/perceived

5.1.6. Prayer *Lk. 5:15,16* Pray for the patient:

- Bring your own inadequacies to the Lord if you don't know how to approach, or what to do for, a terminal patient. Be honest about your fears of caring for or visiting a terminal patient. Trust the Lord for wisdom and strength.
- Seek God's will for him. Don't be presumptuous but also don't limit God.

Pray with the patient:

- Recognize the sovereignty of God.
- Ask for inner peace for him.
- Try to find out what he would like prayer for.
 - Intercede on the ground of the completed sacrificial work of Christ on the cross.

5.1.7 Serving Feet *Lk. 22:27b; Mk. 6:30-34: 10:45* Servant Attitude

- serve, with diligence and thoroughness
- no discrimination because of unpleasant odours, physical disfiguration, or Disturbing sounds
- persevere, also with difficult people, or during trying times

Practical Service

- Take into consideration the routines of the ward/family, etc. when visiting and offering assistance.
- It is better to help with small things faithfully than to make empty promises

5.2. Five Principles

How can we give spiritual care to the terminally ill patient? By being prepared for our own death (as far as possible), and by seeking to follow five Biblical Principles. These five principles are based on the five main characteristics of the world of the terminally ill patient.

The principle of:

1. Working through loss and grief
2. Overcoming loneliness/isolation
3. Obtaining release from fear/insecurity
4. Stabilizing stress swing reactions
5. Dealing with pain and physical problems

In practice, we shall endeavour to fulfill the five principles via the seven target areas of care

5.2.1. *Working through loss and grief*

5.2.1.1. Jesus' experience

Jesus tasted death and sorrow

He wept at the grave of Lazarus; Gethsemane

5.2.1.2. Other Biblical examples

Joseph (Gen. 50:1-4)

David (II Sam 12:15-25)

5.2.2. *Overcoming loneliness and isolation*

5.2.2.1 Jesus' experience

Jesus experienced great loneliness and isolation at times

- His three best friends could not even watch with Him for one hour. He was forsaken by His heavenly Father on the cross. Yet He continued to direct His attention to others, His mother, John and the other person on the cross

5.2.2.2 Guidelines for overcoming loneliness and isolation

- Tactfully continue to knock on the door of the patient's heart until he opens
- Be receptive to indirect calls for help (see the statements of the dying Page 31... Wise Words)
- Visit regularly

5.2.3. *To obtain release from fear and insecurity*

5.2.3.1. Jesus' experience

He knew fear and insecurity

His battle in Gethsemane

5.2.3.2. Guidelines for deliverance

- Be understanding: even Christians can be afraid and uncertain
- Deal with fears and uncertainties one by one (see the list of fears of the dying person page 10)

- Take concrete steps to deal with matters that need attention
 - The root of groundless and exaggerated fear is often unbelief - then the answer is to confess guilt, turn his back on the sin and recommit himself to the Lord
 - Growth in faith: it is important to memorize appropriate scripture eg, Heb. 2:14 -15, Ps 23, 1 Jn 4:18
- Prayer for deliverance - by church leaders
- Teach the patient to call on Jesus in prayer. He is our Good Shepherd, who leads His sheep through the valley of the shadow of death.

5.2.4. Stabilization of stress swings

5.2.4.1 Jesus' experience

Jesus responded to stress with stability

acceptance	joy
comforted by God	a clear conscience
hope	insight
courage	surrender
contentment	trust in God
reconciliation	peace
	certainty

appreciation/gratitude

5.2.4.2. Guidelines for stabilization

- Provide opportunity for honesty whenever the swing is on the negative side
 - don't give advice immediately, the person must first be sure that you understand and love him, only then will he be prepared to receive your wise words and apply them to his own life.
- Lighten the causes of stress wherever possible
- Stress stabilization Ps 112:6-8

Discuss together how you would handle the stress swing reactions on page 12. Which of these swings would you find difficult to handle?

5.2.5. Pain and common physical manifestations

5.2.5.1 Jesus' example

Jesus was certainly familiar with pain. His path of suffering is unparalleled in the history of man, especially in the psychological and spiritual realms.

