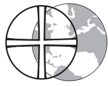

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Cancer: Personal and Professional Reflections

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Introduction: *Fides ex auditu auditus autem per verbum Christ*, Faith by Hearing Words of Christ (Rom 10:17)

Christ the Word came to my hearing every day. Many times, the most I could move was to reach for the phone on the tray to the left of my hospital bed. After announcing himself and then hearing of my travail, Pastor Bob always replied, "This morning I was reading" then cited the Bible verse(s) he chose for me. Of all the passages of Christ he had read, one kept ringing in my ears: "No, we are more than conquerors through him who loved us" (Rom 8:37). Then, my colleague and friend Bob signaled that "now we pray together the prayer that our Lord taught us." More than once I could scarcely speak the words, but Bob supported me along. He pronounced the blessing, we said goodbye, and we hung up our phones. Over the many days I lay bedridden, this Christ the Word was all the words that I ever would need.

When bedridden a lengthy time while supposing my life to be in peril, in what before now I would tell others was an unspeakable horror, it was thinking on Christ that prompted me to reobserve two matters: first, what pastoral care as

Often when a person faces serious illness and even death, the well-meaning words of friends and pastors may not resonate. From his own experience, the author would have us reexamine the very motivations for living, as seen through the lens of the Christian faith.

Seelsorge, the care of souls, is and is not; and, second, what justification by faith for people facing death and dying in the sixteenth century may mean or not mean for people experiencing survival and living in the twenty-first.[1] Composing this memoir, I offer three suggestions.[2]

> *It was thinking on Christ that prompted me to reobserve two matters: first, what pastoral care as* Seelsorge*, the care of souls, is and is not; and, second, what justification by faith for people facing death and dying in the sixteenth century may mean or not mean for people experiencing survival and living in the twenty-first.*

One: *Seelsorge*, The Care of Souls

"Cool, dude!" Being in my room was like trying to sleep aboard a jet aircraft that never landed, for overhead were the hissing sounds of the pressure system to filter particles from the air. To my right stood the staff's computer and several monitors on the infusion pole, while to my right was hung a monitor to show my vital signs. These emitted a surreal glow. Never in my life have I used recreational drugs, but I was sure making up the experience by receiving hospital medications.

Unless permitted outside of it for exercise, I was confined to my room, smaller in size than a room in a chain hotel, in its function something between an intensive-care room and a regular post-surgical room. Around the clock, so many nurses came and went that my wife and I had to shorten our lengthy phone calls to accommodate their constant tests and procedures.[3]

For on Tuesday, June 14, 2016, I was hospitalized for a bone-marrow transplant (BMT) or stem-cell transplant. Mine was to treat a blood cancer, multiple myeloma, but the BMT is utilized to treat many diseases. Though in theory it can seem simple, in practice this can be complicated and harsh.

[1] Though many take justification by faith as a Lutheran dogma, I regard it an ecumenical conviction all for Augustinian Christians, Catholic or Protestant.

[2] Particularly, two heart-felt memoirs inspired me with courage to reveal my own personal medical details: Deanna A. Thompson, *Hoping for More: Having Cancer, Talking Faith, and Accepting Grace* (Eugene, OR: Cascade, 2012); and Walter Wangerin Jr., *Letters from the Land of Cancer* (Grand Rapids: Zondervan, 2010). Three earlier testimonies are noteworthy: Richard L. Morgan, "The Case Confessions of a Pastoral Visitor," *Second Opinion* 20, no. 2 (October 1994): 37–41; Richard E. Koenig, "The Pastor as Patient," *Second Opinion* 20, no. 2 (October 1994): 42–47 (replying to Morgan); and Martin B. Copenhaver, "Role Reversal: Pastor as Patient," *Christian Century* 126, no. 17 (August 25, 2009): 30–33. I resonate more with the former two, by patients who struggle with the threat of present illness, than the latter three, by patients for whom illness seemed a past occurrence.

[3] With deep gratitude for the many physicians and other medical personnel who have treated me since diagnosis at the highest stage in January 2010, I am especially indebted to the staff of the Cedars-Sinai Medical Center in Los Angeles, with special appreciation for my two top physicians: Robert A. Vescio, MD, Director, Myeloma Program, and Arash Asher, MD, Director, Cancer Rehabilitation and Survivorship. Information about my illness can be found in an appendix at the end of this article.

