

Some Theological and Pastoral Reflections on the Care of the Dying
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1. As Dying, we live: Some Reflections on Care In Dying (submitted and presented to the Diocesan Task Force in March 2016)
2. Proposed Article for Diocesan Times (unsent and unpublished)
3. Some Theological Reflections on the Draft 2016 Document of the National Task Force of the Anglican Church of Canada on Physician Assisted Dying (submitted to the Diocesan and National Task Force on Physician Assisted Dying)

As dying, we live: Some Reflections on Care In Dying
(Rev'd) David Curry

The Task Group of the Faith, Worship and Ministry Committee of the Anglican Church of Canada produced a document, *Care In Dying: A Consideration of the Practices of Euthanasia and Physician Assisted Suicide* which was subsequently commended for study in the Anglican Church of Canada by the General Synod in 1998. Though produced more than fifteen years ago, it remains worthy of commendation and reflection and provides a clear sense of the theological concerns which must guide a Christian response to the contemporary arguments about euthanasia, about physician assisted suicide or assisted death, and about the so-called right to die. The document is also ecumenical in its scope and points out the Christian consensus against euthanasia (in the active sense of ending a life) among the Churches. Appended to the document is a strong statement by the Faith and Witness Commission of the Canadian Council of Churches, a "Statement of Convergence on Euthanasia and Assisted Suicide, Christmas 1996"(45), endorsed by the Anglican Church of Canada.

This document as a whole is worthy of commendation and study *now* because of the ways in which the arguments it advances not only remain relevant but are almost prescient about the directions of public policy which we now confront. *Then* the Task Group argued "that the potential for serious social and moral ramifications arising from a change in public policy would be great, and on balance the arguments we have employed tend to suggest that the church should not support a change in public policy" (37), urging church members "not to seek recourse to euthanasia and assisted suicide"(37), and recommended instead "a renewed commitment on the part of both clergy and laity to palliative care initiatives and to the sensitive and constructive pastoral support of individuals and families facing end of life decisions"(38).

The current and proposed changes in public policy *now* run counter to the spirit and counsel of *Care in Dying* and, if anything, the theological arguments that are sometimes tentatively advanced need to be more robust. It is not the business of the church to seek to conform to the politics of contemporary culture but rather often to counter it and to seek its redemption. As the Task Group indicates, "the church must also take the role of critic"(38). Then, as now "we are dealing with a slippery slope argument which has logical rather than merely historical validity" (33) hence the advocacy of the precautionary principle (33). If anything, this is more relevant especially in the face of proposals in some jurisdictions that would extend euthanasia to the demented, on the one hand, and on the other hand, to any 'competent' adult on the basis of the radical autonomy of the individual.

The March 1998 Draft Statement at the outset of the document makes clear that "good medical practice sustains the commitment to care even when it is no longer possible to cure" even when "such care may involve the removal of therapies that are ineffective and/or

intolerably burdensome" (4). The whole tendency of the document's argument privileges theologically and ethically "*palliative measures*" (4) and emphatically does not support "*the idea that care can include an act or omission whose primary intention is to end a person's life*"(4). The matter of intention lies at the heart of the current debate and indicates one of the major points of divergence between the church and current policies both actual and proposed.

Care In Dying contributes to the development of a Christian ethic in the face of a post-Christian and, paradoxically, a post-Secular culture. The latter means that increasingly the Christian churches will need to be able to articulate clearly a Christian ethic which complements in many ways the theological principles of other religions in a pluralistic culture and a global world. While secularism retains a strong hold on North American culture and often in an anti-religious form, secularization theory is no longer tenable and every secular state now faces questions about religious identities and sacred principles within the body politic (Curry, 'Post-Secularism', TAP, 2010).

Care In Dying is a study document and for that reason, perhaps, it is understandable that while identifying a number of critical theological themes, on the whole it is '*theologically lite*' and tends to deal more with the terminology and concepts currently in vogue, the clarification of which is useful and important. Unfortunately, it also tends towards a certain accommodation with the ambiguities of contemporary culture about such terms as suicide. In short, there are serious theological deficiencies in and limitations to *Care In Dying*. It should be strengthened by a more robust consideration of the essential creedal doctrines that inform a Christian ethic with respect to end of life matters.

In what ways? I offer a few suggestions.

The Doctrine of Creation: Mortality & Immortality, Resurrection

The document rightly acknowledges the teaching that we are made in the image of God and that life is a gift of God. More needs to be said about mortality. For example, in the earliest literary work known to our humanity, *The Epic of Gilgamesh* (what the German poet, Rilke called "*das Epos der Todesfurcht*"- the epic of the fear of death), Gilgamesh encounters his own mortality through the death of his friend Enkidu which launches him on a quest for wisdom concerning life and death, a quest for a meaningful life, we might say. In the *Iliad* of Homer, Achilles returns to the battle after the death of his friend, Patroclus, knowing that this will lead to his own death sooner rather than later. Christians shaped by the liturgical traditions begin Lent with Ash Wednesday in which the Scriptural words from *Genesis* about our mortality are explicitly recalled in the actual rite of the Imposition of Ashes. "*Remember O Man that dust thou art and unto dust shalt thou return.*" Facing our mortality and not denying it is a critical theological principle which undergirds the church's ethical teaching. We are the dust into which God has breathed his spirit. We are reminded of the dignified dust of our humanity.

Mortality, too, has become more and more of a critical question in the literature and challenges aspects of the medical community in its pursuit of endlessly extending human life. Such things are treated in Leon Kass' *Life, Liberty and the Defense of Dignity* (2002), Atul Gawande's *Being Mortal* (2014), and Paul Kalanithi's *When Breath becomes Air* (2016). Such considerations about human mortality open out to teachings about immortality; there is something more to our humanity than just our biological being. At this point, too, one would expect some consideration of the doctrine of the Resurrection – a consideration which belongs to late Judaism as well as Christianity and Islam and which concerns the idea of a meaningful life.

