CHURCH & SOCIETY
The United Methodist Church

Living FAITH Seeking JUSTICE Pursuing PEACE

The novel coronavirus, COVID-19 pandemic is a public health crisis that reinforces the urgency of advocating for affordable, accessible, equitable, quality health care for all. We continue to affirm health care as a basic human right (¶162.V) and the critical role of governments in providing access to health care for all regardless of ability to pay.

We also recognize the ways in which this pandemic – which itself does not recognize divisions among countries or within communities – interacts with human-created systems of economic, social, racial, and political injustice. Focused on God's vision of justice for all, we must ensure that the needs of the most vulnerable and marginalized are at the center of our response.

We express our gratitude to all who heal bodies and who heal souls. Healing is needed today so that we triumph over the deadly novel coronavirus, but also overcome the attendant fears and worries that burden our psyches and souls. This is the time when health is truly the wealth we must strive to have and invest in. Let us stand together in solidarity (six feet apart) with each other, and with the full force of love, mercy and compassion.

Resources:

- A Prayer during a time of Pandemic
- Social Principles 162.V: The Right to Health Care
- Resolution 3202: Health and Wholeness
- Resolution 3205: Faithful Care for Persons Suffering and Dying

A Prayer during a time of Pandemic:

Let us pray for the healing of bodies and the healing of the earth so that we can have the provision and security of food, water and air, and yes, of beneficial bacteria and viruses too, that the earth provides. This is the time to ensure that all living things and their habitats are treated sustainably. This is the time to affirm the integrity of all of creation. The stewardship we need today is that of making human lives healthy and whole, well and secure. It is stewardship that preserves and prospers the earth so that it secures for all of us our basic needs. This is the time we reverence the human body for in it resides the true image of the Holy and the Divine. That human body inherently bears dignity we must preserve, and rights that we must protect. No pandemic or exigency—political or economic—can derogate from the human right to health.

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

Phone: 202.488.5600
Fax: 202.488.5619

Website: umcjustice.org
Email: gbcs@umcjustice.org

From the 2016 Book of Discipline of The United Methodist Church
The Social Community: Right to Health Care ¶162.V
https://www.umcjustice.org/who-we-are/social-principles-and-resolutions/the-social-community-162/the-social-community-right-to-health-care-162-v

V) Right to Health Care

Health is a condition of physical, mental, social, and spiritual well-being. John 10:10b says, "I came so that they could have life—indeed, so that they could live life to the fullest." Stewardship of health is the responsibility of each person to whom health has been entrusted. Creating the personal, environmental, and social conditions in which health can thrive is a joint responsibility—public and private. We encourage individuals to pursue a healthy lifestyle and affirm the importance of preventive health care, health education, environmental and occupational safety, good nutrition, and secure housing in achieving health. Health care is a basic human right.

Providing the care needed to maintain health, prevent disease, and restore health after injury or illness is a responsibility each person owes others and government owes to all, a responsibility government ignores at its peril. In Ezekiel 34:4a, God points out the failures of the leadership of Israel to care for the weak: "You don't strengthen the weak, heal the sick, bind up the injured, bring back the strays, or seek out the lost." As a result all suffer. Like police and fire protection, health care is best funded through the government's ability to tax each person equitably and directly fund the provider entities. Countries facing a public health crisis such as HIV/AIDS must have access to generic medicines and to patented medicines. We affirm the right of men and women to have access to comprehensive reproductive health/family planning information and services that will serve as a means to prevent unplanned pregnancies, reduce abortions, and prevent the spread of HIV/AIDS. The right to health care includes care for persons with brain diseases, neurological conditions, or physical disabilities, who must be afforded the same access to health care as all other persons in our communities. It is unjust to construct or perpetuate barriers to physical or mental wholeness or full participation in community.

We believe it is a governmental responsibility to provide all citizens with health care.

We encourage hospitals, physicians, and medical clinics to provide access to primary health care to all people regardless of their health-care coverage or ability to pay for treatment.

