How Now Shall We Die?

For centuries Christians have prepared for the "good death" with particular rituals and spiritual disciplines that have directed the actions of both the living and the dying. In this well-researched and pastorally sensitive book, Moll provides insight into death and dying issues with in-person reporting and interviews with hospice workers, doctors, nurses, bioethicists, family members and spiritual caregivers. He weighs in on bioethical and medical issues and gives guidance for those who care for the dying as well as for those who grieve.

Our culture simply doesn’t know what to think about death. Through medicine and science we know more about death and how to forestall it than ever before. Yet we know very little about caring for a dying person. We don’t know what to expect or how to prepare for our own death. We don’t know what to expect or how to prepare for our own death. And we’re usually awkward at best when we try to comfort a friend in grief. Chapter 1

A study published in the Journal of the American Medical Association found that people of religious faith (95 percent of whom were Christians) were three times more likely to choose aggressive medical treatment at the end of their lives, even though they knew they were dying and that the treatments were unlikely to lengthen their lives. . . . In other words, our churches are not teaching us to die well. Why? Chapter 2

A death that comes after heroic medical efforts does not allow for those things that Christians have traditionally sought for in their own deaths and those of their loved ones. . . . A death that doesn’t afford the opportunity for last words, for reconciliation, for repentance and for spiritual preparation for the next world is not a good death, according to traditional Christian teaching. Chapter 2

There is an untapped reservoir of Christian belief about dying. Christians are people who claim to worship and have the life of the risen Son of God. A renewed practice of Christian dying should affect not just the dying and those caring for them, but will fundamentally affect church life and individual spiritual lives from beginning to end. Chapter 3

The spiritual preparation necessary for a good, faithful death accumulates slowly over a lifetime. A good death does not occur in a vacuum. Also necessary are a supportive family and caring spiritual community alongside a medical community able to provide quality care consistent with the goals of a patient. . . . Developing a community united about the values we should bring to the deathbed . . . grows slowly as we hear sermons and share stories, as we care for one another and think alone of the fact that one day we too will die. Chapter 3
What we do after someone dies matters, and not only because the value we place on memorializing someone reflects our value of the person. . . . Whether somber or celebratory, faithful believers must gather to remember and honor their deceased brothers and sisters. Through these rituals the injured community acknowledges its loss, instructs the living, and begins the difficult process of rebuilding. A funeral begins the reintegration of a mourning believer into the community of Christians. Chapter 4

However, the experiences of everyday Christians nearing their own deaths combined with Scripture can provide glimpses of heaven, details of the world to come, and hope to attain to the place God has prepared for his children. This can offer us as Christians, congregations and caregivers an extra reason to hope in Christ’s victory over death—and its implication for our own life to come. Chapter 5

Today we have no more rituals, no manners to guide our behavior, no expectations to ease the path into these conversations [about death]. It is harder now that we have to start from scratch but nevertheless essential that we try. Chapter 6

How do we care for a dying person? How do we honor their last days as significant? How do we make meaningful visits to someone terminally ill? Despite all the difficulty, all the awkwardness, all the pain, the answer is quite simple. Be present. However, if it is a simple answer, it is not an easy one to practice. Chapter 7

Today, grieving is often a lonely, awkward experience. Nevertheless, grieving well is best done within a supportive community that is willing to suffer, wait and care for the person devastated by a loss and in many ways is a new person. It is a tragedy that, for many, such a community doesn’t exist. In our fractured society it is not our natural inclination to be this sort of community. . . . Grieving well begins with dying well. Chapter 9

Christianity does not shrink from death. It does not force a smile on the grieving. Christianity does not ignore death or say that it means nothing. Chapter 9

Our churches have not been particularly successful at creating places where the dying can live out a full life in their final years. . . . As congregations age and pastors focus on attracting younger members, the elderly—and certainly the dying—are dismissed as less desirable. Chapter 10