Redemptive Suffering: Sin and Suffering; The Theology of the Cross

Sin and suffering are important theological themes. The theology of the Cross is missing. This is a serious lacuna which omits from the consideration the theology of redemptive suffering which is about our participation in Christ's suffering. It is not just that we are not our own, we are Christ's and our life is about Christ in us. His life and death for us shape our lives in his; he in us and we in him. Suffering is not only part of the human condition; it belongs to human redemption. The underlying principle is that God and only God can bring good out of evil. This contributes greatly to how suffering is faced and how it belongs to living a meaningful life.

The challenges to the general consensus of the tradition against suicide by Fletcher's situational ethics or Dean Inge's remarks, as referred to in the document, are better seen as cautionary notes against unnecessary and unduly prolonged suffering, not as prescriptions for actively ending life.

The document acknowledges Augustine's teaching which is based emphatically on a larger consensus about the sixth commandment, "*thou shalt not kill/murder,*" understood to extend as well to self-murder. The term suicide, by the way, only comes into use in English in the mid 17th century. The document also acknowledges Aquinas' teaching that argues that suicide is a sin against nature and the self, against the human community and against God – also wonderfully illustrated in what is perhaps the greatest classic of Christian moral theology, Dante's *Divine Comedy* (*Inferno*, Canto XIII). "*To my just self I made myself unjust*" as he has one character explain his act.

But the arguments of Augustine and Aquinas are dismissed as reflecting "*philosophical presuppositions current in the surrounding culture*" and less as reflecting "*the results of any biblical hermeneutic*" (3). Not only is this a breath-taking dismissal of the teaching of two major theologians whose views shape both Catholic and Protestant moral theology, but the argument for dismissing them is weak and tendentious. Its cultural relativism is easily an argument that could be turned against the theological claims of *Care In Dying* and opens the door to theology as nothing more than accommodationism to cultural nostrums and demands. It would be more correct to see both Augustine and Aquinas as

major contributors to the development of Christian ethical discourse, not just historically relevant, but critically important in the present. The document runs the risk at this point of cutting us off from dialogue with Roman Catholic moral theology. More critically it runs the greater risk of undermining the ethical principle which the document itself undertakes to affirm, namely that life is greater *“than any individual’s ownership” of it, and is not simply ours to discard*” (3).

Augustine and Aquinas’ teachings are an inescapable feature of later ethical discourse as well, particularly in the schools of casuistry which contribute to contemporary case-based scenarios. Dismissing the immense contributions of patristic and medieval theology undermines reformation and counter-reformation theology as well as the different schools of more modern theology. Augustine’s argument in particular is significant because it articulates a Christian and biblical principle about self-murder as the counter to the culture of the Roman Empire, particularly, with respect to the status of the stories about the suicides of Lucretia and Cato. In other words, Augustine’s argument belongs to his church’s critique of its contemporary culture rather than being the cipher of that culture.

The will to die

Another consideration is the recognition of the will to die which complements the will to live. In other words, a healthy death wish is a feature of Christian life and belongs to the idea of living sacrificially. This relates to our baptismal identity and to the idea of redemptive suffering, the idea that we do not live to ourselves and we do not die to ourselves as the draft statement in the document rightly notes, quoting Paul (3). This does not mean hastening our death in order to obtain eternal life but the recognition that our lives are more than the physical and the temporal; we participate sacramentally and sacrificially in life of God through Jesus Christ. The will to die recognises that, in the Christian understanding of things, death itself has changed. The doctrine of redemption, particularly, the doctrine of the Resurrection, changes how we face suffering and death. It does not license the taking of life but allows for the willingness to die.

Last rites or, in the language of the Prayer Book, *A Supplication for the Dying*, allow for our willing to let people die. *“Depart, O Christian soul, out of this world”* in the name of God the Father, the Son and the Holy Ghost, the minister says, to which the categories of creation, redemption and sanctification are explicitly attached. *“May thy rest be this day in peace, and thy dwelling-place in the Paradise of God”* (BCP, 590/1). Powerful words, pastorally and theologically. John Donne’s treatise *Biathanatos*, also mentioned in the study document is undoubtedly rich and complex but it complements his remarkable religious poetry about how death is to be faced. The treatise explores by way of reference to a huge library of texts past and present (17th century) about self-homicide or self-murder, noting the many, many ways in which self-murder is not absolutely forbidden but only conditionally so. He is exploring such things as the traditions of

martyrdom, for example, as well as the different forms of self-sacrifice, including Christ's sacrifice on the Cross. He recognises as well the conditional forms of condemning suicide, such as what is present in the burial office of the Canadian BCP, as matters of political and social control, proscribing what is not good for the community. It is not only in our times that there is a recognition of the problem of an epidemic of suicides, now partly among disadvantaged youth, particularly in Canadian aboriginal communities. But Donne ultimately argues against suicide as a means to avoid pain and suffering, or shame and dishonour. His poems, such as the sonnets *Death Be Not Proud* and *What if this Present were the World's Last Night*, provide a powerful commentary on Christian dying. (The movie, *Wit*, (2001) starring Emma Thompson is a wonderful treatment of Donne's *Death Be Not Proud*).