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

Phone: 202.488.5600
Fax: 202.488.5619

Website: umcjustice.org
Email: gbcs@umcjustice.org

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3202. Health and Wholeness
https://www.umcjustice.org/who-we-are/social-principles-and-resolutions/health-and-wholeness-3202

Theological and Historical Statement

Health is the ultimate design of God for humanity. Though life often thwarts that design, the health we have is a good gift of God. When God created humankind, God declared it "was supremely good" (Genesis 1:31). Among Jesus' statements on the purpose of his presence is the statement that he came that we "could live life to the fullest" (John 10:10). Every account of Jesus' ministry documents how Jesus saw restoration to health as a sign of the kingdom of heaven becoming present amongst us. When John the elder wrote to Gaius (3 John 2), he wished for him physical health no less than spiritual. The biblical narrative is filled with stories of God's healing presence in the world. This includes spiritual, psychological, emotional, social, as well as physical healing.

For John and Charles Wesley, health was integral to salvation. In the Wesleyan understanding of salvation, Christ's self- giving on the cross not only freed us from the guilt of sin, but restored us to the divine image in which we were created, which includes health. John Wesley not only preached spiritual health, but worked to restore physical health among the impoverished people who heard his call. He wrote Primitive Physick,[1] a primer on health and medicine for those too poor to pay for a doctor. He encouraged his Methodists to support the health-care needs of the poor. Charles Wesley's hymns reflect early Methodism's awareness of spiritual health as a component of salvation.

Achieving Health

Health has, for too long been defined only as the absence of disease or infirmity. The World Health Organization took a more wholistic view when it termed health as "a state of complete physical, mental and social well-being."[2] We who are people of faith add spiritual well-being to that list, and find our best definition in the biblical concept of "shalom." Shalom conveys or expresses a comprehensive view of human well being including "a long life of happiness ending in natural death (Gen. 15:15)."[3] From the perspective of Shalom, health includes biological well-being but necessarily includes health of spirit as well. From the perspective of Shalom, health is social harmony as well as personal well-being, and necessarily presumes the elimination of violence. Thus the health that God wants for humanity both presumes and seeks the existence of justice as well as mercy, the absence of violence as well as the absence of disease, the presence of social harmony as well as the presence of physical harmony.

As disciples of the One who came that we might have life and have it abundantly, our first and highest priority regarding health must be the promotion of the circumstances in which health thrives. A leading health expert encourages the study of health not from the perspective of what goes wrong, but of what goes right when health is present. These "leading causes of life" include coherence, connection, agency (action), blessing, and hope.[4] Our lives are healthy when we are linked to a source of meaning, when we live in a web of relationships that sustain and nurture us, when we know we have the capacity to respond to the call God has placed on our lives, when we contribute to the affirmation of another at a deep level, and when we lean into a future that is assured, in this life and forever.

No one portion of the seven billion members of God's global family has a monopoly on the expertise of achieving health. Achieving health, therefore, assumes mutual respect among the peoples of this Earth and the sharing of lessons learned in each society among the others.

Physical and emotional health is the health of the bodies in which we live, and we are therefore urged to be careful how we live (Ephesians 5:5).

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

Phone: 202.488.5600
Fax: 202.488.5619

Website: umcjustice.org
Email: gbcs@umcjustice.org

As spiritual beings, our physical health affects our spiritual health and vice versa. St. Paul has termed our bodies as "God's temples" (1 Corinthians 3:16; see also 6:16, 19-20), echoing Jesus himself (John 2:21). We therefore are stewards, custodians, managers of God's property: ourselves, our bodies, minds, and spirits. Paul urges us to present to God our bodies as a living sacrifice and this is our "appropriate priestly service" (Romans 12:1), and to do everything for the glory of God (1 Corinthians 10:31). When we honor our bodies and those of others, we are honoring God and God's good creation.

The biblical mandate has specific implications for personal care. We must honor our bodies through exercise. We must honor our bodies through proper nutrition, and reducing consumption of food products that we discover add toxins to our bodies, excess weight to our frames, and yet fail to provide nourishment. We must recognize that honoring our bodies is a lifelong process.

The second priority must be the correction of those circumstances in which health is hindered or thwarted. The interconnectedness of life is such that those things that diminish our health are most often things beyond the control of physicians, clinics, or insurers. The Ottawa Charter for Health Promotion identified the basic prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.[5] One estimate of factors influencing health gives medical health delivery only 10 percent of the impact; family genetics account for 20 percent of the variability in health, environment 20 percent, and lifestyle 50 percent.[6] Thus the achievement of health requires attention to:

- Environmental Factors. Environmental factors include clean air, pure water, effective sanitary systems for the disposal of wastes, nutritious foods, adequate housing, accessible, people-oriented transportation, work for all who want to work, and hazard-free workplaces are essential to health. Environmental factors include not only the natural environment, but the spiritual environment, the social environment, and the political environment, including issues of war and peace, wealth and poverty, oppression and justice, environmental profiling and environmental racism. The best medical system cannot preserve or maintain health when the environment is illness-producing.
- Public Health Factors. Disease prevention, public health programs, and health education including sex education, appropriate to every age level and social setting are needed globally. Services should be provided in a compassionate and skillful manner on the basis of need, without discrimination as to economic status, mental or physical disability, race, color, religion, gender, age, national origin, language, or multiple diagnoses.
- Social Lifestyle Factors. Lifestyle factors detrimental to good health include inadequate education, poverty, un- employment, lack of access to food, stress-producing conditions which include such critical issues as domestic violence and other crimes and social pressures reinforced by marketing and advertising strategies that encourage the abuse of guns, tobacco, alcohol, and other drugs. Other societal pressures that affect health are over achievement, overwork, compulsion for material gain, and lack of balance between family/work responsibilities and personal renewal.[7]
- Spiritual Lifestyle Factors. A relationship with God, learning opportunities throughout life, personal renewal, recreation, green space and natural beauty add essential positive spiritual focus to life which influences health through fulfillment and positives attitudes of hopefulness and possibility.[8]
- Personal Lifestyle Factors. Those factors, which may be choices, habits or addictions destructive to good health include overeating or eating nonnutritious foods, sub- stance abuse, including alcohol, tobacco, barbiturates, sedatives, and so forth. Failure to exercise or to rest and relax adequately is also injurious to health.
- Cultural Factors. Harmful traditional practices such as child marriage can result in serious health problems such as obstetric fistula[9] and the spread of HIV & AIDS. Other practices such as female circumcision can result in pain and the spread of infection.[10] Having unprotected sex with multiple partners, a practice in many countries, has significantly increased the spread of AIDS and other diseases.[11]

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

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Email: gbcs@umcjustice.org

The biblical view of health integrates the physical and the spiritual, and therefore both are needed in the achievement and restoration of health. In Western Protestant interpretation of health and healing, however, the union of the body and spirit is often dismissed. Cultures that respect and revere that union are often disregarded or looked upon in a condescending manner. Jesus did not make these distinctions, and the early church struggled with it. An illustrative narrative is that of the healing of the woman who suffered from a hemorrhage (Matthew 9:20-22).

She believed that touching his garment would make her well. He told her that her faith had made her whole, which includes physical wellness. We must, if we are to achieve good health, unite the body and spirit in our thinking and actions.

Restoring Health

The experience of ill health is universal to humankind. When environmental factors have contributed to ill health of body or mind, the restorative powers given to the body and spirit by God, even with the best medical care, will be severely challenged if the environmental factors themselves are not changed.
God challenges our global church, as God has challenged God's servants through the ages, to help create networks of care around the world for those who are sick or wounded. Global networks of care should emphasize:

1. health care as a human right;[12]
2. transforming systems that restore health care to its identity as a ministry rather than as a commodity, and reforming those economic, financial and legal incentives to treat health care as a commodity to be advertised, marketed, sold, bought and consumed;
3. citizen leadership from the lowest levels to the highest in each society so that all can have active involvement in the citizen leadership from the lowest levels to the highest in each society so that all can have active involvement in the formulation of health-care activities that meet local needs and priorities;
4. public financing mechanisms suited to each society that assures the greatest possible access of each person to basic health services;
5. advocacy care that engages the broader community in what the Ottawa Charter for Health Promotion terms the Five Pillars of Action: building healthy public policy, creating supportive environments that promote health, strengthening community action, developing personal skills, and reorienting health services;[13]
6. health promotion and community health education that enables each person to increase control over his or her health and to improve it[14] and then to be a neighbor to another, in the fashion of the good Samaritan, who took the steps that he could, simply because he was there (Luke 10:29-37);
7. primary care workers who are drawn from the community and are trained to assist with the most common illnesses, as well as educate about the impact that can be achieved by improving environmental factors, such as health and sanitation;
8. basic health services that are accessible and affordable in each geographic and cultural setting;
9. medical care when the degree of illness has gone beyond what can be assisted by primary health workers;
10. hospital care, compassionate and skilled, that provides a safe environment for surgery and healing from illness under professional care; and
11. complete and total transparency to persons (or their designees) under the care of a medical practitioner, of their medical condition, so they can be an active director in their own care.

