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Human Life, Natural Law, and Pastoral Care

By J. Budziszewski

Not long ago on a medical ethics panel I spoke against playing God. My counterpart, a hospital chaplain, declared “of course it’s okay to play God; at the hospital we do it all the time.” He was too genteel to use the word, but everyone knew that when he spoke of playing God he meant killing.

Today death walks with seven-league boots. First we were to approve of killing unborn babies, then babies in process of birth; next came newborns with physical defects, now newborns in perfect health. Nobel-prize laureate James Watson and Princeton bioethicist Peter Singer have both proposed that parents of newborns be granted a grace period during which they may have their babies killed, and in 1994 a committee of the American Medical Association proposed harvesting organs from some sick babies even before they die. First we were to approve of suicide, then to approve of assisting it. Now we are to approve of a *requirement* to assist it, for, as Ernest van den Haag has argued, it is “unwarranted” for doctors not to kill patients who seek death. First we were to approve of killing the sick and unconscious, then of killing the conscious and consenting. Now we are to approve of killing the conscious and *protesting*, for in the United States, doctors starved and dehydrated stroke patient

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Marjorie Nighbert to death despite her pleading “I’m hungry,” “I’m thirsty,” “Please feed me,” and “I want food.” Such cases are only to be expected when food and water are now often classified as optional treatments rather than humane care.

The current stage of the death debate features two main views. In the traditional view, intentionally killing an innocent human being is always wrong. Such killing includes both active euthanasia and acting as an accessory to suicide. However, *allowing* to die is sometimes permitted. This does *not* mean that humane care such as washing or feeding may be withheld or withdrawn. It does mean that a particular medical treatment may be withheld or withdrawn, provided that (a) the patient is dying, (b) his death is imminent, (c) the treatment is of an extraordinary nature, and (d) his death is not the goal of withholding or withdrawing the treatment, but merely one of its possible results.

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The traditional view is the one I defend. It is rooted in the Hippocratic idea that doctors are healers whose rule is to do no harm, in the Judeo-Christian idea that human beings are precious no matter what their condition or stage of development because they are made in the image of God—and in the design of the human conscience, “written on the heart,” which philosophers call the Natural Law.

Against all this is the radical view that intentionally killing an innocent human being is sometimes all right. I call this view radical because it is against conscience, against the natural law, against our traditions, against Judaism, against Christianity, and against the highest pagan wisdom as reflected in the oath of Hippocrates. It requires abandonment of the vision of the doctor as healer; it requires abandonment of the first rule of medical ethics, “Do no harm”; it requires abandonment of the idea that human beings are precious no matter what their condition, because they are made in the image of God. And who, under the radical view, winds up endangered? Precisely the weak; precisely the helpless; precisely the despairing and unwanted. In fact, just those who by the traditional view have the greatest claim to care and protection.

A canard of the radicals is that traditionalists are “simplistic.” On the contrary, although the traditional criteria are clear, they are far from simple. For example, extraordinary treatments are defined as those which impose excessive burdens on the patient or fail to offer reasonable hope of benefit, and all traditionalists recognize that judgment is needed to know when that line has been crossed. The radicals themselves are the real simplifiers for they deny the moral distinction between allowing death and causing it, arguing that if one may ever withhold even the most heroic treatment, then one may also kill.

Then who dies? Here the radicals split, but none of their criteria bears scrutiny. *Is the patient suffering?* According to specialists in palliative care, even though not all doctors receive adequate training in treatment methods, today almost all physical pain can be rendered bearable. For the rare pain that resists amelioration the patient can ask to be sedated. *Is he dying?* The irrational thought behind this criterion seems to be that if we cannot guarantee the patient a length of life we think sufficient, he shall not have any at all. *Has his life lost its worth?* That which is in the image of God does not lose worth because it can no longer play the piano or use the toilet without assistance. *Does he want to die?* It is not quite merciful to offer the patient death as a reward for internalizing the embarrassment, contempt, and disgust of those around him; some of us would consider it a nasty trick. Most of those who are treated with compassion regain their wish to live. *Would his death be in the best interests of all concerned?* This is a dishonest way of asking whether he has become a nuisance. If ever we arrive at killing people

just because they are in the way, we will have lost everything.

A glimpse of what losing everything might mean may be found in the Dutch bestseller *Dancing With Mr. D*, a rambling, disjointed journal of a physician’s nursing home practice. In the Netherlands, euthanasia is not precisely legal, but is officially tolerated in an ever-expanding set of circumstances. Early in the narrative, author Bert Keizer is called to the bedside of a Mrs. Malfijt, who is choking on her food. There is no use trying to clear the blockage, he says, so rather than help in any way, he fills her veins with morphine. This he calls letting her decide her own course without being harassed from either shore. After fifteen minutes he calls her son to tell him she is dead.

At the end of the passage I come to a full stop, then back up. Have I just read what I think I have? Yes. How can it be explained? It can’t; in Keizer’s universe, where God is dead and life is meaningless, categories like cruel, mad, and normal can no longer be distinguished. The author gives overdoses of morphine to every patient in sight, yet grows furious with their relatives for thinking that euthanasia is easy to arrange. Love for his patients? He declares to a colleague that he has none, but calls it good for the profession to heave a sigh from time to time and say that he does. On this page he mocks his country’s official guidelines, which the ignorant in our own country cite as proof that euthanasia can be kept within bounds. On that page he violates his private guidelines, never to kill just for the comfort of the spectators and never to do it in a hurry. Over here he explains the importance of rituals and says there should be one for euthanasia. Over there he mocks the mourners at funerals by answering their questions with gibberish. He admonishes one patient for loudly asking about euthanasia in the hearing of others. Yet having been offered some of another one’s shirts, he rummages among them in the very faces of the dead man’s former wardmates. He harangues a dying former hippie for not having aborted her only child. Yet he badgers a nurse for refusing on grounds of religious faith to administer a deliberate overdose of morphine to a woman with a broken hip. Because he considers human beings feces—I am merely reporting to you what he says—one can hardly be surprised that he colors all their works with excrement, as when he compares an expiring woman’s effort not to retch with the strain of holding in stool. But her death was a good one, he says, because she struggled at the exit.

The “Dutch cure” has already been implemented in Oregon, and proponents are demanding it everywhere. Why do things get worse so fast? The usual explanation is that conscience is weakened by neglect. Once a wrong is done, the next wrong comes more easily. On this view conscience is mainly a restraint, a resistance, a passive barrier. There is something to this explanation, but it fails to account for the sheer dynamism of wickedness—for the

fact that we aren't gently wafted into the abyss but violently propel ourselves into it.

I suggest a different explanation. Conscience is not a passive barrier but an active force; though it can hold us back, it can also drive us on. Sigmund Freud was close to the truth about displacement—about how urges that are displaced merely express themselves in different and disguised ways. One of his problems was that he paid too much attention to the sexual urge and not enough attention to the urge to do the right thing. Holding conscience down does not deprive it of its force; it merely distorts and redirects it. We are speaking of something less like the erosion of an earthen dike so that it fails to hold the water back, than like the compression of a powerful spring so that it buckles to the side. The reason things get worse so fast lies not in the weakness of conscience but in its strength, not in its shapelessness but in its shape.

How might this work? Surely not everyone who has done wrong has guilty feelings, and surely not everyone who has done wrong admits it. True, but guilty knowledge and guilty feelings are not the same thing. The *knowledge* of guilt always produces certain objective needs, which make their own demand for satisfaction irrespective of whether the knowledge is consciously admitted, and irrespective of the state of the feelings. These needs include confession, atonement, reconciliation, and justification.

