

Theology Matters

Suffering Redeemed: A Reformed Argument Against Physician Assisted Suicide and Euthanasia

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Introduction to the Debate and Basic Argument

The nature of the debate between those who support and those who reject euthanasia and physician assisted suicide is complex at almost every level, and thus care must be given to define terms adequately and make proper distinctions among end-of-life circumstances. For the purposes of this essay, *physician assisted suicide*¹ (PAS) will be defined as that moment when “a doctor, acting on a patient’s request, provides that person with the means to end his or her life, often to relieve the person’s pain and suffering. The physician provides the means, but the final act is the patient’s.”² *Euthanasia*,³ a more difficult term to define because it takes many forms, may be divided into the following: *voluntary euthanasia* occurs when a non-coerced, competent, and informed patient asks another individual to end his or her life; *involuntary euthanasia* involves the killing of a competent and informed individual against his or her will and request; *nonvoluntary euthanasia* happens when a person without proper mental faculties is killed; *passive euthanasia* is the process of withdrawing or withholding the treatment of a patient with the result being death—this is contrasted with the direct ending of life in *active euthanasia*.⁴ In this essay, the term at the heart of the debate, *euthanasia*, will refer to voluntary, active euthanasia only—involuntary and nonvoluntary forms

will simply be considered murder and not be treated in the text, and passive euthanasia will not be considered killing, but “allowing to die.”⁵ Because both PAS and euthanasia as defined above involve a voluntary, informed, competent decision for actively ending the life of a patient with that patient’s consent and full cooperation, the only distinction concerns who it is that directly participates in the ending of life: the physician at the patient’s request, or the patient himself.

Since this essay will argue on the basis of a Reformed theological approach against engaging in the act of PAS and euthanasia, a certain theological distinction must be made. I want to make a distinction between the term *suffering*⁶ as a general category of description in terms of quality of life, and what I would call *suffering unto death*, which I define as suffering the knowledge and completion of an approaching death without exercising the freedom to prematurely and actively end it by means of self-inflicted acts or acts deliberately authorized for

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completion by another. Suffering, though natural, must be alleviated, whereas suffering unto death, by its very definition, is a different kind of suffering altogether.⁷ Consistent with this logic, I would advocate, when possible, the utilization of an advance health care directive so when situations arise whereby a person becomes incapable of making such end-of-life decisions, he or she would vow suffering unto death prior to the terminal medical reality.

Certainly, part of the oath taken by contemporary medical doctors involves the prescription of drugs for the alleviation of suffering,⁸ and from a theological perspective it would be difficult to argue against the use of modern medicine (specifically narcotic drugs) to alleviate physical pain, considering a very large portion of the Gospel narratives involve Jesus' ministry of healing to those going through such physical suffering.⁹ Though this is the case, a distinction remains: whereas Jesus worked to alleviate suffering, there was a kind of suffering which he modeled as a way of approaching death for those who were to follow him; this involves a lifestyle consistent with the surrendering of one's death to the will of God for the sake of a higher purpose. Put in the simplest terms, whereas *vitalism* views "...human physical life [as] an 'incommensurate good,' that is, without any exception of benefit outweighing any burden...",¹⁰ I propose that proponents of PAS and euthanasia view the alleviation of suffering in much the same way, precisely because no distinction is made between suffering and *suffering unto death*. Alleviation of suffering, though tragic, becomes the highest and greatest calling, towering above the Hippocratic responsibility to do no harm, and the more modern secular and theological arguments based on palliative care and adequate options concerning hospice for those in terminal situations.

I argue in this essay, following the past declarations of the Roman Catholic Church, that the current Presbyterian Church (USA) stance against the practice of PAS and euthanasia (as described above) could use the concepts of *suffering unto death* and the historical act of Jesus Christ's redemptive act in his passion, death, and resurrection as resources to give a greater theological underpinning for the foundational argument previously made against pursuit of these end-of-life practices. For the purpose of this essay, I do not seek to argue against the legalization of these practices in the civil sense, though the argument would lean in such directions. The primary trajectory of the essay involves answering why a devout member of the Presbyterian Church (USA)—or other Reformed Christians—would be compelled *not* to engage in euthanasia or PAS for him or herself, if such options were legal, but instead seek alternatives such as palliative care and/or hospice.

Modern Arguments Against Euthanasia and PAS: Secular and Roman Catholic

Contemporary arguments against PAS and euthanasia typically revolve around a handful of logical debates. Some arguments against euthanasia and PAS do not require a specifically theological worldview in order to apply, and advocates of such typically make appeal to reason in support of their case. For example, the "slippery slope" argument states that "...euthanasia could be seen as the first step toward adopting Nazi-style policies of killing the old, weak, and socially disfavored."¹¹ Advocates of such a contention see PAS as the first step toward a broader and even more dangerous line of action and consider it "...naïve to think that one can support the legalization of PAS and not also support the legalization of voluntary and some kinds of nonvoluntary euthanasia."¹² Though at first glance such theories may seem irrational and associated with conspiracy movements, recent research has suggested that nonvoluntary euthanasia occurs more frequently than once thought.¹³ Other reasons that compel experts in the field of medical ethics to reject euthanasia and PAS are the possibility of an incorrect diagnosis, the likelihood that the vulnerable and elderly may feel pressured to commit euthanasia against their will or feel coerced because they view themselves as burdens, the effect it will have on patient/physician relationships, and the fact that PAS goes against the traditional understanding of the Hippocratic oath to "...benefit [the] patients and to do no harm..."¹⁴

Roman Catholic theologians share the above concerns as they refer to the application of PAS and euthanasia, but have additional theological justifications for rejecting the practice. Centuries of religious experience, biblical interpretation, and theological heritage have formulated the foundation for the Catholic Church's view, utilizing resources as diverse as the straightforward rejection of the practice by Augustine¹⁵ to the Thomistic, and virtue-based ethics applied by modern scholars such as Lisa Sowle Cahill to the promotion of community-based alternatives to euthanasia. According to Aaron Mackler, "appeals to human reason and experience are frequent in classical and contemporary Roman Catholic ethics. Such appeals commonly are presented in terms of natural law. Such approaches attend to patterns of meaning found in creation and center on a normative model of human nature or the human person."¹⁶ This normative element helps to explain why the majority of the Catholic Church's recent statements on active euthanasia and PAS have been blatantly clear in their language concerning the practice's denial of the natural instinct to pursue life over death:

It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an

innocent human being...one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of divine law, an offense against the dignity of the human person, a crime against life, an attack on humanity.¹⁷

The first reason given for the prohibition against euthanasia is that it constitutes a violation of divine law. The text in the Decalogue, “Thou shall not kill,” appears to be the central command in decision-making for the Catholic Church in reference to abortion and euthanasia, whereas the application of the principle of double effect would render other forms of ending a person’s life not coequal with “killing.” An example of this would be the indirect ending of life for a purpose other than the ending of life itself—a purpose which would be proportionately greater than the damage caused. The assumption here is that the proper authority for delegating time of death is God, and thus withdrawing life-sustaining treatment or withholding it is a *passive* way of allowing this to come to fruition and, in a sense, *not* interfering with God’s plan. Direct euthanasia and PAS, on the other hand, interferes with the process of dying by making a conscious effort to kill the patient, thus circumventing God’s role in the process.¹⁸ According to James F. Keenan, “behind the Catholic belief in the Lordship of God and the natural law prohibition against direct killing of the innocent is the acknowledgement that there are some limits to the control of our destinies. Non-Catholics have for centuries shared that insight.”¹⁹ Though there were and are Catholic theologians who have “...argued that suicide cannot be absolutely ruled out based on claims regarding God’s wishes...,”²⁰ among them St. Thomas More, the large part of Christian history has shown resistance and prohibition of the practice. This is evident when one examines the early Catholic Church’s uneasiness concerning an overly eager thirst for martyrdom, and the early theologians’ distinction between passively accepting martyrdom and “...suicide undertaken for nonreligious motives [i.e., relieving the burden of pain from oneself as one is approaching death].”²¹