5.2.5.2 Pain control.

- Pain has physical and non-physical elements: help with the non physical elements eg fear of (increased) pain,
- Can pain be a friend? In the face of pain temporal things fade, and the patient cries for help, even to God.
- The dying persons' pain can be so overwhelming that the care giver will find it difficult to speak of its benefits
- It is very important that professional care givers ensure that there is optimal pain control, both physical and psychological.

Principles for working through loss and grief:

PRINCIPLE

THE DYING PERSON

OTHERS

<p>a. Express sadness and grief</p> <ul style="list-style-type: none"> - immediately - openly - for sufficient duration - in a controlled manner <p>See also I Thess. 4:13-18</p>	<p>a. Needs to cry at times.</p> <ul style="list-style-type: none"> - Receives much comfort from holding someone's hand. 	<p>a. Cry with them.</p> <ul style="list-style-type: none"> Don't offer comfort too soon. Be prepared to receive, also from the dying patient.
<p>b. Bid a definite farewell</p> <ul style="list-style-type: none"> - emotionally - intellectually - physically - spiritually 	<p>b. Must learn to let go. (emotionally)</p> <ul style="list-style-type: none"> - Face the facts, don't hide from them (intellectual) - Farewell letter for each child (including a blessing) - Final greeting, if possible, is very important. - Dispose of his own things as far as possible. - Parting prayer Ask and speak out forgiveness where necessary 	<p>b. Learn to let go. Hanging on makes it harder for the dying one. We should always hold on to treasures entrusted to us with open hands.</p> <ul style="list-style-type: none"> - Face the facts, don't hide from them. - Farewell kiss - make funeral arrangements, the last look, put away last things - Prayer for victory over death - Speak out and ask for forgiveness where necessary - Don't try to make contact with the dead persons eg seances
<p>c. Humility before the Lord</p> <ul style="list-style-type: none"> - confession of sin - commitment to Christ - renewal of relationship with God, renewing of the inner man (see also Psalm 51) 	<p>c. Commitment to walk with the Lord. Remain tender towards the Lord.</p> <ul style="list-style-type: none"> - Renewal of relationship with God. - Inner renewal. 	<p>C. Walk humbly before the Lord. Commit your loved one to the Lord</p> <p>Draw strength from God</p>
<p>d. Acceptance</p> <p>Receive comfort</p> <p>Give comfort</p>	<p>d. Actively trust in the Lord, even through the death process.</p>	<p>d. Give the dying person time and room to grow towards acceptance</p>
<p>e. Seek and honour God's perspective</p> <p>(Ps. 116:15; Isa. 57:1,2)</p>	<p>e. Ask the Lord to give us the grace to see our lives from the perspective of Christ's victory.</p> <p>Eph. 2:6</p>	<p>e. Do not criticise God from our own limited insight but we should be honest</p>

6. PREPARATION OF THE CARE GIVER/ FOR OWN DEATH:

Spiritual care of the dying is not possible if one has not considered one's own death.

How can care-givers be prepared?

- Equipping ie by taking a course
- Fill in the preparatory questionnaire
- Check the Biblical examples of preparation:

6.1. Biblical examples

- a. Good Preparations
 - Moses - a good organizer, he trained a successor Deut 34:9
he wrote down the Torah for the people. Ex. 20:1 - 17; 21:1
(in it he gave laws for the nation of Israel concerning the way of life)
 - Jacob Gen.49:33 he was well prepared, shown by his anticipation of death
 - Paul could say that he had fought the good fight 1 Tim 4:7
 - Jesus Christ is the ultimate example, but He was much more than an example.
- b. Poor Preparations
 - The rich man lived a luxurious life, a pleasure seeker (Hedonism)
Luke 16:19 -31
 - People of Noah's time were too busy with their own affairs rather than obeying God. Matt. 24:37-39. They forgot God's command to watch and pray and could therefore not discern the times in which they lived. They made fun of Noah's preparations demonstrating a tremendous indifference to the coming judgement.
 - Judas Iscariot - his death is even more tragic because of his constant contact with Jesus. Even so Judas chose death. His lust for wealth lead to his demise Matt 27:3 - 5
 - Herod died on the grounds of the sin of elevating himself to the position of a god. He received worship as a god. He had enough chances to know and obey God's will and to prepare himself for death through his contact with John the Baptist. Acts 12:21-23

Assignment: Study one of the good and one of the poor preparations given above and compare them with each other.