I was infused with a massive dose of chemotherapy on the first day, with a lesser dose on the second, to kill the cancer in my blood. The third day, I was infused with the stem cells that had been "harvested" from my blood nearly five years earlier. "No trouble from this," I exclaimed when getting up to walk many laps around the long hospital-unit floors—on Saturday, a mile's worth.

I had brought a lot to keep myself occupied whenever my wife and I weren't together on the phone. Having three electronic devices containing a library of reading, a strong internet signal for research, and a project chapter to finish, I predicted I might get all my work done. A fine idea that was!

And then it all fell down.

On Sunday morning, June 19, was I ill! Now, given my being at so great a risk of falling, the nurses set the bed alarm to enforce that I stay in it. I was so weak that I could not even power a device to watch and hear the weekly worship service that brought me comfort. I managed to use the use the bedside control panel to power the room television, happily to find an ecumenical prayer service in Jerusalem, but sadly finding even this difficult to follow. I'll tell nothing about my gastrointestinal system. All dreadful!

As the hours turned into the deeply dark days when I was never fully asleep or fully awake, I imagined myself standing on the other side of the bed rail, as for over three decades I had done as a pastor in active service.

I'm happy to see you, but sad to see you here. Reply: "I appreciate your checking on me, but I'm sick and not happy to see you or anyone else." Recalling how horrid I had felt before, during the stem cell "harvest," now I had opted to encourage no visitors. I urged even my wife that the three hours of travel each way to visit me would, for her sake, be better used for our phone calls. As to anyone else, when I had told a colleague I wanted no visitors, he wisely replied, "Of course you don't. They'll wear you out."

I understand. Reply: "I appreciate your thought, but unless you've gone through this, you can't." I recalled that this premise is based upon the principle of the clinical pastoral education movement that religious workers learn to serve patients by observing them as "living human documents."[4] I know this strategy is meant well, for a worker's preparation, but I shall not be objectified as a "document," especially when it is for the sake of anyone's enlightenment and, worse, fulfillment as a religious professional.[5]

I suggest that it would be better for us pastors and other religious workers who survived rather than died to be teachers and not merely "documents."

[4] Anton T. Boisen, often regarded as one of the "fathers" of clinical pastoral education, developed this term during the 1920s. Descriptions of Boisen's premises are in Edward E. Thornton, *Professional Education for Ministry: A History of Clinical Pastoral Education* (Nashville: Abingdon, 1970).

[5] While I appreciate the intent of CPE that "students develop new awareness of themselves as persons and of the needs of those to whom they minister" ("Information for Prospective Students: Frequently Asked Questions," ACPE.edu, https://tinyurl.com/y886evrp), I do not appreciate that my emotions, vulnerable in extreme illness, can be a tool for study, that I am perceived as an object rather than an individual person. This position taken, I find a helpful interpretation of CPE to be Stephen D. W. King, *Trust the Process: A History of Clinical Pastoral Education as Theological Education* (Lanham, MD: University Press of America, 2007).

Would you like to talk about it? Reply: "I appreciate your concern, and yes, but not to you. For one thing, are you too unobservant to notice that I'm too sick to talk about it? For another, how would you know? You want me to educate you on my disease and this treatment. I'm not up to teaching you right now, so please go look it up on the web. For still another, right now my sickness makes me feel too vulnerable to discuss this with anyone except those who have been through it and will understand. It is as a World War II US Marine veteran once told me: you talked over your horrors of battle and wounds of war only with other Marines.

I know this strategy is meant well, for a worker's preparation, but I shall not be objectified as a "document," especially when it is for the sake of anyone's enlightenment and, worse, fulfillment as a religious professional.

I do consult both a spiritual director who specializes in oncology and the Protestant chaplain at the hospital (who was on vacation as I underwent the BMT). They are helpful because they say, "Other patients tell me . . ." and report testimonies of what other patients like me go through.

Moreover, reply: "I don't need your speculations."[6] Over decades in pastoral service, I became acquainted with numerous pastoral counselors, including hospital chaplains. I appreciated the majority of them, who seemed genuine, but I have loathed a minority of them who seemed self-serving. They were supposed to be colleagues, but their agenda appeared to be to convince me of their mindsets by probing into what they supposed were my weaknesses. Perhaps for this minority, as for the majority with better intent, "the task and method of theology is to organize and test the validity of religious views in light of human experience."[7] But as hours and then days passed into a greater delirium, I would have none of this. Nothing of it was the *Seelsorge* that comes to bear Christ to meet the desperate need that was about to descend upon me.[8]

Rather, I reobserved that Christ the Word came to my hearing every day as Pastor Bob faithfully telephoned me.

