

Video Series

Booklet

LEADER'S GUIDE

DYING WELL

Five Week Small Group Study



www.fmcic.ca/dyingwell



FREE
METHODIST
CHURCH
IN CANADA

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Note to the Leader

Given that this is not a study designed for ministering to those with prolonged or complicated grief, it is recommended to research in advance the available material and programs that specifically offer help with loss. Many churches use a program called Grief Share. Focus on the Family Canada has various resources available, and Tyndale University has a Centre for Grief and Loss that offers both grief groups and facilitator training for leading such a ministry.

In every small group, a good leader will pay attention to the group dynamics. Do not allow one person to monopolize the conversation, and watch for those who may seem silent but need time to process information before responding. This leader guide includes a starting question for each session. However, you may choose to begin with prayer, or ask if there are points to review or new insight to consider from the previous week. This is all optional depending on the particular needs of your group. Please review each video prior to showing it in the small group so that you are well prepared to lead the discussion.

Although the potential for disagreements exists with sensitive or controversial topics, the responsibility of a small group leader is to maintain unity and peace. Ephesians 4:29 says, “Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen.” To effectively lead a discussion, skills of active listening are important. When someone makes a statement, it may be helpful to follow-up with a question to clarify rather than offering a quick response. It is also helpful during disagreements to look for points of common ground. For example, when it comes to MAID (medical assistance in dying), everyone wants to prevent suffering, the disagreement is on how that is to be attained.

No extra reading is required to lead a small group through this material. However, each session in the participant guide includes a list of books for further reading. In discussions about MAID, one helpful resource is: *A Guide to Discussing Assisted Suicide*. (Toronto, Ontario: Life Cycle Books, 2017). The authors have experience debating MAID in public settings such as high schools, universities and conferences. The opening chapter frames the debate:

“The question supporters of assisted suicide must answer is a simple one, but one that never gets asked: who gets offered suicide prevention, and who gets offered suicide assistance? To use a metaphor, if someone is threatening to jump off a bridge to their death, who do we push, and who do we pull? This question exposes a fundamental tension surrounding the question of assisted suicide: We have an instinct to prevent suicide. On the other hand, there are now those who claim that we also have a fundamental obligation to assist suicide. Suicide is somehow, simultaneously, the ultimate self-harm and a medical service - both a tragedy and a supposed right. Most people will recognize instinctively that both cannot be true. It is the instinct to prevent suicide to which we must appeal, and it is that fundamental tension between suicide prevention and suicide promotion that we must highlight.”

Additionally, this resource suggests that in any conversation about this topic, it is helpful to note the reason why people choose MAID. Statistics show a majority of people choose MAID not because of the physical suffering associated with illness. Rather MAID is chosen in order to address existential issues (loss of meaning, loss of independence, fear, or depression). Viktor Frankl, a Holocaust survivor, neurologist and psychiatrist, wrote about depression and suicide prevention. He offered the following formula: $D = S - M$ where Despair = Suffering Without Meaning. “There was extraordinary suffering in the Nazi concentration camps. But suffering did not determine despair. Despair is suffering without meaning.”

The fear of being a burden to others is another reason why people seek MAID, and here Scripture reminds us to carry each other's burdens (and so fulfill the law of Christ) – Galatians 6:2.

It is important to listen for issues of ageism and ableism when people are defending the right to MAID by remembering our position on the sanctity of life and the worth of all people.

Beyond the issue of MAID, this study is about dying well. *Ars Moriendi* (the Art of Dying) was once taught by the Church as a spiritual act, and it's a topic the Church needs to reclaim. Rob Moll writes in *The Art of Dying*:

“The *Ars Moriendi* tradition blossomed not only because of the emergence of the plague but also because Christian tradition asserted that the death of a follower of Christ was to be different from those who die without faith. We, like Jesus, will be reunited with our glorified bodies. We will worship God corporately for eternity. So we have reason to hope and to be in peace as our life on earth comes to an end.”

It is essential to cover this small group with prayer. Pray for the participants and invite other to intercede for you as you lead these discussions.

Given that this topic may evoke strong emotions, it is recommended that you prepare the room with available tissue or Kleenex. Other supplies that may be necessary: pens, name tags, or printed copies of the participant guide.

While intended for a small group format, this material may be adapted for use with a large group. In order to provide opportunity for people to share, consider dividing a large group into smaller groups for round table discussion. In the case of a large group setting, it is also strongly recommended to have another leader present to assist with questions and concerns.

As the small group leader or facilitator, you may also choose to pause the video after each question to allow for discussion rather than watching the entire video first. Again, there is flexibility in how you want to work through this material.

Some people may also benefit from a reminder email being sent out before the small group meets.

Finally, while this topic can certainly prompt strong emotional reactions, people may experience a “Grief trigger” between sessions. Some grief related triggers can be expected, such as the anniversary of a death, or a particular location. Sometimes, however, grief can arise in an unexpected moment caused by random things such as a certain song playing on the radio, an aroma smelled in a public setting, or a story in the news of a similar accident. These grief bursts are normal and part of the healing process. As Worden explains:

“One of the basic things that education through grief counseling can do is to alert people to the fact that mourning is a long-term process and that the culmination will not be a pre-grief state. The counselor can also let mourners know that even though mourning progresses, grieving does not proceed in a linear fashion; it may reappear to be reworked.”

Worden, J. William. *Grief Counseling and Grief Therapy, A Handbook for the Mental Health Practitioner*, Springer Publishing Company, Incorporated, 2018.

- Rev. Dr. Matthew McEwen



Session 1

IS GRIEF NORMAL?

Although this is not a bereavement group, this first session addresses the topic of grief: since questions of end-of-life care can trigger strong emotions. The purpose of this session is to normalize grief and end-of-life conversations.

As a small group leader, please remind participants that this is not a bereavement group. Allow for care and compassion as stories of loss are personal and precious. However, ensure the focus returns to the topic of grief in general.

If conversation during this small group session slows down, consider sharing an example from your own personal experience with grief. As others answer the questions in the participant guide, listen for the phrase “stages of grief.” The idea of a linear grief comes from misunderstanding the research done by Kubler Ross on end of life issues in 1969. The original “5- stages” from denial to acceptance was a theory of emotions at end-of-life, not the grief process itself. The reality of grief, as Dr. Sherbino put it, is that “The grief process is messy.”

For those who are visual, you may offer your group this contrast:

www.bethelfunerals.com.au/5-stages-of-grief-self-care/

— ” —
*“Teach us to
number our
days, that we
may gain a heart
of wisdom.”*

- Psalm 90:12

Introduction: Why a small group study on dying well? It may seem like an odd topic for a small group study, but in the letter ‘A Word to an Unhappy Woman’, John Wesley asks a different question: “Do you never think about [death]? Why do you not? Are you never to die? Nay, it is appointed for all [men] to die. And what comes after? Only heaven or hell. Will the not thinking of death, put it further off? No; not a day; not one hour.”