Now when guilt is acknowledged, the guilty deed can be repented so that these four needs can be genuinely satisfied. But when the guilty knowledge is suppressed, they can only be displaced. That is what generates the impulse to further wrong. Taking the four needs one by one, let us see how this works.

The need to *confess* arises from transgression against what we know, at some level, to be truth. For some time, observers like Herbert Hendin have noticed that accessories to suicide have a strong tendency to write about their acts. Besides George Delury, who killed his wife, Timothy E. Quill, who prescribed lethal pills for his patient, Jack Kevorkian, who was invited to kill his patient on television, and Bert Keizer, who seems to kill everyone he can, we may mention Andrew Solomon, who participated in the death of his mother. Solomon writes in the *New Yorker* that “the act of speaking or writing about your involvement is, inevitably, a plea for absolution.” Many readers will remember the full-page signature advertisements feminists took out in the early days of the abortion movement, telling the world that they had killed their own unborn children; the ritual of confession was inverted to serve the purposes of advocacy. Only by recognizing the power of suppressed conscience can this paradox be understood. The law multiplies transgressions.

The need to *atone* arises from the knowledge of a debt that must somehow be paid. One would think such knowledge would always lead directly to repentance, but

the counselors whom I have interviewed tell a different story. One woman learned during her pregnancy that her husband had been unfaithful to her. He wanted the child, so to punish him for betrayal she had an abortion. The trauma of killing was even greater than the trauma of his treachery, because this time she was to blame. What was her response? She aborted the next child, too; in her words, “I wanted to be able to hate myself more for what I did to the first baby.” By trying to atone without repenting, she was driven to repeat the sin. The law multiplies transgressions.

The need for *reconciliation* arises from the fact that guilt cuts us off from God and man. Without repentance, intimacy must be simulated precisely by sharing with others in the guilty act. Andrew Solomon says that he, his brothers, and his father are united by the “weird legacy” of their implication in his mother’s death, and quotes a nurse who participated in her own mother’s death as telling him, “I know some people will have trouble with my saying this but it was the most intimate time I’ve ever had with anyone.” In a book on the Dutch affair with euthanasia, Herbert Hendin comments that “The feeling that participation in death permits an intimacy that they are otherwise unable to achieve permeates euthanasia stories and draws patients and doctors to euthanasia.” And no wonder. Violation of a basic human bond is so terrible that the burdened conscience must instantly establish an abnormal one to compensate; the very gravity of the transgression invests the new bond with a sense of profound significance. Naturally some will find it attractive, and the more ambitious among them will even recruit. The law multiplies transgressions.

Finally we come to the need for *justification*. Unhooked from justice, of course, justification is merely rationalization. The danger of this game is that the ordinances written on the heart all hang together. They depend on each other in such a way that we cannot suppress one except by rearranging all the others. For example, think what is necessary to justify abortion. Because we can’t not know that it is wrong to deliberately kill human beings, there are only four options. We must deny that the act is deliberate, deny that it kills, deny that its victims are human, or deny that wrong must not be done. The last option is literally nonsense. That something must not be done is what it means for it to be wrong; to deny that wrong may not be done is merely to say “wrong is not wrong,” or “what must not be done may be done.” The first option is hardly promising either. Abortion does not just happen; it must be performed. Its proponents not only admit there is a “choice,” they boast of it. As to the second option, if it was ever promising, it is no longer. Millions of women have viewed sonograms of their babies kicking, sucking their thumbs, and turning somersaults; whatever these little ones are, they are busily alive. Even most feminists have given up calling the baby a “blood clot” or describing abortion as the “extraction of menses.”

The only option even barely left is number three: to deny the humanity of the victims. It is at this point that the machinery slips out of control. For the only way to make option three work is to ignore biological nature, which tells us that from conception onward the child is as human as you or me (does anyone imagine that a dog is growing in there?)—and invent another criterion of humanity, one that makes it a matter of degree. Some of us must turn out more human, others less. It hardly needs to be said that no one has been able to come up with a criterion that makes babies in the womb less human but leaves everyone else as he was; the teeth of the moral gears are too finely set for that. Consider, for instance, the criteria of “personhood” and “deliberative rationality.” Unborn babies turn out to be killable because they cannot act with mature and thoughtful purpose; in fact, being less than fully human, they must be killed when the interests of those who are more fully human require it. But look where else this drives us. Doesn’t maturity also fall short among children, teenagers, and most adults? Then aren’t they also less than fully persons—and if less than fully persons, then less than fully humans? Clearly so, hence they too must yield to the interests of the more fully human; all that remains is to sort us all out. Need we wonder why, having started on our babies, we now want to kill our grandparents?

Conscience has driven us to this. Evil must rationalize, and that is its weakness. But it can rationalize, and that is its strength.

Allow me swiftly to draw the implications of all this for counseling and pastoral care.

1. The reason that the people in our care commit greater and greater atrocities against human life is not that conscience has eroded, but that it has been suppressed. It isn’t true that we don’t know right from

wrong; the problem is that we don’t want to admit what we know already.

2. When suppressed, conscience loses none of its force, but its force is redirected, driving us on into further wrongdoing.

3. Guilty knowledge will generate the same objective needs for confession, atonement, reconciliation, and justification, whether or not this knowledge is consciously acknowledged, and whether or not it is accompanied by guilty feelings.

4. The “compassion” which urges us in counseling and pastoral care to soften moral obligation, or, if transgression has been committed, to minimize guilt, is therefore a false compassion and a sign of our own hardness of heart.

5. True compassion requires pointing those suffering from burdened conscience to the true source of confession, atonement, reconciliation, and justification, in the sacrifice of Jesus Christ.

6. But the exercise of such compassion entails a directive approach, helping those in need of pastoral care to acknowledge consciously those duties which in any case are written on their heart, and encouraging them to abandon the evasions and denials by which all of us fallen creatures try to convince ourselves that we don’t know what we really do.

7. The chief difficulty is *how* to encourage the abandonment of comforting self deceptions, but we can count on the assistance of both common grace, which maintains intact even the violated conscience, and saving grace, which seeks its relief.

Death and euthanasia: Some Prior Questions

By Nigel M. de S. Cameron

What is man, that thou art mindful of him And the son of man, that thou visitest him? Psalm 8

It was John Henry Newman, as eminent as English stylist as a churchman, who put it best: ‘When I show a man that he is inconsistent,’ he said, ‘I make him decide which he loves the better: the portion of truth he already holds, or

the portion of error.’ And though the point he was making was of more general character, he thereby set up an agenda for our troubled discourse as we would live and speak in this age of ambiguous conviction. For just as faith continues to recede, we are a century on from Mathew Arnold’s *Dover Beach* and the long-forecast post-Christian centuries have yet to begin. By the same token, the deep ambiguities of a culture still half-convinced of the old verities while half-convinced also of

the new should leave us little source of comfort. What it does mean is that it is in the inconsistencies of our day that we shall best find its clues; just as the apologist's task is to press Newman's resistless logic, if we would read the times and be enabled to speak to them we shall need to get better at understanding what it is to live with a foot in the old world and one in the new: to be as unconscious of inconsistency as one is untroubled.