In *Death Be Not Proud*, the octet addresses death as a person that, contrary to popular opinion, is not "*mighty and dreadful*" and whose power is quite limited. (By what? The greater power and truth of God). If rest and sleep are pictures and images of death and things pleasant in themselves, then death itself must be even more pleasurable and even a release, "*rest of their bones and souls delivery.*" In the sestet, death is addressed again but now as a "*slave to fate, chance, kings and desperate men,*" thinking of the ways death comes to people and the association of death with ugly things like "*poison, war and sickness*". The poem concludes with the underlying thought brought to the fore that "*death shall be no more, Death thou shalt die.*" It argues for the strong theological idea of the death of death through the doctrine of the Resurrection which changes our outlook and understanding of death.

The sonnet, *What if this Present were the World's Last Night?* treats explicitly the question of how we are to face death and judgement, offering a very strong argument that centers on the image of the suffering Christ. "*Mark in my heart, O soul, where thou dost dwell/ the picture of Christ crucified.*" That image as recalled in the soul is an image of the suffering Christ depicted in the art of the Medieval and Renaissance world, perhaps, a depiction of Christ crucified as horribly distorted by the effects of the plague, in other words, identifying Christ with the particular forms of human suffering which devastated Europe. The octet answers the opening question with a twofold rhetorical question. Recall the picture of Christ in his sufferings on the Cross and remember the words he spoke on the Cross. Ask yourself whether that countenance described in the details of pain and agony can frighten you and ask whether that tongue "*which prayed forgiveness for his foes' fierce spite*" can condemn you. The sonnet concludes in the sestet by answering "*no, no*" to both those questions and even more that "*this beauteous form assures a piteous mind.*" Christ's will to die for us strengthens us in the time of our dying. The Cross provides a way of facing our death and dying.

Pastorally, there is always the problem at the funeral of suicides of negotiating between the sympathy for the dead because their life was so miserable and the condemnation of them for taking their life even though it was so miserable. Both are judgmental and assume the meaninglessness of someone's life. I am not sure that treating suicide as a

mental disorder really helps or does justice to the truth of human free-will, on the one hand, and the greater mercy of God, on the other hand. None of us can really know what is going on in someone's mind and certainly not at the very moment of dying. It can only be known by God. The overarching pastoral task is to place each life and death in the merciful care of God, neither condoning nor condemning the actions of the individual. Funerals belong to the Christian works of corporal mercy for that very reason as does the care of the dying, palliative care.

Autonomy

Care In Dying addresses the question of autonomy. There are, perhaps, two points which need further elaboration or consideration. The first is that the principle of autonomy which has largely operated in the political discourse since the Enlightenment has largely been displaced by a much more radical and anti-metaphysical view of individual autonomy. The earlier forms of the rights discourse – say with John Locke and Immanuel Kant – locate the principle of individual autonomy within an ethic of deontology or duty ethics where autonomy simply means your right not to have your will imposed upon by the will of another. What operates now is the unbridled will of the individual such that there is the claim to a right to die. As Leon Kass has argued this is simply illogical and contradictory. It carries over into our current confusions whereby the right to die means that doctors and nurses are compelled to follow the autonomous will of the individual at the expense of their own autonomy. The right to die is an arbitrary assertion predicated upon the notion of the abstract individual disconnected from any community. It is, it seems to me, a contradiction in terms, a bit like saying “I don't exist.”

We are already at a point where doctors and nurses will have to be protected from this new form of autonomy which may compromise their own ethical consciences, if mandated by the overreach of the state.

The second point is that autonomy properly and, to some extent, traditionally belongs much more radically to our being made in the image of God because of our rational wills without which we cannot be responsible agents. Our thoughts, words and deeds have always to be seen in the light of our fundamental identity with God and in Christ Jesus and not in a kind of radical assertion of the independence of the self which then destroys itself in the name of itself. As Kass suggests, the basis for this kind of new autonomy is a Nietzschean will to power, a form of atheism. It is this kind of autonomy which underlies such difficult and controversial cases as the Sue Rodriguez case to which *Care In Dying* refers. At issue are the questions about what does it mean to be a self. What does it mean to end suffering at the expense of the sufferer?

Compassion and Pastoral Care

The current changes in public policy and much of what drives the debate within the churches and the culture is a question about an ethic of compassion. What are the Christian principles that inform such an ethic in the face of extreme hardship and suffering? All of the above considerations attempt to identify theological principles which inform a rich and powerful culture of care which has been part of our history but which is threatened by our technocratic exuberance and technological overreach.

The developments in medical technology at once good and powerful are also dangerous and ambiguous. "*Human nature lies upon the operating table,*" as Leon Kass notes, alluding perhaps to T.S. Eliot's disquieting beginning to *The Love Song of J. Alfred Prufrock* where "*the evening [is] spread out against the sky/like a patient etherized upon a table.*" The celebrated poet, farmer and environmentalist, Wendell Berry, observes that "*we have often been a destructive species*" but "*we are more destructive now than we have ever been, and this, in perfect accordance with ancient warnings, is because of our ignorant and arrogant use of knowledge.*" At issue is our self-destruction. Talking about a whole range of ethical dilemmas, he reminds us that "*to have a lot of power should not make it impossible to use only a little*" so that we can learn again "*to accept and live within limits; to resist changes that are merely novel or fashionable; to resist greed and pride; to resist the temptation to 'solve' problems by ignoring them; accepting them as 'trade-offs' or bequeathing them to posterity.*" "*A good solution must be in harmony with good character, cultural value, and moral law.*" Such forms of ethical reasoning speak to our current issue. Questions about death and dying are really questions about what it means to be human; "*the ethics of human life as humanly lived*" as Kass defines bioethics. The precautionary principle needs to be seen in a much more proactive light.