Dying well, or *Ars Moriendi* (the art of dying), was something that the Church used to teach. When a plague swept across Europe around the 1400s, the topic of death was unavoidable, and a study like this would have been very familiar. In her book *Triumphant Death*, Dr. Christine Johnson writes, “The *ars moriendi* or ‘art of dying’ was a body of literature which provided guidance for the dying and for their caregivers. It consisted of exhortations, questions, prayers, and prescribed actions which assisted individuals through the dying process and led them to a good death”. If the Church does not teach what it means to die well, we abdicate that responsibility to culture and allow culture to define a good death.

While the topic of *ars moriendi* may raise issues of grief and personal loss, this study is not designed to be a grief group. Resources and material exist for support with bereavement, including small group programs that address personal loss specifically. This study is about what it means to die well, and by extension, live well.

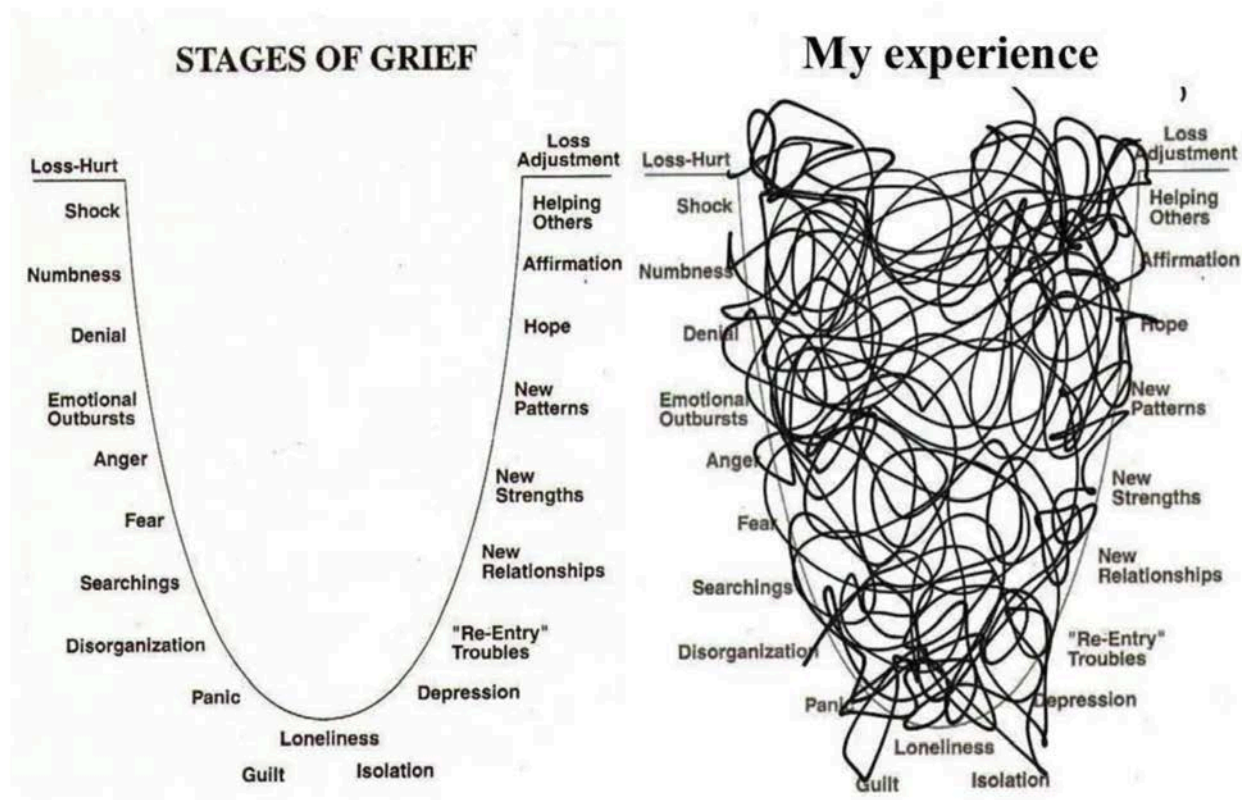


Image source: www.mediocreandearings.com/2018/05/02/grief/

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“Each person’s grief is like all other people’s grief; each person’s grief is like some other person’s grief; and each person’s grief is like no other person’s grief.”

-J. William Worden, Grief Counselling and Grief Therapy

“Jesus wept.”

- John 11:35 (NIV)

Opening question:

As a group, read together the introduction to this study. Are the topics of grief or death and dying taboo subjects? Why or why not?

Although this is not a bereavement group, this first session does in fact explore the topic of grief. Strong emotions can arise whenever there are questions about the end-of-life. The purpose of this session is to normalize conversations about grief and end-of-life care. The hope is that you will gain an openness to the topic based on a biblical perspective of grief. We need to be comfortable with our own grief to be able to respond to the sorrow of others with comfort and compassion.

01

How would you describe the grief process?

02

What would constitute a good grief?

03

What can help us navigate grief?

04

What other Biblical examples can we look to at end-of-life?

05

What are some cultural (or family) considerations when it comes to grief?

06

How does grief affect family systems and different ages?

07

What can we do for others when their grief seems messy?

08

What is a good death?

Closing Prayer:

Lord, as we close this session we remember the promise of the Psalmist that you are close to the broken-hearted, mighty to save those who are crushed in Spirit. We are thankful that we can be comforted by one who has born our sorrows; one who, like us, has trod this earth and shed tears of grief and loss. We confess the times that we have failed to be patient with ourselves and others when we have walked through the valley of the shadow of death. It is sometimes difficult to confront our mortality, but we pray for the courage and faith to begin a journey towards preparing for a good death with confidence in your goodness and grace to see us through it. May we be witnesses to the hope of everlasting life that is found only in you. Amen.

Relevant Scripture:

John 11:35, Matthew 26:36-45, 1 Thessalonians 4:13, 2 Corinthians 1:3-4, 1 Corinthians 15, John 14:1-5, Luke 2:22-40.