It is in that context that I raise what I call the 'prior questions.' We are familiar with the fact that when discussion becomes particularly dense, when logic seems unrewarded and disagreement intractable, it is generally the case that we are discussing the wrong thing. That is to say, those on opposing sides are in fact disagreeing primarily about something that is not part of the conversation, and yet which influences it profoundly. We know this experience in many areas of our culture. It is nowhere more true than in bioethics. And, within bioethics, it is supremely at the end of life that the deep-seated differences become most plain, and most interfere with our attempts at conversation on questions such as so-called 'physician-assisted suicide.' The discussion is not a simple one of whether Oregon is right or wrong; it ranges over the question of the meaning of death, what it is to be human, and how we construe the identity and task of the physician. Simply to put that in those terms is to illustrate how hard it has become to engage in public conversation today, for the voters of Oregon generally made up their minds (in whatever direction) in ignorance of all such issues. Which is another way of noting that at times of great cultural shift and crisis, everything gets more complex to discuss, for what appear to be straightforward questions involve us in analyzing fundamental issues that are in flux.

In this brief presentation I would like to open up three of these questions by way of illustration. The point is to help set these enormous discussions within a series of contexts that are typically unaddressed when what we call end-of-life issues are on the agenda. We could add others. And we could focus more acutely on the human dimension, the existential context of those who are sick and in pain and who contemplate their future with perplexity and it may be with fear. I shall not say much about that, and I know that others will. If we believe, however, that logic should sway the argument we need to consider, alongside the culture crisis in which we live and which divides the mind of our day, we need also to ponder the experience of the sick and the dying and the ways in which their own minds work. Some here are sick, and it may be some are dying, or know it to be soon, when the rest of us trust it will not be. Let me quote Emily Dickinson who as usual makes the point with her supernatural economy of words:

The heart asks pleasure first,
And then, excuse from pain;
And then, those little anodynes
That deaden suffering;

And then, to go to sleep;
And then, if it should be
The will of its Inquisitor,
The liberty to die.

1. The question of human being

It seems the most obvious question to ask, does it not? What does it mean to be human—and what clue does it give us as to how we should treat those who are, including ourselves? And yet the difficulty we have answering the question has kept it firmly from public view. In the major arena of human life conflict of the past generation, this question has been curiously confused, for the abortion debate, at least when it surfaced a generation ago as a major issue of public policy, was focused not on what it means to be human but on how we may know that a human life has begun. The fact that we may impute a degree of disingenuousness to those who raised the issue in this way does not detract from the character that the debate has taken, as is evident in the fact that almost every attempt to counter the pro-abortion position has been grounded in an assertion that *in utero* life has indeed begun. The question *So what?* was never expected in reply, but the move of the debate into the realm of infanticide, as evidenced most sharply by Peter Singer's candid embrace of child killing, shows how far we have come. Yet we have moved in the direction of logic: Newman's question has begun to be answered.

The fate of the Judeo-Christian understanding of human being as bearing the *imago Dei* lies at the heart of this debate.

2. The question of death

If we do not know who we are, then it is hardly surprising that we are confused as to how we should die. One of the most interesting themes of contemporary medical-bioethical discussion is the manner in which veterinary medicine vies with Hippocratic in setting our norms. Of course, many of the 'new technologies' in medicine are imports from the veterinary field, all the way from artificial insemination (AI) through *in vitro* fertilization (IVF) to cloning, initially of stem cells for purposes of vivisection but ultimately as yet another contribution to the armamentarium of the industry of 'reproductive' 'medicine.' At the same time, the popular euthanasia discussion is laced with such reflections as 'I would not want my dog to suffer like that', which is in fact a most interesting statement. We do not indeed believe that we should subject our beloved pets to the kind of suffering which we as humans are called on to experience, although (Newman again) we need to clarify just what is at stake: it is debatable in many cases whether pets should have broken limbs set, and few would argue for extensive surgical or other procedures that in humans we take for granted. The point is this: in general we all of us understand that people are not the same as dogs, but we

have less and less grasp on the extent and reason that is so. And the matter is focused most sharply at the point of death: why can it be good to show 'more compassion' to an injured dog than to a child? The death of a dog is one thing; the death of one of us is another.

3. The question of medicine

The focus on 'physician assistance' in 'suicide' draws our attention forcibly to the changing role of medicine. The conscience of the profession remains sensitive and not entirely disconnected from its origins at this point. As we know, there have been extensive debates as to whether physicians should be involved in any way in the operation of the capital sentence (even in certifying death). The calling of the physician is to be something other than a technician of the body, a plumber who will do the patient's (or someone else's) bidding; the professional vision is not quite lost. Yet the Hippocratic legacy is crumbling.

4. The question of bioethics

It is important also to orient ourselves in the wider world of bioethics, and for two particular reasons. First, because bioethics as an enterprise has set itself the practical task of the reconstruction of the western view of human nature. That is the simplest and best way to understand this strange enterprise, which flourishes on the fringes of medicine and is ever seeking to shape its future and that of all of us under the impress of technological possibility and in a firm divorce from the Judeo-Christian-Hippocratic vision. Secondly, bioethics has set in place as

its central organizing principle the notion of autonomy. This is of course a plastic term with many shades of definition, but in bioethics hands it essentially performs the function of transferring to the patient the moral accounting for medicine, breaking candidly with notions of physician paternalism (which are typically overdrawn) but implicitly also with the professional idea and indeed the principle of the public policy framework which gives validity to the practice of medicine in the community. If it is only the patient's exercise of moral will that has any standing in patient care, all else is called into question. 'Informed consent' procedures, which are to a significant degree simply exercises in legal fiction, become the operating principles of medical decision-making. And however imperfectly the system and its practitioners may adapt (most patients still want their physicians to play a major role in decision-making, and the evidence is that that still largely happens), in principle it has radically shifted; the symbolism of the so-called Patient Self-Determination Act of 1991, which gave a huge fillip to the so-called 'living will' for the alleged purpose of enhancing self-determinative opportunity, is striking. And, needless to say, the autonomy justification and the living will precedent are the bed in which the case for voluntary euthanasia in its various guises is laid.

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A Biblical Ethic for the End of Human Life

By James R. Edwards

The Nature of Human Life

A biblical ethic for questions related to the end of life must be built on the biblical definition of human life. In the first chapter of the Bible God decrees the creation of human life thus,

And God said, 'Let us make humanity in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground. God created humanity in his own image,

in the image of God he created it; male and female he created them' (Gen 1:26-27).

The significance of this passage for a definition of human life consists in the following. First, in distinction to earlier forms of life that are made "according to their own kind," human life is made in God's image. Animal life develops according to a principle inherent in itself, but human life derives from a principle extrinsic to itself, from God, and the divine image defines and characterizes human life in a way that it does not define and characterize animal life.

Second, human life comes in two sexes, male and female, both of which are created by God and both of which equally bear his image.

Third, human life owes its origin and purpose to God. The Hebrew word for “image” (Heb. *selem*) carries connotations of concrete likeness (i.e., statue, idol, shape, form), whereas the word for “likeness” (Heb. *demuth*) is slightly more figurative (i.e., likeness, representation). These words cover a fairly wide spectrum of meaning in the Hebrew Old Testament, but their repetition in Genesis 5:3 with reference to Seth “whom Adam bore in his likeness (*demuth*) and according to his image (*selem*),” indicates that the relationship of parent and child is understood by the author of Genesis to be analogous to the relationship of God and humanity. In the very substantial discussion of “the image of God” in the history of theology the expression is most frequently understood to mean the capacity of *sentience* and *spirituality*. I do not wish to contest this meaning, for the subsequent story of Scripture attests to its essential correctness. I wish to submit, however, that in the context where “the image of God” is introduced it is defined not by sentience or spirituality but by the command to rule over creation (Genesis 1:29-30). According to Genesis 1, therefore, humans are created with the capacity of being deputies of God. The first consequence of being made in the image of God in Genesis is to be entrusted with responsibility for stewardship over God’s created order.

