

HEALTH CARE ETHICS IN THE NURSING HOME SETTING
OR, THE MORAL SIGNIFICANCE OF EMPTYING BEDPANS

by Allan R. Bevere*

I want to begin with a familiar story. I will not attempt to improve upon the story, as I doubt this is possible. But there is an often noticed but little expounded detail of the story which, I think, speaks to the moral commitment embodied in nursing home care.¹

There was a man who had two sons. The younger of them said to his father, "Father, give me the share of the property that will belong to me." So he divided his property between them. A few days later the younger son gathered all he had and traveled to a distant country, and there he squandered his inheritance in wild living. When he had spent everything, a severe famine took place throughout the country, and he began to starve. So he went and hired himself out to one of the citizens of that country, who sent him to his field to feed his pigs. He was so hungry even the pods the pigs were eating looked tasty; but no one gave him anything to eat. But one day when he came to his senses, he said, "How many of my father's hired hands have bread enough to spare, but here I am dying of hunger! I will leave and go to my father, and I will say to him, "Father, I have sinned against heaven and before you; I am no longer worthy to be called your son; treat me like one of your hired hands." So he set off and went to his father. *But while he was still far off, his father saw him and was filled with compassion; he ran and put his arms around him and kissed him.* Then the son said to him, "Father, I have sinned against heaven and before you; I am no longer worthy to be called your son." But the father said to his slaves. "Quickly, bring out the finest robe and put it on him; put a ring on his finger and sandals on his feet. And get the fatted calf and kill it, and let us eat and celebrate; for this son of mine was dead and is alive again; he was lost and is found!" And they began to celebrate (Luke 15:11-24).

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The portion of this story important for my purposes is where the father seeing his son from a distance, rises up and runs to greet him. The significance of this detail should not be missed; for in the world of first-century Judea it was considered quite undignified for an elderly man to run.² The elderly were worthy of respect and they were not expected to conform to anyone else's schedule. What was clearly at work here was a particular view of the aged. Certainly this does not mean that the aged could not be treated quite badly in the ancient world by their children and others. We must remember that the fifth commandment is not primarily a command for dependent children to obey their parents, but an order for adult children to respect and take care of their elderly parents.³ Indeed, the term "elder" is simply the Anglo-Saxon equivalent of the Greek word *presbuteros*,⁴ a word used in early Christianity to denote a position of authority (Acts 11:30; 14:23). While such an appellation of dignity required more than the length of life's experience (there were foolish old men in the early church too), such breadth of experience was, nevertheless, indispensable for those who would lead and make judgments.

The neglect of the aged is certainly a problem in our society. In one respect the existence of the nursing home is a testimony to that neglect; for there are those who are in the nursing home because they have been neglected and in some cases simply abandoned by their families. Now this is certainly not the case for everyone. There are those who are here because, given their specific situation, this is probably the best place for them. There are also those who are attended quite well by their families. We must be careful not to oversimplify these very different situations. At the same time we must not allow the complexity of these situations to blind us to the truth that we live in a society that often neglects and forgets the elderly. The nursing home stands as a demonstration of this.

At the same time, however, the nursing home also stands as a society's commitment to its elderly. Those who are in the latter and last years of their lives should be cared for by their children and by all of us who are children, who now have assumed the responsibilities of adulthood. To do so is to honor our fathers and our mothers.

It is quite significant that the Elyria Home is a nursing home of the church. The daily care of medicine needs a community to sustain it.⁵ It is clear that the care which takes place here could not be sustained without the commitment of the church community. The church must be committed to implementing the fifth commandment in its life and worship. It must care for the aged because the elderly "should not have to run," to use the language of Jesus' parable. If the church is to be the suffering presence Christ has called it to be, then the nursing home is a necessary instrument in the care of the aged who suffer.

The nursing home, like the hospital is "a house of hospitality along the way of our journey with finitude."⁶ The nursing home stands as a sign that we will

not abandon those who are currently experiencing that finitude in a dramatic way. Indeed, the way a community is present with the dying reveals the character of that community.⁷ The nursing home also stands as a reminder that the first task of medicine is not to cure but to care.⁸ It is certainly hoped that cure is possible, but when it is not, medicine is not relieved of its responsibility, nor is the church. Suffering has the unfortunate tendency of separating the ill from the healthy; particularly when such suffering lasts for months, even years. The nursing home is a reminder that some, even much, suffering does not get better, at least in this life. Perhaps that is why residents of nursing homes can be ignored and abandoned by their families. These persons remind us that in reality they are no different from the rest of us; for we are all terminal.

Now certainly I do not intend to imply that all residents of nursing homes are about ready to die, but certainly many have already seen their better days, as they themselves would surely admit. To say this is not to say anything different about them as opposed to the rest of us. One does not need to be in a nursing home to have seen his or her better days. Indeed, it may be true that my best days are behind me. I just don't know it yet (I certainly hope this is not the case). Most residents of nursing homes will not get out of the home alive. This stands as a reminder to us that none of us is going to get out of this life alive. Thus it just may be that family neglect of relatives in nursing homes may not simply be a matter of time constraints, but rather their presence reminds the family members of their own finitude. In this case the nursing home can be used by families not as house of hospitality used to assist the family in caring for a relative; rather it becomes a wall of separation employed to separate the world of the sick from the world of the healthy.