The Call to United Methodists

Therefore, we call upon United Methodists around the world to accept responsibility for modeling health in all its dimensions. Specifically, we call upon our members to:

- continue the redemptive ministry of Christ, including teaching, preaching, and healing. Christ's healing was not peripheral but central in his ministry. As the church, therefore, we

understand ourselves to be called by the Lord to the holistic ministry of healing: spiritual, mental emotional, and physical;

- examine the value systems at work in our societies as they impact the health of people and promote the value of shalom in every sphere;
- work for programs and policies that eliminate inequities around the world that keep people from achieving quality health;
- work for policies that enable people to breathe clean air, drink clean water, eat wholesome food, and have access to adequate education and freedom that enable mind and spirit to develop;
- make health concerns a priority in the church, being careful not to neglect the special issues of gender or age, treatment or prevention;
- collaborate as the body of Christ through establishment of networks for information sharing and action suggestions; and
- work toward healthy societies of whole persons.
    - a) Part of our task is to enable people to care for themselves and to take responsibility for their own health.
    - b) Another part of our task is to ensure that people who are ill, whether from illness of spirit, mind, or body, are not turned aside or ignored but are given care that allows them to live a full life.
    - c) A related obligation is to help society welcome the sick and the well as full members, entitled to all the participation of which they are capable.
    - d) People, who are well, but different from the majority, are not to be treated as sick in order to control them. Being old, developmentally disabled, mentally or physically disabled is not the same as being sick. Persons in these circumstances are not to be diminished in social relationships by being presumed to be ill.
    - e) We see this task as demanding concern for spiritual, political, ethical, economic, social, and medical decisions that maintain the highest concern for the condition of society, the environment, and the total life of each person.

In addition, we call upon specific entities within our United Methodist connection to take steps toward health and wholeness as follows:

Congregations
United Methodist congregations are encouraged to:

- organize a Health and Wholeness Team as a key structure in the congregation. Among the team's responsibilities would be to seek each member to develop their spiritual gifts in order that the body of Christ be healthy and effective in the world. The apostle Paul commented that "many of you are weak and sick, and quite a few have died" (1 Corinthians 11:27-30). We suggest that this may have resulted not simply from failing to discern the body of Christ present in the communion bread, but from failing to discern the body of Christ as the congregation. When church members are not allowed to use their spiritual gift, they stagnate or die spiritually and the spiritual affects the physical health of the individual. The spread of health and wholeness should be discerned clearly as a guiding factor in why it is that we make disciples;
- accept responsibility for educating and motivating members to follow a healthy lifestyle reflecting our affirmation of life as God's gift;
- become actively involved at all levels in the development of support systems for health care in the community; and
- become advocates for a healthful environment; accessible, affordable health care; continued public support for health care of persons unable to provide for themselves; continued support for health-related research; and provision of church facilities to enable health-related ministries.

Annual Conferences

We encourage annual conferences to:

- continue their support and provision of direct-health services where needed through hospitals and homes, clinics, and health centers;
- work toward a comprehensive health system which would provide equal access to quality health care for all clergy and lay employees, including retirees;
- undertake specific actions to promote clergy health, physical, mental, emotional and spiritual; and
- support the establishment of Health and Wholeness teams in every congregation.

Seminaries

We call on our United Methodist theological schools to:

- become involved in a search for Christian understanding of health, healing, and wholeness and the dimensions of spiritual healing in our congregations. Include coursework that will train clergy not only in pastoral care, but also in intentional caring of the congregation that promotes the physical and spiritual health of each church member; and
- work toward a comprehensive health system that would provide equal access to quality health care for all clergy and lay employees of seminaries, including retirees.
- Educational and Health Care Institutions
- We call on our United Methodist colleges, universities, hospi- tals, and seminaries to gain an added awareness of health issues and the need for recruitment and education of persons for health- related ministries who would approach such ministries out of a Christian understanding and commitment.

General Agencies

We call on:

- the General Board of Discipleship to develop educational and worship resources supporting a theological under- standing of health and stewardship of our bodies;
- the General Board of Church and Society and General Board of Global Ministries to support public policies and programs that will ensure comprehensive health-care services of high quality to all persons on the principle of equal access; and
- the General Board of Pension and Health Benefits to undergird the social teachings of the Church by enacting policies and programs for United Methodist employees that ensure comprehensive health-care services of high quality to all persons on the principle of equal access.