6.2. Principles for Preparing for Death

6.2.1. Living in surrender (Rom. 12:1)

- where, when and how the Lord decides
- surrender your own fear of death
 - know your limits. Know that you must grow in this. Make progressive steps of surrender.
 - seek help if you have not been able to deal with it yourself. People cannot always handle every situation.
 - God gives sufficient grace for every challenge - not before, but when it is needed.
 - in the actual situation we will be tested. Stand firm on the surrender that you had already made. This is much easier, if one has made an earlier surrender.

- surrender involves a certain release or letting go. A release of ones own life, rights, possessions, certainties, career, body, - in order to give everything in God's hands and entrust it to His care.

6.2.2. Living as a disciple of Christ Lk.9:23-25

- Bearing much fruit to God's glory Jn.15:8
- Dying to self Gal. 2:20
- Filled with the Holy Spirit Eph. 5:18
- Filled with God's Word. Col. 3:15

6.2.3. Ordering personal affairs

- Make a will Gen. 48,49. It should be:
 - Honest
 - Open
 - Known
- Lighten the burden for those whom you leave behind.
 - Pray for replacements. Num 27:16,17
 - Appoint or propose successors. Num. 27:18-23
- Give guidelines for the lives of your family and others for whom you are responsible or are under your authority. Num.28:1-30:16
 - Consolidate your interests. Num.32:1-42
 - Prepare your children for their future. Num. 33:51-34:29
 - Make arrangements for funeral and burial

6.2.4. Your own preparation to care for the Dying:

Through the 7 target areas, the prepared care giver tries to fulfill the 5 objectives in his relationship with the dying person. We can make Jesus Christ central by touching the deepest needs of the dying person in His Name.

- Get experience. Visit the sick with an experienced care giver.
- Consider your own death. Review the Preparatory Questionnaire on Page 3.

7. HELPING THE BEREAVED:

As care givers we are often at the deathbed of a person and need to help the remaining family members through the initial stages of grief and loss.

7.1. Stages of grieving

Like the dying person, the mourner is often unstable psychologically and can go through stress swings. These stages have been described in different ways by different authors but we have summarized them in the following way:

- * *Early Stages:* shock, denial, fantasy, yearning, isolation, emotional release, intense sorrow, pain, helplessness, depression, apathy, sense of futility, loneliness, fear, anxiety, and panic. Physical symptoms of distress may develop here or in the next stage.
- * *Secondary Stage:* bargaining, guilt, hostility, resentment, anger, inability (or resistance) to return to reality and usual activities, changes in interpersonal relationships, desire to talk about the deceased.

- * *Final Stage*: success in the struggle to affirm reality, acceptance, beginning to adapt to the loss, renewed hope and vision for the future.

7.2. Practical guidelines

- reassure the mourner that grieving is normal and necessary
- realize that individuals go through the grieving process at different rates and in different ways. Things that influence this process are the circumstances surrounding the death and the extent of the personal preparation of the mourner.
- Help them to work through the following tasks:
 - accept the reality of the loss
 - to feel and consciously admit the pain of the loss
 - to adjust to an environment in which the deceased person is missing
 - to form new relationships
- during the initial stage of shock, help the person where necessary to make day-to - day decisions. Discourage them from making major decisions about the future.
- don't confuse denial with hope
- to relieve feelings of guilt, it may be helpful to review the terminal illness, reassuring the mourner that everything possible was done.
- when talking about the deceased, encourage the mourner to share positive as well as painful memories.
- often your comforting presence (and touch) can be more therapeutic than much talking or sermonizing. Use gentle, reflective listening. Job 21:2
- allow crying, and help them to express their emotion in a healthy way.
- arrange practical help - do it, don't just offer or wait to be asked!
- encourage the mourner to read and meditate on God's Word for healing and comfort.