Beyond the reasons mentioned above, namely the violation of divine law and the view that PAS and euthanasia are an attack against life and humanity because they violate the “will to live” which is naturally imbedded in human persons by virtue of the fact of the *imago Dei*, the prohibition against euthanasia and PAS in Catholic moral teaching is intimately tied to the death

of Jesus Christ and the sharing by the suffering individual and his or her community of caretakers in this sacred model of dying.²² Pope John Paul II has addressed some of the societal factors which have given rise to the acceptance of euthanasia and PAS in his March 25, 1995 encyclical *Evangelium Vitae*. He states that “when the prevailing tendency is to value life only to the extent that it brings pleasure and well-being, suffering seems like an unbearable setback, something from which one must be freed at all costs.”²³ This statement reveals one of the primary assumptions of the many who support euthanasia, that is, that the alleviation of suffering justifies the killing of oneself or killing on behalf of another. Ironically, those who propose such steps would be unwilling to go so far as to make licit the voluntary killing of depressed individuals or young persons living within the scope of unbearable suffering due to urban decay.²⁴ We must ask what it is that makes the circumstances of terminally ill patients different from an individual who bears the immense burden of suffering on a daily basis, due to severe sociological, political, economic, or psychological stress.²⁵ Certainly one significant distinction is that the individual knows they are going to die—although one could argue the same concerning persons living in certain urban situations—but do such practices expose a desire in the United States and in the Netherlands to rid society of burdensome dying individuals²⁶ or simply embrace an attitude toward death which makes the experience of it quick and almost non-existent? Herbert Hendin, MD is convinced that openness to PAS and euthanasia in America and the Netherlands is anything but coincidental and discloses latent tendencies within each society to see euthanasia primarily “...as a response to being freed of religious restrictions....”²⁷

Before returning to the concept of redemptive suffering, we should mention another foundational justification associated with those who support euthanasia and PAS—the notion of private autonomy. This too is mentioned in detail by Pope John Paul II: “...when he denies or neglects his fundamental relationship with God, man thinks he is his own rule and measure, with the right to demand that society should guarantee him the ways and means of deciding what to do with his life in full and complete autonomy.” Again, it is interesting to note that the countries which emphasize promotion of the legalization of PAS are also the countries that stress autonomy to the absolute neglect of communality. One need only look at the view of terminally ill patients to see that a perception of being “a burden” is directly tied to a stigmatization of reliance on others. In support of this autonomy, Cauthen holds that “...this ultimate decision [of euthanasia] should be given to the only person who is doing the actual experiencing of a life that has become intolerable and without hope of effective remedy....” and

not the decision of the government or even society in general.²⁸ It remains a mystery as to why this would not apply to individuals who are going through various kinds of suffering and have little hope of adequate remedy but are not terminally ill, yet Cauthen's opinion brings up a valuable point. The Church must give valid reasons why PAS and euthanasia are illicit, and these reasons must have *theological profundity*—they must be compelling and convincing and correlate to faith. The burden of proof has shifted to the Church and the typical answers associated with the idea that God has handed down the verdict of “no” for all forms of killing is both indefensible based on history (due to just war theories, various exceptions to causing the death of individuals, the rare instances of permissible suicide in the context of martyrdom, application of the principle of double effect, etc...) and too simplistic in the context of contemporary medical advancement. Those who promote the legalization of PAS use the fear of the continuation of “the Kevorkian spectacle,” and paint pictures whereby “what could and should otherwise be a dignified choice and ending to a life takes place in a van or room, secretly, and the only things revealed about that choice and death are what the physician and/ or family chooses to reveal.”²⁹ On the contrary, the concepts which should truly be feared in today's culture are not secret, behind the scenes events that pit doctors against their own consciences for the sake of performing illegal PAS, but doctors who would rather risk their freedom and careers over the legalization of euthanasia than to do so for the reform and perfection of palliative care. As modern Catholic wisdom suggests, “...the killing of a human is *never* a means of caring; nor can it be compared to putting an animal out of its misery. The true form of compassion and care of the dying is found within the auspices of palliative care.”³⁰

The final topic breached by John Paul II in his encyclical is the one I advocate as the most plausible reason for arguing against euthanasia—one that is uniquely Christian and informative for the believer who is about to choose between embarking on the painful and difficult decision to *suffer unto death*³¹ or to choose, based on other admittedly tempting rationalizations, euthanasia or PAS. Since one third of the world's population is Christian of some variety, giving sufficient rationale for rejecting euthanasia and embracing suffering unto death is imperative and deeply related to the traditional view of the redeeming nature of the suffering of Jesus. Dowbiggin mentions that the history of thought on the topic of suffering unto death reveals the worldview of the Middle Ages, both Protestant and Catholic, that “in the midst of the elaborate and deeply emotional drama surrounding death, the physician was forbidden to do anything that might detract from the spiritual journey the patient was undertaking. Any medical hastening of the

dying process was strictly prohibited.”³² Such practices formed the foundation for care of the sick until the late 19th century when secularization and the convenience of therapeutic medication sparked an interest in mercy-killing.³³ The modern Catholic Church, not without its dissenters³⁴ often utilizes the language of meaningful suffering in approaching the topic of euthanasia. Pope John Paul II stated that

...the so-called “culture of well-being” often involves an inability to see life's meaning in the situations of suffering and debilitation that accompany human beings as they approach death. This inability is all the worse when it occurs in humanism closed to the transcendent, and is often expressed as a loss of trust in the value of the human person and life.³⁵

Such language grinds against the typical cultural stature which views suffering as a sovereign entity which must be vanquished by the power of technology, even if this means the death of a patient. If read closely, it becomes obvious that the Pope's statement above is not an endorsement of suffering in itself, but instead a trust and reliance on God that the suffering at hand is permeated with *life*, even at the moment of dying. It is difficult for some contemporary ethicists in the field of theology to see merit in this view, precisely because of the pervasive attitudes discussed above, namely the alleviation of suffering at all costs, the stress on autonomy in Western culture, and the demand for rights associated with one's own body combined with the stigmatization of being a burden to others.

Paul Badham of the University of Wales sees almost no redeeming quality in the process of suffering and states that the argument of those who view suffering as redemptive is open to two serious objections. First “...that the theory does not correspond with human experience, since there is a great deal of evidence to show that suffering however bravely borne is rarely ennobling.”³⁶ Though it becomes obvious that suffering while dying is an aspect of the horrible consequences of the break-down of the human body and alleviation of physical, emotional, and psychological pain is crucial to the well-being of the patient, Badham's argument falls apart upon his use of the term “ennobling.” The assumption, of course, is that death is meant to be an ennobling process indicative of a “high and exalted character.” The very notion of nobility in the Christian Gospel is associated with Jesus' reinterpretation of the idea of blessedness in the Sermon on the Mount (“Blessed are the poor in spirit, for theirs is the kingdom of heaven”—Matthew 5:3). The noble believer is one who submits all he has and is to the will of God, humbling himself before the sovereign Creator. Badham's second contention with those who argue against euthanasia is that they are willing to allow a

person to suffer by dying naturally, but not to suffer by going without pain medication. He states that “almost everyone concerned with the dying accepts the duty and responsibility to do everything in one’s power to minimize the discomfort of the terminally ill.”³⁷ It would be sadistic to advocate the pain and suffering of a dying individual and the withholding of pain medicine if such resources are available, but if the phrase “...*everything* in one’s power to minimize discomfort...” means killing the patient, then a serious problem exists. As mentioned earlier, this attitude is no different from advocating doing “everything in one’s power” to keep a patient alive if they have no reasonable chance to live. Vitalism and active euthanasia are opposite sides of the same coin. Furthermore, Badham does not see the distinction between suffering pain associated with illness and *suffering unto death*, which may not include physical pain but must include surrendering one’s life and death to the will of God without direct and intentional interference.³⁸

In accordance with Catholic tradition through the ages, John Paul II stated that “...the certainty of future immortality and hope in the promised resurrection cast new light on the mystery of suffering and death, and fill the believer with an extraordinary capacity to trust fully in the plan of God.”³⁹ It is precisely in the fact that suffering and death are *mysteries* that the circumventing of the body and mind’s natural response to illness and old age becomes questionable.

In addition to the pursuit of autonomy, the modern Western mind is obsessed with knowing all things in advance in order to control the object of knowledge—a holdover from the Enlightenment and German Idealistic philosophy. Under this worldview, death and suffering becomes the pervasive enemy that is as elusive as sand running through a person’s fingers. As the Jewish philosopher and theologian Franz Rosenzweig put it, “All cognition of the All originates in death, in the fear of death. [Western] philosophy takes it upon itself to throw off the fear of things earthly to rob death of its poisonous sting, and Hades of its pestilential breath.”⁴⁰ Is euthanasia simply an extension of a philosophical system that is determined to rob death and suffering of its mystery? Must human beings control every aspect of life, along with its disappointments, unexpected shocks, and pains? One need only examine the quantity of prescription pain medications and psychotropic drugs consumed in the United States⁴¹ to see that alleviation of not only pain, but *all feeling*, is connected deeply with our humanistic desire to avoid death altogether.