[1.] Wesley, John, Primitive Physick: Or, An Easy and Natural Method of Curing Most Diseases (London: J. Palmar, 1751).
[2.] World Health Organization. Constitution of the World Health Organization, Geneva, 1946.
[3.] Richardson, Alan, A Theological Word Book of the Bible, New York: MacMillan, 1950, p. 165.
[4.] Gunderson, Gary and Larry Pray, The Leading Causes of Life, The Center of Ex- cellence in Faith and Health, Methodist LeBonheur Health care, Memphis, TN, 2006.
[5.] Ottawa Charter for Health Promotion, cited in Dennis Raphael, "Toward the Future: Policy and Community Actions to Promote Population Health," in Rich- ard Hofrichter, Editor, Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease. San Francisco: Jossey-Bass, 2003.
[6.] Daughters of Charity National Hospital System, 1994.
[7.] Supererogation is the technical term for the class of actions that go "beyond the call of duty, obligation, or need." Merriam-Webster Dictionary (2007 online version). 2004 Book of Discipline ¶ 103, Section 3, Our Doctrinal Standards and General Rules, Article XI, p. 62.
[8.] CAM at the NIH Newsletter, National Center for Complementary and Alter- native Medicine, National Institutes of Health (US), Vol. XII, No.1, 2005. Various research and ongoing research; see www.nccam.nih.gov/health.

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

Phone: 202.488.5600
Fax: 202.488.5619

Website: umcjustice.org
Email: gbcs@umcjustice.org

[9.] C. Murray and A. Lopez, Health Dimensions of Sex and Reproduction. Geneva: World Health Organization, 1998. Obstetric fistula is a rupturing of the vagina and rectum causing persistent leakage of feces and urine. It is a health risk commonly associated with child marriage because of the mother's physical immaturity at the time of childbirth. (Source: International Center for Research on Women) A majority of women who develop fistulas are abandoned by their husbands and ostracized by their communities because of their inability to have children and their foul smell. It is estimated that 5 percent of all pregnant women worldwide will experience obstructed labor. In the United States and other affluent countries, emergency obstetric care is readily available. In many developing countries where there are few hospitals, few doctors, and poor transportation systems, and where women are not highly valued, obstructed labor often results in death of the moth- er. (Source: The Fistula Foundation)
[10.] Hosken, Fran P., The Hosken Report: Genital and Sexual Mutilation of Females, 4th rev. ed. (Lexington (Mass.): Women's International Network News, 1994).
[11.] Multiple Partners and AIDS-UNAIDS, Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access, March 2007-03-19.
[12.] UM Social Principles ¶ 162V, Book of Discipline, Nashville: United Methodist Publishing House.
[13.] Ottawa Charter for Health Promotion, cited in Dennis Raphael, "Toward the Future: Policy and Community Actions to Promote Population Health," in Richard Hofrichter, Editor, Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease. San Francisco: Jossey-Bass, 2003.
[14.] World Health Organization, 1986.

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AMENDED AND READOPTED 2000, 2008, 2016
RESOLUTION #3202, 2008, 2012 BOOK OF RESOLUTIONS
RESOLUTION #109, 2004 BOOK OF RESOLUTIONS
RESOLUTION #96, 2000 BOOK OF RESOLUTIONS

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

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Fax: 202.488.5619

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Email: gbcs@umcjustice.org

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3205. Faithful Care for Persons Suffering and Dying
https://www.umcjustice.org/who-we-are/social-principles-and-resolutions/faithful-care-for-persons-suffering-and-dying-3205

Theological Statement

As Christians, we live between the certainty of death and the promise of resurrection. Jesus proclaims this paradox in John's Gospel: "I am the resurrection and the life. Whoever believes in me will live, even though they die. Everyone who lives and believes in me will never die" (John 11:25-26). In the face of loss, we pray that God may help us "to live as those who are prepared to die, and when our days here are accomplished, enable us to die as those who go forth to live, so that living or dying, our life may be in you, and that nothing in life or in death will be able to separate us from your great love in Christ Jesus our Lord" (United Methodist Hymnal, A Service of Death and Resurrection, p. 871). All Christians therefore have a ministry of faithful care for persons suffering and dying. As we minister to others we minister to Christ (Matthew 25:34-40). We exercise that ministry when we care for those who are closest to us as well as to those who are strangers. We exercise that ministry in a number of important ways.