Genesis 1 thus teaches that God created humanity as both male and female, and endowed both with his image. Humanity is established and empowered not to be Lord over life but stewards of life, according to God’s purposes.

Stewardship for Life

What does stewardship over creation imply for the willful taking of human life? In both versions of the Ten Commandments (Exodus 20:13; Deuteronomy 5:17) the commandment not to kill is given in the Hebrew word *ratsach*. The semantic field of this word, which is also represented by *phoneuein* in the Greek translation (Septuagint) of the Old Testament, denotes illegal, violent, and culpable killing of an individual within the community of Israel, hence “to slay or murder.” The command not to kill intends to guarantee protection of life to those within the community of Israel, including foreigners, aliens, widows, and orphans. The moral guilt incurred when this commandment is violated is so serious that the normal penalty is the forfeiture of the perpetrator’s life. The Hebrew word *ratsach* in the Ten Commandments does not include capital punishment, killing in self-defense or war, or suicide, however.

The Old Testament thus differentiates between unjustifiable and justifiable forms of killing. On the one hand, Israel regarded with horror the killing without cause of those within the covenant. Not even the king is above the moral law, as evinced by Elijah’s condemnation

of Ahab, who ordered the death of Naboth, “‘Have you not murdered a man and seized his property?’ ‘This is what the Lord says: In the place where dogs licked up Naboth’s blood, dogs will lick up your blood’” (1 Kings 21:19). Again, David consistently refused to kill King Saul, despite the latter’s repeated attempts on David’s life, because Saul was the Lord’s anointed (1 Samuel 24:6). For the same reason Saul’s personal armor-bearer refused to kill the mortally wounded king (1 Samuel 31:4); and the hapless Amalekite who killed the king in mercy on Mount Gilboa was remorselessly slain by David (2 Samuel 1:10, 14). Israel’s aversion to taking life unjustifiably is reflected in King Joram’s response to Naaman, “‘Am I God? Can I kill and bring back to life’” (2 Kings 5:7). In the Old Testament innocent life belongs to God and cannot be violated without penalty in kind to those who take it.

On the other hand, not all killing in Israel was forbidden. Israel’s legitimation and engagement in some forms of killing, including killing in self-defense, capital punishment, and war are well known. With regard to our specific topic, the Israelite attitude toward suicide is worthy of mention. It may be slightly overstated to say that suicide was judged a case of permissible killing in Israel, but it is instructive to note that the Old Testament does not list suicide among forbidden acts, nor is any of the six suicides recorded in the Old Testament expressly condemned (Judges 9:54; 16:29-30; 1 Samuel 31:4-5; 1 Chronicles 10:4-5; 2 Samuel 17:23; 1 Kings 16:18).

You Are Not Your Own

When we come to the New Testament we do not discover a further development of Old Testament legal and moral codes. Rather, we encounter another principle that forms a concluding corollary to the principle of the image of God in Genesis 1. The New Testament principle is expressed in the cross of Jesus Christ that reveals both the love of God and the inestimable value of every human creature, and indeed of the world itself. With respect to an understanding of human life, the New Testament thus adds the principle of redemption to the principle of creation. For the purposes of human ethics, the principle of redemption is best expressed by the Apostle Paul’s concept of belonging to the Lord. “You are not your own. You have been purchased with a price; therefore, glorify God in your bodies” (1 Corinthians 6:19-20). Likewise, “None of us lives to himself and none of us dies to himself. If we live, we live to the Lord, and if we die, we die to the Lord. Therefore, whether we live or die, we belong to the Lord” (Romans 14:7-8).

The principle of redemption is of fundamental importance for human ethics. It means that my self-interest as a human being is not the deciding value in determining the rightness or wrongness of a given act. Nor even is the interest of my neighbor the deciding value of morality. Rather, because of the cross of Christ I now belong irrevocably to God; *his* will gives meaning to my life, and

his will is the measure of right and wrong. I am not simply made according to the image of God, but I am redeemed by the costly sacrifice of the One who is the very image of God. In other words, my “right” as an individual is subordinate to God’s will as revealed in Jesus Christ.

The Christian acceptance of the atoning significance of the cross means that the claim over one’s life belongs actually and ultimately to God rather than to oneself. This has radical implications for ethics, especially for personal ethics. Since our topic is end-of-life issues, I shall restrict my comments to relevant aspects of the latter. With regard to suicide, it means that taking my own life is no longer a matter of moral ambiguity, or even indifference, as it appears to be in the Old Testament. If my body is the object of the costly redemption of the cross of Jesus Christ, then my willful destruction of it apart from the fulfillment of a higher commandment of God cannot be morally justified. With regard to the *prolongation of life*, it means that I am free to relinquish my life to God as creator and redeemer when all further medical and technical support have no effect other than postponing the inevitability of death. Indeed, the needless prolongation of life by increasingly sophisticated and successful technological apparatuses in an attempt to prevent the inevitability of death exhibits neither respect for life nor faith in God.

With regard to *euthanasia*, it means that the application of procedures or withholding of procedures whose intent is either to end life or assist death is a moral evil, and, by playing the role of lord over life rather than performing

the service of being a steward of life, a presumption against the sovereignty of God.

A final word is in order with regard to the claim that pain or meaninglessness or the apparent certainty of death justify the intentional ending of human life. Particularly with regard to pain, Christians do not wish to be indifferent to pain, much less appear to promote it. Nevertheless, with modern medicine most pain can be more or less successfully managed. Moreover, one of the distinguishing traits of being human is the ability to transcend adversity, including many forms of pain, and find meaning in life through it and in spite of it. We do not see in Scripture a justification for ending life on the grounds of adversities, including the adversities of pain and meaninglessness. The fact that we belong to God through the redemption of Jesus Christ means that God has purposes for our lives beyond those of which we are aware and personally enabled to achieve. Although Christians are called to alleviate suffering by acts of compassion, Christians also affirm that the redemption by which we belong to the Lord was achieved at the cost of the suffering of the Son of God, and that our acceptance of unavoidable suffering is an important means by which God molds us into greater Christ-likeness according to the image of his Son.

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Notes on a Theology of Suffering

By C. Ben Mitchell

Introduction

To say that the problem of human suffering is one of the most incorrigible difficulties of our lived experience is to trivialize it. The problem of suffering and its close cousin, pain, raises the kind of questions which have kept many a philosopher and theologian awake at night. More profoundly, the experience of suffering and its sometimes attendant pain has wracked the body and soul of mortals since the Adamic fall.

Tackling the problem of suffering is a daunting task. Who is equal to the task of explicating its nature, explaining its

causes, and ameliorating its distress? I would like to offer the following discussion as a way of beginning our conversation on this topic. While I do not claim that my discussion is in any way comprehensive, I could hope that it would at least provide a suggestive treatment of the important aspects of a theology of suffering.