As mentioned above, one of the primary reasons the Catholic Church has officially prohibited “mercy killing” is because of the biblical desire for individuals to suffer

unto death and in such a way follow in the footsteps of Jesus in terms of his passion and death. The 1980 *Declaration on Euthanasia* states that “according to Christian teaching...suffering, especially suffering during the last moments of life, has a special place in God’s saving plan; it is in fact a sharing in Christ’s passion and a union with the redeeming sacrifice which He offered in obedience to the Father’s will.”⁴² Though there are distinctions between the notion of redemptive suffering among Catholics and Protestants, the statement above illustrates that the suffering which takes place near death has been regarded as a mediating experience between the individual who is dying and the God in whom they place their trust, Jesus Christ.

The Current Presbyterian Church (USA) Stance On Euthanasia and PAS

Since the primary purpose of this essay is to shed light on contemporary arguments against euthanasia and PAS as they are utilized by the Presbyterian Church (USA), and illustrate why an argument based upon suffering unto death is consistent with the Reformed tradition, it is important to examine the current official stance of the Church. The most current definitive statement on PAS and euthanasia associated with the PC(USA) was drafted in 1981 by the Advisory Committee on Social Witness Policy (ACSWP) and was entitled “The Nature and Value of Human Life.”⁴³ Though the document reflects a definitive stance against euthanasia, its reasoning for doing so is consistent with a deontological ethical framework and the text is ambiguous in sections, opening the door for euthanasia and PAS in certain extreme circumstances, thus revealing a proportionalist understanding of the debate. For example, the text reads:

“Active euthanasia” is a question that arises in situations of medical extremity where it is thought that an individual is beyond the reach of medical care. Some have at least posed the question of whether the most humane treatment might be to terminate life. However, the dominant value of respect for human life and its accompanying obligations to do no harm and to protect from harm established a clean prejudice *against* such direct taking of life.⁴⁴

This text clearly states that the PCUSA argues for a prejudice against direct euthanasia on the basis of “the dominant value of respect for human life” and its connection to traditional Hippocratic duties. Again, the Church bases its decision primarily on the sixth commandment as rendered in Exodus 20:13, “Thou shall not kill,”⁴⁵ and thus we see the influence of Kant’s deontological, duty-based ethical system on the

Reformed understanding of killing. Jesus' suffering as a model for Christians is utilized far less than the universal law explicitly expressed in Scripture. Additionally, the document states that "not all killing is prohibited, but rather killing that is incapable of justification. The Reformed tradition has tended to acknowledge the possibility of justifiable killing whenever there is a conflict among obligations which, taken alone and abstractly, are equally consistent with the guiding value of respect for life."⁴⁶ The text frames the question in terms of two conflicting obligations, i.e., the obligation not to cause harm by killing, and the obligation to maintain relational quality in the midst of extreme pain and suffering. The first several sections of the document describe *relational activity* as the primary standard for defining life. This culminates not in a normative statement against euthanasia—as implied by the term "gravely evil" used in the Catholic Church's description cited above—but in a statement emphasizing even further the ambiguities of the PCUSA's stance. It is stated that

because human beings are finite creatures, we know that there are definite limits to the amount of pain which anyone can bear without having the *relational* quality of their life completely consumed by the relentless battle with pain...[in this case]...the harms...[i.e., to do no harm and protect from harm]...also would appear to be *proportionate to one another* since uninterrupted, intense pain can probably destroy the ability to enjoy *relationships* as fully as can physical death.⁴⁷

The problems that I perceive as obvious with this statement are twofold. First, the proportionalist stance of pitting the impairment of the enjoyment of relationships concerning an individual who is dying in pain against the direct killing of such a patient opens up an opportunity for the suicide or physician guided death of *anyone* who has hindrances to proper relational activity. As mentioned before, this could include the mentally ill and the physically disabled, in addition to the terminally ill. Second, as mentioned in Kaldjian's resistance to Cahill's defense of precisely the same argument, "the biblical witness does not describe any point at which a human life becomes deprived of sanctity because of disease or disability, nor does it suggest that the value of human life *depends on an ability to perform behaviors deemed necessary for human relationships*."⁴⁸ I believe it is dangerous to assume that relational integrity is the primary standard upon which the sanctity of life is decided. This proportionalist underpinning is contrary to the biblical witness specifically, and the Reformed tradition in general. It is also dangerous, on the one hand to advocate "consultative decision-making"⁴⁹ with doctors and others who may recommend euthanasia, and on the other hand state that "active euthanasia is

extremely difficult to defend morally."⁵⁰ Such ambiguity may explain why the most recent survey available suggests that "most members (51%) and specialized clergy (55%) [of the PCUSA]...*believe that law should allow doctors to comply with the wishes of a dying patient in severe distress who asks to have his or her life ended*."⁵¹

The Redeemed Nature Of Suffering and the Reintegration Of Discipleship and Witness In the Reformed Tradition

Curiously absent from "The Nature and Value of Human Life" is any suggestion of the central Christian notion that suffering unto death is a participation in the suffering which Jesus experienced and redeemed on the cross atop Mt. Calvary. A brief statement on euthanasia from *Presbyterians Pro-Life* illustrates the organization's acknowledgment that "Scripture teaches that affliction often produces spiritual growth and holiness [and] such spiritual fruit is far more valuable in God's eternal economy than those commodities so frequently mentioned by proponents of 'quality of life' ethics such as self-determination and autonomy."⁵² Aside from this statement, such language is avoided in official and non-official Presbyterian discussions on the topic. I argue that suffering unto death was viewed as a participation in the redemption of humanity won by Christ, and this may be proven by examining the Reformed tradition's three greatest representatives since the Reformation: Scripture itself, John Calvin, the founder of the Reformed tradition, and Karl Barth, the most prolific Reformed theologian of the past century. These three sources teach rather explicitly that (1) suffering unto death, for the Christian, is a participation in the death of Jesus, which redeemed the world, therefore intentionally hastening death is an interruption of one's conformity to Christ, (2) suffering, though itself evil, is used by God to produce spiritual fruit in the believer who suffers, and (3) conformity to Christ in all aspects, is a matter of Christian obedience, up through death.

The Pauline epistles are perhaps the most influential part of the Scriptures for the Reformed tradition because of their stress on *sola fide*, *sola gratia*, and *sola Christus*. Paul states

...whatever things were gain to me, those things I have counted loss for the sake of Christ. Moreover, I count all things to be loss in view of *the all-surpassing value of knowing Christ Jesus my Lord, for whom I have suffered the loss of all things*, and count them but dung so that I may gain Christ, and may be found in Him, not having a righteousness of my own derived from the Law, but that which is

through faith in Christ, the righteousness which comes from God on the basis of faith, that I may know Him and the power of His resurrection and the *fellowship of His sufferings, being conformed to His death; in order that I may attain to the resurrection from the dead* (Philippians 3:7-11).

Here, according to Paul, the all-surpassing value of life is not human relationship but relatedness to Jesus, of which suffering unto death is a *prerequisite*. Christ's suffering, death, and resurrection are viewed as the primary mediative means by which humanity is redeemed, yet the disciple does not achieve resurrection without first being "conformed" to the death of Jesus Christ. The question then becomes, what kind of death did Jesus model for his disciples?

One need look no further than the Gospels to see that Jesus' ministry involved total and free surrender and obedience to the will of God, through the moment of death. Jesus allowed the Father to choose the way in which Jesus would die.⁵³ Jesus went so far as to refuse first century pain-killers, exemplifying his desire to approach and experience suffering unto death in order to glorify God.⁵⁴ As mentioned previously, suffering unto death need not be equal to an experience of physical pain, since part of Jesus' ministry was to alleviate the suffering of people, but the alleviation of pain was not pursued at *any* cost. Unlike the Catholic view of redemptive suffering whereby the suffering of an individual is a participation in Jesus' passion *in order to redeem the self or another*,⁵⁵ a more consistently Reformed way of looking at it is as a participation in the suffering of Jesus which has *already redeemed* all of humanity.⁵⁶ The world is redeemed but the disciple must attach to the death which Jesus modeled as a *witness* to the "seal" of redemption—as a witness to the fact that one day, the world will be made whole, even beyond death.⁵⁷ Thus, even the suffering experienced by a dying person has been redeemed by Christ, but Christ calls the believer to experience it by faith, knowing that it too will be renewed in the eschaton. This participation in the suffering of Jesus is not a kind of sadistic gesture, but exemplifies the very essence of Christian existence—to know Christ in his death, is somehow to attain to the resurrection. For a terminally ill patient who is experiencing suffering, palliative care and/or hospice would give that individual a communal relief, care, and love, without taking away the opportunity to follow Jesus in the most profound act of Christian obedience.