Recommended Resources:

- Understanding Your Grief by Alan Wolfelt (2021)
- Rejoicing in Lament by J. Todd Billings (2015)
- Grief is a Journey by Ken Doka (2017)
- Every Moment Holy, Vol 2: Death, Grief and Hope by Douglas McKelvey (2021)

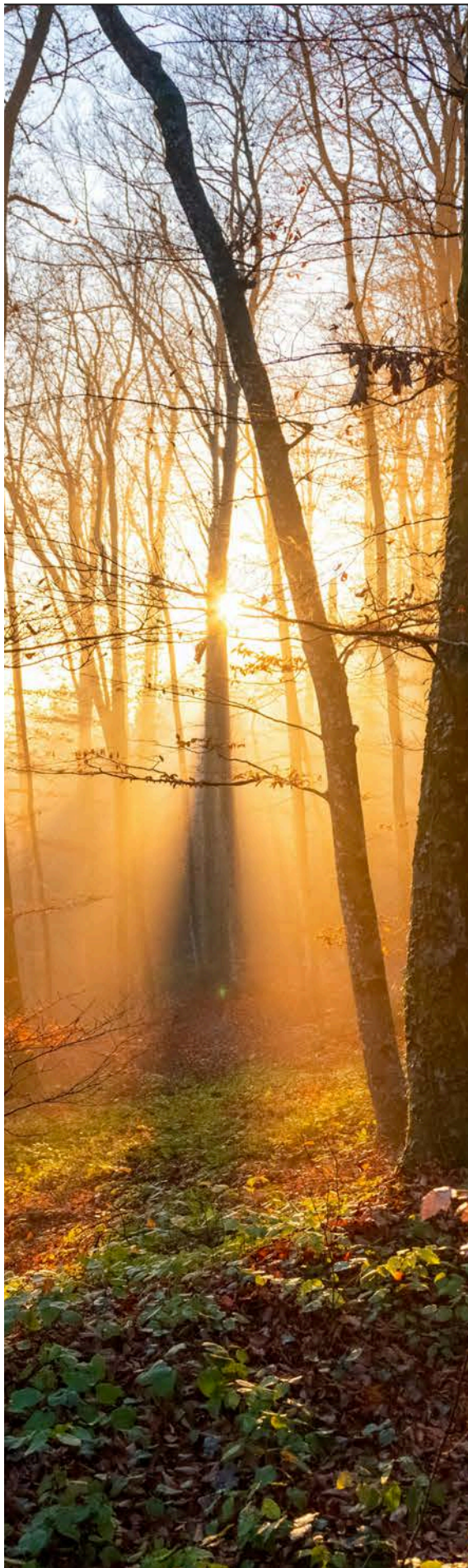
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Session 2

WHAT ARE THE OPTIONS?

This is the session that has medical doctors responding to the topic of MAID. It may be that members of your small group have had family members who have chosen MAID to end their life. While we oppose MAID, Dr. Stott makes clear that we need to respond with compassion for those who are caught up in this issue. The intent of this session is to consider medical options at end-of-life through a Christian lens and to be able to make informed decisions. Reasons for our stance against MAID should be understood by the end of this session. The doctrine of the Free Methodist Church In Canada on the sanctity of life, the worth of all persons, and end-of-life care is included in the participant guide. They can be referenced to supplement the discussion.

If the conversation becomes heated, 'charged' or intense, steps for de-escalation may be necessary. Ephesians 4:29 is the verse that calls for conversation that builds others up. It may be necessary to calm a heated debate, or move beyond a 'stuck' point with no agreement by pausing to pray and then restarting the discussion with the next question. If strong emotions are expressed, consider the fact that personal history and experience may inform that reaction.

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“As we face the reality that our life on earth is coming to an end, there are important topics that may need to be discussed both with those who are closest to us and with healthcare professionals. Talking to professionals in advance can provide reassurance about the range of treatments available to ensure that unpleasant symptoms are well controlled.”

--Dr. John Wyatt, Dying Well

“Later, knowing that everything had now been finished, and so that Scripture would be fulfilled, Jesus said, “I am thirsty.”

- John 19:38

Introduction: In the book *Follow the Healer*, Stephen Seamands has a chapter on the five ways that Jesus heals. As followers of Jesus, we believe that God can heal supernaturally, and that miracles still occur. Healing can also come through medicine, surgery, and compassionate doctors, nurses and therapists. Our bodies are designed to heal: we recover from a cold or a cut to our finger. There is healing that comes in the grace to persevere (2 Corinthians 12:9). Finally, God heals through victorious dying (Hebrews 2:14-15). Seamands concludes, *“Death, tragic as it is, has been transformed by the risen Christ and has become for the Christian a means of healing... For the Christian, Jesus has transformed death into a doorway of healing... victorious dying will usher them into the very presence of Jesus and will demonstrate to others that Jesus has conquered death.”*

The intent with this session is to consider medical options at end-of-life through a Christian lens and to be able to make informed decisions. The Free Methodist doctrines on the sanctity of life, worth of all persons, and end-of-life care is included at the end of this participant guide.

Opening questions:

Has your personal experience with the death of a loved one affected your view of MAID?

Why do you think MAID has become an increasingly employed option in our society?

01

What is a Christian view of suffering?

02

What type of suffering is there at the end-of-life?

03

What is the Christian response to MAID?

04

What is the difference between stopping treatment and aiding death?

05

What is physician assisted death?

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What is the role of palliative care?

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What if we cannot make decisions for ourselves?

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How should Christians face death?

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Why would Christians oppose physician assistance in death?

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Closing Prayer:

Lord, we believe in faith that you are a God who heals and continues to work through miracles and wonders, gifted physicians, as well as the provision of grace to endure through healing in death when our days are done. We know that our journey will inevitably include pain and suffering in body, mind, and spirit, but we come before you in the confidence that you will be with us until the very end. Give us the boldness, courage, love and compassion to affirm the intrinsic value of all life as made in your image from first to final breath. Where and when we need wisdom in end-of-life decision making for ourselves or loved ones, may it come to us as a gift of your Spirit bringing comfort and peace. We thank you for your faithfulness to us in life and death. Amen.

Relevant Scripture:

Philippians 2, Matthew 27:27-56, Mark 15:21-3, Luke 23:26-49, John 19:17-30, Genesis 1:26-27, Galatians 6:2.

Recommended Resources:

- Dying Well by John Wyatt (2018)
- How Should We Then Die? by Ewan Goligher (2024)
- Rediscovering the Art of Dying by Nuala Kenny (2017)



Session 3

WHAT IS THE CHURCH'S RESPONSE / RESPONSIBILITY?

This session focuses on the spirituality of dying, premised on the conviction that death is more than just a medical event. What does it mean to come alongside those who are dying and care for souls? The Christian view of death, based on scripture, offers hope and peace. This study should empower us to respond and support those who are dying.

While drawing significantly on the example of early Methodism, those outside the Wesleyan-Methodist movement can look to examples from their own tradition. Some other historical references that could supplement the material for this session include Henri Nouwen, whose life demonstrated the worth of all people through his ministry at L'Arche, and Alexander Whyte, who said to young ministers, 'Be much at deathbeds'.

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"...community often springs to life in the midst of death and dying. Community becomes a sweet aroma both to the dying and to those left behind that counters in some small way the bitter stench of loss. It cannot replace the loss, but somehow it makes the loss bearable."

- Peter Roebbelen, *Mercy: Life in the Season of Dying*



"Since the beginning of the church Christians have cared for the dying and sought to practice their deaths in ways that express belief in Christ's death's and resurrection. These practices sought to honor the body as the image of God. If God became a human, and even he had to die, Christians recognized that to die is not something to fight against, though it was not part of God's original design. And if Christ was raised from death, Christians believe that death does not hold any power over the faithful."