[6] Psychological practice has its role to play in the care of persons, but I do not think this helpful in ministry to patients as ill as I was. A critical but balanced study is E. Brooks Holifield, *A History of Pastoral Care in America: from Salvation to Self-Realization* (Nashville: Abingdon, 1983). Less known is a more positive assessment, Stephanie Muravchik, *American Protestantism in the Age of Psychology* (New York: Cambridge University Press, 2011).

[7] Charles E. Hall, *Head and Heart: The Story of the Clinical Pastoral Education Movement* (Decatur, GA: Journal of Pastoral Care Publications, 1992), xiv.

[8] Spiritual care as practiced in CPE differs from pastoral care understood as the care of souls. Herbert Anderson, "Whatever Happened to *Seelsorge*?" *Word and World* 21, no. 1 (Winter 2001): 32–41. Corresponding to this concern is the conflation of terms assumed by Wesley L. Brun, "A Proposed Diagnostic Schema for Religious/Spiritual Concerns," then addressed by Bruce M. Hartung, "A Response," both in *Journal of Pastoral Care and Counseling* 59, no. 5 (2005): 425–40, 446–48. An intervening article written from a hospital's perspective that terms this emergence of a "secularized model" in CPE is Simon J. Craddock Lee, "In a Secular Spirit: Strategies of Clinical Pastoral Education," *Health Care Analysis* 10, no. 4 (2002): 339–56.

Two: צַלְמָוֶת In Deep, Dark Death (Ps 23:4)

By the early evening of Sunday, June 26, I had become more ill than ever I could have imagined. Instinctively, I knew that something evil was going on that was not just about cancer and chemotherapy. I felt like my entire body was being attacked by a rip-roaring infection, but the nurse reported, "You are not running a fever." Shocked as I was by this, the nurse went on, "We will let your doctor know right away," and then left the room.

> *Nothing of it was the* Seelsorge *that comes to bear Christ to meet the desperate need that was about to descend upon me.*

At once, a voice of darkness said to me, "And now at last I have got you. You know that a viral infection cannot be treated with antibiotics. So you are going to die!" Was this the voice of my own fears or of the devil? I perceived that this was the devil speaking through my fears.[9]

"More than conquerors" rang in my hearing as I remembered Pastor Bob speaking. "Christus Victor!" I heard to sound in my weak voice, from memory some four decades before.[10] "Jesus is Victor!" rose in my mind and heart.[11] Sickness kept shouting to me, "You will die!" but memory brought to me Christ the Word in Scripture, creed, catechism, and hymn in text and music.[12] Moreover, I knew that countless members of the church, the body of Christ, were praying for me now as they long had and would continue to do.[13] After hours of struggle, at last I drifted off to sleep.

Later, I learned of the medical reasons for this incident. From the time I entered the hospital, I was connected to two lines from several monitors on the infusion pole to two central venous catheters. One was the port-a-cath that is implanted in my chest, and the other was the peripherally inserted central catheter (PICC) line implanted in my left arm. Because more containers hung from the pole

[9] Religious experiences can be caused by a manipulation of consciousness from the inducement of drugs, noted by Ann Taves, *Religious Experience Reconsidered: A Building-Block Approach to the Study of Religion and Other Special Things* (Princeton: Princeton University Press, 2009), 164.

[10] In Gustaf Aulén, *Christus Victor: An Historical Study of the Three Main Ideas of the Atonement*, trans. A. G. Herbert (New York: Macmillan, 1956).

[11] Johann Christoph Blumhardt first used this term in 1850 in *Blumhardt's Battle: A Conflict with Satan*, trans. Frank S. Boshold (New York: T. E. Lowe, 1970).

[12] But which translation would I recall? For instance, I confounded three English translations of the Creed and of Luther's *Small Catechism*. That there are multiple translations even in my lifetime is necessary because language changes. For me, the vehicle to convey texts is the music of hymns. For this, I am inspired by the connections of music with ideas articulated by Arthur Schopenhauer, *The World as Will and Representation*, vol. 1, trans. E. F. J. Payne (New York: Dover, 1969), 255–67.