The Problem of Pain

Suffering may be painful and pain may cause suffering, but one is not identical with the other. Cornell University Medical College clinical professor Eric Cassell puts it, “Although pain and suffering are closely identified in the

minds of most people and in the medical literature, they are phenomenologically distinct.”¹ It is difficult, if not impossible, to provide a satisfactory definition of pain.² Pain is not something we define, it is something we feel, something we point to (“that hurts”), and something we sometimes fear. In her modern classic, *The Body in Pain*, Elaine Scarry observes:

For the person whose pain it is, it is “effortlessly” grasped (that is, even with the most heroic effort it cannot *not* be grasped); while for the person outside the sufferer’s body, what is “effortless” is *not* grasping it (it is easy to remain wholly unaware of its existence; even with effort, one may remain in doubt about its existence or may retain the astonishing freedom of denying its existence; and finally, if with the best effort of sustained attention one successfully apprehends it, the aversiveness of the “it” one apprehends will only be a shadowy fraction of the actual “it”). For the person in pain, so incontestably and unnegotiably present is it that “having pain” may come to be thought of as the most vibrant example of what it is to “have certainty,” while for the other person it is so elusive that “hearing about pain” may exist as the primary model of what it is “to have doubt.” Thus pain comes unsharably into our midst as at once that which cannot be denied and that which cannot be confirmed.³

Pain is an interior state of consciousness. Whether physical or psychical, it hurts, it aches, it burns, it crushes, it throbs, it pounds, it sears, it stabs. Moreover, pain is idiosyncratic. Despite my best efforts, I cannot “feel your pain” or know how your pain feels. I might be able to discuss it by analogy (does it feel like a headache in your leg?). I might be able to approximate its intensity (does it hurt worse than burning your finger on a match?). I might be able to quantify its duration (has it hurt for more than a week?). Nevertheless, pain is a singularly personal, subjective experience, known fully only by the one who is experiencing it.

While the evidence indicates that we are not doing a very good job of controlling pain,⁴ especially for some sorts of illnesses such as metastatic cancer, pain is almost entirely controllable. According to several studies, in approximately 90 percent of cancer patients, pain can be controlled through relatively simple means.⁵ Moreover, a consensus statement from the National Cancer Institute Workshop on Cancer Pain concluded that “...every patient with cancer should have the expectation of pain control as an integral aspect of his/her care throughout the course of the disease.”⁶ In fact, says Edmund Pellegrino, “With the optimum and judicious use of [pain management techniques], there are virtually no patients whose pain cannot be relieved.”⁷

Yet there is a difference between pain and suffering. Anyone who has ever gotten a paper cut knows that it hurts; but hardly anyone seriously says he or she “suffers”

from a paper cut. While childbirth, I’m told, can be immensely painful, few new mothers describe their ordeal as suffering. So, what is our account of the difference between pain and suffering?

The Nature of Suffering

Eric Cassell argues that pain grows closer to suffering when: (1) the pain is so severe that it is virtually overwhelming, (2) the patient does not believe that the pain can be controlled, and (3) the pain continues for a very long time so that it seems that the pain is endless.⁸ “In sum,” he says, “people in pain frequently report suffering from pain when they feel out of control, when the pain is overwhelming, when the source of the pain is unknown, when the meaning of the pain is dire, or when the pain is apparently without end.”⁹

As with pain, “The only way to learn whether suffering is present is to ask the sufferer.”¹⁰ Suffering may take many forms, from psychological to social and from spiritual to political. What seems to be a defining characteristic of suffering is that it violates one’s integrity as person. The self is fragmented, unraveled, and imploded by suffering. Consider the suffering of Job who laments: “My soul loathes my life; I will give free course to my complaint, I will speak in the bitterness of my soul. I will say to God, ‘Do not condemn me; Show me why You contend with me. Does it seem good to You that you should oppress, That you should despise the work of Your hands, And smile on the counsel of the wicked...Your hands have made me and fashioned me, An intricate unity; Yet You would destroy me. Remember, I pray, that You have made me like clay. And will You turn me into dust again? Did You not pour me out like milk, and curdle me like cheese?’” (Job 10:1-3, 8-11).

Or, hear the anguished voice of the psalmist in Psalm 88: “O Lord, God of my salvation, I have cried out day and night before You Let my prayer come before You; Incline Your ear to my cry For my soul is full of troubles, And my life draws near to the grave I am counted with those who go down to the pit; I am like a man who has no strength. Adrift among the dead, Like the slain who lie in the grave, Whom You remember no more, And who are cut off from Your hand” (Psalm 88: 1-5).

Even when unrelated to illness or disease, suffering may still ravage the person of the sufferer. Recall the nearly inexpressible suffering of C. S. Lewis after the death of his beloved wife, Joy:

No shadows here. Only darkness, and silence, and the pain that cries like a child. It ends, like all affairs of the heart, with exhaustion. Only so much pain is possible. Then, rest.

So it comes about that, when I am quiet, she returns to me. There she is, in my mind, my memory, coming towards me and I love her again as I did before, even

though I know I will lose her again, and be hurt again.¹¹

One wonders how Lewis's masterful theodicy, *The Problem of Pain*,¹² might have been altered had it been written after 1960, the year Joy died, rather than in 1940. Two years after her death, Lewis wrote to his good friend, Sheldon Vanauken, "I am now as convalescent as (apparently) I am ever likely to be. Loneliness increases as health returns. One must have the capacity for happiness in order to be fully aware of its absence."¹³ The most severe form of suffering may be deprivation of one's person from other persons.

Suffering, moreover, does not arise *ex nihilo*. One always suffers *from* something. The unraveling is due to some experience, some pathology, some dementia. Thus, it is appropriate to speak of suffering from moral evil, material circumstances, or some combination of the two. Daniel Sulmasy is director of the Center for Clinical Bioethics at Georgetown University. His taxonomy of suffering is a helpful matrix by which to classify types of suffering for the sake of analysis .

Type I

Human beings can suffer as a result of our own moral evil without any intervening material occasion; examples include the pangs of conscience, remorse, and guilt. This is the experience of personal moral finitude. A physician may feel guilty about having abandoned a patient and recognize his or her limited individual capacity for good. In penance, we confess our moral finitude as undermining our intrinsic dignity.

Type II

Human beings can suffer as a result of the moral evil of others without any intervening material occasion; examples include experiences of loneliness, hurt, and alienation. This is the experience of the moral finitude of others. If one were a patient, one might feel hurt by the cold and relatively inattentive manner in which one was treated by one's physician. No material wound or blow need serve as an intervening occasion of the suffering; the moral failure of the physician is sufficient cause. One recognizes that the world's love is finite.

Type III

Human beings can suffer as a result of the moral evil of self or of others mediated through material occasions of suffering. The long and horrible list of examples include self-mutilation, torture, assault, rape, poisoning, murder, war, and willful negligence. These are at once experiences of the moral finitude of others and of the material finitude of one's own person. Records and memories of "experiments" performed on Nazi prisoners provide especially egregious medical examples. More subtly, a physician's greed may lead

to excessive use of medical technologies with attendant physical harm to some patients.

Type IV

There are a myriad of material occasions of human suffering that require no moral evil whatsoever—the central problems of medical suffering. Examples include fractured bones that result from landslides, inherited diseases like cystic fibrosis and hemophilia, and the relentless commonplaces such as arthritis, diabetes, cancer, heart attacks, and strokes. These are personal experiences of material finitude. From the physician's perspective, they can also represent the physician's own experience of the finitude of medicine. Medicine does not grant immortality.

Mixed Types

Certainly there can be occasions of suffering that are, in part, directly material and, in part, the result of moral evil. Multiple combinations and permutations are possible. Examples could include a person with lung cancer who had a genetic predisposition but who also started smoking at an early age, in part because greedy tobacco company executives, motivated by a desire for profits, deliberately repressed evidence about the addictive nature of cigarettes and authorized an advertising campaign aimed at teenagers. The bad genes are a contributing factor, but the teenager's decision to smoke and the business practices of the tobacco company played significant roles also.¹⁴

This taxonomy is admittedly artificial. Suffering is, more often than not, impossible to dissect with such precision. Nevertheless, this taxonomy helps us locate suffering within its moral and material matrices.

