

## Chaplain David Plummer: Should We Confront and Challenge Particular Cultures?

In my last piece for PlainViews, I wrote an article entitled, “The Struggles of an Evangelical Chaplain.” I received an overwhelmingly positive response from the pastoral care community. Several chaplains, in fact, contacted me privately with words of thanks and appreciation that someone from the Evangelical camp finally had addressed the issues of Evangelicals and proselytism. They stated that only an Evangelical could adequately address the issue without creating objections of bias and discrimination. And, they are probably right. It is in this spirit that I would like to address the “bad theology” that I often hear from my own spiritual kinfolk (i.e., Pentecostal and Charismatic pastors) in my hospital's critical care units.

The scenario frequently goes like this: A patient is admitted to the hospital through the Emergency Department in critical condition. The patient generally lacks capacity, does not have an advance directive, and their legal next-of-kin is demanding all possible interventions and life support – until “God decides what He is going to do.” The next-of-kin is generally supported in this decision by their pastor. The pastor sees his/her role in the matter as that of a spiritual general marshalling the “Prayer Warriors” of the congregation and affiliated Christian communities into launching a spiritual war against the enemies of the patient, namely Satan and Death. The unstated expectation (sometimes actually stated!) is that the hospital's role in this supernatural drama is to keep the patient alive until enough prayer has gone up to God or until the Prayer Warriors have enough faith and get the prayer formula just right to motivate God into working a miracle for the patient. The declining condition of the patient is immaterial; the degree of pain and suffering of the patient is immaterial; and the obscene waste of scarce and costly healthcare resources for a futile patient is also immaterial.

The outcome is sickeningly common: The patient ultimately dies an artificially prolonged death at an exorbitant cost in terms of suffering in addition to the emotional and financial devastation. The pastors (and often even the patient's family) say, “Well, God has spoken.” Or, worse, “You folks just let \_\_\_\_\_ die!” I cannot even begin to guess the number of times I have heard these two sentences. Far too many! In the cases of the former, it is all the staff can do to refrain from responding, “And God started speaking to us the day \_\_\_\_\_ was admitted! We have been forced to torture this person to keep the person alive!!” In the case of the latter, the staff is attacked, and feels it.

I have seen pastors urge families to demand that pronounced brain-dead patients be kept on life support indefinitely. I even have seen a pastor urge her congregant who just delivered a stillborn child to literally hold on to the infant for many hours while the pastor brought in Prayer Warriors to resurrect the dead baby. Somehow, somehow, this bad theology needs to be recognized for what it is, and those who espouse it, challenged. My guess is that my experiences with bad theology and those who embrace it are far from unique. So, I ask the PlainViews community, how do we begin to confront and change this particular culture? Or, should we even try?

I do confront with a particular tact and approach. But I wonder how do you do it (if you do it), and what degree of success or failure have you experienced?

I am eager to hear your responses!

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