- Rob Moll, *The Art of Dying*

Means of Grace: In Wesleyan theology, the term "means of grace" refers to the various practices through which we encounter the goodness, blessing and presence of God. Some call them spiritual exercises or disciplines, and many think of the reading of Scripture and prayer. John Wesley was convinced that visiting the sick is also a means of grace. Through being present with those who are sick and suffering, a blessing is given to both the sick person and the caregiver. Visiting the sick is an exercise of faith. For more information, see John Wesley's sermons, "On Visiting the Sick" and "Means of Grace."



"Carry each other's burdens, and in this way you will fulfill the law of Christ."

- Galatians 6:2

Introduction: This session focuses on the spirituality of dying, premised on the conviction that death is more than just a medical event. What does it mean to come alongside those who are dying and care for souls? The Christian view of death, based on scripture, offers hope and peace which empowers us to respond and support those who are dying with compassionate care.

A question comes up during this session about deathbed temptations. This draws on the *Ars Moriendi* tradition. In the book *Dying Well*, Dr. John Wyatt lists the historic temptations (and corresponding virtues) associated with death and adds two modern ones to which twenty-first century believers are prone. These include:

1. the temptation of doubt and the virtue of faith;
2. the temptation of despair and the virtue of hope;
3. the temptation of impatience and the virtue of love;
4. the temptation of pride and the virtue of humility;
5. the temptation of greed and the virtue of letting go;
6. the temptation of denial of death and the virtue of acceptance; and
7. the temptation of self-reliance and the virtue of dependence. (Wyatt 2018, 40).

Note: John Wesley (1703-1791) was an Anglican minister who started the Methodist movement. Early Methodists were not only concerned with the salvation of souls but the well-being of all people, shown by their efforts in the areas of health-care, prison reform, education, and the abolition of slavery. His sermon, "On Visiting the Sick," can be found here:

<https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-98-on-visiting-the-sick/>

Opening questions:

Have you experienced the grace of God when visiting the sick and dying?

What challenges do we face in attending to the sick and dying?

01

How do we sit at the bedside of those who are dying?

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02

How should the church respond to those who are dying?

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How can small groups serve those who are dying?

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What should we say to those who are dying?

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What if we don't know what to say to those who are dying?

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What can we learn from Church history?

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What is a deathbed narrative?

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08

How can Christians deal with grief in a fallen world?

09

What about deathbed temptations?

10

How do we care for ourselves and others in seasons of grief and loss?

11

How does the resurrection frame our view of death?

Closing Prayer:

Lord, we thank you that you have made us in your image, to experience the blessing and abundance that are gifts of communal life. We thank you for the communion of saints, for the legacy of those who have gone on before us and shown us both what it means to attend to the dying as a means of grace and also to die well as a final act of Christian witness. Give us the strength to overcome our discomfort with sickness and death that we may attend to those who need comfort and solace in their final days. May we both bring encouragement and be encouraged by their testimony. We confess the missed opportunities to express care for those in seasons of grief and loss, and we pray for eyes to see and hearts to respond to their needs. As you have been compassionate with us, we seek to be an encouragement to each other. We thank you that you are with us in this ministry of hope and healing. Amen.

Relevant Scripture:

Matthew 25:31-46, Romans 8:37-39, Psalm 46, Matthew 28:19-20, 1 Corinthians 15:26, 2 Corinthians 5:8, Philippians 1:21.

Recommended Resources:

- Walking With God Through Pain and Suffering by Timothy Keller (2013)
- Suffering Well and Suffering With, by Aimee Paterson (2023)
- Mercy: Life in the Season of Dying by Peter Roebbelen (2018)

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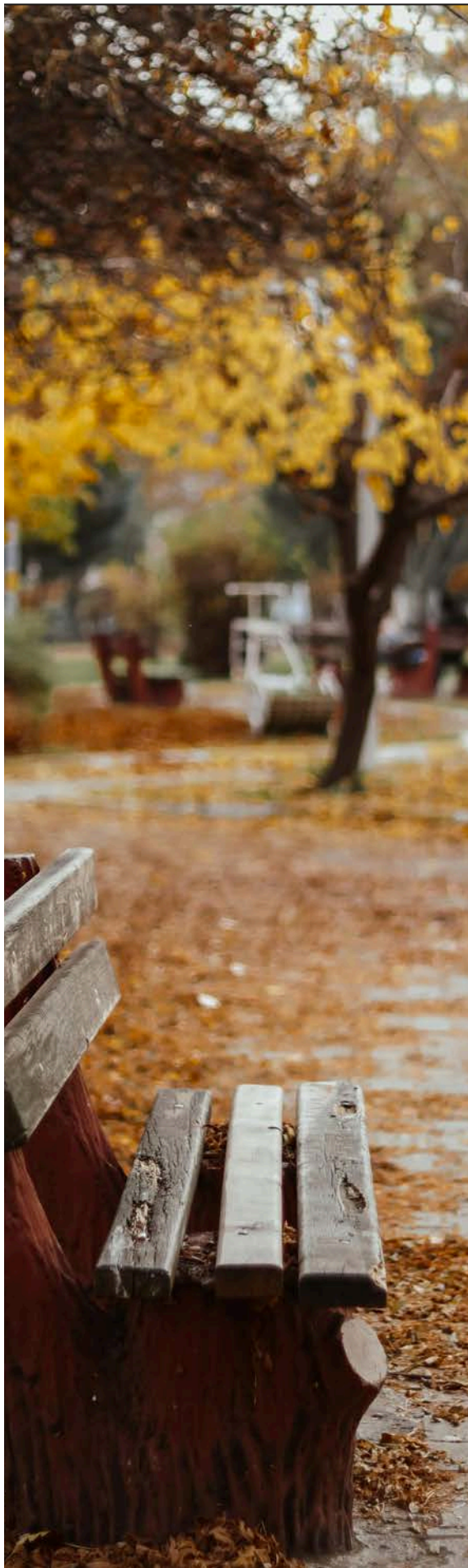
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Session 4

FINANCIAL CONSIDERATIONS FOR END-OF-LIFE PLANNING

There are some who will approach this topic of money from a very practical, analytical and detailed point of view. For them the checklist will be of interest. Others, however, may engage in conversation on this topic from an emotional or intuitive perspective. It is likely that in your small group you have both types of people.

Although the focus of this session explores financial considerations, there is no expectation for anyone to disclose their personal financial state. This is about the resources available for financial planning and once again empowering those preparing for end-of-life to make informed decisions with the various means of support available to them.

The Ars Moriendi tradition listed various temptations that people faced on their deathbeds, and one of them is avarice (greed). The temptation was to try to hang onto material goods. An early church father, Gregory the Great, once said: 'The more anyone is separated from heavenly love, the more he delights in creatures here below.' (Columba Thomas, *The Art of Dying*). Those dying are encouraged to remember the poverty of Jesus.