Preparation for Our Own Death and Resurrection

Our ministry to persons who are suffering and dying necessarily includes ourselves. Recognizing that death faces each of us, we are called to prepare for our own death and resurrection. That includes affirming and exercising our relationship with God in Christ. It includes reconciliation with others. It includes making wills—the legal preparation for others to take on the stewardship of the material goods which God has entrusted to us. It includes obtaining social and health insurance when it is available to us so that we minimize the burden we place on others. And it includes preparation for times of illness when we are not able to speak for ourselves. Living wills and instructions provide not only clarity and guidance to care providers and loved ones, but immeasurable relief from the burden of their decision making on our behalf in times of great stress.

Assisting Others Who Face Suffering and Dying

Care for others is the calling of the whole community of faith, not only pastors and chaplains. Because Christian faith is relevant to every aspect of life, no one should be expected to cope with life's pain, suffering, and ultimate death without the help of God through other people. In care, God's help and presence are revealed. When we as the church offer care, we empathize with suffering patients and share in the wounds of their lives. When we listen as patients express their feelings of guilt, fear, doubt, loneliness, hurt, and anger we offer them a connection with others and God. When we listen as patients tell their stories of both the extraordinary and the everyday, we help them to make connections between their experiences and God's joy. We provide resources for reconciliation and wholeness and assist persons in reactivating broken or idle relationships with God and with others. We provide comfort by pointing to sources of strength, hope, and wholeness, especially Scriptures and prayer. Family and friends as well as those who are suffering and dying need care. Those who are grieving need the assurance that their feelings are normal human responses and need not cause embarrassment or guilt. Health-care workers—doctors and others who have intimate contact with dying persons—also need care.

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

Phone: 202.488.5600
Fax: 202.488.5619

Website: umcjustice.org
Email: gbcs@umcjustice.org

Pastoral Care by Pastors and Chaplains

We exercise our ministry for persons suffering and dying as we support those in specialized ministries. Pastors and chaplains sustain the spiritual growth of patients, families, and health-care personnel. They bear witness to God's grace with words of comfort and salvation. They provide nurture by reading the Scriptures with patients and loved ones, by Holy Communion, by the laying on of hands, and by prayers of praise, petition, repentance, reconciliation, and intercession. They provide comfort and grace with prayer or anointing after a death. They conduct rituals in connection with a terminal illness, of welcome into the care of hospice or a nursing center, or of return to a local congregation by persons who have been absent.

Pastoral caregivers not only offer comfort and counsel, but help patients understand their illness. They can assist families in understanding and coming to grips with information provided by medical personnel. Pastoral caregivers are especially needed when illness is terminal and patients and family members have difficulty discussing this reality freely.

Medical Care

As human interventions, medical technologies are only justified by the help that they can give. Their use requires responsible judgment about when life-sustaining treatments truly support the goals of life, and when they have reached their limits. There is no moral or religious obligation to use them when the burdens they impose outweigh the benefits they offer, or when the use of medical technology only extends the process of dying. Therefore, families should have the liberty to discontinue treatments when they cease to be of benefit to the dying person.

Palliative Care

The World Health Organization has described palliative care as care that improves the quality of life of patients and their families through the prevention and relief of suffering. It provides relief from pain; it intends to neither hasten nor postpone death; it integrates the psychological and spiritual aspects of patient care. It provides support both to patient and family. It is applicable early in the course of illness, may accompany treatment, and while its intent is simply relief from distressing symptoms, it may positively influence the course of illness. Ministering to the needs of the suffering and dying includes affirming the need for palliative care, as well as the need for comfort, encouragement, and companionship. Those who are very ill and the dying especially express their needs as they confront fear and grief and loneliness.

When there is no reasonable hope that health will improve, and the rationale for treatment may diminish or cease, palliative care becomes the dominant ministry. Hospital care may be of no benefit and the family can be encouraged to take the loved one home so that the loved one can die surrounded by family and in familiar circumstances.

Patient Rights

We exercise the ministry of faithful care as we support the rights of patients. As Christians, we have a duty to provide counsel, and patients have a right to receive it. Decisions can be complex and not easily made. We affirm that: a. Patients deserve to be told the truth. b. Patients are entitled to a share of decision-making both before and during their illness. c. Patients have a right to refuse nourishment and medical care. d. Decisions are best made within a family of faith.