Making Sense Out of Suffering

A theology of suffering must begin with the assertion that this is not the way things are supposed to be. To make sense out of suffering is, first, to realize that suffering is a result of human sin; it is a consequence of the Adamic fall. Had our first parents obeyed God, there would have been no suffering. Because of the disobedience of our progenitors, humanity was destined to be bruised and bloodied. Because our first parents refused God's way, a chain of events was set in motion which culminated in a curse. "Cursed is the ground for your sake; In toil you shall eat of it All the days of your life. Both thorns and thistles it shall bring forth for you. And you shall eat the herb of the field. In the sweat of your face you shall eat bread Till you return to the ground, For out of it you were taken; For dust you are, And to dust you shall return" (Genesis 3:17b-19). Peter Kreeft puts it simply but profoundly when he says, "All three evils, sin and death and suffering, are from us, not from God; from our misuse of our free will, from our disobedience. We started it!"¹⁵

In light of the fact that human beings are by nature opposed to God and God's way, the real question to be

asked in the face of suffering is not “Why me?” but “Why not me?” The consequences of the fall into sin being what they are, any day without suffering is a day of grace and mercy. This may seem like very thin gruel when the experience of suffering is at its apex, but it is important for us to embrace the reality of post-Adamic suffering as part of the groundwork of our worldview. Sadly, the contemporary theological naivete of Christians and non-Christians alike has left them without an answer to the problem of sickness, suffering, or death in the world. When suffering comes—and for the overwhelming majority of Adam’s race it will come—contemporary individuals have no philosophical category or worldview through which to interpret it. If one begins with the assumption that suffering is endemic to the human condition, then there can be no such thing as “pointless” suffering. This is not to argue that suffering is to be sought, but that suffering is deserved. There is no injustice in a God who allows suffering. In other words, the important question is not “Why do bad things happen to good people, but why do good things happen to bad people?”

A second assumption necessary to make sense out of suffering is the fact that suffering may have redemptive purposes or good ends. This is not the view that suffering is good in and of itself, but that suffering may have good consequences. C. S. Lewis calls suffering “God’s megaphone,” by which he means that it calls us back to the Creator and announces our dependence upon the one who made us. Says Lewis,

Now the proper good of a creature is to surrender itself to its Creator—to enact intellectually, volitionally, and emotionally, that relationship which is given in the mere fact of its being a creature. When it does so, it is good and happy. Lest we should think this is a hardship, this kind of good begins on a level far above the creatures, for God Himself, as Son, from all eternity renders back to God as Father by filial obedience the being which the Father by paternal love eternally generates in the Son. This is the pattern which man was made to imitate—and wherever the will conferred by the Creator is thus perfectly offered back in the delighted and delighting obedience by the creature there, most undoubtedly, is Heaven, and there the Holy Ghost proceeds. In the world as we know it, the problem is how to recover self-surrender. We are not merely imperfect creatures who must be improved: we are, as Newman said, rebels who must lay down our arms. The first answer, then, to the question why our cure should be painful, is that to render back the will which we have so long claimed for our own, is in itself, wherever and however it is done, a grievous pain.¹⁶

Suffering, therefore, calls us to surrender our will to God’s. Against the backdrop of our rebellion and its consequences, this must be seen ultimately as a good.

Thirdly, in order to make sense of suffering, we must see it as an important component in the development of our sense of compassion and identification of community. In Stanley Hauerwas’s essay on suffering in his volume *Suffering Presence*, he observes that “it is our capacity to feel grief and to identify with the misfortune of others which is the basis for our ability to recognize our fellow humanity.”¹⁷ Only human beings experience genuine suffering. In a dark but very real sense, suffering unites the human community. Animal pain is real and we ought not unnecessarily harm animals, but they do not suffer in the same sense in which persons suffer. Sulmasy makes this point clear by defining suffering as “the experience of finitude in tension with intrinsic human dignity.”¹⁸ Since animals do not share the “intrinsic dignity” of human beings, there is no such tension and, thus, no suffering in this sense. This observation may help us interpret the permission in Genesis 9:1-6 to kill animals for food at the same time premeditated homicide is both strictly forbidden and penalized.

Finally, a theology of suffering must be informed by the reality that this is not the way it will always be. The more one suffers, the more one can identify with the apostle Paul’s hopeful lament (not an oxymoron) in 2 Corinthians 4 and 5: “Even though our outward man is perishing, yet the inward man is being renewed day by day” (4:16). The body is perishing. Sometimes it is perishing so palpably as to call the experience suffering. “In this,” says Paul, “we groan” (5:2). Sufferers know groaning. But for those who know the Suffering Savior, we shall not always groan. For, as Paul says, we confidently await the day when “mortality may be swallowed up by life” (5:4).

We may also appeal to the first epistle of Peter in order to understand this point. To a people experiencing terrible suffering and almost unspeakable dislocation, Peter says, “Blessed be the God and Father of our Lord Jesus Christ, who according to His abundant mercy has begotten us again to a living hope through the resurrection of Jesus Christ from the dead, to an inheritance incorruptible and undefiled and that does not fade away, reserved in heaven for you, who are kept by the power of God through faith for salvation ready to be revealed in the last time. In this you greatly rejoice, though now for a little while, if need be, you have been grieved by various trials” (I Peter 1:3-7).

Apart from these realities, suffering cannot be interpreted or understood. If we would respond appropriately to suffering, we must renew our affirmation of these verities. Without coming to grips with these truths, we will neither be able to help ourselves nor others.

Relieving Suffering

Suffering becomes unbearable when we are hopeless and alone. Job expresses this morbid fact when, in the darkness of the moment of suffering he cries, “For He is not a man, as I am, That I may answer Him, And that we

should go to court together. Nor is there any mediator between us, Who may lay his hand on us both. Let Him take His rod away from me, And do not let dread of Him terrify me. Then I would speak and not fear Him, But it is not so with me” (Job 9:32-35).

I have argued elsewhere that the church holds three offices or functions in the world. The church has a prophetic office, a priestly office, and a kingly office. I will suggest in closing that when the church functions obediently with respect to suffering, the church herself can provide a context in which suffering can be experienced in ways that help make sense of that experience.

First, in her prophetic office, the church calls her members to understand and follow the way of the Lord Jesus. In holiness and obedience, the church will affirm the theology of suffering, embracing its reality and anticipating its relief. Second, in her priestly office, the church will engage in comprehensive ministry to those who are suffering. To rescue the perishing and care for the dying will mean that the church will come alongside those who are suffering, provide compassionate ministry to the dying, and point persons to the hope of the Christian’s inheritance. Finally, in her kingly ministry, the church will offer protection against the evils of the age, including the culture of death and its embrace of assisted death. Relief of suffering must not be offered through relieving the sufferer of life itself. It is more than strange, it is a decided evil, to remove what Sulmasy calls “the experience of finitude in tension with intrinsic human dignity” by assaulting that dignity through premeditated homicide.

Edmund Pellegrino insightfully has said,

Seriously ill persons suffer commonly from alienation, guilt, and feelings of unworthiness. They often perceive themselves, and are perceived by others, as economic, social, and emotional burdens. They are exquisitely susceptible to even the most subtle suggestion by physician, nurse, or family member that reinforces their guilt, shame, or sense of unworthiness. It takes as much courage to resist these subliminal confirmations of alienation as to withstand the physical ravages of the disease. Much of the suffering of dying patients comes from being subtly treated as nonpersons. The decision to seek euthanasia is often an indictment against those who treat or care for the patient. If the emotional impediments are removed, and pain is properly relieved, there is evidence that many would not choose euthanasia.¹⁹

It may well be the case that in order to halt the assisted death juggernaut, the church will have to reestablish her threefold ministry as prophet, priest, and king. That may mean, among other things, that churches will once again have to found hospitals and fund hospices where dying patients are treated with compassion and dignity, not

prematurely dispatched. God help us if we do not rise to the challenge.