*Note: Financial requirements and resources may vary by province.



“Wealth and poverty are not reliable guides to how God evaluates a person.”

-Ben Witherington III, Jesus and Money

“Do not store up for yourselves treasures on earth, where moths and vermin destroy, and where thieves break in and steal. But store up for yourselves treasures in heaven, where moths and vermin do not destroy, and where thieves do not break in and steal. For where your treasure is, there your heart will be also.”

-Matthew 6:19-21

Introduction: Although the focus of this session explores financial considerations, there is no expectation to disclose your personal financial state. This session explores some of the Scriptures that relate to our use of money, resources available for financial planning, and personal stories. The intent with this session is to gain clarity about what is necessary to prepare for end-of-life by making informed decisions related to finances and estate planning.

*Note: Financial requirements and resources may vary by province.



The Goodbye Box

It's uncomfortable to think about. But not planning doesn't make life's 'what ifs' go away.

It's not just about the legal stuff. It's about easing the burden when you're not there to explain things.

Create a box that includes:

- Estate Plan
- A copy of your Will
- Your financial information
- A list of your passwords, online accounts, memberships, and subscriptions.
- Copies of your identification and personal information
- Funeral arrangements
- Instruction on where to find original documents
- A letter to your family

It's a small act that makes a big difference.

WHY SHOULD YOU CREATE AN ESTATE PLAN?

- to integrate your faith and worldview into your plan.
- to ensure your will reflects your heart and your values and not simply follow assumptions of what should be done.
- to help offset taxes that are incurred with RRSPs/RRIFs at end of life.
- to plan correctly for the transfer of a cottage/cabin/vacation property and take into account the capital gains taxes.
- to ensure that you have chosen an executor who will be able to complete the job effectively.
- to consider and prepare for special family situations such as a child with disabilities or exceptionalities.
- to look at your investments and consider the best options for distribution whether in your lifetime or in your will.
- to help ensure your will promotes family harmony and avoids conflict over family assets, heirlooms, and expectations.
- to prepare and encourage the next generation to be good stewards.
- to help you understand which assets are the best ones to give to charity in your will should you choose to do so.

MAKE YOUR PLAN AND START YOUR WILL. CREATE YOUR BOX.

FOR MORE INFORMATION, PLEASE VISIT ADVISORSWITHPURPOSE.CA



Start your plan today at FMCI.CA/AWP



Opening question:

What does leaving a legacy mean to you?

01

How does Sharon’s story resonate with you?

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02

What does the Bible say about money?

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03

How should we start making financial arrangements for end-of-life?

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04

What happens if I don't make arrangements?

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05

What about funeral expenses?

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06

How can we talk to our family about estates and possessions?

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07

How can we be grateful with our finances?

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08

How can I leave a legacy?

09

How does Sandy's story resonate with you?

10

How can we honour the one who died?

NOTES

Closing Prayer:

Lord, you are Jehovah Jireh, the one who provides all of our needs according to your riches and mercy. We know that many of us have been blessed with much in this life and we express our grateful hearts by naming a desire to use those gifts to the best of our ability in furthering the work of your Kingdom. We earnestly desire to be good stewards of the resources you have given us, that we might leave a legacy of faith that endures beyond our own days. Please protect our families from any conflicts and temptations that can arise over the distribution of our resources and possessions. May our greatest legacy be our humility, simplicity, and generosity. May we lead lives of faith modeled after that of Christ, our Saviour, in whom all our hope is placed. Amen.

Relevant Scripture:

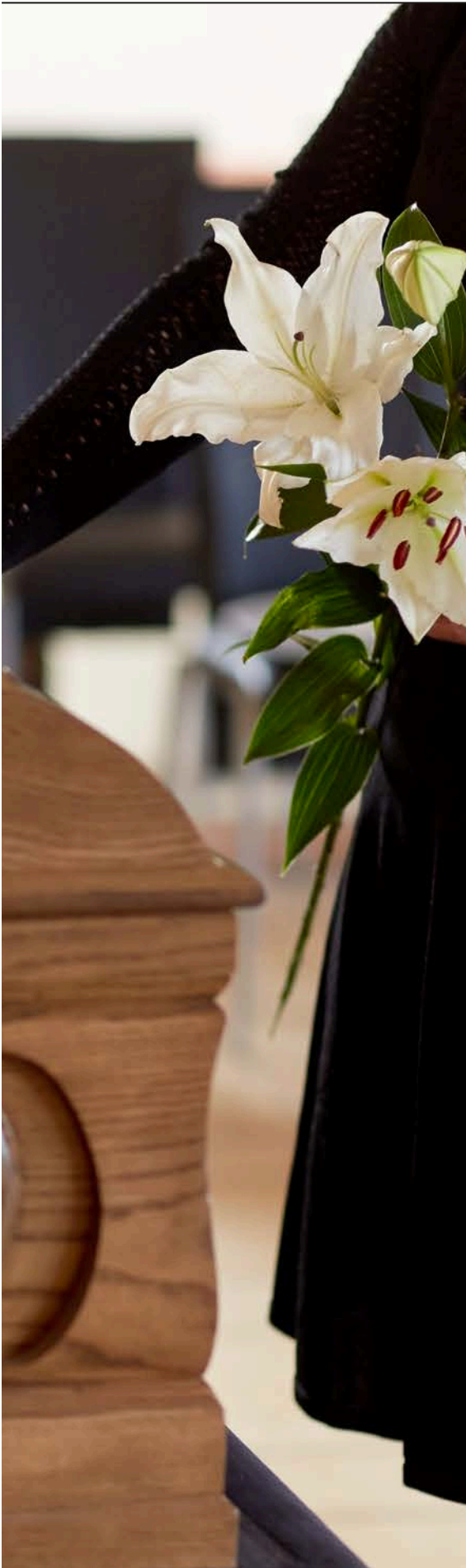
1 Timothy 6:6-1, Matthew 25:14-30, Luke 12:13-21, and Proverbs 30:7-9.

Recommended Resources:

- Jesus and Money by Ben Witherington III (2012)
- Freedom of Simplicity by Richard Foster (1981)
- Money, Possessions and Eternity by Randy Alcorn (2003)
- Advisors with Purpose www.advisorswithpurpose.ca or by phone: 1-866-336-3315

Members of the Free Methodist Church can access the services of Advisors with Purpose at no cost. They offer planned giving specialists who can help individuals and families think through decisions regarding their estate, create a personalized plan and ensure that your will reflects your life, faith and values.

www.fmcic.ca/leave-a-legacy



Session 5

WHY HAVE A FUNERAL?

It is likely that in any small group, there will be diverse experiences when it comes to end-of-life ceremonies. Depending on how arrangements and decisions are made, these services can unintentionally create further difficulties in processing the loss. When tributes or eulogies celebrate a life, but family members have complicated relationships with the deceased, feelings of dissonance may occur, again complicating the grief process. Be aware that as you lead this study, participants might be bringing some of these feelings to the discussion.