Earlier I mentioned that in our contemporary situation, Presbyterians, and indeed all Christians, would need reasons beyond the typical deontological arguments for *not* engaging in euthanasia or PAS. The Scriptural argument above makes a good case for why an individual

believer would *want* to die a "natural death in Christ," yet such an argument is not limited to the Biblical witness. Strict Calvinism's "...self-righteous intensity in its dedication to work, its discouragement of pleasure, and its belief that the endurance of suffering was redemptive"⁵⁸ is one reason the Netherlands have been so open to the legalization of euthanasia, as a secular reaction to its religious roots. This "discouragement of pleasure" is certainly not indicative of the Reformed tradition in its entirety, but nevertheless it is worth noting that John Calvin in his sermon "On Suffering Persecution," asked

Are we so delicate as to be unwilling to endure anything? Then we must renounce the grace of God by which He has called us to the hope of salvation. For there are two things which cannot be separated—to be members of Christ, and to be tried by many afflictions. We certainly ought to prize such a conformity to the Son of God much more than we do. It is true that in the world's judgment there is disgrace in suffering for the Gospel. But since we know that unbelievers are blind, ought we not have better eyes than they?⁵⁹

Calvin's connection between affliction and membership in the Body of Christ alludes to the same conformity articulated by St. Paul in his Letter to the Philippians. For Calvin, faith in Christ was most tested upon life's greatest calamities, not excluding disease and terminal illness. Three kinds of spiritual fruit accompanied connecting oneself to the redeemed suffering of Christ according to Calvin: trust in God's power, hope for the future, and physical and spiritual healing both before and after death. According to Calvin, it is not the hastening of death that brings healing, but God, who "...confronts us and subjects and restrains our unrestrained flesh with the *remedy of the cross*."⁶⁰ Though one could argue that an application of Calvin's theology to contemporary health care ethics is both anachronistic and insensitive to the needs of those in pain, supporters of euthanasia appear quick to utilize sources older than the sixteenth century to support their own agenda of killing. The writings of John Calvin are so central to the Reformed mind that to ignore his views on redeemed suffering would be to divorce oneself from the greater portion of the tradition in favor of a proportionalism unheard of in Presbyterianism until the Enlightenment; a system ignorant of the Church's majority teaching on the subject of euthanasia for the breadth of its continual history.⁶¹

If the biblical witness and the writings of John Calvin teach the Christian disciple of the value in conforming to Christ's cross and death, Karl Barth's writings teach that following Christ in conformity is in reality a way of life and a witness to the Gospel, as opposed to a macabre insistence on suffering, as it is often portrayed. Through

the despair and agony of life's final moments, God's command, "Thou may live,"⁶² resounds in the mind and heart of those flirting with ending their own lives. "The suicidal person hears this command as a light piercing the darkness, not as a command that she must live but as the good news that she is permitted, enabled, to live by God's grace."⁶³

Barth's conception of life in the world was inextricably interwoven with his concept of the disciple's duty as a witness to Christ in full conformity with His suffering, death, and will. This conformity to Christ, even unto death, is a cause for hope and not despair:

What the man who hopes as a Christian expects is not twilight. *It is not light and also shadow, good and also evil, salvation and also destruction. It is unequivocally and uninterruptedly light and good and salvation.* For the One whom he sees before him is unequivocally and uninterruptedly God, the living God in his grace and righteousness and mercy and glory, the God towards whom he can go, not with a mixture of confidence and suspicion, but only with confidence.⁶⁴

Suffering unto death is the calling of all Christ's disciples, because such suffering is a sign of faith in the God who is *good* and chose to forsake the eternal Son, thus embracing the world.⁶⁵ Suffering alongside those who are experiencing tremendous pain and discomfort is likewise a sharing in the mystical event that is Christ's work of redemption piercing into the life of the dying, guiding them into hope and eternal life. For those who are terminally ill, the Church becomes both the sign and sacrament of Christ and His cross and fulfills its earthly destiny as hope for the hopeless. Euthanasia and Physician Assisted Suicide (PAS) are wrong not only because they disrespect the normativity of the sixth commandment, but also because they directly and intentionally deny a dying patient an experience with the redeeming cross of Jesus, which has redeemed every aspect of life *and* death.

In sum, in this essay I have sought to outline the distinctions and complications in the contemporary language of moral theology that is associated with the debate concerning Physician Assisted Suicide and euthanasia. Among these distinctions was the differentiation between suffering in general and *suffering unto death* in a theological sense, and the difference between viewing suffering as redemptive (in the Catholic sense) and viewing suffering as redeemed but open to participation (in a Reformed sense). I have argued that a more complete knowledge of redeemed suffering in addition to advances in and commitments to palliative care and hospice would go a long way in reducing the temptation for euthanasia. In the second section, in

framing the question of redeemed suffering as it relates to the terminally ill, I sought to include opposing voices, engaging in debate over general reasons behind support or opposition to euthanasia, giving ample space to review both secular and Roman Catholic challenges to the practice; challenges which historically formed the foundation for Reformed reactions to euthanasia. In the third section I summarized the contemporary stance of the Presbyterian Church (USA) on the subject of euthanasia and attempted to expose its flaws in terms of its ambiguities and quick embrace of proportionalism, which in my understanding is contrary to the bulk of its own tradition. Last, I examined theological resources typically held in high regard in the Reformed tradition: The New Testament, the writings of the sixteenth century reformer, John Calvin, and writings of the contemporary Reformed theologian, Karl Barth, and attempted to show a proclivity in these sources to support life, reject casuistic approaches to suicide, and form a foundation for the concept of suffering unto death and participation in Christ's redeemed suffering.

1. Hereafter, "PAS."
2. Committee on Medical Ethics of the Episcopal Diocese of Washington, *Assisted Suicide and Euthanasia: Christian Moral Perspectives (The Washington Report)* (Harrisburg, PA: Morehouse, 1997), 12.
3. The term *εὐθανασία* means "good-death" and closely associates the alleviation of suffering with the quality of death one will experience. Though the term is often used in association with animals as well as humans, for our purposes, the term will be used in reference only to human persons.
4. I, along with David Kelly, prefer *not* to lump what is called "passive euthanasia" in together with active forms. The distinction between withholding or withdrawing life sustaining treatment from a dying patient (who has little chance of recovery) falls under the category of "allowing to die," whereas active euthanasia is the direct use of a substance with the primary intention of hastening death and not necessarily with the direct intention of alleviating suffering only. See David F. Kelly, *Contemporary Catholic Health Care Ethics* (Washington, D.C.: Georgetown University, 2004), 203.
5. Margaret Farley states that "...there is a profound difference (at least for some persons) in the moral experience of giving an individual medication to alleviate pain and giving an individual medication with the precise and direct intention of killing her." (Margaret A. Farley, "Issues in Contemporary Christian Ethics: The Choice of Death in a Medical Context," public lecture delivered at Santa Clara University, May 1, 1995, *The Santa Clara Lectures*, Vol. 1, No. 3, Santa Clara University, Santa Clara, CA, 9). Such distinctions must be maintained in order to safeguard the value of intentionality and its consequences in the sphere of medical ethics.
6. The word "suffering," from the Latin *sub* (up) and *ferre* (to bear) literally means "to bear up," closely tying the term to the ancient act of martyrdom. Modern rendering of the term defines it as "enduring pain or distress." Cf. *Webster's Seventh New Collegiate Dictionary A Merriam Webster Based on Webster's Third New International Dictionary* (Springfield, MASS: G & C Merriam, 1965).
7. For a more thorough definition and treatment of the term "suffering" as it is used in medical settings, see, Eric Cassell et al., *The Nature of Suffering and the Goals of Medicine* (New York: Oxford University, 1991).
8. Robin Gill states that euthanasia in the strict sense involves "...the intention of ending human life." Because of this, Gill states it is against the Hippocratic oath in its original form. See Paul Badham, Alastair Campbell and Jean Porter, *Euthanasia and the Churches*, Christian Ethics in Dialogue, ed. Robin Gill and Wesley Carr, vol. 1, no. 1 (New York: Cassell, 1998), 16.
9. For an excellent summary of such events, see John Christopher Thomas, *The Devil, Disease and Deliverance: Origins of Illness in New Testament Thought* (Sheffield, Eng.: Sheffield Academic, 1998).