7.3. The Christian and grieving

Since death is not an ultimate tragedy to the Christian, the believer's grief is different from those who have no hope, because they know Christ (1 Thess. 4:13-14). But even though the Christian has hope, he still needs to grieve. It is not a weakness or lack of faith but a normal, natural response. A life already previously submitted to Christ will help the mourner to recognize God's sovereignty in his loss.

Mark the negative responses to grieving you have encountered:

- over- devotion to God and the church, to the neglect of all else;
- feeling that God is distant;
- anger towards God.

How would you handle these reactions?

Question: What are three or four customs or expressions of grief surrounding the death of a loved one in your family or culture?
 What could be the possible origin of this custom?
 What is the possible meaning?
 Which of these customs are acceptable for Christians?

8. CARE OF THE DYING CHILD:

8.1. How do Children Understand Death?

Having come to understand the full meaning of death yourself, let us consider how the child understands death. A child is in the process of learning, both facts and comprehension of the world of which he is part. As he grows, through interaction in what he sees and hears, he experiences and so learns more of this world. To appreciate what a child understands about death, we need to consider how he sees and experiences it.

Death as a subject is very often not openly talked about, even amongst adults, often due to personal fears or doubts as to what to say. Similarly the subject is not mentioned with children; their questions are ignored or avoided and therefore unanswered. This results in the child forming his own interpretations of what is involved. Each child's perception of death will depend on various factors including family life, life experiences, environment, culture, traditions, religion. The age of the child is the common factor in all his experiences.

As the child grows his experience of death increases. Initially he sees animals, pets, flowers die. Through the media; TV, books, films and magazines he sees death often portrays as violent and associated with it being a result of punishment, retaliation, hatred or rejection.

8.1.1. Characteristic Thoughts of Different Age Groups:

- Children less than 2 years: - Little appreciation of death.
- Children between 3 - 5 years: - First awareness of death:
- He considers death to be like sleep, from which you awake (ie. reversible), therefore he believes 'the person will come back'.
 - These children are still very dependent on parents.
 - They do not understand long periods of separation.
- Children over 5 years: - There is an increasing understanding of death, now accepting someone has gone and will not come back for a long time.
- Although these children still expect the person to eventually return.
 - It is more of a reality, but he does not accept it can happen to him, only to others.
- Children after 9 years: - There is the understanding of death as inevitable and that it is a permanent separation.
- Their view of death is still of violence and pain.
 - In addition children at this age are starting to think of the future:
What will I be? What car, house will I have?
How will I live?
 - As they recognise the permanence of death, they realise that the future dreams may not happen, and so ask 'What will happen?', 'What is in the future?'

8.1.2. The Child's Emotions

Having painted his 'picture' of death, through his understanding of the world, he will react in various ways, depending on his age and experiences.

One of the main reactions is *fear*.

Children age 3 - 5 years - Main fear - separation from parents and his familiar environment.

Children between 5 - 9 years: - A child often has false guilt and therefore can blame himself for the loss.

- Fear of mutilation or suffering, fear of the pain and suffering related to the illness, the medical treatment, or associated physical changes.

Children over 9 years: - Fear of mutilation and death.

- Fear of the unknown, of what lies ahead, as he loses his dreams and future.

Not every child will fit into his age group - each one is an individual having had different experiences which lead to his own reactions.

8.1.3. The Child's Behaviour

For each one of us, an emotion results in a certain response. But individuals respond differently even to the same situation. Likewise children behave in various ways to their fears of death (and of hospitals, sickness etc.)

Behaviour changes can range from:

- hyperactivity to withdrawal.
- regression in development eg. bed wetting or immature behaviour
- verbal - varying remarks; 'I am worried', 'I am frightened', 'I am sad'.
- frequent questions or silence.
- complaining.

It is not always easy to understand what an individual child is thinking. They do not, and often cannot express their thoughts verbally. One means specialists use to determine children's thoughts is through the study of their drawings or play

Small children may respond by crying or clinging to adults.

8.2. The World of the dying Child

Applying the 5 key areas to the child. The ways in which he perceives death and the resulting emotions will vary for each child. **All** children experience losses, grief, loneliness, fears, instabilities and pain. The child is also an individual with emotions which are affected in many of the ways listed above including the loss of their independence, physical changes, uncertainty, hope, etc.