All the more reason to reclaim an ethic of compassion which honours the dignity of the individual as "*a member of Christ, the child of God, and an inheritor of the kingdom of heaven*" (BCP, Catechism, 544). As *Care In Dying* rightly points out there are limitations to the simplistic idea of the sanctity of life; so, too, to dying with dignity. At the risk of seeming to be playing with words, what is needed is *dying with grace*. Against the intense medicalization of dying, more room and space is needed for the forms of palliative care which once belonged to families and parishes and hospices. Out-sourcing dying and death to the medical profession and to the funeral industry has meant a real loss of understanding and respect for what it means to be human.

It is here that there is a real role for the churches, it seems to me, both within and without the hospitals and nursing homes which are the dominant institutions in our present culture. The document *Care In Dying* points strongly in this direction, noting that such hard cases as the Latimer case really belong to the failure of the human community to provide support and care.

The Parable of the Good Samaritan: An Ethic of Compassion

For Christians, it seems to me, an ethic of compassion is rooted in the doctrine of the Incarnation wonderfully illustrated in Luke's story of the Good Samaritan and as commented upon in the theological tradition. It is called the parable of the Good Samaritan and rightly so even though the word 'good' is not used explicitly because the certain Samaritan is understood as a figure of Christ. Christ is the Good Samaritan. The whole context of the telling of the parable turns on a question about the Law. "*How readest thou?*" Jesus asks the lawyer who is actually motivated by a hostile intent and yet, in spite of himself, answers Jesus' question about the Law with its summary, the love of God and the love of neighbour. The parable is told in response to the subsequent inquiry "*and who is my neighbour?*"

The parable is rich in allegorical significance. Our humanity lies wounded and broken, half-dead, the victim of robbers and violence, on the road between the earthly city, Jericho, and the heavenly city, Jerusalem. The question is about what direction are we going in? Priest and Levite look and pass by, unable or unwilling to help, an indictment of our response to the ethical demands of the Law. It is the ultimate outsider, a certain Samaritan, who "*came where he was; and when he saw him, he had compassion on him and went to him*" (Luke 10. 33,34) and takes care of him and in extravagant ways and in ways that have shaped the church's pastoral care of the sick and the dying, sacramentally and physically. It is a powerful story about an ethic of compassion rooted in Christ's Incarnation, God's intimate engagement with our humanity, with its suffering and with its dying and death. Remove those principles from our consideration and we are left only with cynicism and despair, with the programmes of economic expedience and ease, with the *quietus* of disposing the inconvenient and burdensome.

The parable of the Good Samaritan turns upon the prior question about our identity with God in Jesus Christ. A question about doctrine shapes a parable about action and practice. It is perhaps a paradigm about thinking theologically so as to act compassionately. In practical terms this will mean helping the members of the church to develop Advance Decision plans and careful planning for what has meaning for them and their families in approaching the end of life in good conscience, faith and a holy hope. It will mean, too, promoting palliative care and supporting and encouraging geriatric medicine as an integral and important part of the medical profession. But above all, it will mean being patiently and prayerfully with those who are dying, placing them in the care of Christ.

David Curry
For Diocesan Task Force (NS/PEI)
March 5th, 2016

As Dying, We Live

Maggie Ferguson's article "*How to Have a Good Death*" in the Economist journal *Intelligent Life* canvasses the various aspects of contemporary culture about approaches to death and dying. Among those is a story told by Jane Millard, a canon in the Church of Scotland, about a woman who was dying.

She was very afraid of dying. "I don't want to die. Him upstairs will get a big stick and shout at me, tell me to go to hell. I'm frightened. I don't want to be shouted at."

And I hugged her, bereft of anything theological to say that sounded real, and she snuggled in.

"Talk to me," she whimpered.

"There was a man who had two sons..." and I told her the story of the prodigal son and loving father.

"Will you be with me when I die? Be sure and tell me that story"

So I did, about an hour ago, now we are waiting for the undertakers.

The story captures the fears and uncertainties about dying and the power of the Gospel in the face of death. Along with *not* wanting to die there is also the matter of *wanting* to die. What are the Christian theological principles that inform end of life questions? Is it about ending the life or easing the dying? Is it about prolonging life as long as possible or allowing death to happen with compassion and care? "*Depart O Christian soul, out of this world, in the Name of God the Father Almighty, who created thee; In the Name of Jesus Christ, who redeemed thee; In the Name of the Holy Ghost, who sanctifieth thee. May thy rest be this day in peace, and thy dwelling-place in the Paradise of God.*" Such words which are part of the church's pastoral and priestly ministry suggest that biblical and creedal principles shape our responses to death and dying. We are reminded of our mortality and our Christian identity in Christ.

In 1998 the General Synod of the Anglican Church of Canada commended the study guide *Care In Dying: A Consideration of the Practices of Euthanasia and Physician Assisted Suicide*. It remains worthy of commendation and reflection and provides a clear sense of the theological concerns which must guide a Christian response to the contemporary arguments about euthanasia, about physician assisted suicide or assisted death, and about the so-called right to die. The document is also ecumenical in its scope and points out the Christian consensus against euthanasia (in the active sense of ending a life) among the Churches. The document includes a strong statement by the Faith and Witness Commission of the Canadian Council of Churches, a "*Statement of Convergence on Euthanasia and Assisted Suicide, Christmas 1996*", endorsed by the Anglican Church of Canada.

The outlook and recommendations made *then* remain more than relevant *now* in the face of changes actual and proposed to public policy about physician assisted suicide or death. If anything theological arguments need to be more thoroughly and robustly presented. *Care In Dying* argued “that the potential for serious social and moral ramifications arising from a change in public policy would be great, and on balance the arguments we have employed tend to suggest that the church should not support a change in public policy”, urging church members “not to seek recourse to euthanasia and assisted suicide”, and recommended instead “a renewed commitment on the part of both clergy and laity to palliative care initiatives and to the sensitive and constructive pastoral support of individuals and families facing end of life decisions”. It recognizes that “the church must also take the role of critic”. Then, as now “we are dealing with a slippery slope argument which has logical rather than merely historical validity” hence the advocacy of the precautionary principle. If anything, this is more relevant especially in the face of proposals in some jurisdictions that would extend euthanasia to the demented, on the one hand, and on the other hand, to any ‘competent’ adult on the basis of the radical autonomy of the individual.