10. Benedict Ashley et al., *Health Care Ethics: A Catholic Theological Analysis* (Washington, D.C.: Georgetown University), 194.
11. David Cundiff et al., *Euthanasia is Not the Answer: A Hospice Physician's View* (Totowa, NJ: Humana, 1992), 61.
12. Kelly, *Contemporary Catholic Health Care Ethics*, 202.
13. Discussing the legalization of PAS in Oregon and Holland and various reports associated with the practice since the mid-1990's, Lisa Cahill states that "...in addition to the approximately 3,600 cases of physician-assisted suicide and euthanasia reported annually, there were also about 1,000 cases of nonvoluntary euthanasia" (Lisa Sowle Cahill, *Theological Bioethics: Participation, Justice, Change* (Washington, DC: Georgetown University, 2005), 96, emphasis mine).
14. Cundiff, *Euthanasia is not the Answer*, 64.
15. See Ian Robert Dowbiggin, *A Concise History of Euthanasia: Life, Death, God and Medicine*, Critical Issues in History (Lanham, MD: Rowman & Littlefield, 2005), 13.
16. Aaron L. Mackler, *Introduction to Jewish and Catholic Bioethics: A Comparative Analysis* (Washington, DC: Georgetown University, 2003), 27.
17. Sacred Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (Rome, Italy: Vatican, 1980), Electronic Document http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_c_on_cfaith_doc_19800505_euthanasia_en.htm.
18. W. Kenneth Cauthen, professor emeritus of theology at Colgate Rochester Divinity School and proponent of the legalization of physician assisted suicide, maintains that any religious system that argues against PAS on the basis of the "playing God" logic must give good reason as to why "...we have assumed a prerogative reserved for God." The typical Catholic response to this revolves is centered on the Scriptural passage in Deuteronomy 32:29, "It is I who bring both death and life," and the traditional Augustinian view that death is related to the fall of humanity and thus closely associated with God's free choice to decide the exact moment. (Kenneth Cauthen, *The Ethics of Assisted Death: When Life Becomes a Burden too Hard to Bear* (Lima, OH: CSS Publishing, 1999), 48).
19. James F. Keenan, "Assisted Suicide and the Distinction Between Killing and Letting Die," *Catholic Medical Quarterly* (May 1992): 9.
20. Gerald Dworkin, R.G. Frey, and Sissela Bok, *Euthanasia and Physician Assisted Suicide: For and Against*, ed. R.G. Frey (New York: Cambridge University, 1998), 99.
21. Dowbiggin, *A Concise History of Euthanasia*, 13.
22. See Catholic Church. Congregatio pro Doctrina Fidei, *Declaration on Euthanasia (Declaratio De Euthanasia)* (Washington, DC: Publications Office, United States Catholic Conference, 1980), 1.
23. Pope John Paul II, *The Gospel of Life [Evangelium Vitae]: The Encyclical Letter on Abortion, Euthanasia, and the Death Penalty in Today's World* (New York: Random House, 1995), 115.
24. For a thorough and revealing survey of the suffering of and risk among children in urban areas in the United States, see Jonathan Kozol, *Amazing Grace: The Lives of Children and the Conscience of a Nation* (New York: Crown Publishers, 1995).
25. The October 27th, 1997 Oregon "Death with Dignity Act" limits the availability of death-causing prescriptions to those who are "diagnosed with a terminal illness that will lead to death within six (6) months." See <http://www.oregon.gov/DHS/ph/pas/faqs.shtml>.
26. John Paul II called this "...an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome" (*Evangelium Vitae*, 116.).
27. Herbert Hendin, *Seduced By Death: Doctors, Patients, and the Dutch Cure* (New York: W.W. Norton & Company, 1997), 137.
28. Cauthen, *The Ethics of Assisted Death*, 43.
29. R. G. Frey, "The Fear of a Slippery Slope," in *Euthanasia and Physician Assisted Suicide: For and Against*, 57.
30. Kathryn A. Holewa and John P. Higgins, "Palliative Care-the Empowering Alternative: A Roman Catholic Perspective," *Trinity Journal* 24, no. 2 (Fall 2003): 209.
31. My distinction between pain and suffering unto death is similar to the distinction made by James Walter between "neurophysiological suffering" and "agent narrative suffering." See Kelly, *Contemporary Catholic Health Care Ethics*, 138.
32. Dowbiggin, *A Concise History of Euthanasia*, 19.
33. Ibid.
34. See Lauris C. Kaldjian, "A Theological Response to Physician Assisted Suicide," *Theology Today* 56, no. 2 (July 1999): 199. Kaldjian suggests that Lisa Cahill argues for euthanasia in extreme cases of suffering because "the opportunity to nurture relationships" becomes the defining factor of life. Cf., Lisa Sowle Cahill, "A 'Natural Law' Reconsideration of Euthanasia," *On Moral Medicine*, 449-51. Such language betrays the disturbing nature of the underlying logic. Would not the non-terminal, severely physically or mentally handicapped person, also fall under such an umbrella, simply because some in that community lack "the opportunity to nurture relationships?"
35. Pope John Paul II, "Solidarity with the Dying is an Obligation for All: Address of Pope John Paul II to the Pontifical Academy for Life," *The Pope Speaks* 44, no. 5 (Sep/Oct 1999): 296.
36. Paul Badham, "Should Christians Accept the Validity of Voluntary Euthanasia?" in *Euthanasia and the Churches*, 49.
37. Ibid, 50.
38. According to the principle of double effect (often cited by Roman Catholics), direct and intentional interference does not include administering pain medication by the patient or doctor with the direct intention of alleviating physical discomfort but allowing the indirect and unintended consequence of death. In this sense, suffering unto death may have more to do with an attitude going into the event of death, than with the treatment of pain in a medical sense. Advocates of suffering unto death would be compelled to fight for the reform of palliative care policies and lobby for the expansion of proper hospice care worldwide, to assure the most amount of alleviation would be possible for the terminal patient while at the same time resist an individual's perceived right to end their own life and thus commit murder.
39. Pope John Paul II, *The Gospel of Life*, 123.
40. Franz Rosenzweig, *The Star of Redemption* (Notre Dame, IN: University of Notre Dame, 1985), 3.
41. See Michael E. Schatman and Alexandra Campbell, *Chronic Pain Management: Guidelines for Multidisciplinary Program Development*, Pain Management (New York: Informa Healthcare, 2007), 18.
42. *Declaration on Euthanasia*, 3.
43. Since the paper was drafted under the authority of the Council on Theology and Culture and received by the General Assembly of the Presbyterian Church in the United States of America, the statements in the text are considered binding for Presbyterian members, elders, and ordained ministers. The drafting of the text occurred before the 1983 merging of the PCUS and the PCUSA/United Presbyterian Church in America, but all denominations involved accepted the declaration and together drafted a further study paper on Contraception and Abortion. Since August of 2007, a drafting team has been working on another study paper, the purpose of which has been to expand on the findings of the 1983 version.
44. The Advisory Committee on Social Witness Policy (of the Council on Theology and Culture), "The Nature and Value of Human Life" (Louisville, KY: Presbyterian Church (USA), 1981, electronic document: <http://www.pcusa.org/acswp/wwd/wwd-humanlife.htm>), 11.
45. Ibid, 3.
46. Ibid.
47. Ibid, 11, *emphasis mine*.
48. Kaldjian, "A Theological Response to Physician-Assisted Suicide," 199, *emphasis mine*.
49. "The Nature and Value of Human Life," 11.
50. Ibid.
51. The Presbyterian Panel Research Services: A Ministry of the General Assembly Council of the Presbyterian Church (USA), "End-of-Life Issues (The November 2002) Survey: Euthanasia and Assisted Suicide," *The Presbyterian Panel* (Fall 2002): 1, *emphasis original*.
52. "Position Statement on Euthanasia" (Pittsburgh, PA: Presbyterians Pro Life, 1991, electronic document), 2.
53. "He went away a second time and prayed, 'My Father, if it is not possible for this cup to be taken away unless I drink it, may your will be done'" (Matt. 26:42).
54. "...they offered him a drink of wine mixed with gall. But when he tasted it, he refused to drink it" (Matthew 27:34). This passage is associated with the concept of *medicatum vinum*. Most commentators interpret the gall as a narcotic, although Raymond Brown has posited the possibility of it being a kind of poison. If Jesus refused the gall in the vinegar because it was poison, this adds to my argument multifold—Jesus, in reality, would have been choosing death by crucifixion over an ancient and crude form of euthanasia (Roman centurion assisted suicide).
55. Various documents on euthanasia published by Catholic organizations express the traditional Catholic stress on God's giving of righteousness unto a baptized believer which then leads toward justification through fruitful obedience (i.e., "infused grace"), in contrast to the traditional Reformed emphasis on Christ's righteousness justifying an individual by faith alone ("imputed grace"), thus making participation in the redeeming

death of Jesus a participation in a work that is already fulfilled by Christ alone.

56. See Mary Vandenberg, "Redemptive Suffering: Christ's Alone," *Scottish Journal of Theology* 60 (Oct 2007). John Paul II gives an explanation of suffering unto death in *The Gospel of Life*, 123, very congenial to a follower of the Reformed tradition.
57. "He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, (for) the old order has passed away." The one who sat on the throne said, "Behold, I make all things new" (Revelation 21:4-5).
58. Hendin, *Seduced by Death*, 136-37, emphasis mine.
59. Jean Calvin, *Four Godly Sermons Against the Pollution of Idolatries Comforting Men in Persecutions, and Teaching Them What Commodities They Shall Find in Christ's Church* (London: Roulard Hall Dwelling in Golden Lane at the Signe of the Three Arrowes, 1561).
60. John Calvin, *Institutes of the Christian Religion Volume I*, The Library of Christian Classics, ed. Baillie, John, John T. McNeill, Henry P. Van Dusen, no. 20 (Louisville: Westminster John Knox, 1960), 706.
61. Proportionalism was made quite popular in the 1960's by a Jesuit scholar in Catholic morality, Richard McCormick, though some argue it has deep roots in Thomism.

