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Editor: Greg Warner  
Associate Editor: Bob Allen  
Phone: (904) 262-6626  
Fax: (904) 262-7745

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## **Reccord presented as nominee to proposed NAMB trustees**

By Greg Warner

ATLANTA (ABP) -- Bob Reccord's nomination as president of the new North American Mission Board, which has been a poorly kept secret for months, finally was made public April 24.

Reccord, pastor of First Baptist Church of Norfolk, Va., was presented to the proposed trustees of the new Southern Baptist agency by a 13-member search committee in a closed session at an Atlanta hotel. Those trustees will be asked to elect Reccord June 19, after they themselves are elected by the Southern Baptist Convention.

With his election all but assured, Reccord will soon take the helm of one of the Southern Baptist Convention's key agencies, responsible for evangelization and church starting in the United States and Canada. The NAMB, which supports more than 5,000 missionaries, will have an annual budget of \$70 million.

Flanked by four Southern Baptist leaders, Reccord later met reporters to speak for the first time about his nomination, which has been widely reported since February.

"No one has a vision for reaching America like Bob Reccord," Tom Elliff, SBC president and pastor of First Southern Baptist Church of Del City, Okla., told reporters.

Reccord, accompanied by his wife, Cheryl, said he was "humbled and sobered" by his nomination. He said the work of the NAMB will be "tremendously exciting and amazingly fruitful if God's blessing is on it."

Bill Hogue, who made the original motion to restructure the SBC and led the search committee that picked Reccord, added his praise of the nominee and noted the official papers of incorporation for the NAMB had been filed with Georgia's Secretary of State earlier in the day.

The NAMB will replace three current SBC agencies -- the Home Mission Board in Atlanta, the Radio and Television Commission in Fort Worth, Texas, and the Brotherhood Commission in Memphis, Tenn. Leaders of the restructuring insist the new board is not a "merger" of the three agencies but represents a new approach to missions in the United States and Canada.

Reccord said the approach of the NAMB will be to serve churches. "We will ask, 'What do you in the field need?'"

"We will work in harmony with state [Baptist] conventions and fellowships and [local Baptist] associations, so that it's not just a top-down, prepackaged item that we hand down."

Reccord said the new agency is better suited than its predecessors to do mission work in the years ahead. "The world has changed since the three agencies were created."

Reccord has been chairman of the implementation task force, which has guided the SBC's downsizing -- from 19 agencies to 12 -- and the creation of the NAMB.

Reccord acknowledged some Southern Baptists may question his selection, since he chaired the group that helped shape the agency he will now lead. He said such concern is "logical" but he hopes Southern Baptists will give him a chance. "I am as surprised as anybody to be sitting here," he said.

Reccord said he knew he was under consideration "a couple months" into the selection process. Even when he was included on the search committee short list of eight last fall, he said, he did not think "this would go anywhere."

He resigned as chairman of the implementation task force in late February when the search committee identified him as the leading candidate.

Other Baptist leaders defended the process that produced Reccord's nomination.

"There was no reward system or anything of that nature," said Bill Hogue, chairman of the incorporators group, which functioned as the search committee. The group entered the process with a "blank sheet," he told reporters.

Hogue, retired executive director of the California Southern Baptist Convention, said the search group discussed the issue of Reccord's role in the restructuring. "We came to the conclusion early on that we would not make a decision [based] on who was involved or not involved." The overriding concerns, he said, were the "quality of the individual" and the sense that "this was God's man, above everything else."

While Reccord's work with the implementation task force "was not a consideration on the part of the incorporators," Hogue said, "the knowledge that he attained through his leadership role with the ITF would help him" in the NAMB job.

John Yarbrough, another search committee member, said it is not surprising that, since Southern Baptists trusted Reccord to lead the implementation process, they would turn to the "same kind of leader" for the NAMB. Noting the incorporators agreed their choice had to be unanimous, he added, "Any one incorporator could have stopped this process at any time."