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1. Eric J. Cassell, *The Nature of Suffering and The Goals of Medicine* (New York: Oxford University Press, 1991), p. 35.
2. Edmund Pellegrino comes closest when he says, “Pain is a physical response to any noxious stimulus, a bodily protective measure whose peripheral and central neurological mechanisms are becoming better understood.” See his article, “The False Promise of Beneficent Killing,” in Linda L. Emanuel (ed), *Regulating How We Die: The Ethical, Medical, and Legal Issues Surrounding Physician-Assisted Suicide* (Cambridge, MA: Harvard University Press, 1998), p. 73.
3. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), p. 4, parentheses and emphases original.
4. One study of 1308 outpatients with metastatic cancer found that 77 percent of the patients reported that they had had pain during the week preceding the study, and 36 percent had pain severe enough to impair their ability to function. Forty-two percent of those with pain were not given adequate analgesic therapy. See Charles S. Cleeland, Rene Gronin, Alan K. Hatfield, et al., “Pain and Its Treatment in Outpatients with Metastatic Cancer,” *New England Journal of Medicine* 330 (March 3, 1994), pp. 592-596. The largest study to date found that there are substantial levels of untreated pain among seriously ill patients. See the results of the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (SUPPORT) in “A Controlled Trial to Improve Care for Seriously Ill Hospitalized Patients: The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (SUPPORT),” *Journal of the American Medical Association* 274 (1995), pp. 1591-1598.
5. U. S. Department of Health and Human Services, *Management of Cancer Pain*, Clinical Practice Guideline, Number 9 (1994), Section 1.1.
6. *Ibid.*
7. Pellegrino, “The False Promise of Beneficent Killing,” p. 73. Also note the clinical judgment of Joanne Lynn, the director of the George Washington University’s Center to Improve Care of the Dying: “People find it hard to believe, but almost all patients can be kept conscious and out of pain. The rest can be kept sedated and out of pain.” Cited in Edward J. Larson and Darrel W. Amundsen, *A Different Death: Euthanasia and the Christian Tradition* (Downers Grove, IL: InterVarsity Press, 1998), p. 249.
8. Cassell, p. 35-36.
9. *Ibid.*, p. 36.
10. *Ibid.*, p. 44.
11. William Nicholson, *Shadowlands: A Play* (London:Samuel French, 1990), p. 53.
12. C. S. Lewis, *The Problem of Pain* (London: Geoffrey Bles, Ltd., 1940).
13. Sheldon Vanauken, *A Severe Mercy* (San Francisco: HarperSan Francisco, 1977), p. 229. Emphasis original.
14. Daniel P. Sulmasy, “Finitude, Freedom, and Suffering,” in Margaret E. Mohrmann and Mark J. Hanson (eds), *Pain*

Seeking Understanding: Suffering, Medicine, and Faith (Cleveland, OH: The Pilgrim Press, 1999), pp. 94-95.

15. Peter Kreeft, *Making Sense Out of Suffering* (Ann Arbor, MI: Servant Publications, 1986), p. 107. Space does not permit a full excursus on Reformed theodicy. The free-will defense for the compatibility of belief in God and the existence of evil has been set forth quite capably by Alvin Plantinga in *God, Freedom, and Evil* (Grand Rapids: William B. Eerdmans, 1994).

16. C. S. Lewis, *The Problem of Pain*, p. 90-91.

17. Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church* (Notre Dame, IN: Notre Dame University Press, 1986), p. 25).

18. Daniel Sulmasy, "Finitude, Freedom, and Suffering," p. 92.

19. Edmund D. Pellegrino, "Doctors Must Not Kill," *The Journal of Clinical Ethics* 3 (Summer 1992), p. 96-97.

Deborah's Prayer

Thank You, my gracious and sovereign God, that You have been with me and carried me from the day of my birth until today... That You have known my whole life from beginning to end, since before I was born. Thank You that You wrote in Your book all the days that You ordained for me before one of them came to be.

Thank You that in Your gracious plan to bless and use me, You have allowed me to go through hard times and extended trials. How glad I am that You are so good at reaching down and making something beautiful out of even the worst situations.

Thank You that I can safely commit my situation to You. How safe it is for me to trust Your reasons for acting or not acting and Your methods of working. I am so grateful that my circumstances are permitted by You to make me see my need of You and prepare my heart for You... to draw me to Yourself, and to work out Your good purposes for my life.

Thank You that my difficulty is an opportunity to see You work and that in Your time You will bring me out to a place of abundance. Thank You that I can be still, I can cease striving, I can let go, I can relax and know that You are God. Thank You that You are in control and that I can restfully depend on You and absorb Your strength and joy and peace. How thankful I am that my momentary troubles are producing for me an eternal glory, that far outweighs them all, as I keep my eyes focused on You.

All my days had Your touch of love and wisdom, whether or not I can yet fully see it. So I rest in the fact that You have me in this place, for this day, and I praise You that You will faithfully guide me to just where You want me to be, as I seek to do Your will. Lord, I choose to look beyond my present troubles in this life - this temporary life - and fix my eyes on the unseen things that will last forever.

How my soul delights to hide in the secret of Your presence, to take refuge in the shadow of Your wings, to eat at Your table and to drink my fill of the river of Your delights. How blessed I am, my King and my God, for You have chosen me, and brought me near, to live in Your presence, to behold Your delightfulness and to seek Your counsel. To think that You desire my fellowship, that it gives You satisfaction and joy and pleasure and to think that I will dwell in Your house forever. It is almost too much for me to understand. Thank You my Lord and my God. Amen.

Deborah and Lyle Thorpe adapted this prayer of thanksgiving and praise from Scripture and Ruth Myers' book, 31 Days of Praise, Multnomah Books, 1994. Deborah and her husband prayed this prayer often during her extended terminal illness. Deborah passed away on December 27, 1999 from a rare neurologic disease, striato-nigral degeneration, SND.

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PCUSA Moving Toward Policy Statement on Euthanasia

By Terry Schlossberg

This upcoming General Assembly is scheduled to consider producing a policy statement on euthanasia and assisted suicide.

In 1990 the Offices of Theology and Worship, at the direction of the G.A., assembled a task force to produce a study guide to help Presbyterians examine the theological issues underlying the public debate of euthanasia and assisted suicide. The study guide, called "In Life and in Death We Belong to God: Euthanasia, Assisted Suicide, and End-of-Life Issues," was released in 1995.

Recently, Charles Wiley, staff associate for the Office of Theology and Worship, reported that fewer than fifteen of our 11,200 congregations have reported using the guide. Early on Presbyterians Pro-Life published a review of the guide. They found it gave credence to euthanasia and assisted suicide as means to escape pain and suffering and made little resort to historical Christian faith on the issues. The guide hints, too, that Jesus' death might have been suicide. PPL noted that "...there is no serious effort in the study to organize and present biblical teaching or to examine the teaching of the Confessions on the subject."

At the 1998 General Assembly an overture attempted to set denominational policy development into motion. Instead, the General Assembly urged our congregations to avail themselves of the resources available to discuss end-of-life issues "with reference to the church's life of preaching, ministry, and care in ways that reflect our reformed and theological heritage." The G.A. declined to consider policy development until at least 2001, the upcoming Assembly.