62. Karl Barth, Helmut Gollwitzer and Geoffrey William Bromiley, *Church Dogmatics* (Edinburgh: T. & T. Clark, 1961), 406. This section of *Church Dogmatics* is in specific reference to suicide and thus applicable to PAS.
63. Kaldjian, "A Theological Response to Physician Assisted Suicide," 201.
64. Barth, Karl, *Church Dogmatics Vol. IV.3.2: The Doctrine of Reconciliation*, ed. G.W. & T.F. Torrance Bromiley (New York: T & T Clark International, 2004), 908, emphasis mine.
65. Jurgen Moltmann, *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology* (Minneapolis: Fortress, 1993).

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Position Statement On Euthanasia

by Presbyterians Pro-Life

For He must reign until He has put all His enemies under His feet. The last enemy to be destroyed is death.
I Corinthians 15: 25,26

[Death] has been destroyed in such a way as to be no longer fatal for believers, but not in such a way as to cause them no trouble. [T]he sword of death used to be able to pierce right to the heart, but now it is blunt. It wounds still, of course, but without any danger; for we die, but, in dying, we pass over into life. John Calvin

Does not wisdom call out? Does not understanding raise her voice? For whoever fails to find me harms himself; all who hate me love death."
Proverbs 8: 1, 35, 36

Scripture Is Our Authority

Christians have, for two-thousand years, recognized Scripture as the final authority in all matters of controversy¹ and have appealed to its authority with the same words which their Master frequently used when He taught His disciples: "It is written..."² Our own Reformed tradition has confessed through the centuries that the Bible is our only infallible rule of faith and practice.³

Scripture teaches that human beings are the crown of God's creation,⁴ and that the murder of a human being is

a great wickedness before our Heavenly Father because each man and woman has been made in His image.⁵ The Sixth Commandment condemns not only the directly intended taking of innocent human life, whether our own or another's,⁶ but also the "neglecting or withdrawing the lawful or necessary means of preservation of life."⁷

Today there are mounting pressures upon medical professionals, pastors, families, and individuals to hasten the death of those under their care or authority. Such hastening sometimes takes the form of direct action, such as a lethal injection. It may also take a passive form in neglect or withdrawal of the necessary means of preservation of life. Such means include medical treatment, both extraordinary and ordinary. But they also include basic provisions normally understood as care: warmth, cleanliness, food, water, and love.

Christians Must Distinguish Between "Treatment" and "Care"

Christians must distinguish between "treatment" and "care." Where medical treatment which is not gravely burdensome is necessary for an individual to continue to live, the withdrawal of such treatment—except in cases where death is imminent and inevitable and to continue such treatment would pose a grave risk or cause more burden to the patient than it would alleviate—is a

violation of the image of God which all men and women bear.

Loving care for all members of the human community is a fundamental Christian teaching and an obligation of Christian discipleship.⁸ Therefore it ought never to be withheld. This includes providing liquids and nutrition through spoon-feeding or tubes where the patient is unable to take them by another manner. Withholding such necessary means for the preservation of life must, therefore, stand under Scripture's condemnation,⁹ even in case of those who are perpetually comatose.

Christians Should Act To Alleviate Suffering, But Not At Any Cost

Christians should also ensure that members of the human community are upheld with the warmth and love of human contact. Christians follow their Master in humbly serving those who suffer and acting to alleviate their suffering. We recognize, however, that suffering is not to be avoided at any cost,¹⁰ especially if the cost is either our own or the patient's breaking of the Sixth Commandment. Scripture teaches that affliction often produces spiritual growth and holiness.¹¹ Such spiritual fruit is far more valuable in God's eternal economy than those commodities so frequently mentioned by proponents of "quality of life" ethics such as self-determination and autonomy.¹²

People who ask to be killed, to be assisted in suicide, or to have actions taken which will hasten their death, frequently do so out of a misguided desire not to burden others. Regrettably they are often pressured in this direction by talk of "quality of life" and "death with dignity."¹³ Such individuals, though, are best helped by a simple warm embrace and other visible demonstrations of our love and affection for them. We need to reassure them by expressing our desire that they live here with us until God Himself, in His sovereign will,¹⁴ intervenes to take them, those who belong to Him, to live in His house forever.¹⁵ Jesus warned we would be judged on the basis of our ministry to "the least of these my brother."¹⁶ How much more weighty is our responsibility when "the least of these" are our own family members,¹⁷ especially our mothers and fathers.¹⁸

Good Death Is Natural Death In Christ

We urge all followers of the Lord Jesus Christ to approach death with the recognition that the only "good death" is the natural death of a man or woman, boy or girl, who is "in Christ."¹⁹ Although for Christians "to die is gain,"²⁰ death itself will never cease being our "last enemy."²¹ Furthermore, for those who don't believe,

death is the terrible moment "after [which comes] the judgment."²²

Yet as followers of Jesus Christ we cling to our hope that the Holy Spirit has given us a lively faith in our precious Lord, and that through His blood our sins will be forgiven and we will be welcomed into His glorious presence where there "is fullness of joy [and]...pleasures for evermore."²³

Appendix

*Since I am coming to that holy room,
Where, with thy quire of Saints for evermore,
I shall be made thy Music; as I come
I tune the instrument here at the door,
And what I must do then, think here before.*
John Donne

*O cross that liftest up my head,
I dare not ask to hide from Thee;
I lay in dust life's glory dead,
And from the ground there blossoms red
Life that shall endless be.*
George Matheson

*They, then, who are destined to die, need not be careful
to inquire what death they are to die, but in what place
death will usher them.*
St. Augustine

*O Heavenly Father, who didst bless Thine aged
servants Simeon and Anna, suffering them to behold
with their eyes the Savior of the world and to see Thy
salvation; bless, we humbly pray Thee, this Thy servant
in his later days. Give him a clear knowledge of his
Savior, and a sure faith in that Savior's merits and
sacrifice. Let not his mind be clouded over with doubts
or darkness. May his path be as the shining light which
shineth more and more unto the perfect day. May his
end be calm and blessed. Suffer him not at the last from
any pains of death to fall from Thee. Guide Thou him
through the valley of the shadow of death. And may he
pass joyfully from the weakness and weariness of this
mortal life to a blessed rest; for the sake of Jesus Christ
our Lord. Amen.*

Scottish Book of Common Order; Prayer for the Aged

*Who has believed our message and to whom has the
arm of the LORD been revealed? He grew up before
him like a tender shoot, and like a root out of the dry
ground. He had no beauty or majesty to attract us to
him, nothing in his appearance that we should desire
him. He was despised and rejected by men, a man of
sorrows, and familiar with suffering. Like one from
whom men hide their faces he was despised, and we
esteemed him not. Surely he took up our infirmities and*

carried our sorrows, yet we considered him stricken by God, smitten by him, and afflicted. But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was upon him, and by his wounds we are healed. We all, like sheep, have gone astray, each of us has turned to his own way; and the LORD has laid on him the iniquity of us all. He was oppressed and afflicted, yet he did not open his mouth; he was led like a lamb to the slaughter, and as a sheep before her shearers is silent, so he did not open his mouth. By oppression and judgment he was taken away. And who can speak of his descendants? For he was cut off from the land of the living; for the transgression of my people he was stricken. He was assigned a grave with the wicked, and with the rich in his death, though he had done no violence, nor was any deceit in his mouth. Yet it was the LORD's will to crush him and cause him to suffer, and though the LORD makes his life a guilt offering, he will see his offspring and prolong his days, and the will of the LORD will prosper in his hand. After the suffering of his soul, he will see the light [of life] and be satisfied; by his knowledge my righteous servant will justify many, and he will bear their iniquities. Therefore I will give him a portion among the great, and he will divide the spoils with the strong, because he poured out his life unto death, and was numbered with the transgressors. For he bore the sin of many, and made intercession for the transgressors.

Isaiah 53

Therefore, since Christ suffered in his body, arm yourselves also with the same attitude, because he who has suffered in his body is done with sin. As a result, he does not live the rest of his earthly life for evil human desires, but rather for the will of God.