“Good medical practice”, the document notes, “sustains the commitment to care even when it is no longer possible to cure” even when “such care may involve the removal of therapies that are ineffective and/or intolerably burdensome”. The whole tendency of *Care In Dying* privileges theologically and ethically “palliative measures” and emphatically does not support “the idea that care can include an act or omission whose primary intention is to end a person’s life”. The matter of intention lies at the heart of the current debate and indicates one of the major points of divergence between the church and current policies both actual and proposed.

Care In Dying contributes to the development of a Christian ethic in the face of a post-Christian and, paradoxically, a post-Secular culture where religious identities are more and more clearly accentuated. A post-secular culture means that increasingly the Christian churches will need to be able to articulate clearly a Christian ethic which complements in many ways the theological principles of other religions in a pluralistic culture and a global world. While secularism in an anti-religious form is increasingly dominant in our Canadian culture, it is also the case that every secular state now wrestles with questions about religious identities.

Care In Dying needs to be strengthened by further theological considerations. What follows are the beginnings of such a consideration.

The Doctrine of Creation: Mortality & Immortality, Resurrection

The document rightly acknowledges the teaching that we are made in the image of God and that life is a gift of God. Far more needs to be said about mortality. Christians shaped by the liturgical traditions begin Lent with Ash Wednesday in which the Scriptural words from *Genesis* about our mortality are explicitly recalled in the actual rite of the Imposition of Ashes. “Remember O Man that dust thou art and unto dust shalt thou return.” Facing our mortality and not denying it is a critical theological principle

which undergirds the church's ethical teaching. We are the dust into which God has breathed his spirit. We are reminded of the dignified dust of our humanity.

Mortality, too, has become more and more of a critical question that challenges aspects of the medical community in its pursuit of endlessly extending human life and families, too, desperately clinging to the hopes of the continuation of the life of loved ones. Such things are treated in Leon Kass' *Life, Liberty and the Defense of Dignity* (2002), Atul Gawande's *Being Mortal* (2014), and Paul Kalanithi's *When Breath becomes Air* (2016). Such considerations about human mortality open out to teachings about immortality; there is something more to our humanity than just our biological being. At this point, too, consideration of the doctrine of the Resurrection, a consideration which belongs to late Judaism as well as Christianity and Islam and which concerns the idea of a meaningful life, needs to be more fully developed.

Redemptive Suffering; Sin and Suffering; The Theology of the Cross

Sin and suffering are important theological themes which belong the theology of the Cross which is largely missing from *Care In Dying*. The theology of redemptive suffering is about our participation in Christ's suffering. It is not just that we are not our own; we are Christ's and our life is about Christ in us. His life and death for us shape our lives in his; he in us and we in him. Suffering is not only part of the human condition; it belongs to human redemption. The underlying principle is that God and only God can bring good out of evil. This contributes greatly to how suffering is faced and how it belongs to living a meaningful life.

The challenges to the general consensus of the tradition against suicide on the basis of the suffering of the dying are better seen as cautionary notes against unnecessary and unduly prolonged suffering, not as prescriptions for actively ending life. The difference is crucial.

Care In Dying acknowledges Augustine's teaching which is based emphatically on a ecumenical consensus about the sixth commandment, "*thou shalt not kill/murder,*" understood to extend as well to self-murder. Aquinas' teaching recognises that suicide is a sin against nature and the self, against the human community and against God, profoundly illustrated in what is perhaps the greatest classic of Christian moral theology, Dante's *Divine Comedy* ('*Inferno*', Canto XIII). "*To my just self I made myself unjust*" as he has one character explain his act.

These arguments are downplayed in *Care In Dying* yet they lie at the heart of a Christian ethic and need to be more fully appreciated. They contribute to a very wide ecumenical Christian position which affirms in the words of *Care In Dying* that life is greater "*than any individual's "ownership" of it, and is not simply ours to discard*".

The will to die

Another consideration is the recognition of the will to die which complements the will to live. "*Father if it be possible let this cup pass from me; yet not my will but thine be done,*"

Christ's prays in Gethsemane, words that recall the Lord's Prayer. A healthy death wish is a feature of Christian life and belongs to the idea of living sacrificially. This relates to our baptismal identity and to the idea of redemptive suffering, the idea that we do not live to ourselves and we do not die to ourselves as *Care In Dying* notes, quoting Paul. This does not mean hastening our death in order to obtain eternal life but the recognition that our lives are more than the physical and the temporal; we participate sacramentally and sacrificially in life of God through Jesus Christ. The will to die recognises that, in the Christian understanding of things, death itself has changed. The doctrine of redemption, particularly, the doctrine of the Resurrection, changes how we face suffering and death. It does not license the taking of life but allows for the willingness to die, the very point in 'last rites' or the *Supplication for the Dying*.

The overarching pastoral task is to place each life and death in the merciful care of God, neither condoning nor condemning the actions of the individual. Funerals belong to the Christian works of corporal mercy; so, too, does the care of the dying, palliative care.