[13] Because my immune system has been and remains compromised, as much as possible I must avoid being in public. For this reason, I have discovered the global body of Christ, and my participation in this, via electronic means. This participation is explored superbly in Deanna A. Thompson, *The Virtual Body of Christ in a Suffering World* (Nashville: Abingdon, 2016).

than ever I could have imagined, miles of plastic tubes seem to run everywhere I could see.

To kill the cancer in my blood, the chemotherapy infused through those tubes also had to kill most of the components of my blood. With few red cells left, I became utterly weak. With few platelets, I was at extreme risk of internal hemorrhaging from falling due to that weakness. With few white cells and immunoglobulins, I was very highly susceptible to infection.

My oncologist told me that, highly likely, my port-a-cath had become infected. Without an immune system to fight this, I felt no fever. From infection, I became increasingly delirious. That voice of darkness spoke from delirium, but the Holy Spirit spoke against it by granting me memory.

To my surprise, my oncologist seemed not much concerned over my condition. Early in the morning, after taking my daily blood draw for testing, nurses hung on my infusion pole more gigantic bags of fluids and small bottles of substances than I could count. The resulting edema made me swell up so much that I griped, “I look like a big stuffed goose.”

And then it was over.

Because the nurses still did not want me to leave my bed, every morning I asked them to open the vertical blinds on my window. That morning, the bright blue sky over the hills in my view never appeared more splendorous. “Arise, shine; for your light has come!” (Isa 60:1) came to mind. Christ the Word, by Pastor Bob’s call, rang in my hearing.

I had felt that I would die, even though I would not. I had not simply walked through “the valley of the shadow”—for I prefer to walk through shadow—but I had journeyed through deep, dark death.

I had felt that I would die, even though I would not. I had not simply walked through “the valley of the shadow”—for I prefer to walk through shadow—but I had journeyed through deep, dark death.

Of course, my memory of Scripture, creed, catechism, and hymn was selective. Was this my intuition or divine action? I perceived that the Holy Spirit spoke through my intuition. But my intuition had been implanted and was not autonomous. For long before, I had been steeped in tradition.[14]

[14] I am formed in what has been termed a “Lutheran metanarrative” (Leonard M. Hummel, *Clothed in Nothingness: Consolation for Suffering* [Minneapolis: Fortress Press, 2003], 126), but that serves as the basis for my holding a variety of Christian beliefs. If honest, everyone must admit this. For Johann Gottfried Herder (1744–1803), human appropriation of tradition is “shaped both by immediate historical circumstances and by all that has come before them.” Marcia Bunge, “Herder and the Origins of a Historical View of Religion: An Informative Perspective for Historical Theology Today,” in *Revisioning the Past: Prospects in Historical Theology*, ed. Mary Potter Engel and Walter E. Wyman Jr. (Minneapolis: Fortress Press, 1992), 178.

For a Christian, tradition emanates from God's revelation in Christ, mediated not only in the proclamation of the gospel sourced in Scripture but also in the practice of the gospel active in worship and service. As a child, I was reared faithfully. Particularly in preparation for and consideration of pastoral service, I was educated intently. In the rediscovery of the body of Christ as the *una sancta*—the one holy catholic and apostolic church of every time and in every place—I was re-formed in ecumenical catholicity.

Nothing of this had anything to do with my initiative. Over the evening I supposed that my life was in peril, I did not find myself testing "the validity of religious views in light of human experience." Whether or not extreme sickness and the harsh treatment of hospital-administered drugs were involved, Christ the Word, mediated through proclamation and tradition, was brought to me σημείοις τε καὶ τέρασιν (by both signs and wonders) (Heb 2:4). Therefore, when he telephoned me, Pastor Bob apparently felt no need to explain to me the words of Christ the Word.

I suggest that it would be best for us pastors and other Christian workers to do all we can to instill the tradition mediated by Scripture, creed, catechism, and hymn before those whom we serve find themselves in crisis.

A week would pass before I could be discharged. Each morning when conducting his daily examination, my oncologist explained in patient detail that the components in my blood were increasing, slowly but surely. As he insisted to the nurses, I was to get out of bed and walk. I began to use my electronic devices and opened and shut my own window blinds. It dawned on me more and more that I would live. From then on, I kept thinking upon Christ the Word of justification by faith. When reconsidering the fear of death and dying and the promise of survival and living, my thoughts changed.