*Note: Funeral requirements and resources may vary by province.

"Then he gave them these instructions: 'I am about to be gathered to my people. Bury me with my fathers in the cave in the field of Ephron the Hittite, the cave in the field of Machpelah, near Mamre in Canaan, which Abraham bought along with the field as a burial place from Ephron the Hittite. There Abraham and his wife Sarah were buried, there Isaac and his wife Rebekah were buried, and there I buried Leah. The field and the cave in it were bought from the Hittites.' When Jacob had finished giving instructions to his sons, he drew his feet up into the bed, breathed his last and was gathered to his people."

-Genesis 49:29-33

”

“We go to church so as not to be alone – alone in our joys, alone in our suffering, alone in the everydayness of our lives, alone in the important passages of our lives, alone on our birthdays, alone on a Sunday morning, and alone on Christmas, Easter, New Year’s and Mother’s Day. We go to church for the ointment. This is not an abstract concept... We go to church to tell people we love them and, hopefully, to hear them tell us the same thing. In the end, we go to church to help ready each other for death.”

*- R-Ronald Rolheiser,
Holy Longing*

On Cremation

“Cremation, like burial and other 'disposition options,' is not a substitute for ceremonies.”

(Hoy, William G. 2024. Creating Meaning in Funerals: How Families and Communities Make Sense of Death. 1 ed. Taylor & Francis. 153)

Introduction: Funerals, celebrations of life, memorials, to back-yard barbeques...the practices vary greatly, but all share an impulse to remember and honour a life. Followers of Jesus are those whose life carries a testimony, and tells the story of Jesus, and belong to a community of faith. A gathering of the people of God after the death of a member is not only an occasion to remember and honour a life, but to continue the testimony of faith.

*Note: Funeral requirements and resources may vary by province.

*Note on cremation: The act of reducing a body to ash.

Historically the Church has opposed cremation due to association with pagan practices and a concern with the potential for a future resurrection of the body. While some in the Church remain opposed to cremation, the Free Methodist Church in Canada has no official position on this topic. Cremation, or even being lost at sea, will not prevent the resurrection of the body.

“... in the United Kingdom, where cremation has had a more extended period of social acceptance, the family processes with the body to the crematorium as part of the funeral rite. In other cultures (and other faiths), disposal by burning is the accepted norm and part of elaborate funerary rituals. By contrast, cremation in North America has largely arisen as a cost-saving device and a means of expediting the disposition of the body. Often, the last time the family sees the body is when it is removed from the place of death. The bodily means by which families would come psychologically to deal with death—washing, dressing, and laying out the body, welcoming visitors for the viewing, eating together, the funeral, and the burial—are severely attenuated or eliminated altogether. In its place, the family makes a phone call and, sometimes just a few hours later, arrives at the funeral home to pick up a box of remains. Everything else—an urn, a wake, a funeral, or nothing at all—is up to them. They are customers; the funeral director has products to sell them”

(Perry, Tim. 2021. Funerals: For the Care of Souls. Edited by Harold L. Senkbell. Bellingham, WA: Lexham Press. 141-142)

Opening question:

“When you attend a funeral or memorial ceremony, what do you expect to see and experience? Does that usually happen?”

-Creating Meaning in Funerals, William Hoy, p19

01

What is a funeral?

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02

What are some considerations with cremation?

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03

How does Sharon’s story resonate with you?

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04

What is the function of the funeral for those left behind?

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05

How do we include children in the funeral process?

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06

How do we continue to name the loss beyond the funeral?

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07

How do we deal with overwhelming feelings about the details of a funeral?

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Closing Prayer:

Lord, we thank you that you have entrusted us to be your witnesses in this life, including our final days and in the subsequent celebrations of our lives. As we come to the end of this series, we pray that we would take to heart everything we have learned about what it means to live and die well as followers of Christ. Someday, our friends and family will gather to say goodbye to us and we pray that that ceremony would not only reflect the unique beauty of our lives but how we were changed and transformed by your loving kindness. May our funerals be a testimony to our enduring faith and abiding hope in you alone. May the way we mourn our own losses in this life also be a witness to the comfort and consolation that can only come from your throne of grace. Teach us to number our days. May we gain hearts of wisdom so that we may live and die well. Amen.

Relevant Scripture:

Genesis 49:29-33, Acts 20:38, and Revelation 22.

Recommended Resources:

- Funerals for the Care of Souls by Tim Perry (2021)
- Creating Meaning in Funerals by William Hoy (2025)
- Companionship for the Grieving Child by Alan Wolfelt (2012)

Additional Resources:

- Creating a Spiritual Legacy by Daniel Taylor (2011)
- Extract of The Rule and Exercises of Holy Living and Dying by John Wesley (2018)
- The End of the Christian Life by J. Todd Billings (2020)
- The Right to Die? by John Wyatt (2015)
- Will Planning Guide: fmcic.ca/treasurersguide/planned-giving/will-planning-guide/

Books for Children:

- Lifetimes by Bryan Mellonie and Robert Ingpen (1983)
- When Dinosaurs Die by Laurie Krasny Brown and Marc Brown (2020)
- The Invisible String by Patrice Karst (2000)

FMCIC Doctrine

¶630.2.1 Worth of Persons

We are committed to the worth of all humans regardless of sex, race, colour, or any other distinctions (Acts 10:34-35) and will respect them as persons made in the image of God (Genesis 1:26-27) and redeemed by Christ's death and resurrection. The Old Testament law commands such respect (Deuteronomy 5:16-21). Jesus summarized this law as love for God and neighbour (Matthew 22:36-40). He ministered to all without distinction and His death on the cross was for all (John 3:16; Romans 5:8).

We must be actively concerned whenever human beings are demeaned, abused, stigmatized, or depersonalized, whether by individuals or institutions (Galatians 3:28; Mark 2:27). We recognize that oppression and exploitation is ultimately rooted in demonic influences operating in the world to control individuals through violence, to exploit them because of greed, and to deprive them of personal freedom. We are committed to give meaning and significance to every person by God's help, including those who endure slavery in its modern forms.

Remembering our tendency to be prejudicial, as Christians we must grow in awareness of the worth, rights and needs of others (Philippians 2:3-4; James 2:1, 8-9.)

¶630.2.8 Sanctity of Life

All persons are made in the image of God (Genesis 1:27). As such, all human beings have inherent dignity and worth. As Creator, God is sovereign over life (Acts 17:24-26). Further, the resurrection of Jesus Christ is at the center of our conviction that God is also sovereign over death (1 Corinthians 15:20-28). Thus, as his creation, we cannot claim absolute sovereignty over our lives. We are stewards rather than sovereign possessors of our life. As stewards, we must value, respect and protect life at every stage. The Bible provides a general prohibition against the deliberate, intentional taking of innocent life (Exodus 20:13). For all these reasons, we affirm the sanctity of life.