Officials say the North American Mission Board will employ 350 workers. That is 165 fewer than the combined payrolls of the three agencies it replaces. The process of offering those jobs -- and of laying off workers whose positions are being eliminated -- is underway.

Yarbrough, pastor of First Baptist Church of Perry, Ga., said approximately 300 of those jobs have been offered to current employees of the three agencies. Another 30-plus employees have been told they may be offered jobs that others decide not to take, but they must wait until May 1 to find out.

Those offered jobs include about 20 current Brotherhood employees, about 70 at the RTVC and approximately 210 at the HMB. Other positions will be filled by newcomers.

Morale among those who retained jobs is high, Hogue reported, but there is "heartache for all of us" over those terminated. Unlike secular companies, he said, the ITF is trying to be generous to those fired and minister to their needs.

Reccord himself will nominate the five vice presidents in the new structure, but only after his own election in June.

Yarbrough acknowledged the Brotherhood Commission could bring a deficit of as much as \$50,000 into the NAMB, but added the eventual sale of the commission's Memphis building will produce assets for the new agency.

The ITF decided not to sell the property of the Radio and Television Commission in Fort Worth because the cost of moving the operation to Atlanta would be prohibitive. The media-production arm of the NAMB will remain in the Fort Worth facility.

Reccord said it would be "presumptive" to speculate if the NAMB might later close the Fort Worth facility down. "We will see how the climate changes," he explained. He said the NAMB will study "projections of what's going to be most effective," but he would set no timetable for that consideration.

Reccord said the policy of secrecy adopted by the implementation task force, which conducted all its meetings in private and issued only occasional news releases, will not be repeated at the NAMB. "Those are two different animals," he said.

A Norfolk native and pastor of the Norfolk congregation since 1992, Reccord is a 1972 graduate of Indiana University and earned the master of divinity and doctor of ministry degrees from Southwestern Baptist Theological Seminary in Fort Worth. He has been pastor of several churches, including Bell Shoals Baptist Church in Brandon, Fla., and Carmel Baptist Church in Charlotte, N.C.

In 1977, Reccord went to work for the Home Mission Board as director of witness training, eventually serving under Hogue, then director of the evangelism section.

Reccord tried to incorporate the witness-training program Evangelism Explosion, developed by Presbyterian pastor James Kennedy, into the HMB structure. The arrangement "didn't seem to fit," Reccord said, and Southern Baptists decided instead to develop their own program, Continuing Witness Training.

Reccord said he left the HMB in 1979, with the "blessing" of HMB leaders, to become director of leadership training Evangelism Explosion International.

He later became vice president of sales and marketing for Chemecto, Inc., in Detroit, Mich., and later returned to the pastorate.

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## **Atlanta couple pledges \$10 million to endow Mercer theology school**

ATLANTA (ABP) -- Mercer University board of trustees chairman James McAfee Jr. and his wife, Carolyn Townsend McAfee, have pledged \$10 million for the Georgia Baptist university's new school of theology, President Kirby Godsey announced April 24.

It is the second-largest gift -- and the largest by a living donor -- in the university's 164-year history, eclipsed only by a \$14 million bequest in 1987 to endow the university's law school.

In recognition of the couple's endowment gift, trustees voted unanimously to name the new school in honor of the McAfees. The school of theology opened last fall on the university's satellite campus in Atlanta, and currently enrolls 60 students. Mercer's main campus is in Macon.

"Baptist higher education has no better friends than Jim and Carolyn McAfee," Godsey said. "Their generous gift for the school of theology will ensure that future generations of ministers will obtain the highest quality theological education to be found anywhere in the country.

"The extraordinary leadership of Jim McAfee as chairman of Mercer's board and the generous spirit of Jim and Carolyn will be catalysts for Mercer's progress for the century ahead," Godsey said.

The McAfees, who co-chair the school-of-theology component of the university's \$130 million "Mercer 2000: Advancing the Vision" capital campaign, are former residents of Macon and are members of Second Ponce de Leon Baptist Church in Atlanta. McAfee is chairman and chief executive officer of Atlanta-based ValueMark Healthcare Systems Inc., which owns and manages behavioral health-care facilities throughout the country.

