St Matthew in-the-City

Have you ever thought about organ donations?

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Year C, Ordinary 16
Genesis 18:1-10a
Luke 10:38-42
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In Luke's account of the Gospel today, Jesus visits the home of two women—Martha and Mary. One is engaged with the business of preparation work and household chores, whilst the other is entertaining and talking with a guest.

There could be a critique of been actively busy: business of re-ordering the world from disorder of dust with food to be prepared. This is exactly what Martha is doing – ordering the household, cleaning, preparing, doing the chores. Jesus doesn't say what Martha is doing is wrong, but rather initiates a conversation about, timing, and an understanding of what is going on in a wider context. Mary on the other had displays an intentionality of being present in the moment with God through conversation.

The account doesn't say that Mary won't help later… but rather suggests that whatever Mary is to do following her exchange with Jesus, she might see the world in a different way: more in line with what God would want.

The time we all spend at church each week, or more or less often, is to do the same. We put any other activity aside in order to spend time intentionally with God. Sometimes though, the conversation can be a little disquieting. Today is no exception.

What I have to share with you is about donation, but also about death. The context of me bringing these words in the young woman that you may see from time to time cartwheeling around

the nave during the 10am service. She is very special, a miracle even. A wonderful person who can be quite shy from attention particularly if it is perceived as pity from a stranger.
When Katie was born she had a condition known as biliary atresia. Her liver couldn't drain its waste product into her small intestine. This meant that at birth her liver was three times the size that it should have been, and she wasn't able to digest food.

A Kasai operation was undertaken when Katie was 6 weeks old. For the first time her skin and eyes were the correct colour for her, and she didn't itch from jaundice. She was able to be discharged home, but after a fortnight we were back in hospital to stay as her liver was too far gone. Her only hope for survival was a liver transplant.

For the next four months Katie's condition got worse. She had to be fed intravenously, hooked up to machines 23 hours a day. She was on oxygen, and a specialist formula fed through a tube. Her skin didn't just yellow, it turned orange. We waited and waited for a suitable liver from a deceased donor – even one from Australia.

Luckily, Katie had an uncle who was a match as a live donor. Matching live doners is a last resort as it isn't just a biological match, but an emotional one too. Matching will take into account physiological and psychological stress and the ability of the donor's family to cope. Simon, my brother-in-law was a match and he underwent the procedure.

The toll on Simon at the time was tough. The epidural for pain failed. He lost a huge amount of muscle mass as his body used his muscle protein to rebuild his remaining liver. Even though he effectively had a desk job – he had to leave his employment and be unemployed for three months. Without him, there wasn't another option for Katie except to wait, and the time was running out.

It was a success – and nine years later and with a few ups and downs, Katie is a girl who loves gymnastics, can ride a bike, has recently learnt how to swing on monkey bars. She works hard at school, has the everyday trauma of making and losing friends – but she looks forward to living her life.

One of the reasons Simon went through all of this was love. Love for his family, and a niece who had only been breathing for four months when he started down that path. But if other donor livers had been available, Simon might have been spared that pain.

Aotearoa has one of the lowest deceased organ donation rates in the developed world in countries that offer transplant procedures. There are many reasons why this is. They are cultural, religious, and understandably squeamishness. Also, car accidents are no longer the best places to source donor organs due to car safety advances.

Most donations now come from families faced the sudden death, or expected death, of a loved one who has suffered a catastrophic medical event. That person is lying in front of them, someone who they kissed goodbye, or waved, or left early to beat the traffic. They won't be returning home. In the midst of that heart break the doctors must ask: would they be willing to donate their loved one's organs? That is the situation we never ever want to be in – nor do we hope anyone has to face.

Yet when it does happen the thought is often – what would they have wanted me to decide…? In that moment however it is too late to ask. A driver's licence might have organ donor ticked – but that was a probably a throwaway thought made in the relief at having passing a test, 5, 20 or even 40 years ago. It counts for nothing as organ donation in New Zealand is dependent entirely on a family being in complete agreement; and that requires a conversation. This morning I would encourage to consider

spending time with loved ones, asking the question about if the unthinkable happens.

Like any conversation, one that is about organ donation, might include a valid NO. This is a valid and a cared for response. What is important is not the decision to donate, but rather the conversation. It might be a caveat to yes to large organs, but no to skin, or eyes, or the other way round. You will only know if you ask, and share what your preference might be.

We are reminded in the reading from Genesis this morning that when we value something – we talk about it. Abraham and Sarah had been promised offspring, yet it had not happened. Abraham then had that conversation with God through three strangers. Sarah, even whilst working in the tent, listened and responded with laughter, God then brough her and her mirth into the discussion, making Sarah a part of the conversation of what is important to God and their family. The outcome was Isaac and the development of faith that gave us Jesus, and our own relationship with God today.

My encouragement to you is to do the same. To have the conversation about a time that we hope and pray that we will never face. If that leads to further conversations with colleagues and friends then even better, because whatever your decision is, you will increase donor rates through others having the conversation too.

Simply by talking, we increase the opportunities for life for people like Katie, and for the pain and that live donors have to choose to face when no other options are there for the people they love.

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