The emphasis and main concerns for children of different ages is discussed in 8.1.

8.2.1 Circumstances/age of the Child

The approach to a patient's care may vary a great deal according to the age of the child we are dealing with.

Q. Discuss how you would vary your care or approach to the following dying patients:

The child

The Teenager

The child is part of a body - the family, and every member will be affected by the child's illness. Each member will have his own thoughts, emotions, behaviour and reactions to the sick or dying child which will in turn affect others. Each individual in that family will have his daily life affected.

8.2.2. The Parents

- The parents' emotions influence their behaviour which will affect the dying child and his siblings. The children will in turn react to the altered emotions and behaviour of their parents. Interaction between each family member is therefore touched.
- The parents may also be facing deeper questions and emotions as this may possibly be the first experience of death in a close relative. They therefore having to work through 'death' themselves.
- They are also being faced with the loss of their child, along with the hopes and dreams they had for that child.

8.2.3. The Siblings

- An important factor is the expectation of a child to have an *equal share* of his parents love, attention and time. As the sick child becomes the focus, the sibling does not get his share.
- The sibling may have a variety of reactions towards others in the family:

1. Towards the sick child:

Guilt

Through his own needs he takes his parents time from the sick child. He may therefore believe that he is causing the child's illness.

Remember a child easily experience 'false' guilt.

Resentment

The sick child may cause interruption of his own activities.

The sick child takes the parent's attention from him.

Worry

He may not know or understand what is happening or will happen.

2. Towards the parents:

Rejection

The demands of the sick child take the parent's attention making him feel unwanted.

He experiences emotional hurts and reactions of the parents even though he did nothing wrong.

These psychological reactions lead to very variable behaviour in the sibling, which the parent in turn has to handle.

- Life at home for the sibling:
Home duties can be difficult as he may be expected to do extra chores. Going to school; concentrating in class; other social activities with friends; all can be complicated, interrupted or hindered.
- With a dying child in the family, the sibling will have his own reactions to death to work through.

8.2.4. Family Life

In a family already experiencing difficulties, whether financial or relational the additional stresses of a sick or dying child can increase the problems.

As the family of the child are going through many difficulties practically as well as emotionally there are many ways and opportunities to be of help to individuals within the family or the family as a whole.

1. Practical

Members of the church can help in the home, caring for the siblings, thereby releasing the parents to be with the dying child. This helps them to focus on this child, and give time and care to him as they desire, without the worries of the home and other family members.

They may also take turn in visiting the sick child so that the parents can have time with the siblings.

2. Emotional

Parents and siblings have many fears, anxieties and questions. A key factor which will help the family in their reactions and responses to the situation is:

Communication.

Good communication is open, honest and two-way. It requires time, listening as well as speaking and answering. Through this you can bring love, comfort and support to the family during a very difficult period. It is also important to try and encourage communication within the family - between both parents and the siblings.

Parents and the child need to know that *everything* possible is being done.

3. Spiritual

The situation may bring to parents who are believers questions and doubts, or to non-believers thoughts of God. Minister to each individual or the whole family as they have need, whether it is for salvation, counselling in a specific area, encouragement or reassurance.

Aim for the child and his family to have the best quality of life possible and thereby leaving the best memories possible. The care given should not be child centred, but family centred. All are involved as individuals and each interact with one another affecting the unit.

8.3. Care of the Dying Child:

It may be necessary to decide whether a child should be cared for at home or in hospital. Either will affect each member of the family as well as the child.

The following factors need to be considered:

The Child:

- the illness and treatment
- home - allowing him to be with his family, in a familiar and secure place
- hospital - a place generally associated with fear, pain etc.

The Parents:

- home care can be full time and long hours of work and exhausting
- their desire is to care for the child as much as possible.

The Hospital:

- facilities and suitability.
- it is viewed as a 'safe' environment
- parents have opportunity for support and rest

The Home:

- the child receives the best care and support from the family and friends

Each family in their situation is individual, with different priorities, commitments, homes and needs. Therefore, each requires individual consideration.

8.3.1. Communication with the Child:

* Keys

Two way communication

Giving of your *time*.

Two-way communication is verbal and nonverbal through words, touch, eyes, ears and emotions.

