Proposed Article for Diocesan Times

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.

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