And every day, Pastor Bob called to bring Christ the Word.

Three: "Faith Joined with a Longing for Death" (Luther?!)

Writhing in my hospital bed in struggle over that dark evening of June 26, I wanted to be like Martin Luther: to hurl some object at the wall in the spirit of his hurling his inkwell at the devil.[15] I was furious. "But your sins are forgiven," said a voice in my mind. "Yes, but that's not my point here," I shouted to the wall in my weak voice. "I already know that! I want to live!"

Much later, I came across a concept attributed to Luther: "faith" in the resurrection after death "is joined with *a longing for death* and readiness for it."[16] In fairness, the writer likely intended this as only a presupposition, if not an aside, to the main argument. "Ready for death, yes, whenever, but longing to die, not at this time," I muttered.

[15] "Luther's throwing of an inkwell at the devil is, however, a later invention," noted in Heinz Schilling, *Martin Luther: Rebel in an Age of Upheaval*, trans. Rona Johnston Gordan (Oxford: Oxford University Press, 2017), 211.

[16] I found this in Gustaf Wingren, *Luther on Vocation*, trans. Carl C. Rasmussen (Philadelphia: Muhlenberg, 1957), 165 (emphasis added).

To be fair to this concept, it goes without saying that many, if not most, in Luther's world could not help but be preoccupied with death. For the majority, injury and sickness gave way to death more often than not. Most in the minority that lived despite this nonetheless knew unrelieved pain and struggle. Luther was in that minority. Time and again, he wished to die.[17]

To be honest, I know that despair. Not that I longed to die, but rather I would not have minded dying. The combination of cancer, treatment, and infection ripped me apart. My symptom was not rooted in behavioral depression but rather in both being and feeling utterly physically ill.

Still, many of us who struggle with illness insist that God must want us to live longer and serve more. The difference between Luther's time and ours is that we enjoy medical care in the twentieth century that no one in the sixteenth could imagine. Thus, while I have a terminal though treatable cancer, I am learning not to be existentially preoccupied with death. I know how I will die. Long ago an oncologist told me, "Eventually, this cancer will kill you." But knowing this does not require me to obsess over it.

Thus, while I have a terminal though treatable cancer, I am learning not to be existentially preoccupied with death. I know how I will die.

At the same time, we whose diseases are treatable know that our new longevity comes with a cost. We are not ready to die, but we need help to live.

After I was discharged on July 2—one day shy of a week after my journey through deep, dark death—I found my recovery long and painful. Moreover, at the end of the year after I had resumed chemotherapy, I battled pneumonia, in misery that lasted well into the next year.

And then the truth came out.

On March 30, 2017, I was diagnosed with an immune deficiency disease. Put in plain language: no viably working immune system. An honors medical-school graduate equipped with the latest information, my new immunologist posited my medical history to show that I was afflicted with this all my life, adding, "Frankly, I am surprised you made it to 65." Treatment would be simple in both theory and practice: the monthly infusion of an immunoglobulin immediately following chemotherapy.

And then it was over. For the first time in all my life, I felt *not* sick.

[17] Detailed reports of Luther's longing to die are in Martin Brecht, *Martin Luther: The Preservation of the Church, 1532–1546*, trans. James L. Schaaf (Minneapolis: Fortress Press, 1993), 23, 231–232, as in other sources. I find no symptomatic evidence to indicate that Luther suffered delirium. Luther's death became the model for Christian death and dying, based particularly upon two funeral sermons, preached by Justus Jonas and M. Michael Cölius. These first appeared translated into English by Emanuel Greenwald in *Funeral Sermons on the Death of Dr. Martin Luther* (Lancaster, PA: Junior Missionary Society of the Church of the Holy Trinity, 1883). Elsewhere both reported the details of his death.

But though I survived, I knew that from henceforth I must rehabilitate. I would never be fully healthy. Though better, my immune system will never be normal. Though my cancer remains in remission, I will never find release from chemotherapy—until a cure comes. I will never find relief from permanent orthopedic pain and my equilibrium being off-balance. It may take a long time for cognitive and neurological function to redevelop—or to develop for the first time. I might be tempted to think that living means neither awakening nor sleeping fully. But life for persons like me now is a process of becoming as being, between sickness and death.