Autonomy

Care In Dying addresses the question of autonomy. The principle of autonomy which has largely operated in the political discourse since the Enlightenment has largely been displaced by a much more radical and anti-metaphysical view of individual autonomy. The earlier forms of the rights discourse - say with John Locke and Immanuel Kant - locate the principle of individual autonomy where autonomy simply means your right not to have your will imposed upon by the will of another. What operates now is the unbridled will of the individual such that there is the claim to a right to die. As Leon Kass has argued this is simply illogical and contradictory. It carries over into our current confusions whereby the right to die means that doctors and nurses are compelled to follow the autonomous will of the individual at the expense of their own autonomy. The right to die is an arbitrary assertion predicated upon the notion of the abstract individual disconnected from any community. It is a contradiction in terms, a bit like saying "I don't exist."

We are already at a point where doctors and nurses will have to be protected from this new form of autonomy which may compromise their own ethical consciences, if mandated by the overreach of the state.

The second point is that autonomy properly and, to some extent, traditionally belongs much more radically to our being made in the image of God because of our rational wills without which we cannot be responsible agents. Our thoughts, words and deeds have always to be seen in the light of our fundamental identity with God and in Christ Jesus and not in a kind of radical assertion of the independence of the self which then destroys itself in the name of itself. At issue are the questions about what does it mean to be a 'self'. What does it mean to end suffering at the expense of the sufferer?

Compassion and Pastoral Care

The current changes in public policy and much of what drives the debate within the churches and the culture is a question about an ethic of compassion. What are the Christian principles that inform such an ethic in the face of extreme hardship and suffering? The above considerations attempt to identify theological principles which inform a rich and powerful culture of care which has been part of our history but which is threatened by our technocratic exuberance and technological overreach.

The developments in medical technology at once good and powerful are also dangerous and ambiguous. Questions about death and dying are really questions about what it means to be human. The precautionary principle needs to be seen in a much more proactive light.

This suggests that there is all the more reason to reclaim an ethic of compassion which honours the dignity of the individual as *"a member of Christ, the child of God, and an inheritor of the kingdom of heaven"* (BCP, Catechism, 544). As *Care In Dying* rightly points out there are limitations to the simplistic idea of the sanctity of life; so, too, to dying with dignity. What is needed is *dying with grace*. Against the intense medicalization of dying, more room and space is needed for the forms of palliative care which once belonged to families and parishes and hospices. Out-sourcing dying and death to the medical profession and to the funeral industry has meant a real loss of understanding and respect for what it means to be human.

The Parable of the Good Samaritan: An Ethic of Compassion

For Christians, an ethic of compassion is rooted in the doctrine of the Incarnation wonderfully illustrated in Luke's story of the Good Samaritan and as commented upon in the theological tradition. It is called the parable of the Good Samaritan and rightly so even though the word 'good' is not used explicitly because the certain Samaritan is understood as a figure of Christ. Christ is the Good Samaritan. The whole context of the telling of the parable turns on a question about the Law. *"How readest thou?"* Jesus asks the lawyer who is actually motivated by a hostile intent and yet, in spite of himself, answers Jesus' question about the Law with its summary, the love of God and the love of neighbour. The parable is told in response to the subsequent inquiry *"and who is my neighbour?"*

The parable is rich in allegorical significance. Our humanity lies wounded and broken, half-dead, the victim of robbers and violence, on the road between the earthly city, Jericho, and the heavenly city, Jerusalem. The question is about what direction are we going? Priest and Levite look and pass by, unable or unwilling to help, an indictment of our response to the ethical demands of the Law. It is the ultimate outsider, a certain Samaritan, who *"came where he was; and when he saw him, he had compassion on him and went to him"* (Luke 10. 33,34) and takes care of him and in extravagant ways and in ways that have shaped the church's pastoral care of the sick and the dying, sacramentally and physically. It is a powerful story about an ethic of compassion rooted in Christ's Incarnation, God's intimate engagement with our humanity, with its suffering and with its dying and death. Remove those principles from our consideration and we are left

only with cynicism and despair, with the programmes of economic expedience and ease, with the *quietus* of disposing the inconvenient and burdensome.

The parable of the Good Samaritan turns upon the prior question about our identity with God in Jesus Christ. A question about doctrine shapes a parable about action and practice. It is perhaps a paradigm about thinking theologically so as to act compassionately.

In practical terms, this will mean helping the members of the church to develop Advance Decision plans and careful planning for what has meaning for them and their families in approaching the end of life in good conscience, faith and a holy hope. It will mean, too, promoting palliative care and supporting and encouraging geriatric medicine as an integral and important part of the medical profession. But above all, it will mean being patiently and prayerfully with those who are dying, placing them in the care of Christ.

David Curry
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Some Theological Reflections on the Draft 2016 Document of the National Task Force of the Anglican Church of Canada on Physician Assisted Dying
(Rev'd) David Curry

Maggie Ferguson's *How to Have a Good Death* in *Intelligent Life* (January 2016) canvasses various approaches to end-of-life matters. On the one hand, there is the story of palliative care; on the other hand, there is the story of death by appointment.

Scenario # 1

She was very afraid of dying. "I don't want to die. Him upstairs will get a big stick and shout at me, tell me to go to hell. I'm frightened. I don't want to be shouted at."

And I hugged her, bereft of anything theological to say that sounded real, and she snuggled in.

"Talk to me," she whimpered.

"There was a man who had two sons..." and I told her the story of the prodigal son and loving father.

"Will you be with me when I die? Be sure and tell me that story."

So I did, about an hour ago, now we are waiting for the undertakers.

Scenario # 2

On June 11th 2014, Rietje celebrated her 81st birthday in the Hospice Zutphen in east Holland, surrounded by her children and grandchildren. She told the grandchildren as they left that she wouldn't be seeing them again - "she was resolute, unsentimental". Two days later, knowing that his mother's death was booked for 5pm, Marc, with his sister and father, arrived at the hospice just after lunch with candles, flowers and champagne. Gathered around the bed they talked about old times "and laughed until we wept". In the midst of the jollity there was a knock on the door, "like in a Mozart opera". The doctor entered and explained that he would administer an initial injection to put Rietje to sleep in ten seconds, and a second one to paralyse the heart which would take up to three minutes. She died smiling. "It was", says Marc, "the most beautiful, life-affirming way for us as a family to see her go. I don't think anything more exceptional has ever happened to me, or will ever happen to me. It was even more extraordinary than the birth of my children."