The complex issues surrounding the sanctity of life involve religious and moral values, as well as medical and legal realities. Therefore, Christians may not determine their rights and privileges only by the extent of the permissiveness of the law or the possibilities of safe medical procedures.

¶630.2.8.3 End-of-Life Care

For the Christian, death is not the end-of-life, but the transition into eternity (John 5:24-25). Therefore, physical death is not the ultimate enemy, but part of our journey.

Christians must discourage the assumption that some lives are not worth living. Chronic disease, diminished physical capacity or ongoing disability do not constitute the end-of-life. We believe that there is no such thing as a "useless" life. The value and worth in our lives rests primarily in our relationship with a God whose love sustains us all through life, even to the end. He ministers to us personally and through the healing environment of Christian community. Divine wisdom in the face of end-of-life issues comes to us through Scripture, prayer, godly counsel, and the work of the Holy Spirit.

FMCIC Doctrine Cont...

“Sanctity of life” must not be confused with “quality of life.” Because we affirm the sanctity of life (¶630.2.8) and the consequent worth of all persons (¶630.2.1), there can be no justification for euthanasia or assisted suicide.

We recognize and support the right of a competent individual, who is facing the end of life, to decide the aggressiveness of his/her care. If an individual is incompetent to make or incapable of making this decision, then a substitute decision maker, who respects the wishes of the individual as far as they are known, can make this decision on his/her behalf.

A request that life not be sustained by heroic measures does not constitute euthanasia or assisted suicide. We recognize that treatment, or lack of treatment, which carries the risk of shortening life, is permissible so long as the intent is to provide relief or otherwise benefit the patient, rather than to cause death.

Treatment, or lack of treatment, which carries the risk of shortening life, is permissible so long as the intent is to provide relief or otherwise benefit the patient, rather than to cause death. A request that life not be sustained by heroic measures does not constitute euthanasia or physician assisted death.

We also recognize that when people choose to proceed with physician assisted death their suffering is such that they are convinced this is the only alternative. We would assert however that there are alternative therapeutic approaches available such as pain management and effective palliative care. In addition, we believe that the Holy Spirit can bring grace to situations that may otherwise seem hopeless or unendurable.

In situations like these we reserve the right for our ministers to be involved pastorally to the degree their conscience allows. Even though we do not celebrate this type of end of life nor do we encourage it, ministers should continue to be willing to provide pastoral comfort to all involved.

Glossary

Definitions used from www.dictionary.com and the Free Methodist Church in Canada website.

MEDICAL

- MAID: Medical Assistance in Death.
- Euthanasia: The act of killing someone painlessly, esp to relieve suffering from an incurable illness.
- Palliative Care: Medical care focused on improving the quality of life of patients with serious illnesses, as by treating symptoms and providing emotional support.

FINANCIAL

- Legacy: A gift of property, especially personal property, such as money, by will; a bequest.
- Generosity: Willingness and liberality in giving away one's money, time, etc; magnanimity.
- Will: a legal declaration of a person's wishes as to the disposition of their property or estate after death, usually written and signed by the testator and attested by witnesses.

HISTORY

- Class & Bands: Traditional Methodist small-group structures used for discipleship, accountability, and spiritual growth.
- Ars Moriendi: The art of dying.
- Vigil: A purposeful watch maintained, espically at night, to guard, observe, pray, etc.
- Bedside narratives: These are deathbed accounts and spiritual reflections. They are the testimonies of how believers experienced God before and during their death.

GRIEF

- Mourning: Sorrowing or lamentation, often expressed by wearing black or other outward signs of a period of grief.
- Grief: keen mental suffering or distress over affliction or loss; sharp sorrow; painful regret.
- Funeral: the ceremonies for a dead person prior to burial or cremation; obsequies.
- Cremation: the act of reducing the deceased body to ashes by fire.
- Burial: the act of burying, espically the interment of the deceased.

BIOGRAPHIES



SHARON Y RAMSAY

M.DIV., PH.D (C), RP, RMFT-SM, CCFT

Sharon is a bilingual (English and French), Canadian woman of Caribbean descent. She is a Registered Psychotherapist (CRPO), a Registered Marriage and Family Therapist and Supervisor-Mentor (CACFT), and a Professional Member of AAMFT who holds the designations of Clinical Fellow and Approved Supervisor. Since 1994, in the settings of private practice, post-secondary institutions, community and children's mental health agencies, she has been learning how context influences our ability to survive and thrive through the expected and surprising rhythms of life. Her clinical work focuses on the search for hope and change through the healing power of being seen and heard. At the time of this project, she was a Ph. D. student at the Université Saint Paul University in Ottawa (Canada). Sharon and her husband are the parents of two adult children and they are active members of the Church of the Resurrection (Anglican) in Toronto.



REV. DR. MATTHEW MCEWEN

M.DIV., TH.M., D.MIN.

Rev. Dr. Matthew McEwen pastors a rural congregation north of Toronto and teaches Wesleyan theology for the Free Methodist Church in Canada.

In addition to pastoral ministry and volunteering at the local hospice, he enjoys LEGO, fishing and karate (now a 2nd Kyu Brown). With his wife Joy, Matthew has served Holt Free Methodist Church for 20 years and they have been blessed with three children.

BIOGRAPHIES



EWAN GOLIGHER MD

ASSOCIATE PROFESSOR OF MEDICINE AND
PHYSIOLOGY, UNIVERSITY OF TORONTO

Ewan Goligher (MD, PhD, FRCPC) is Associate Professor of Medicine at the University of Toronto. He practices critical care medicine, caring for patients admitted to the intensive care unit with acute life-threatening illness, and he is regularly involved in helping patients and families navigate difficult decisions about medical care at the end-of-life. He is the author of *"How Shall We Then Die? A Christian Response to Physician-Assisted Death"*, published by Lexham Press (2024).



JOHN FRASER SCOTT MD

PRESIDENT, CANADIAN SOCIETY OF
PALLIATIVE MEDICINE

Dr. John Scott has been a palliative care physician for 5 decades in 4 Canadian centres. In 1975 he assisted Dr. Balfour Mount in pioneering the world's first palliative care program at McGill University, Montreal. He is President of the Canadian Society of Palliative Medicine (2024-26) and Adjunct Professor, and founding Head, of the Division of Palliative Medicine at the University of Ottawa. Dr. Scott also has an M.Div. from Knox College Toronto and was a Presbyterian minister for 21 years.