For many, justification by faith is the core principle of Christ the Word and of the church.[18] Little more needs be stated here than that justification means salvation *from* sin *for* service to Christ through neighbor: individual, global, and communal.[19] In this, justification means, especially for those facing death or dying, the forgiveness of sin to eternal life. The application of justification by faith must be expanded for us who, for medical reasons, have hope to continue to live in order to serve.[20]

The application of justification by faith must be expanded for us who, for medical reasons, have hope to continue to live in order to serve.

I am fascinated that Luther commanded Philipp Melanchthon not to die even though Luther himself was longing for death. According to one witness, in mid-1540, Luther came upon Melanchthon "apparently dying."[21] Melanchthon's

[18] Is justification by faith the chief doctrine for Christians if preparation for death becomes its only purpose? It is essential for Lutherans to "never believe that you have a correct understanding of a thought of Luther before you have succeeded in reducing it to a simple corollary of the thought of the forgiveness of sins." Einar Billing, *Our Calling*, trans. Conrad Bergendoff (Philadelphia: Fortress Press, 1964), 4, quoted in Martin E. Marty, *Health and Medicine in the Lutheran Tradition: Being Well* (New York: Crossroad, 1983), 13. But being an Augustinian Christian such as a Lutheran is not requisite for being a Christian. Better for today is to work toward an "ecumenical orthodoxy." Carl E. Braaten, *That All May Believe: A Theology of the Gospel and the Mission of the Church* (Grand Rapids: Eerdmans, 2008), 6.

[19] The comfort that comes by justification by faith, for Luther, has "a peculiar active sense: not 'through,' but 'to,' used in the sense of a direction or destination. Therefore, justification by faith 'is an event in which one is changed, in the character of a bitter conflict between God and the opposing forces, in whose focal point a person stands.'" Martin Treu, "Trost bei Luther: ein Anstoß für die heutige Seelsorge" [Comfort from Luther: an impetus for today's pastoral care], *Pastoraltheologie* 73 (1984): 92. I am grateful to Jonathan Kibler for translation assistance.

[20] It is sufficient to note that justification by faith in its application has been expanded from Luther to Ritschl to Tillich and beyond. One contemporary example is its recent use by the Lutheran World Federation to declare that: "salvation—not for sale" (https://tinyurl.com/y7r7uxd3).

[21] The first account of Melanchthon's severe illness to appear in English is James William Richard, *Philip Melanchthon: The Protestant Preceptor of Germany, 1497–1560*, Heroes of the Reformation (New York: G. P. Putman's Sons, 1907), 272–74. Richard based this on the account by Solomon Glass, as quoted in Vitus Ludwig von Seckendorf, *Commentarius historicus et apologeticus de Lutheranismo* (Frankfurt: Sumptibus Jo. Friderici Gleditsch, 1692). A trace for the source of this account by Glass may lead back to possibly the earliest biography of Melanchthon: Joachim Camerarius, *De Philippi Melanchthonis ortu . . .* (Leipzig: E. Voegelin, 1566).

appearance is significant: "his eyes were sunk, his senses gone, his hearing closed, his face fallen and hollow." This account attributed Melanchthon's near-demise to his feelings of remorse,[22] but in sympathy I perceived the cause to be the same wicked infection that afflicted me in the hospital. Had I laid there instead of Melanchthon, I myself would not have minded dying. I would think that Luther might have prepared Melanchthon for death, but no. Instead, Luther spoke, "You must serve our Lord God yet longer." When Melanchthon refused food, Luther countered, "Listen, pay attention! You must eat, or I shall excommunicate you!"

Luther insisted that Melanchthon must continue to serve through his vocation. He forbade Melanchthon to die! Why? Luther was convinced that God had more for Melanchthon to do to serve Christ through neighbor.

And so, though writhing in my hospital bed, I would have picked up the nearest object to hurl at whoever would tell me, "Your sins are forgiven. Now die in peace." In fact, many colleagues, and friends had said this to me. "Yes, of course," I replied, "but it might not be my time for that yet."

Rather, with "more than conquerors" ringing in my ears through Pastor Bob's voice in my memory, I might have welcomed words more like "Be strong, for God wants for you to serve more." My oncologist was not concerned I would die. So why then should I "long for death"?

The most recent demographic trends indicate that an ever-increasing population simultaneously will not be ready to die and will require help to live. Therefore, needed now is what I term a theology of survivalship and rehabilitation.