It is fair to say that the 1998 document *Care in Dying* approved and commended by the ACC for study and discussion affirms the first story and is opposed to recommending the second. What about the Draft 2016 Document? It is fair to say, I think, that it approves the first and is altogether ambivalent towards the second. Its ambivalence is the document's best quality. There is, at least, a tacit acknowledgment that there is a problem with Physician Assisted Dying.

The Draft 2016 Document concedes the decision of the Supreme Court of Canada with little comment. That decision becomes *the situation* in which it endeavours to locate a pastoral response and position and for that it should be commended. That it is ambivalent with respect to what I have called Scenario # 2 implies that there are theological and ethical problems with the decision of the Supreme Court of Canada. It is unfortunate in my view that the Draft 2016 Document does not directly address the ethical difficulties of this decision.

For hasn't the Supreme Court of Canada, much like Pontius Pilate, washed its hands of the ethical in licensing the medical profession to the medical suspension of the ethical; in short, to medical murder? (There is, of course, also military murder which has sanction under the considerations of 'Just War' theory). And while there is no reason why in a post-Christian culture for the Supreme Court to consider and respect classical Christian teaching about life and death, is there not some reason to question the basis of such a decision? For it means as well an abandonment of the ethical principles about the taking of life that belong to the Common Law from which our legal thinking has derived.

There could be a way forward here perhaps. After all, the idea of judicial murder – capital punishment – has had a long-standing history and a philosophical or theological justification even if, in places such as Canada, the practice of capital punishment has been set aside. So is there perhaps an argument for medical murder under the sobriquet of Physician Assisted Dying? But upon what basis? The autonomy of "*competent persons with grievous and irremediable illness who are experiencing intolerable suffering*"? It is precisely here that we see the ethical dilemma. How exactly does this justify the taking away of life? How is this principle to be understood? How is competency and intolerable suffering to be determined and by whom? The Court has established the legal principle of the taking of life but awaits the determination of an adequate process before its implementation, a process which the Draft 2016 Document argues must "*ensure that this practice is governed in ways that reflect insofar as possible a just expression of care for the dignity of every human being, whatever their circumstances*". A noble sentiment but one which does not address the suspension of the ethical in the decision itself.

There are a number of serious theological deficiencies in the Draft 2016 Document. First and foremost, the theological outlook of the document is the theology of accommodation which very easily leads to the problem of making theology and God answerable to us. This is the default position which is a kind of nihilism, the a-theology of post-modern atheism.

Care In Dying dismissed rather cavalierly the dominant theological figures of Augustine and Aquinas from the current ethical discourse. The Draft 2016 Document repudiates them altogether, relegating them to their respective centuries, the 5th and the 13th. This denies the formative and complex role that the thinking of Augustine and Aquinas continues to play in the shaping of Christian thought, not just past but present.

Augustine is a seminal figure who coalesces so much of the patristic thinking on basic Christian Doctrine and which in turn influences just about every debate about sin and grace after him, including Aquinas, for example. Both play major roles in the complex debates about sin and grace not only with respect to Patristic theology and Medieval theology in all of their rich and varied array – hardly monolithic – but also in terms of early modernity in both its reformed and counter-reformed expressions (Protestant and Catholic).

For Anglicans, the role of both in the development of various approaches to theological reflection appears in every period. How could one make sense of Cranmer or Hooker in the 16th century, for example, without invoking Augustine? Gerlach Flicke's iconic 1547 painting of Cranmer, for instance, presents Cranmer with his hand on a pile of books, the titles of which are clear: the epistles of Paul and Augustine's *On Faith and Works*, prompting the modern historian Diarmaid MacCulloch's observation about the reformed intent: an emphasis on the Scriptures understood in the light of the best of patristic scholarship, namely Augustine. In the next century, in the aftermath of the *Interregnum*, John Pearson, one of the three great creedal divines renowned ecumenically for his work on Ignatius and for his monumental treatise *On the Creed*, appointed Lady Margaret Professor of Divinity at Oxford, argued for the use of Thomas *Summa Theologiae* as the basic textbook for teaching theology in the Church of England. Daniel Waterland among others would draw upon both to argue for the Trinity against Socinianism and Deism. The nineteenth century witnesses the remarkable scholarly achievement of the Tractarians and the Scottish divines in producing editions and translations of the works of the Fathers, notably Augustine.

The different 'Thomisms' that belong to the history after Thomas Aquinas right up to our own day bear eloquent testimony to the significance of his thought including on Lutheran and Calvinistic theology. Calvin has to go out of his way to find something to critique in Thomas in his *Institutes of the Christian Religion*. The significance of both is critical to the 20th and 21st century no matter what one's political theological commitments. The Joint Declaration on Justification between the Lutheran Church and the Roman Catholic Church, a monument of ecumenical reasoning about the respective understanding of infused and imputed righteousness, would be impossible without Augustine and Aquinas. The current debates about modernity that so-called Radical Orthodoxy raises also draw heavily upon both Augustine and Aquinas. And so on and on.

The point is that these figures cannot simply be relegated to a certain time and culture. They belong inescapably to the current debates. It won't do to relativize 'theology' in this simplistic and reductive way. What they have to say contributes to a Christian ethical understanding. A further point is that they contribute to the liturgical culture of both the BCP and the BAS at least insofar as we are still able to take seriously the

language of sin and grace in terms of contrition, confession and satisfaction, to mention but one area of spirituality.

