

As dying, we live: Some Reflections on Care In Dying  
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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 17<sup>th</sup> 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 (17<sup>th</sup> 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 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.

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