I suggest that it might be best for us pastors and other religious workers to teach preparedness for death but to refrain from counseling this until a physician advises that the patient soon will die. Until then, it is better still to urge all to live and, even over physical hardship, to conquer.

Conclusion: "The Courage to Will and to Persevere" (Book of Common Prayer)

The most recent demographic trends indicate that an ever-increasing population simultaneously will not be ready to die and will require help to live.[23]

[22] Not surprisingly, given that medical conditions were not considered as they would be later with the rise of "medical history," Richard accepted the report that "the immediate cause of Melanchthon's sickness was remorse over the part which he and Luther had taken in the bigamy of Philip of Hesse." Carolus Gottlieb Bretschneider and Heinrich Ernst Bindseil, ed., *Corpus Reformatorum* 3, no. 173 (Halis Saxony, 1859), 1073.

[23] These trends are studied in the context of the need for assistance provided by electric and electronic devices. Eveline J. M. Wouters, "Demographic Trends: Why We Need Smart Solutions," in *Handbook of Smart Homes, Health Care and Well-Being*, ed. Joost van Hoof, George Demiris, and Eveline J. M. Wouters (Cham: Springer, 2017), 13–22.

Therefore, needed now is what I term a theology of survivalship and rehabilitation: to reequip one for life alongside preparing one for death.[24]

To do this, justification by faith must be based upon words requiring no further explanation. *Seelsorge* is mediated in tradition (Scripture, creed, catechism, etc.), but speculation—and for that matter, dogma—contributes little at the hospital bedrail. Rather, faith comes solely by the word.

I could not help but reobserve that this is what Pastor Bob meant by directing me to the Word that is Christ. ⊕

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Appendix: Clinical Details

I underwent the two procedures of an autologous blood and marrow transplant, following the process outlined in the manuals for patients: Laura Snoussi, *Autologous Blood and Marrow Transplant: Patient Education, Book #1*, 2011 Edition, Cedars-Sinai Medical Center, PDF, https://tinyurl.com/ydar7l9x; and Seda Gharapetian, Sandra Rome, and Laura Snoussi, *Autologous Blood and Marrow Transplant: Patient Education, Book #2*, 2011 Edition, Cedars-Sinai Medical Center, PDF, https://tinyurl.com/yb85gjxs. A definition of multiple myeloma is found on the website of the International Myeloma Foundation (https://tinyurl.com/ydfkyv9u). Of myeloma patients in general, typical systems are described in D. Catamero, K. Noonan, T. Richards, B. Faiman, C. Manchulenko, H. Devine, P. Bertolotti, C. Gleason, "Distress, Fatigue, and Sexuality: Understanding and Treating Concerns and Symptoms in Patients with Multiple Myeloma," *Clinical Journal of Oncology Nursing* 21, no. 5 (October 2017): 7–18. My case is described best in Arash Asher and Jamie S. Myers, "The Effect of Cancer Treatment on Cognitive Function," *Clinical Advances in Hematology and Oncology* 13, no. 7 (July 2015): 1–10. Why was I kept in bed too long? As a patient, I was caught in between an honest disagreement between nursing care concerned for falls—for with low platelets I could have died quickly from internal hemorrhaging by falling—and medical care concerned for inactivity—for my recovery took very long after remaining inert.

[24] I would begin to construct the definition of this newer trend by examining two older studies: Martin E. Marty and Kenneth L. Vaux, editors, *Health/Medicine and the Faith Traditions: An Inquiry into Religion and Medicine* (Philadelphia: Fortress Press, 1982), based upon Project Ten of the Lutheran General Medical Center, Park Ridge, Illinois; and Garth D. Ludwig, *Order Restored: A Biblical Interpretation of Health, Medicine, and Healing* (St. Louis: Concordia Academic Press, 1999), 8, with its profound distinction between disease as "an objective phenomenon characterized by an altered biological functioning of the body" and illness as "a subjective, personal phenomenon in which the individual perceives himself as not feeling well," whereby sickness is a social phenomenon—"a person acts sick." Preliminary to this is to establish the origin of "survivorship and rehabilitation" as a medical discipline, but I have not yet found textual documentation for this. The point is to establish a new theological category that is distinct from health, on the one hand, and sickness, death, and dying, on the other—for a theology of survivorship and rehabilitation will lie somewhere between while borrowing from both.