To its credit, the Draft 2016 Document continues to commend 'Care in Dying' and argues that the "church needs neither to surrender its basic insights and principles nor propound them in a way that simply isolates the church from the theologically essential task of empowering individuals caught up in these situations to make sense of their lives, their hopes and fears, their pain and distress" (5). This identifies, however, in a rather unambiguous way the 'theology' of accommodationism. While appreciating the existential significance of the 'situated individual', the statement has already compromised the basic insights and principles of the Christian Faith: first, by sidelining the theology of redemptive suffering so conclusively; and, secondly, by making essential what is purely and properly contingent. Theology is more than a response to the culture.

More seriously, perhaps, is the account of the sufferings of Job. Here the Draft 2016 Document quotes a passage from "The Puppet and the Dwarf" purporting to show that the argument of *The Book of Job* is about the meaninglessness of human suffering. The draft fails to give the revealing sub-title and consistently misspells the author's name. The sub-title is "The Perverse Core of Christianity". The author is the brilliant and eccentric atheist philosopher Slavoj Žižek; (the misspelling of Žizak seems almost Freudian, confusing Žižek with Zusak, the author of *The Book Thief* and *I am the Messenger*, literary novels that are about redemption and meaning!). More to the point, Žižek's account is a deliberate twisting – indeed, a perversion – of G.K. Chesterton's celebrated essay about *The Book of Job*. For Žižek, though, it is part of a larger agenda, again twisting Chesterton, this time about Christ's cry of dereliction about which Chesterton observes that Christianity is the one religion "in which God seemed for an instant to be an atheist". For Žižek, the perverse core of Christianity is that it is atheism. Looking at everything through the Marxist lens of dialectical materialism, on the one hand, and through the psychological lenses of Lacanian analysis, on the other hand, Žižek constantly claims that "there is no Big Other (i.e. God) and that you don't exist". I am not sure that this serves very well the purpose of the Draft 2016 Document.

Žižek misquotes the cry of dereliction from Matthew and Mark both in *The Puppet and the Dwarf* (2003) and in *The Monstrosity of Christ* (2009) as "Father, why have you forsaken me" which is not the same as "My God, My God. Why hast thou forsaken me?" This serves his ideological agenda. It was only in 2010 in an essay "A Meditation on Michelangelo's Christ on the Cross" in *Paul's New Moment* that he finally gets the scriptural passage right and alters his argument,

The Book of Job provides a telling critique of the perspective of the Deuteronomic historian, namely, the idea that if you do well you will be rewarded; if you sin you suffer. In such a view the transcendence of God is denied and God is made accountable to us and to our reasoning and experience; a kind of accommodationism that defaults to

atheism. If God is made accountable to us, then God is made in our image and not us in the image of God.

Job rightly dismisses the theology of the Comforters. What he wants is for God to speak to him; his quest is for wisdom about the God in whom he believes, not unlike Gilgamesh's quest to question Utnapishtim concerning life and death, not unlike Odysseus suffering to learn what belongs to his homecoming. The riddle of Job, as Chesterton styles it, is that God does speak to him, albeit out of the whirlwind, and as the Creator whose word and ways are not accountable to finite human reason. The marvel or riddle from Chesterton's perspective is that God does speak to Job, though not to belittle and humiliate him as in Ezekiel's account. *"I have uttered what I did not understand, things too wonderful for me, which I did not know ... I had heard of thee by the hearing of the ear, but now my eye sees thee; therefore I despise myself, and repent in dust and ashes"* (Job 42. 3, 5,6).

God's grace in creation is the precondition of the Law; God is not accountable to us but we are to God. This is exactly what Job comes to realise. The text is not about the meaninglessness of life or suffering. Meaning is found in our relationship with God.

The strength of the document lies in its pastoral sensitivity. It recognises that priests and pastors, palliative care-givers and doctors will face the difficult situations in which an individual (Christian, Nominal or otherwise, Non-Christian, etc.) will want – even demand – physician assisted dying. How to respond? I would hope with clarity and charity. It is difficult to know *how* exactly but there are often cases where conscience is challenged and tested in ways that do not necessarily mean compromise or coercion to the will of another. The Draft 2016 Document goes a long way to thinking through the pastoral complexities of those situations but I think it would be stronger if it could be more forthright about the classical Christian teaching. That doesn't mean being judgmental so much as being honest particularly in the face of a post-Christian culture.

There are more ethical conundrums that might be considered, particularly about conscientious objections. Does it apply only to doctors, for instance? What about nurses who are more often than not on the front line? There are questions, too, about language. I am very puzzled by the sophistry about murder and suicide. The Supreme Court has licensed doctors to do directly what is often being done indirectly but why the squeamishness about suicide? Why insist on physician assisted dying which effectively makes the doctor the active agent while at the same time making informed consent of the individual the principle of justification?

More importantly, what are the philosophical principles that undergird this direction? Unless I am missing something it seems clear that there are three things of moment: choice; control; and 'compassion'. With respect to the last, one might simply ask, 'what does compassion mean in a Christian view apart from the passion of Christ?' To charge Augustine and Aquinas and the notion of redemptive suffering itself as being

ideologically motivated only ignores and obscures the ideological tendency of the document itself – namely, a kind of atheism represented very clearly and without ambiguity by ¶i¶ek. That tendency, at the very least, lacks theological justification. Too much sentiment and too much deference to political and social concerns, and particularly to a certain segment of popular opinion, i.e. consensus, dominates the document and to its detriment. The problems are difficult, to be sure, but to sideline the theological principles that inform ethical and pastoral action only adds to the problem and does not contribute to the ways in which they are faced.

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