But this is exactly what the nursing home must not be. It must be the bridge between the worlds of the sick and the healthy.⁹ The nursing home must reflect not only the church's commitment to be with those who are in need of such care, but it must also be the place where residents learn that life is not yet over. There is still living to do. It is doubtful that the nursing home can give its residents their best days ever, but they can be good days. They can be meaningful days. The nursing home needs to do what it can to create the kind of environment that lets its residents know that their presence there puts them in a different place, but not in a different world. Of course, this will not be an easy task as long as families refuse to visit or spend any kind of quality time with their relatives. No doubt, this familial neglect serves as the greatest obstacle to the nursing home as a house of hospitality, and it is likely that no health care worker can simply work around such familial dereliction of duty in order to make the nursing home a hospitable place.

This is why I think there are few things more significant than the individual church's commitment to being a visible presence in the nursing home setting. Youth fellowships should regularly visit nursing homes. The "elders"

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present in nursing homes have stories to tell, and the youth, who will one day be “elders” themselves, need to listen. Even if some of the “elders” are no longer able to communicate their stories, they still have stories and because of their storied lives, they deserve to have our presence; for presence is what is first and foremost required of us (remember Job’s friends who sat with him in silence for seven days?). Their worth is not found in their ability to communicate. Their worth is found in the fact that Christ died for them, just as he died for the rest of us. This is also why that one of the most important things clergy can do is to take Eucharist to nursing home residents. Such an act testifies to the fact that they still belong to the church. They are still one of us. Their identity as church means that those who have been given the authority to administer the sacraments must do so to those in the nursing home. Their change of location in no way disqualifies them from belonging in the family of the people of God. To bring the Eucharist to them is to bring the community of faith, the worship of God, and the means of grace to them, when they are not able to come to get it. Unfortunately I know of more than a few clergy who justify not serving Eucharist in the nursing home on the grounds that many there have no idea what is taking place. Not only do I find this to be an unacceptable Wesleyan understanding of the Eucharist, but I find it to be theologically simplistic. To think that the value of the Eucharist is found only in one’s ability to know what is happening is to reject the divine giftedness of the sacrament.

Now nothing I have said thus far seems to relate to the work of an ethics committee in a nursing home. I’ve not discussed issues of life support, whether withholding nourishment is the same as withholding medical treatment, living wills, or even assisted suicide. Yet, I believe that what I have claimed thus far is of paramount importance for any ethics committee in any nursing home.

First, there is a direct relation between the support by the church community and what this ethics committee does in its deliberations. Without the clergy, the youth fellowships, the families, the health care workers, and physicians, your job as a committee is not only quite difficult, it is impossible. Your work can only be sustained by the support of those who have a stake in this enterprise. It must always be remembered that nursing homes and those committed to their ministry were around long before any ethics committee. Your task is to continue to sustain the kind of commitment to the elderly that was already present before your arrival.

The work of this ethics committee embodies the same kind of moral commitment as the work of the health care aid who empties bedpans. Indeed, I can think of nothing more instructive for an ethics committee than such an act. Not everyone can empty bedpans, and those who can likely don’t enjoy it. But there are those whose calling to medicine (and let us not mistake that medicine, like ordained ministry, is a calling) includes the duty of emptying bedpans. Our moral

Obligations are often best described as duties, because the language of "want" simply does not fit. Few want to empty bedpans, but those who do so embody the same moral commitment embodied in the physician's practice, and embodied in the community's practice of making the nursing home a house of hospitality. The moral commitment of an ethics committee must be centered around the daily moral commitments found in such things as emptying bedpans.

It is quite simply a mistake to understand ethics as making difficult decisions in tough situations. The modern idea of ethics as a series of quandaries one confronts in linear fashion is simply false. There is no doubt that most ethics committees, whether in nursing homes or in hospitals, deal mostly with difficult situations. We must not think, however, that we are finally doing ethics only when the case has reached the committee. The ethics committee is not the front line of ethical reflection, it stands as one part of the moral commitment made to a patient long before. The ethical significance of the deliberations of an ethics committee is part of the same moral commitment involved in emptying bedpans. Clearly then, the work of an ethics committee is not somehow separate from the work of the entire nursing home with its many different facets. The ethics committee is not made up of the experts we call in when all else fails. The modern notion of "expert" is clearly deceptive.¹⁰ The last thing we need in moral deliberations is objectivity; for objectivity is an illusion.¹¹ Most people who undertake the moral commitments involved in medical care do so not without feeling, but with concern and deep passion. What medical care needs are people who feel deeply but who can temper such feeling with wisdom, clearly a biblical notion, unlike "objectivity." If objective people are best qualified to deal with ethical questions when the moral thing to do is to take children away from their parents as soon as they are born; for who is less objective about children than parents.