The McAfees, who are graduates of Union University in Jackson, Tenn., first became familiar with Mercer when he was named executive vice president and chief operating officer of Charter Medical Corp. in Macon in 1980. In addition to his membership on Mercer's board, McAfee serves on the board of trustees of Union University, which awarded him an honorary doctorate in 1990.

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-- By ABP staff

## **Ethicist urges talking about end-of-life decisions now**

By Mark Wingfield

LOUISVILLE, Ky. (ABP) -- The best way to ensure your wishes are carried out at the end of life is to communicate to family and friends your values, suggests a pioneering medical ethicist.

"Values talk is the way we start getting at what matters to us," said Joan Gibson, director of the health-sciences-ethics program at the University of New Mexico in Albuquerque.

Gibson was keynote speaker for an April 17-18 conference on making life-and-death decisions sponsored by the Wayne Oates Institute and the University of Louisville. The conference brought together clergy, physicians, nurses and ethicists to discuss the difficult choices often faced at the end of life.

Gibson, who also sits on the ethics committee at St. Joseph's Hospital in Albuquerque, was an early and outspoken advocate of living wills and other advance directives.

While admitting she had been called the "Queen of Advance Directives," Gibson said she now believes such measures may not be the best way to ensure a person's desires are carried out.

Living wills are legal documents in which a person outlines preferences on major health care decisions to be followed in the event that person becomes unable to speak for himself. For example, a living will may state that the person does not want to be kept alive on a ventilator or feeding tube.

Gibson said she now realizes no person can anticipate every possible medical decision that might have to be made in the future. And advance directives often are forgotten or ignored.

Further, living wills that are too black-and-white can tie the hands of family members when circumstances change, she added.

"My first (living will) was very detailed," she recalled. "My second one stopped the details and talked about goals ... and my last one has none of that. I realized I didn't want those last decisions to enslave my family. ... They are the ones who are going to have to navigate that new territory."

While living wills remain an important tool, what's more important is to talk with family and friends today about the values you would apply to life-and-death decisions later, Gibson said.

Another helpful tool, she suggested, is to name a health-care surrogate, someone who will have legal responsibility to make decisions about medical treatment if you become incapable of making such decisions. That person should understand not only your specific desires but the values behind those desires, she said.

For example, many people when asked whether they would want a certain treatment performed on them answer, "It depends," Gibson noted. Talking about values gets behind the question to find out on what factors it depends.

Working with her colleagues at St. Joseph's Hospital in Albuquerque, Gibson developed a means for helping people talk about such values. The "Values History Form" is a set of open-ended questions designed to stimulate discussion more than to be written down and notarized.

These types of values questions should be used in conversations between family members and in brief interviews between patients and medical personnel, she said.

"Not all these conversations have to take place with medical personnel," Gibson advised. "These are the kinds of conversations I want to talk with my family about."

And the sooner such a conversation takes place, the better, she added. "If we do this work early, the end of life questions, while difficult, won't be nearly as painful."

Ideally, such conversations should move beyond end-of-life topics to include a person's values related to disability as well, Gibson said. "Self-sufficiency and living environment are more difficult to talk about than dying."

Even as accustomed as she is to frank talk about death, she said she was not prepared for a conversation she had with her husband about his chronic arthritis.

"One day I screwed up the courage to ask him what scares him the most," she recalled.

"When I can't put on my own pants," he replied.

Hearing his response, the wife and medical ethicist who talks freely about death every day had to leave the room to regain her composure, she recounted.

As difficult as it may be, this is the place to start, Gibson admonished. "This is where we start: not at the end, but right now."

While people often hesitate to talk about many aspects of dying, the one topic people talk about most freely is finances, Gibson said.

For example, she recalled one terminally ill woman telling her, "Please don't spend down what little I have to leave my family."

Talking about religious values also is important, but a task many people find difficult, Gibson said. "We don't know how to invite discussion around matters of faith and spirituality. And we certainly don't know how to integrate that into the delivery of health care."