The complexity of treatment options and requests by physicians for patient and family involvement in life-prolonging decisions require good communication. Pastoral caregivers can bring insights rooted in Christian convictions and Christian hope into the decision-making process. When advance directives for treatment, often called "living wills" or "durable powers of attorney," are being interpreted, the pastoral caregivers can offer support and guidance to those involved in decision-making. They can facilitate discussion of treatment and palliative options,

including home and hospice care. Decisions concerning faithful care for the suffering and the dying are always made in a social context that includes laws, policies, and practices of legislative bodies, public agencies and institutions, and the social consensus that supports them. The social and theological context of dying affects individual decisions concerning treatment and care and even the acceptance of death. Therefore, pastoral caregivers must be attentive to the social situations and policies that affect the care of the suffering and dying and must interpret these to patients and family members in the context of Christian affirmations of faithful care.

Affirming Life

We exercise that ministry as we affirm both life and death. In providing counsel, we affirm the Christian tradition that has drawn a distinction between the cessation of treatment and the use of active measures by the patient or caregiver which aim to bring about death. Patients and those who act on their behalf have a right to cease nourishment and treatment when it is clear that God is calling the patient home. By contrast, however, we understand as a direct and intentional taking of life the use of active measures by the patient or caregiver that aim to bring about death. This United Methodist tradition opposes the taking of life as an offense against God's sole dominion over life, and an abandonment of hope and humility before God. The absence of affordable, available comfort care can increase the pressure on families to consider unacceptable means to end the suffering of the dying.

The withholding or withdrawing of life-sustaining interventions should not be confused with abandoning the dying or ceasing to provide care. Even when staving off death seems futile or unreasonably burdensome to continue, we must continue to offer comfort care: effective pain relief, companionship, and support for the patient in the hard and sacred work of preparing for death.

Health Delivery Reform

We exercise our ministry as we advocate for the reform of structures and institutions. As Christians, we have a duty to advocate.

We advocate for patient rights, which are easily neglected, especially when patients cannot speak for themselves, and when families are overwhelmed by the stress and confusion of difficult news. This is a reason that preparation is so important.

The duty to care for the sick calls us to reform the structures and institutions by which health and spiritual care are delivered when they fail to provide the comprehensive physical, social, emotional, and spiritual care needed by those facing grave illness and death.

We advocate for health coverage for all globally. In the world today, many nations do not have universal health care and many millions of people have either no health insurance or grossly inadequate coverage, leaving them without reliable access to medical treatment. Even when basic access is provided, good quality comfort care—including effective pain relief, social and emotional support, and spiritual counsel—is often not available.

Absence of comfort care can leave people with a distorted choice between enduring unrelieved suffering and isolation, and choosing death. This choice undermines rather than enhances our humanity. We as a society must assure that patients' desire not to be a financial burden does not tempt them to choose death rather than receiving the care and support that could enable them to live out their remaining time in comfort and peace.

We charge the General Board of Church and Society to advocate, identify, and address instances where proper care for the suffering and dying is unavailable due to scarcity of resources, unhealthy ideologies, and oppressive conditions.

Proclaiming the Good News

We exercise our ministry as we teach the Christian good news in the context of suffering and dying. We call upon the General Boards of Discipleship and Higher Education and Ministry to develop and promote resources and training for clergy and laity globally that:

Acknowledge dying as part of human existence, without romanticizing it. In dying, as in living, mercy and justice must shape our corporate response to human need and vulnerability.

Accept relief of suffering as a goal for care of dying persons rather than focusing primarily on prolonging life. Pain control and comfort-giving measures are essentials in our care of those who are suffering.

Train pastors and pastoral caregivers in the issues of bioethics as well as in the techniques of compassionate companionship with those who are suffering and dying.

Educate and equip Christians through preaching resources and adult education programs to consider treatments for the suffering and the dying in the context of Christian affirmations of God's providence and hope.

Acknowledge, in our Christian witness and pastoral care, the diverse social, economic, political, cultural, religious and ethnic contexts around the world where United Methodists care for the dying.

We also call upon the General Board of Global Ministries to promote our understanding of Ministry to Persons Suffering and Dying in United Methodist health-care institutions around the globe.

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RESOLUTION #115, 2004 BOOK OF RESOLUTIONS

WASHINGTON OFFICE
100 Maryland Avenue NE
Washington, DC 20002

UN OFFICE
777 United Nations Plaza, Suite 7C
New York, NY 10017

Phone: 202.488.5600
Fax: 202.488.5619

Website: umcjustice.org
Email: gbcs@umcjustice.org