



## Approaching death in a mission hospital: Foundational experiences shaping health practice and life together

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The article *Death in a Mission Hospital* by James V Ritchie in this issue is highly relevant to Christian health practitioners anywhere. Very little systematic reflection on death related attitudes, beliefs, and practice of health staff in a mission hospital setting seems to be available that is practical and experientially rooted. In reading the article, and reflecting on 30 years of personal experience in global health and mission hospital support, some parts stood out for me as innovative, indicating the author's experiential learning and practice. The article also provokes some questions and reflections that apply widely in and between different culture and faith settings, particularly in mission health facility contexts.

### Local Context

*In a mission hospital setting, or for that matter in the increasingly diverse cities of North America and Europe, what do we know, and how do we learn about the local cultural context of faith and meanings of passing, legacy, ancestors, and understanding of future? How, in that context, is God, as seen through Jesus, loving and redeeming?*

Such acknowledgement may not discount, invalidate, negate, or diminish the meaning of God in Christ being present in and through a particular local culture. "The grace of God has come with healing for all . . ." (Titus 2:11, NEB). Two-way faith inspired illumination is a reality, in fact, in all parts of the world.<sup>1</sup> It has a Biblical foundation. Our personal theological and anthropological framework can be deepened and clarified through face to face

healing and dying and passing experiences that cross other cultures and faiths.<sup>2</sup> We are reminded to respect, learn from, and appreciate the local context. We also need to be ready to discern, share faith, explore, inform, and act, always with inclusion.<sup>3</sup>

### Acceptable Constraints

*How are acceptable constraints discerned relating to passing and inability to prevent death in a changing cultural and economic context?*

Doing our best, whilst deferring ultimate responsibility is challenging. Our faith and humanity is stretched because we need to "live" ethics in a technically advanced time with imposed technical limits. The reality is that we have to navigate unavoidable, and therefore acceptable, constraints. We learn how to do this in our normal practice setting and manage through agreed norms and standards.

The challenge of doing without the "right" technology, and the clash of culture and often of faith expression, can confront a newly arrived health practitioner who has come to help healing happen. He or she faces experiences of what is thought to be preventable patient death, at least by normal Western technical and ethical standards. Finding the way, personally and together with local teams, can be a major element for grasping and comprehending the missional life. Team culture is particularly needed by mission hospital based expatriates who, because of health practice formation in resource rich countries, might be tuned to provision of services and saving lives as the dominant themes.<sup>4</sup>

## The Health Worker as Community Counsellor

*How do health staff really listen and relate — being more a counselor in approach, particularly accompanying patients in their passing and death?*

The health worker needs to be part of a conversation, in effect, with the patient and family, and indirectly, the local community. In relational community settings, everything is noticed and passed on, if not verbally, then by feelings shared with affected others. The fact that an expatriate health person may be out of touch with local norms and word forms is not a reason to disengage from the wider connected story of patient and their relatives by defaulting to technical expertise as the core identity.

Relational listening is in fact a critical need in terms of patient and family care, anywhere, and particularly when we are outside of our normal culture. The inner (i.e., personal) permission by the doctor, for example, to move from advice to open questions, reflecting back, giving the question back, active listening, and other “counseling” skills, and weaving pastoral care as well, is not always intuitive, and not many health staff have specific counseling training.

*How do relational health approaches underpin responses to impending death, improved health outcomes, and shared growth in faith?*

Quality of life for Christians doing health work depends on more than service provision and sustaining life at all costs.

Family and neighborhood are conscious of incipient or actual death and often, therefore, a wide-open opportunity to expand the circle of conversation, counselling, pastoral care, and empathic faith communication.<sup>5</sup> Such insight and inclusion can often nurture trust that extends beyond the hospital bed to the family home and community group, positively influencing longer term health program design, and outcomes, and impact.

## Who is the Subject?

*Is there still an expatriate dominance assumption by expatriate staff working in mission health facilities that can undermine respectful and loving accompaniment of patient passing and death?*

Local staff are often the key interpreters of life and death narratives to expatriate mission staff. There needs to be cooperation between expatriate staff adaptation and local leadership. Greater clarity is needed on who is the subject, who leads, who advises, and who interprets local reality.

## Passing, Culture, and Faith

*Where and how is the inter-cultural learning potential amplified in a mission hospital setting in the face of unexpected passing and death?*

Ritual and ceremony in death is a global phenomenon, with various approaches for passing to another state of being, to honor loved ones, and to respect autonomy of individual and community in decision making.<sup>6</sup> If a passing ceremony is acceptable for Christian patients and families, why would it not be equally valid for non-Christian patients and their families navigated differently? Well-being of all is the key. Two-way learning, in a spirit of mutuality, is an imperative that helps avoid unconscious imposition and proselytization and allows space for the Spirit to teach and nurture understanding and shape relationships of trust. The ceremony of life transition is a very helpful relational concept and practice. There are many forms in global Christian faith and practice. Looking at this from the “outside in,” do we respond often enough to invitations from family and community to attend their ceremony outside the mission boundaries and in other religious contexts?

*Can more be explored, experientially, in passing and death of patients, outside of the formal Christian community, that will help name the space and boundaries for the intersection of faith and health and local culture? How can we better discuss theological foundations for health and healing, and*

*passing and death, that can link to intercultural and interfaith practice?*

We can reflect on healing and wholeness, and passing and death, as an encounter in grace and justice; on the quality of life nurtured by relational approaches, embracing family and neighbors and connected others in a shared realization of mortality as well as healing and salvation; on the connection of persons and family and local community brought out through shared immersion in death and passing experience; and on the link of counselling to the paraclete — the presence of the Spirit.<sup>7</sup>

*How can we see Christ in the environment of other faith and cultural norms where we are guests?*

While grief and fear of death are common across cultures, there are various models of dying throughout time and across cultures, making a universal approach elusive.<sup>8</sup> Acknowledgement of cultural, faith, and context variables that influence our navigation of the passing and death of people seeking help in Christian health facilities can expand our personal understanding of the gospel, and of health and healing ministry. We see and feel more clearly that the gospel is expressed and illuminated by love in action, and we receive insight into Jesus as the “Word of God,” the healing grace that has come for all.

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