Within a family or among friends, the best way to initiate a discussion on life-and-death values is to tell your own story first, Gibson advised. "The best way is not by asking someone else what they think, but by talking about it yourself."

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## **Life-death cases raise moral, ethical issues**

By Mark Wingfield

LOUISVILLE, Ky. (ABP) -- John is a 35-year-old single man experiencing the last stages of lung cancer that has spread into other parts of his body. His doctor has said he has five months to live at most.

Faced with this news, John makes three requests of his doctor. First, he wants to stop all chemotherapy. Second, he wants to stop all pain medication. Third, he wants the doctor to turn off his pacemaker, which was installed about 10 years earlier due to a heart irregularity unrelated to his cancer.

He wants to die a "natural" death.

If you were the doctor, what would you do?

This real-life story is one of several cases examined by participants in a conference on life and death decisions held April 17-18 at the Seelbach Hotel in Louisville, Ky. The conference for clergy, physicians, nurses and ethicists was sponsored by the Wayne Oates Center and the University of Louisville School of Medicine.

Participants spent about an hour bantering back and forth all the legal, medical, moral and ethical aspects of John's case.

The case highlighted the complexity and difficulty created by many modern end-of-life scenarios. It also highlighted the different perspectives physicians, nurses, clergy and others have of such cases.

A physician wanted to know if the patient had been fully informed about the consequences of his decisions. That prompted a discussion revealing that most physicians are highly concerned about informed consent of their patients, but many terminally ill patients don't want to be fully informed.

One nurse commented that while the patient may sincerely want to stop pain medication, such a decision creates a difficult environment for everyone. "We have to watch the excruciating pain," she said.

That prompted another person to ask, "How private and how isolated should a person be allowed to remain in death?"

Another nurse explained that she sees a difference between withdrawing treatment that has already begun and withholding treatment that has not begun. "Those of us at the bedside know there is a difference."

Yet another nurse confided: "You never forget what it feels like to turn off a ventilator, to turn off a drip."

This case also highlighted the difference between what patients request and what their ultimate values are, said Joan Gibson, the keynote speaker who presented the case.

She explained that in the real case, John's physician, with whom he had a good relationship, was willing to stop chemotherapy and stop pain medication, but was not willing to turn off the pacemaker. However, after much soul-searching, the physician offered to refer John to another physician who would be willing to deprogram the pacemaker.

He declined her offer. "The most important thing is that you are with me," John told the doctor. "I can't imagine going through this with someone else."

Gibson used this case to illustrate why she thinks it is vital for medical personnel, family and friends to learn what values motivate patients.

"Often, when people say, 'I want to stay alive at all costs,' there's a story behind it. You need to find out what it is," she told the doctors and nurses.

Modern medical advances have radically changed the way Americans die, explained Gibson, director of the health sciences ethics program at the University of New Mexico in Albuquerque.

"Death waits in a waiting room to be summoned by a doctor or nurse," she said. "It's not that death has changed; it's that we are changing our position, our standpoint."

This new way of dying opens an array of moral and ethical questions, participants said. For example, when others must make decisions for patients who no longer can speak for themselves, all types of motivations can lurk behind the surface.

"Every single will-contest action I have fought has been dirtier, nastier and more contentious than any divorce proceeding," noted Greg King, a Louisville attorney and Baptist layman.

Ultimately, modern medical advances have not changed attitudes about death, only attitudes about what leads to death, Gibson said. "It's not the death but the getting there that scares most people."

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**END**

**CORRECTION:** In the April 24 ABP story "Seminary entering 'season of spring,' but financial woes linger, Mohler says" please change the eighth and ninth paragraphs to read as follows:

Trustees expressed frustration with being unable to provide salary increases but adopted a 1997-98 budget of \$16.95 million without opposition.

The new budget represents an increase of 1.1 percent over the current year. A major source of change in the budget comes from reallocation of \$234,390 previously used in the Carver School of Church Social Work, which is closing. Due to the school's closing, however, the seminary projects to lose \$181,717 in student fees and \$132,932 in student-housing fees.