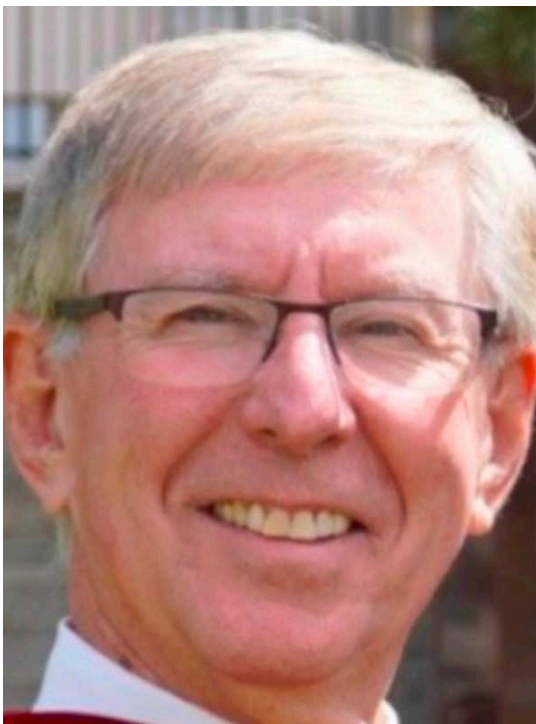
BIOGRAPHIES



DR. CHRISTINE JOHNSON

ASSISTANT PROFESSOR OF HISTORICAL THEOLOGY AND WESLEYAN STUDIES

Dr. Christine Johnson is Assistant Professor of Historical Theology and Wesleyan Studies. She has been teaching as an Affiliate Faculty member within the School of Theology and Formation since 2014 and is a recipient of the John Wesley Fellowship. Dr. Johnson served in academic leadership at Asbury Seminary from 2014, first as Registrar and then as the Associate Provost of Academic Affairs. Dr. Johnson's expertise is in Wesleyan Studies and is highly sought after as a teacher and mentor to students.



DR. DAVID SHERBINO

TYNDALE SEMINARY

David is Professor of Pastoral Ministries, Spiritual Formation and Thanatology at Tyndale Seminary and has served as the senior minister of several congregations with the Presbyterian Church in Canada. He is the author of six books including *Living, Dying, Living Forever*, is a frequent contributor to various television programs and is a sought after conference speaker. Professionally he is a Certified Spiritual Director Supervisor (CSDS) a Fellow in Thanatology (FT) and a Certified Thanatologist Pastoral Specialist (CTPS).

He is an avid hockey player, an enthusiastic cyclist, and an out of control skier.

BIOGRAPHIES



SANDY CROZIER

DIRECTOR OF GENEROSITY FOR THE FREE METHODIST CHURCH IN CANADA (FMCIC)

Sandy has served in her role at the FMCIC for over 15 years and spends most of her time helping people discover the joy in generous living – both in and outside the church. She speaks and teaches on generous stewardship in local churches across Canada. She also teaches the Personal Church and Stewardship Foundational Course and has developed the Financial Hope Small Group resource for local churches on connecting faith and finance in everyday life.

Sandy met her husband, Rusty, while working at Yonge Street Mission's Evergreen Coffee House (a ministry to youth on the street in downtown Toronto) and has served alongside him in ministry and life for over 42 years until his passing in 2022. She brings personal experience to her understanding of grief and stewardship through loss.



REV. DR. TIM PERRY

ASSOCIATE PROFESSOR OF MEDICINE AND PHYSIOLOGY, UNIVERSITY OF TORONTO

Rev'd Dr. Tim Perry is a priest in the Diocese of Algoma (Anglican Church of Canada) and lead pastor at St. Paul's Lutheran Church (ELCIC), Steinbach, MB.

BIOGRAPHIES



SISTER NUALA PATRICIA KENNY, OC, BA, MD, FRCP(C)

Dr. Nuala Patricia Kenny was born in New York and entered the Sisters of Charity of Halifax in 1962. She received her B.A., Magna Cum Laude, from Mount Saint Vincent University, an M.D. from Dalhousie University, Halifax, Nova Scotia in 1967. 1972–1975 she did postgraduate training in pediatrics at Dalhousie and Tufts–New England Medical Centre, Boston, Massachusetts, during which she held a Killam Scholarship. In 1975, she became a Fellow of the Royal College of Physician and Surgeons of Canada and in 1976 was certified by the American Board of Pediatrics. In 1993 she completed a Fellowship in Ethics at the Kennedy Institute of Ethics at Georgetown University under the mentorship of Dr. Edmund Pellegrino. Doctor Kenny joined the Department of Pediatrics at Dalhousie in 1975 as the Coordinator of Regional Pediatric Services.

In 1982, she became Director of Medical Education at the Hospital for Sick Children and the University of Toronto. In 1985 she was appointed Professor and Chairperson of the Department of Pediatrics at Queen’s University, Kingston, Ontario. She returned to Dalhousie as Professor and Head of the Department of Paediatrics and Chief of Pediatrics at the Izaak Walton Killam Hospital in 1988. In 1995, she became the founding Chair of the Department of Bioethics of Dalhousie Faculty of Medicine. From February to November 1999, Dr. Kenny was seconded as Deputy Minister of Health for the Province of Nova Scotia. Past President of both the Canadian Paediatric Society and the Canadian Bioethics Society, she was Chair of the Values Committee of the 1997 Prime Minister of Canada’s National Forum on Health; is past President of both the Canadian Paediatric Society and the Canadian Bioethics Society.

Among many awards, she has received seven Honorary Doctorates for her work in child health, medical education and health policy from Mount Saint Vincent University, Halifax, NS (1992), the Atlantic School of Theology, Halifax, NS (2000), Regis College, Toronto, ON (2000), St. Francis Xavier University Antigonish, NS(2000), The College of New Rochelle, New York (2008), Saint Paul’s University, Ottawa ON (2014) and St Mark’s College, Vancouver, B.C. (2017). In 1999 was appointed an Officer of the Order of Canada for her contributions to child health and medical education.

In 2009 she turned formally to faith-based ethics and served till 2014 as the Ethics and Health Policy Advisor to the Catholic Health Alliance of Canada. She is now Professor Emerita Dalhousie University. In 1989–1990 she was a member of the St John’s, Newfoundland Archdiocesan Committee on Child Sexual Abuse which produced a “landmark report’ in 1992. In 1990–1992, she was appointed advisor to the Canadian Conference of Bishops Ad Hoc Committee on Clergy Sexual Abuse which produced *From Pain to Hope*, the first set of national guidelines on this topic and consultant to the Canadian Conference of Catholic Bishops’ Committee for the Protection of Minors to revise *From Pain to Hope*. It produced “Protecting Minors from Sexual Abuse: A Call to the Catholic Faithful in Canada for Healing, Reconciliation, and Transformation” (CCCB Publications, 2018).

Author of over one hundred and eighty papers and five books; *Healing the Church: Diagnosing and Treating the Clergy Abuse Crisis* (Novalis, 2012), *Still Unhealed: Challenges for Conversion and Reform from the Clergy Sexual Abuse Crisis* (Novalis and Twenty Third Publications, 2019) and *A Post-Pandemic Church: Prophetic Possibilities* (Novalis 2021). Dr. Kenny is nationally recognized as an educator and physician ethicist.