I Peter 4:1, 2

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1. Matthew 22:23-33; Acts 17:11; II Timothy 3:14-17; II Peter 1:19-21;
Book of Confessions: 3.20; 5.013; 6.008; 6.010; 6.174
 2. Matthew 4:4,6,7,10; Luke 19:46; Mark 7:6
 3. *Book of Confessions*: 5.002; 6.052; 7.113; *Book of Order*: G-2.0400
 4. Psalm 8:5; Matthew 6:26; 12:12
 5. Genesis 1:27; 9:6
 6. *Book of Confessions*: 4.105; 4.106; 7.245
 7. *Book of Confessions*: 7.246; 4.107
 8. I Timothy 5:4-8; James 1:27
 9. Exodus 20:13; Matthew 25:31-46; James 2:14-17; *Book of Confessions* 7.246
 10. James 5:10,11; Isaiah 53; Matthew 27:34; Romans 8:17,18; Philippians 3:10
 11. Lamentations 3; Romans 5:3-5; Colossians 1:24
 12. Hebrews 5:8; James 5:10; I Peter 4:1,12-16
 13. Job 2:9
 14. Deuteronomy 31:14; Job 14:5; Matthew 24:42-44; Luke 2:26-32; James 4:13,14
 15. Luke 23:43; John 14:1-6; II Corinthians 5:6-8
 16. Matthew 25:31-46
 17. I Timothy 5:8
 18. Exodus 20:12; Deuteronomy 5:16; Ephesians 6:2
 19. Romans 6:23; 8:1,38,39; I Corinthians 15:22; I Thessalonians 4:16
 20. Philippians 1:21
 21. I Corinthians 15:25,26
 22. Romans 14:10; Hebrews 9:27
 23. Psalm 16:11

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I Want To Burden My Loved Ones

by Gilbert Meilaender

Recently I was a speaker and panel member at a small educational workshop on “advance directives” sponsored by the ethics committee of our local hospital. The workshop was an opportunity to provide information about, and discuss the relative merits of, living wills and durable powers of attorney as different ways of trying to deal in advance with medical decisions that might have to be made for us after we have become incompetent. This is not the first such workshop for me, and I suppose it may not be the last. And I was struck, as I have been before, with the recurrence of a certain theme.

Many people come to such a workshop already quite knowledgeable about the topic to be discussed. They come less for information than for the opportunity to talk.

Some earnestly desire the chance to converse about a troubling issue; a few just want to express themselves. In either case, however, it is remarkable how often they may say something like the following: “I’m afraid that if my children have to make decisions about my care, they won’t be able to handle the pressure. They’ll just argue with each other, and they’ll feel guilty, wondering whether they’re really doing what I would want. I don’t want to be a burden to them, and I will do whatever I can in advance to see that I’m not.” And after someone has spoken words to this effect, there will be a chorus of assent from the people who, evidently, share the speaker’s view.

Now, of course, we can in many ways understand and appreciate such a perspective. None of us wishes to

imagine his children arguing together about who really knows best how he should be treated (or not treated). We hate to think that our children's last thoughts of us would be interwoven with anger at each other, guilt for their uncertainty about how best to care for us, or even (perhaps) a secret wish that we'd get on with the dying and relieve them of this burden.

Nonetheless, as the workshop wore on, I found myself giving it only a part of my attention, because I couldn't help musing on this recurring theme. Understandable as it surely is in many respects, there is, I am convinced, something wrong with it. I don't know how to make the point other than a little too crassly—other than by saying that I want to be a burden to my loved ones. But, rightly understood, I think I do.

The first thought that occurred to me in my musings was not, I admit, the noblest: I have sweated in the hot sun teaching four children to catch and hit a ball, to swing a tennis racket and shoot a free throw. I have built blocks and played games I detest with and for my children. I have watched countless basketball games made up largely of bad passes, traveling violations, and shots that missed both rim and backboard. I have sat through years of piano recitals, band concerts, school programs—often on very busy nights or very hot, humid evenings in late spring. I have stood in a steamy bathroom in the middle of the night with the hot shower running, trying to help a child with croup breathe more easily. I have run beside a bicycle, ready to catch a child who might fall while learning to ride. (This is, by the way, very hard!) I have spent hours finding perfectly decent (cheap) clothing in stores, only to have these choices rejected as somehow not exactly what we had in mind. I have used evenings to type in final form long stories—longer by far than necessary—that my children have written in response to school assignments. I have had to fight for the right to eat at Burger King rather than McDonald's. Why should I not be a bit of a burden to these children in my dying?

This was not, I have already granted, the noblest thought, but it was the first. And, of course, it overlooks a great deal—above all, that I have taken great joy in these children and have not really resented much in the litany of burdens recited above. But still, there is here a serious point to be considered. Is this not in large measure what it means to belong to a family: to burden each other—and to find, almost miraculously, that others are willing, even happy, to carry such burdens? Families would not have the significance they do for us if they did not, in fact, give us a claim upon each other. At least in this sphere of life we do not come together as autonomous individuals freely contracting with each other. We simply find ourselves thrown together and asked to share the burdens of life while learning to care for each other. We

may often resent such claims on our time and energies. We did not, after all, consent to them. (Or, at least, if we want to speak of consent, it will have to be something like that old staple of social-contract theorists, tacit consent.)

It is, therefore, understandable that we sometimes chafe under these burdens. If, however, we also go on to reject them, we cease to live in the kind of moral community that deserves to be called a family. Here more than in any other sphere of life we are presented with unwanted and unexpected interruptions to our plans and projects. I do not like such interruptions any more than the next person; indeed, a little less, I rather suspect. But it is still true that morality consists in large part in learning to deal with the unwanted and unexpected interruptions to our plans. I have tried, subject to my limits and weaknesses, to teach that lesson to my children. Perhaps I will teach it best when I am a burden to them in my dying.

This was my first thought. It led to a second. Perhaps it is a good thing, lest we be tempted to injustice, that the dying burden the living. Some years ago Robert Burt wrote a book about medical decision-making for incompetent patients. The book's title was *Taking Care of Strangers*. Burt's point, which carried a *double entendre*, was essentially this: Patients who are unable to make decisions for themselves are often in a state (e.g., severely demented, comatose) in which they become strangers to us. They make us uneasy, and we react with ambivalence. And to say, "I'll take care of him" about such a patient may be a statement freighted with ambivalence. Burt worries that, no matter how devoted our care, our uneasiness with a loved one who has become a stranger to us may prompt us to do less than we ought to sustain his life. (Nor, should we note, are physicians immune to such uneasiness.) It is, therefore, essential that we structure the medical decision-making situation in such a way that conversation is forced among the doctor, the medical caregivers, the patient's family, and perhaps still others, such as pastor, priest, or rabbi. Advance directives, designed to eliminate the need for such extended conversation—lest it should burden loved ones—are, from this perspective, somewhat problematic. They may not force us to deal with our own ambivalence in "taking care of" a loved one who is now a burdensome stranger.

This does not mean that advance directives are entirely a bad idea. It does suggest, however, that a durable power of attorney for medical care—in which we simply name a proxy to make decisions in the event of our incompetence—is better than a living will in which we attempt to state the kinds of treatment we would or would not desire under a variety of medical circumstances. At this point in my life, for example, I would surely turn

over to my wife my power of attorney. In doing so I simply announce to medical caregivers: “Here is the person with whom you must converse when the day comes that you cannot talk with me about my medical care.” I myself do not particularly like the recently fashionable attempts to combine the two forms of advance directives by naming a proxy *and* giving that proxy as much detail as possible about what we would want done. That move—though, again, it will be seen as an attempt to avoid burdening the loved one who must make such decisions—may not, in any case, accomplish our aim. What it commits us to is an endless, futile search to determine what a now-incompetent person would wish. Still more important, it is one last-ditch attempt to bypass the interdependence of human life, by which we simply do and should constitute a burden to those who love us.

I hope, therefore, that I will have the good sense to empower my wife, while she is able, to make such decisions for me—though I know full well that we do not always agree about what is the best care in end-of-life

circumstances. That disagreement doesn’t bother me at all. As long as she avoids the futile question, “What would he have wanted?” and contents herself with the (difficult enough) question, “What is best for him now?” I will have no quarrel with her. Moreover, this approach is, I think, less likely to encourage her to make the moral mistake of asking, “Is his life a benefit to him (i.e., a life worth living)?” and more likely to encourage her to ask, “What can we do to benefit the life he still has?” No doubt this will be a burden to her. No doubt she will bear the burden better than I would. No doubt it will be only the last in a long history of burdens she has borne for me. But then, mystery and continuous miracle that it is, she loves me. And because she does, I must of course be a burden to her.

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What Was Lost: A Christian Journey Through Miscarriage

by Elise Erikson Barrett

We have reprinted with permission a section of one chapter of *What Was Lost: A Christian Journey Through Miscarriage*, by Barrett. We encourage readers to share this book with study groups and parents who have lost a child before birth. A Methodist minister, Rev. Barrett’s experience and seeking after God will open the door to healing in many lives.

