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News Service of the Southern Baptist Convention

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April 13, 1988 88-61

N-FMB

1st Missionary Made
To Leave Indonesia

By Marty Croll

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Indonesian Baptists are just past the midpoint of a campaign to start 500 new churches by 1990. Without Southern Baptists, missionaries say the well-established Indonesian Baptist convention should be able to maintain existing churches and institutions. But by requiring the missionaries to leave, the government's new policy would hamper Baptist outreach and new-church growth.

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Baptist Press
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Conversions always are more difficult among Muslims who live closer to Islam's three holiest sites, Mecca and Medina in Saudi Arabia and Jerusalem, Thorne said. In Islam's own back yard, more than anywhere else, resistance to the gospel is inherent in Muslim culture.

"A long-term, confidence-building relationship with Muslims is absolutely essential if one hopes to win a Muslim to a personal relationship with Christ as his Savior and Lord," Thorne said. "This is a time-consuming, taxing, frustrating and sometimes dangerous undertaking."

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Baptists have been in some areas of the Middle East and North Africa for more than 75 years; Southern Baptist representatives have served in some of those countries as long as 65 years. Still, only 41 Baptist churches are spread throughout the region. In most countries in the area, between 90 and 100 percent of the population is Muslim. Lower percentages are found in Israel, with 11 percent; Cyprus, 18 percent; and Lebanon, 60 percent, Thorne said.

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(BP) photo mailed to state Baptist newspapers by Richmond bureau of Baptist Press

Care Givers Explore
Death And Dying Issues

By Tim Fields

N-CO
(CLC)

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Richard McMillan, professor of medical ethics at Mercer Medical School, said advances in medical technology have caused physicians and patients to reconsider moral issues such as the nature of care; the extent of patient and physician autonomy; the reasonable limits of medical capacity, such as how much care and for how long; and even the meaning of life and death.

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Bill Mason, hospital administrator of Baptist Medical Center in Jacksonville, Fla., discussed the ethical implications of a growing economic crisis in health care.

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"We have a real problem when we are now spending 11 percent of our GNP for health care, and we are still not the healthiest nation in the world. We are doing something wrong," he said.

People's perception that nonprofit hospitals are getting rich is incorrect, he said, noting, "As inflationary pressures grow, profit margins drop."

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"One of the moral dilemmas of the law is what we do about patients who are incompetent to make decisions for themselves," he noted.

One critical area where the law is deficient is in statutes such as those related to comatose or brain-dead patients that allow respiration to be removed from the patient but require that food and water continue to be given, Mobley added.

Liston Mills, professor of pastoral ministry at Vanderbilt Divinity School in Nashville, said he is impressed that people are beginning to take seriously issues related to death and dying.

"We can look at these problems abstractly and deal with them, but in real life they never are as neat as we are able to make them," he cautioned. "Care of persons is at its core a moral category. Care of dying persons is a care that should include all of life.

"The Judeo-Christian tradition has a way of putting death in its place. When we have the illusion that we can control death, it then becomes something we fear."

One of the complications people now face in dealing with death is due to a change in the location of death, he said: "People used to die at home, but now about 80 percent of all people die in the hospital. It is hard to have a personal death when you are among strangers."

Another problem is that hospital staff members receive their rewards in dealing with difficult cases and in practicing heroic medicine. "Hospitals prefer health and life, not death and dying. That's why we have hospices," he explained.

"Modern medical care means cure or relief from pain and suffering, when in reality some of the most meaningful experiences in life come during times of pain and suffering."

Families of patients and clergy need more room in hospitals, he said: "There must be a change in our definition of health care. Clergy often allow themselves to be intimidated by doctors. Doctors need pastoral care and attentiveness like anyone else."

In order to improve care giving, people need to have a position on ethical issues and a fundamental aquaintance with the issues, he added: "Finally, nurses, doctors, family members and clergy who give care need to realize that when we are through, everything we did for the patient may have been wrong. Our lives are sustained by grace, even when we don't believe it."

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"One of the moral dilemmas of the law is what we do about patients who are incompetent to make decisions for themselves," he noted.

One critical area where the law is deficient is in statutes such as those related to comatose or brain-dead patients that allow respiration to be removed from the patient but require that food and water continue to be given, Mobley added.

Liston Mills, professor of pastoral ministry at Vanderbilt Divinity School in Nashville, said he is impressed that people are beginning to take seriously issues related to death and dying.

"We can look at these problems abstractly and deal with them, but in real life they never are as neat as we are able to make them," he cautioned. "Care of persons is at its core a moral category. Care of dying persons is a care that should include all of life.

"The Judeo-Christian tradition has a way of putting death in its place. When we have the illusion that we can control death, it then becomes something we fear."

One of the complications people now face in dealing with death is due to a change in the location of death, he said: "People used to die at home, but now about 80 percent of all people die in the hospital. It is hard to have a personal death when you are among strangers."

Another problem is that hospital staff members receive their rewards in dealing with difficult cases and in practicing heroic medicine. "Hospitals prefer health and life, not death and dying. That's why we have hospices," he explained.

"Modern medical care means cure or relief from pain and suffering, when in reality some of the most meaningful experiences in life come during times of pain and suffering."

Families of patients and clergy need more room in hospitals, he said: "There must be a change in our definition of health care. Clergy often allow themselves to be intimidated by doctors. Doctors need pastoral care and attentiveness like anyone else."

In order to improve care giving, people need to have a position on ethical issues and a fundamental aquaintance with the issues, he added: "Finally, nurses, doctors, family members and clergy who give care need to realize that when we are through, everything we did for the patient may have been wrong. Our lives are sustained by grace, even when we don't believe it."

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