But the wisdom of an ethics committee again is part and parcel of the same kind of wisdom exercised by physicians and health care workers in the daily tasks of medical care. It is certainly true that ethics committees deal with questions unique for their tasks-- questions of brain death, "pulling the plug," the ambiguity between letting die and putting to death, etc. But first, and foremost, these are not their concerns. Rather, by their very existence the ethics committee should testify to the truth that we have a responsibility to honor our fathers and mothers who should not have to suffer the indignity it takes to "rise up and run." Thus ethics committees should not only consist of clergy, physicians, and lawyers. They should also consist of the nurses who empty the bedpans; for that act is reminiscent of one who set the example for us so long ago.

Jesus, knowing that the Father had given all things into his hands, and that he had come from God and was going to God, got up from the table, took off his outer robe, and tied a towel around himself. Then he poured

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water into a basin and began to wash the disciples' feet.... After he had washed their feet, had put on his robe, and had returned to the table, he said to them, "Do you know what I have done to you? You call me teacher and Lord-- and you are right, for that is what I am. So if I, your Lord and teacher, have washed your feet, you also ought to wash one another's feet. For I have set you an example, that you also should do as I have done to you. Very, truly I tell you, servants are not greater than their masters, nor are messengers greater than the one who sent them. If you know these things you are blessed if you do them" (John 13:3-5, 12-17).

The task of an ethics committee in a nursing home is the same as the one who empties bedpans--to be in service to our fathers and mothers who need our care. Such care no doubt is quite a burden, but as the New Testament makes very clear, it is O.K. to be a burden (Gal. 6:2). I suspect that our autonomy gets in the way at this point; after all, we do have our own lives to lead. But do we? What kind of ominous presumptions are betrayed when we claim our lives as ours, especially when we use such a claim to free ourselves from our commitments to others. A people who find their identity in one who "thought it not robbery to be equal with God, but emptied himself, taking the form of a slave" (Phil. 2:6-7) cannot be content with such a shallow and selfish notion of autonomy. Indeed, where would the universe be had Jesus decided in the Garden of Gethsemane to exercise his autonomy all in the name of having his own life to live?¹²

Now it is certainly the case, that such a commitment requires the kind of sacrifice that gets in the way of our plans and dreams. Not one of us faced with the situation of having to care intensely for a loved one in a nursing home would find it to be our choice or in keeping with our plans for life. I can only say to this that such intensive care is only possible in conjunction with a community willing and able to sustain individuals who have the responsibility for that care, as well as assist in such care. Moreover, it is also true that for most of us life seldom turns out as planned. One does not need to be tied to a relative in a nursing home to know this. Perhaps the fortitude of our moral character is not revealed so much in our supposed abilities to fashion our own destinies, but rather our character is revealed in how we respond to those unforeseen forces which impinge upon us. The nursing home can and should be a moral response to those forces.

Again, this may not seem as if it's germane to what an ethics committee does, but the moral commitments that give rise to the nursing home in the first place must undergird and sustain the reflection and the work of an ethics committee. There can be no more significant examples for an ethics committee to draw on than the one of Jesus washing the disciples' feet, and the health care

worker emptying patients' bedpans. Both acts reflect the kind of discipleship necessary for the work of an ethics committee.

ENDNOTES

¹This paper was presented to the Ethics Committee of the United Methodist Village in Elyria, Ohio on June 10, 1996.

²See R. Culpepper, Luke. The New Interpreter's Bible (Nashville: Abingdon, 1995), p. 302.

³G. Wright, Deuteronomy. The Interpreter's Bible (Nashville: Abingdon, 1953), p. 367.

⁴P. Hinchliff, "Elder." The New Westminster Dictionary of Liturgy and Worship. ed., J. Davies (Philadelphia: The Westminster Press, 1986), p. 222.

⁵See S. Hauerwas, Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church (Notre Dame: University of Notre Dame Press, 1986) pp. 63-83.

⁶*Ibid.*, p. 82.

⁷W. May, Theological Voices in Medical Ethics (Grand Rapids: Eerdmans, 1993), p. 254.

⁸Hauerwas, Suffering Presence, pp. 78-79.

⁹*Ibid.*

¹⁰See A. MacIntyre, After Virtue (Notre Dame: University of Notre Dame Press, 1984), pp. 79-87.

¹¹P. Kennison, "There's No Such Thing as Objective Truth, and Its a Good thing, Too." Christian Apologetics in the Postmodern World (Downers Grove: InterVarsity Press, 1995), pp. 156-170, who argues quite convincingly that the rejection of objectivity is not an argument for relativism.

¹²Also as A. Verhey, "Luther's 'Freedom' and a Patient's Autonomy." Bioethics and the Future of Medicine: A Christian Appraisal. ed., J. Kilner, (Grand Rapids: Eerdmans, 1995), pp. 82-83, rightly notes, that it is not at all clear what one means when one speaks of autonomy, which makes it quite problematic for moral medical reflection.