We already have too many denominational policies that do not reflect the thinking of most Presbyterians. If the response of the Office of Theology and Worship is an indicator, little discussion of pastoral care issues at the end of life has taken place in our congregations. Careful congregational study and discussion will be important as a requisite for policy development on these issues of life and death. Without plentiful input from local churches, a policy is more likely to reflect current cultural trends than the convictions of most Presbyterians.

Word and Spirit Conference University of Dubuque Theological Seminary, May 17-19, 2001

Author Becky Pippert speaking on "Discipleship under the Cross," "Discipleship in the Power of the Resurrection"

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Dr. Donald Bloesch, professor emeritus UDTS, "Penetrating the World with the Gospel: Three Approaches"

Rev. Alan Crandall, chaplain, UDTS, "The Medium and the Message: Evangelizing Christ's Way"

Dr. Gary Hansen, UDTS, "Resources for Renewal in the Work of John Calvin"

Dr. Phil Jamison, UDTS, "The Battle for the Soul of the Mainline Church"

Dr. Bonnie Sue Lewis, UDTS, "Mission in the New Millennium"

Rev. Sue Cyre, Dublin Presbyterian Church; Editor Theology Matters, "The Church in the 21st Century"

Rev. Parker Williamson, Editor, Presbyterian Layman, "Evangelism in the Reformed Tradition"

For registration information contact Diane Richardson, University of Dubuque Theological Seminary, 2000 University Ave., Dubuque, IA 52001, 319-589-3868, email drichard@dbq.edu

Bible Study of the Book of Revelation

Study 6: The Book of Revelation: Chapters 8-9 The Trumpets of God Blow a Warning to the World.

by Rev. Mark Atkinson, The International Church of
Warsaw, Poland

Scene Two of John's vision ends at 8:1 as he writes of the Seventh Seal being opened. But nothing is said regarding the Seventh Seal or its meaning at this point in John's narrative. He says only that there is silence in heaven when the seventh seal is broken. The seventh will be an ending. John's description of the ending will have to wait.

Rev. 8:2 begins the Third of the Eight Scenes of Revelation. John writes, "And I saw the seven angels who stand before God, and seven trumpets were given to them." These Eight Scenes are not to be understood sequentially. A vision is not necessarily linear. In the case of John's Apocalypse, each scene should be understood as laid one on top of another. Thus, in this scene, when the first trumpet is about to sound, we should imagine it as a flashback to 6:1 where John describes the breaking of the first seal. Each scene speaks of the same truth – that God is in control as the history of the world unfolds – but does so from differing perspectives and vantage points. In Scene One, John saw seven letters from the Lord Christ given to the seven historic churches of Asia Minor. These letters are God's Word of instruction and encouragement to the church *in the world*. In Scene Two John saw the scroll that tells the story of human history. But its meaning was obscured to our understanding by the reality of war, calamity, tragedy and suffering, symbolized by the seven seals that bound up and closed the scroll. Who can break the seals? Who can unlock the mystery of God's purpose in our world? In John's vision we learn that only one is worthy and able to do so. The Lamb of God takes the scroll, breaks the seals, and he discloses God's purposes in history.

The opening image of chapter 8 is arresting. Note carefully the sequence. Seven angels are given seven trumpets (more on them later). Another angel takes a golden censer and fills it with incense. The incense, mingled with the prayers of God's people fills the space before God's throne. After which the angel takes the incense and throws it upon the earth, causing thunders, lightning and earthquake, and then the trumpeters go forth. It seems clear that John's vision is telling us that the prayers of the saints of God (see 6:9-11) for vindication and vengeance are being answered. Their prayers bring forth the first four trumpets. Biblically, this is not so surprising. In the Exodus God hears the prayers

of the Hebrew slaves and the result is calamity and judgment upon the Egyptians.

Trumpets have a variety of meanings in the Bible. They can signify the prelude to a battle, or the arrival of a dignitary, or the presence of a herald from the king. In general we can say that a trumpet signifies God's intervention into history. When Joshua destroyed the city of Jericho¹ the trumpeters of Israel marched around the city seven times. The trumpets served as a warning of God's judgment about to fall. The trumpets of chapter 8 are a similar warning addressed to the world. They are a call to repentance. The destruction described in the following verses is vast, but not total. Those who remain are called to turn and repent. With the sounding of the trumpets we discern the intensification of the warning John is giving. Earlier, when the fourth rider of the Apocalypse rode out, the judgment he brought was over *one quarter* of the world (6:8). When the trumpeters blow, the result is that *one third* of the world is struck. The scope of judgment increases.

When reading the next verses, 7-13, we want to resist fanciful or literal interpretations. What John sees is hail, fire, blood (7), volcanic eruption (8), the destruction of fresh water (11),² massive darkness and the loss of vision (13). The trumpeters strike earth, sea, fresh water, and sky. These are all terrible things. When terror strikes, foxhole conversions are common: men and women naturally turn to God seeking escape from their fears. These miseries, terrifying though they are, are in fact kindness, for they are intended by God to provoke repentance.

The Fifth and Sixth Trumpets

In a manner similar to the opening of the Seven Seals, the sounding of the fifth and sixth trumpets represent an escalation of the drama unfolding. The images are fantastic and impossible to interpret with certainty. The star that falls (1) is not Satan. He will make his appearance later. It seems best to see this as a further message of warning. The falling star opens an abyss and from the abyss arise locusts with the stinging power of scorpions. The first four trumpets blew judgment from above. The fifth brings judgment from below, from within the natural order. God remains sovereign: the stinging locusts are *given* (3) power for a limited time (5). In this we should view the world's sufferings as like those of Job. He suffered terribly, but only because God permitted Satan to strike him.

Locusts, of course, are a biblical symbol of destruction. A plague of locusts normally would last only a few days. Here they are given a time span of five months. Again, we must resist the temptation to fanciful interpretation.

The locusts have human faces because much of the suffering and pain of this world is inflicted by humans upon humans. This is captured in the name given by the angel of the bottomless pit. In Hebrew *Abaddon* means destruction. But, in Greek, the equivalent, *Apollyon* is personalized, meaning *destroyer*. The truth of these names is born out in the history of the 20th century. Much of the human suffering of the past century was, tragically, of humankind's own making.

The sixth trumpet is the *final* warning. The impact of the trumpet is found in vs. 13-19. Then, from v. 20 until 11:13 we read the sad recounting of the human (non)-response to these warnings. The judgment of the sixth trumpet arises out of the Euphrates river basin. I do not think it wise to interpret this literally, applying this text to Saddam Hussein or other Middle East strongmen. No, the key is to remember that at the time of John's writing the Euphrates was outside the Roman Empire. Historically the Romans were wary of the power of the Persian Empire. The sixth trumpet symbolizes the fear of the unknown, of those things beyond either our knowledge or control. And yet, John tells us, even when facing the unknown, God is in control. These forces are not self-

generating. They are released at God's command and they exist under his authority (13). Of the horsemen here described we resist idiosyncratic interpretations and note that they represent the chronic hardships faced in life: disease, accident, pollution, corruption, etc. Note that the first four trumpets brought fire to the earth, the fifth brought smoke, and the sixth, brimstone, sulfur.

Up until now, John has described the judgments, but not the human response to them. Now John will change his focus and explore how the human community responds to the broken seals and the warning trumpets. The chapter ends with the sad summary that in spite of these warnings and judgments "The rest of humankind, who were not killed by these plagues, did not repent of the works of their hands or give up worshiping demons and idols of gold and silver and bronze and stone and wood, which cannot see or hear or walk. And they did not repent of their murders or their sorceries or their fornication or their thefts."

¹ Joshua 6

² The image of *Wormwood* is a symbol of bitterness.

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