For a child to be willing to share, he will need to know the person cares for and loves him and that he can trust the person. This develops as the child observes your actions and attitudes.

Time is needed for him to talk. Be available to wait and listen to the words he speaks and watch his non verbal communication. Then he will share his thoughts and you will come to understand his fears, questions and hopefully help answer and dispel them.

Your response to his communication is important: be understanding and accepting of what he says. Answer openly and honestly. But perhaps there need be no answer, sometimes just silence.

Also, remember to;

- keep confidences
- keep any promises you make.

Both the child and parents need reassurance, but do not give 'false hope'.

8.3.2. The Disease and Treatment

Comments you make will affect how a child accepts treatment. Commonly used remarks which children hear, have implications that treatment is a punishment or rejection.

The child may also have had previous experiences, especially if they have had a long terminal illness, some of which may be unpleasant or painful treatment, and untruthful words. This then makes him afraid and distrustful of what is to happen. Therefore, always be **honest** with the child and **explain** what is to happen to him. Reassuring the child there are benefits in taking the treatment, may encourage him to persist.

Give words of praise, encouragement and reassurance.

Give the child physical reassurance by hugging and holding. For a small child this says far more to him than words.

8.3.3. Supportive Care

Depending on the stage of the illness, the child will need variable degrees of help in the areas of basic care - feeding, hygiene etc. Some children with a terminal illness will be living a normal active life, while others require full support and care. For each child their abilities and needs may fluctuate over a period of time.

Helping a child to overcome the different fears is one way to help him make the most of his remaining life.

- For the preschool child physical reassurance, by hugging and holding is very important.

- In addition to hugging and holding, the older child requires verbal reassurance. This can be through explanations, answering his questions, giving him opportunity to share and discuss his feelings. Jesus can also meet all the fears of the child.

Aim to meet the spiritual need of the child by sharing the Gospel of Christ with him so that he can have Christ as His Lord and Saviour. He will then not only know his destination heavenwards, but he can also experience Christ's presence every day which he has left on this earth. This will result in Jesus meeting all his needs:

Fear of *isolation* - Jesus a friend who never leaves.

Fear of *loneliness* - Jesus, a friend and companion.

Fear of the *unknown* - Jesus will be with him.

Fear of *pain* - Jesus, a comforter.

Fear of *loss* of loved ones - Jesus loves him and will be there.

JESUS CAN BE ALL TO THE DYING CHILD IN HIS TIME OF NEED.

8.4. Grief and the child:

8.4.1. The Child Bereaved of a Parent.

The response of a child to the loss of a parent, is again related to the perception he has of death. The effect therefore depends on his age and maturity, and also his relationship with the lost parent.

8.4.2. Emotions / Reactions

As the child's concept and understanding of death changes, so will his reaction to this loss. Responses will therefore be influenced considerably by the age of the child.

The younger child who has not accepted death as a permanent separation will have:

- ***Misunderstanding:*** which will reveal itself as the child may:

- repeatedly asks when the parent will return.
 - goes to look for them.
 - is unable to accept the loss.
- ***Denial:***
- which can be both open and unconscious.
 - resulting in an underlying hope of reunion.

The older child who sees death as violent and recognises that there is loss of a future will have:

- ***Anger***
 - towards the remaining parent or others. He 'believes' it was revenge, hatred etc.
- ***Guilt:***
 - he will experience false guilt

8.4.3. Behaviour

A child does not always mourn as an adult: in many children there may be no crying or sign of unhappiness. Instead he may continue with his usual activities.

8.4.4. Care

These children need to be given:

- Physical reassurance
 - Verbal reassurance and explanations.
- All with the *love of Christ*

ADDENDUM A

OVERVIEW: RELATION OF THE 5 KEY AREAS AND 5 OBJECTIVES OF CARE:

World of the Dying	Our Lord Jesus Christ	How care-giver handles it
	a. Redeemer from death Heb.2:14 b. Conqueror over death Rom.8:31-39 c. The ideal example Mat.26:36-46	
1. Loss and Grief Loss: of movement, bodily control, identity, loved ones. Grief: result of loss	Jesus tasted loss and grief * at the grave of Lazarus Jn.11:33 * Gethsemane * Ps.22:7-18	Working through loss and grief * express it * say a definite farewell * humble yourself before the Lord 1Thes.4:13-18 (hope) Ps.51
2. Loneliness and Isolation By definition, dying is an individual process. The patient can feel very forsaken	Jesus struggled with loneliness He was left alone by: - His disciples - His beloved Father when He was on the cross	Breaking through loneliness and isolation - Regular visits - Continue to knock on the door of the dying person's heart - Point the way to Jesus
3. Fear and Uncertainty Fear of: - the future - pain - helplessness - dying alone - the unknown - punishment and guilt	Jesus knew fear Consider His battle in Gethsemane His sweat was like drops of blood Lk.22:44 He received strength He surrendered His will to His Father	Deliverance from fear and uncertainty - demonstrate understanding for fear and recognize it - fear is related to unbelief - pray for deliverance from fear and read relevant Scriptures Is.41:10, Ps.23
4. Instability/ Stress Swing denial == insight mistrust == trust despair == hope	Jesus responded with stability under stress - anticipation, hope and surrender	Stabilizing the stress swing - give room for honesty - understanding is necessary, only then use Wise Words
5. Pain Has various aspects	The Lord Jesus Christ is Not to Be Compared with Others	Pain control - pay attention to every aspect - control is necessary

ADDENDUM B.

BIBLIOGRAPHY

1. The Bible (NIV, NKJ)
2. The Greek New Testament K. Aland, United Bible Societies
3. Concordantie op het Oude en Nieuwe Testament, S.P. Dee en J. Schoneveld, Bosch en Keuning N.V. Baarn, NL
4. Analytical Concordance to the Holy Bible, Young, United Society for Christian Literature Lutterworth Press, Guildford, London
5. Bijbelse Encyclopedie, Gispen e.a., J.H. Kok-Kampen, NL
6. New Bible Dictionary, Douglas e.a. I.V. Press, Leicester, GB
7. Bijbels Panoram, Morgenrood, Karel Doormanstr. 30 Bodegraven, NL
8. In Die Voetspore van Jezus, P.J. Coetzee, J.P. VanDerWalt en seun, Pretoria, ZA
9. The Gospel of Matthew, Mark, Luke, John; Charles R. Erdman, The Westminster Press, Philadelphia
10. Death and the Caring Community, Richards & P. Johnson, Multnomon Press, Portland, Oregon 97266
11. Handbook to Happiness, Ch. R. Solomon Living Studies Tyndale House, Wheaton, Illinois
12. Beyond Death's Door, M. Rawlings, Thomas Nelso Inc., Publ, Nashville, New York
13. Encounter with Terminal Illness, R. Kopp e.a., Zondervan, Grand Rapids, MI 49506
14. Don't Be Afraid to Die, G.I. Hunt, Pickering & Inglis, London
15. Is There Life After Death? Wildon and Levett, Kingsway Publ., Eastbourne
16. Personal Experiences and Understanding of HCF Fulltime Staff and friends
17. Articles of Ulla Qvarnstrom, Sweden
18. Randon het levenseinde; Dr. W.H. Velema; J.H. Kok, Kampen, 1973
19. Thuiszorg: een henderiking aan vrijwillige hulpverleners; Ds A. Bac en drs A.A. Teeuw; J.J. Groen & Zn., Leiden; 1991
20. Als het einde nadert; R.L. Kopp en S. Sorensen; Novapress, Laren; 1981
21. Themanemmer: Terminale Zorg; Stichting Schuilplaats.
22. Ministering to Sick Children, HCFI Workbook, Compiled by Dr. Mary Reeves, 1999

ADDENDUM C
HEALTHCARE CHRISTIAN FELLOWSHIP

SEMINAR EVALUATION

1. How did you hear about this seminar?

2. Did it meet your expectations? _____ Yes _____ No
If not, please state why not.

3. What was of particular help to you in this seminar?

4. What changes or improvements would you like to see in future presentations?

5. Any other comments?

6. I would like further information about Healthcare Christian Fellowship International you may contact me at the following address.

Name:

Thank you!

Please hand in this form to the seminar presenter .