The complicated questions of cause and effect can haunt you. If God is the one who creates, the one who crafts humans, who dreams up babies, then what do we do with pregnancies that are so improperly formed that they cannot survive? On the other hand, if we chalk up the “mistakes” to nature or biology, then what happens to our claims that God has made us purposefully and carefully, endowing us with particular gifts and particular characteristics?

I found myself paralyzed by these questions. In the heart of a community that was saturated with God-talk, I found myself torn between two impulses. On the one hand, I desired God desperately. I wanted comfort. I wanted assurance, and I wanted to pray, to feel connected to the Maker of all things.

On the other hand, I was horribly suspicious of God. I did not trust this God, the same God I’d followed across the country to seminary, who had apparently allowed (caused?) my pregnancy to end. Because, it seemed to me, there were three options: (a) God didn’t care one way or the other about embryonic life; b) God was powerless to stop the miscarriage, to heal the developing fetus; or (c) God willed the miscarriage to happen. None of these options was comforting.

I wanted to start at the beginning, and because I was in school, where my only job was to read, write, and talk about God, I wanted to look at these questions objectively, just as if I were doing research for a paper. I didn’t realize it as fully as I might have, but I was channeling a great deal of my grief into this project. I took on what seemed to be the easiest question to answer

first. Did God care one way or the other about this tiny baby-to-be I'd lost? Did it matter to God? Or was I overreacting—was it silly to imagine that God might care about a seven-week-old fetus, when God was dealing with much more tragic losses all over the world at every moment?

I started with Scripture, and I began by searching for places where the Bible mentions life before birth. Almost the first thing I found was Psalm 51:5, “Indeed, I was born guilty, a sinner when my mother conceived me.” Sinful from conception? Then, dear God what was going to happen to this tiny conceptus?

Haunted by this prayer from the Psalms, I started looking for help doing research—although, as I realize now, I longed for help processing my loss, looking for reassurance that despite David's lament in Psalm 51, another chapter would appear in the story about this little life I'd lost.

We had daily services of morning prayer and three chapel services weekly while I was in school. At one of those weekly chapel services, Communion was served. A couple of weeks after I returned to school, I attended chapel and received Communion feeling painfully empty, and afterward I marched up to the altar. The academic dean, a beautiful spirit with spectacles and a shiny bald head and a habit of singing in his office, often stood at the altar after Communion, beaming on all and sundry and handing out the remaining Communion bread in big, sweet chunks as we filed past on our way back to classes. I approached him and spilled out the story of my loss severely, speaking too quickly, trying to pretend that it was all academic. “And I was wondering what Scripture passages you might recommend.” I continued, “that make reference to the personhood of the fetus.” I remember that he looked at me gravely, and I suddenly felt transparent, felt as though he could see my raw grief and anger, and it irritated me. But he answered as I'd asked saying, “The Psalms, and of course Jeremiah as well.” I nodded curtly and stalked out of the chapel, thinking, “Right, the Psalms, they've certainly been helpful so far. And anyway, those are nothing but prayers, they're not systematic at all!” I wanted a line I could point to that said, “God cares about your baby, and will take care of the child you lost.” I wanted Scripture to answer my questions on my terms. But the Scriptures remained interested in telling stories instead—the stories of other people's groping and grasping for God, hearing a word of piercing clarity, and then wandering in exile for decades. The Scriptures didn't tend to create neat little systems to explain how the world works. And just then, I was in the mood for explicit answers, not mystery.

Grudgingly, I turned back to Psalms anyway. And here,

in this collection of prayers that have been offered by God's people alone and in community, at home and at worship, over hundreds of years in vastly different circumstances, I found several other references to life in the womb. Yes, there was Psalm 51, but there were also Psalms like Psalm 22, which says, “From birth I was cast upon you; from my mother's womb you have been my God” (Ps 22:10 NIV). The wicked are wayward from the womb (Ps. 58:3). And those who come forth from their mother's wombs are brought forth by God (Pss. 22:9; 71:6). Despite the unpleasant irony of God knitting together tiny persons in wombs (does God drop stitches?), the writers of the Psalms clearly expressed that God was in some sense involved and interested in life in utero, in the mysterious space between initial creation and bringing forth of new life.

Ultimately, however, it was in scriptural story that I found a word that began to make a difference to me. What I discovered was a word about *vocation*, or calling. We all too often define “vocation” as “my job” or “a career I'd like to have.” But the roots of this word are in the Latin *vocare*, or “voice.” A voice names us, calls us by our true name, calls us forth to do and be what we were meant to do and be from our life's beginning. The word has historically been used for religious vocations—one might talk about having a vocation to be a priest or a nun—but it has become popular again in recent years, thanks in part to reflections on the nature of modern ministry and books like Rick Warren's *The Purpose-Driven Life*. At its core, however, the word describes the intersection between the Creator's will and the creature's lived identity. God creates and calls us to be a certain one; we learn to listen to that Voice, learn to live into that particular identity.

It is in this place of vocation—God's voice calling creatures to claim their particular identity and their unique place in the work of creation—that I found another scriptural witness to God's interaction with those who live in the confines of the womb. There are various examples. In Genesis, God speaks to Rebekah about the twins she is carrying, and says, “Two nations are in your womb, and two peoples born of you shall be divided; the one shall be stronger than the other, the elder shall serve the younger” (Gen. 25:23). This isn't just fortune-telling; this is God naming womb-babies personally, marking them by their character and their future. Surely, at the very least, this indicates God's knowledge of persons while they are still in the womb.

The prophets, too, had a strong sense of God creating them purposefully and giving them their vocation from the time of their mother's pregnancies. Isaiah says that God has “formed me in the womb to be his servant, to

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bring Jacob back to him, and that Israel might be gathered to him” (Isa. 49:5), while Jeremiah quotes God as saying, “Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations” (Jer. 1:5). Even before sperm and egg had joined to create zygote, God “knew” Jeremiah. Jeremiah, a particular, individual, human being, is known by God and set apart by God before his heart beats for the first time, before his fingers separate or his eyelids blink. Before he has a tongue, he has a vocation to speak God’s truth to a jaded, indifferent world. God’s goals for us, our “ends,” are connected inextricably to our very beginnings.

Finally, and perhaps most powerfully, in my reading of Scripture I realized that those still in the womb are part of God’s story in an active way. Prebirth, precognitive little womb-dwellers are active in the story of God’s salvation, active in the story of God transforming a fallen world. Remember the story of the pregnant Elizabeth meeting her pregnant cousin Mary?

In those days Mary set out and went with haste to a Judean town in the hill country, where she entered the house of Zechariah and greeted Elizabeth. When Elizabeth heard Mary’s greeting, the child leaped in her womb. And Elizabeth was filled with the Holy Spirit and exclaimed with a loud cry, “Blessed are you among women, and blessed is the fruit of your womb. And why has this happened to me, that the mother of my Lord comes to me? For as soon as I heard the sound of your greeting, the child in my womb leaped for joy.”

I brooded over this story. A fetus, an unborn child, is one of the very first to recognize the unborn Jesus and to respond with joy. John the Baptist, in utero, before he can think abstractly or speak or clasp his hands or nurse, recognizes Mary as the mother of the fetal Christ. Alone in that mysterious bath of amniotic fluid, connected to adult community only by an umbilical cord, surrounded by the muffled sounds of his mother’s body and shifting

light and shadow, John perceives the presence of Jesus Christ, God in flesh. The two are separated by mere inches of body and clothing as the mothers draw near to one another. How does a fetus know that he is in the presence of the living God—the living God who is self-bound in that body and being of an even younger fetus, contained in the living body of his mother? John knows immediately what hundreds of grown humans have missed—the people pushing by Mary on the street, the friends she has played with, the parents who gave her birth—that he is in the presence of God in fetal flesh. And his joy translates itself to his mother, causing her to pay attention to the coming of the Messiah as well. John is one of the first evangelists, and he declares the good news by leaping in the womb waters to say, “Look! There he is!” Even before his birth, John the Baptist is pointing to the Messiah, fulfilling his ultimate vocation.¹

These prayers, these narratives, these events underscore that even though Scripture doesn’t have a nice little dissertation laid out for us, Scripture is clear. Life in the womb matters to God. Life doesn’t start being valuable or interesting or important only after the transition from inside another body to outside occurs. Life before birth, whether its implications are good or bad, does matter to God. And not only does it matter to God, God is involved in this prebirth life in real and fundamental ways. Although we may not understand it well, embryonic life is still life lived fully in the presence of God.

1. I wonder if there is a hint here that perhaps those who live in the space before birth have ways of relating to God that are not available to the rest of us.

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