CHAPTER SIX

Suicide and Euthanasia

Here is a story of the sort one occasionally reads in the newspaper.[1] A man named George Delury helped his wife of twenty-two years, Myrna Lebov, to commit suicide. Ms. Lebov was suffering from multiple sclerosis and near the end of her life was able only to wash her face and hands, feed herself if the food had already been cut, apply her makeup, and brush her teeth. In addition, her memory had begun to be affected. When she asked her husband if he would help her end her life, he reported that "I said, of course I'd help. I also said in effect that I was astonished she'd fought so hard and so long to keep going. I would have quit a lot sooner."

He learned that one of the medications his wife was taking could prove fatal if taken in a sufficiently large dose, so over several months she cut back on her dosage, saving enough of the medicine to kill herself. Then on Independence Day they shared their traditional celebrative meal of chicken and wine, and he diluted the pills to provide a drinkable mixture. She drank it and was dead the next morning. "The primary project in her life was to be independent," Mr. Delury said, and so she exercised that independence one last time on July 4. She

1. Carey Goldberg, "A Meal, a Bitter Potion, a Major Test of a Law," *The New York Times*, July 6, 1995, p. A1.

was, he said, a "considerate hero" — that is, an elderly person "who, facing serious illness, says, 'This money would be better spent elsewhere.'"

The story is actually not quite so simple or straightforward. Delury was not as sympathetic a figure as many at first supposed, and his wife's decision to end her life may not have been as freely chosen as he himself claimed. At any rate, having plea bargained and pled guilty to a charge of attempted manslaughter (for which he served four months in prison), Mr. Delury later admitted that he had actually suffocated his wife with plastic bags because he did not think the drugs would kill her quickly enough. He himself committed suicide in 2007.

Initially, however, the story seemed to be one of a woman whose suffering would evoke our sympathy — and also our fears, since we are uncertain what we would do in her circumstances. She is a woman whose "primary project" in life is to be independent, a project that surely calls for scrutiny, however great our sympathy for her. And her story, at least as it was told by her husband, invites us to consider whether we might be obligated to act heroically at some point in the future, ending our life in order to save resources that could be better spent on others. This is the sort of case that still today makes news, and it turns our attention to two considerations — autonomy and suffering.

Christians have held that suicide is morally wrong because they have seen in it a contradiction of our nature as creatures, an unwillingness to receive life moment by moment from the hand of God without ever regarding it as simply "our" possession. We might think of ourselves as characters in a story of which God is the author. Dorothy L. Sayers ingeniously developed this analogy of artistic creation in *The Mind of the Maker*. Of the "work" produced by the artist Sayers writes:

> For the satisfaction of its will to life it depends utterly upon the sustained and perpetually renewed will to creation of its maker.

> The work can live and grow on the sole condition of the maker's untiring energy; to satisfy its will to die, he has only to stop working. In him it lives and moves and has its being, and it may say to him with literal truth, "Thou art my life, if thou withdraw, I die." If the unselfconscious creature could be moved to worship, its thanks and praise would be due, not so much for any incidents of its structure, but primarily for its being and identity.[2]

Characters in a story do, of course, have a real, if limited, freedom, and a good author will not simply compel them to do what is contrary to the nature he himself has given them. But at the same time characters do not determine the plot of their life's story, and it is a contradiction of their very being if they attempt to bring the story to its conclusion. We are dependent beings, and to think otherwise — to make independence our project, however sincerely — is to live a lie, to fly in the face of reality.

Thus, suicide as a rational project expresses a desire to be only free and not also finite — a desire to be more like Creator than creature. Of course, suicide may often result from depression or other emotional illness. In such cases it is not a rational undertaking, and we do not regard a person in such a state as a responsible agent. But there is no reason to deny the truth that suicide can sometimes be undertaken by those who are not emotionally ill and who are responsible for their actions. Such suicide has about it a Promethean quality, a rejection of our status as creatures. Precisely because this is true, it is important to state that, contrary to what Christians have often believed, such rational suicide does not necessarily damn one. The suicide dies, so to speak, in the moment of sinning, without opportunity to repent. But then, so may I be killed instantly in a car accident while plotting revenge against an enemy of mine. God judges persons, not

only individual deeds, and the moment in one's life when a sinful deed occurs does not determine one's fate. Even if I try to reject God and keep the light of his presence from my life, there is no guarantee that my creaturely action will be able to overcome his authorial ingenuity. Thus, the psalmist writes:

> Whither shall I go from thy Spirit?
> Or whither shall I flee from thy presence?
> If I ascend to heaven, thou art there!
> If I make my bed in Sheol, thou art there!
> If I take the wings of the morning
> and dwell in the uttermost parts of the sea,
> even there thy hand shall lead me,
> and thy right hand shall hold me.
> If I say, "Let only darkness cover me,
> and the light about me be night,"
> even the darkness is not dark to thee,
> the night is bright as the day;
> for darkness is as light with thee. (Psalm 139:7-12)

Ultimate judgments about the person are not, therefore, ours to make, and we can condemn the act of suicide without claiming to render such a verdict.

What should be clear, though, is that Christians do not approach this issue by first thinking in terms of a "right to life" or a "right to die with dignity." That is to say, we do not start with the language of independence. Within the story of my life I have the relative freedom of a creature, but it is not simply "my" life to do with as I please. I am able to end it, of course, but am not free to do so without risking something as important to my nature as freedom: namely, the sense of myself as one who always exists in relation to God.

For a society as much in love with individual autonomy as ours, this view may seem not only objectionable but also peculiar — and

peculiarly religious. As such it will seem to be simply a quirky view held for private reasons by some people, but hardly a view that could have any public standing. We have taken autonomy so for granted, accepted it so much as the natural state of affairs, that we have lost our ability to question it or to see that — every bit as much as religion — it also presupposes a metaphysic and a view of human nature. When, in December, 1964, an official of the Cuban revolutionary government named Augusto Martinez Sanchez committed suicide, Fidel Castro issued the following statement:

> We are deeply sorry for this event, although in accordance with elemental revolutionary principles, we believe this conduct by a revolutionary is unjustifiable and improper. . . . We believe that Comrade Martinez could not consciously have committed this act, since every revolutionary knows that he does not have the right to deprive his cause of a life that does not belong to him, and that he can only sacrifice against an enemy.[3]

To take an illustration much closer to home, one of my students once described her cousin's suicide and its continuing effects on his family by saying: "He didn't just take his own life; he took part of theirs too." Such examples from the political and familial spheres suggest how deceptive the language of autonomy may be. We do not have to approve Castro's political aims to recognize that the lives of fellow citizens may be bound together in such a way that all are aggrieved by the death of one. And the familial example reminds us that our identity is not an individual achievement but is socially formed from the very beginning. Christians simply extend that sociality of the self — believing that we exist always in relation to God, the author of our being who has authority over us. Not all will share that belief, of course,

but there is nothing peculiar or unfamiliar about such an understanding of the self. It explains why we do not think our lives are our own, why we believe suicide to be morally wrong.

Caring (But Only Caring)

If my life is not simply my possession to dispose of as I see fit, as if the God-relation did not exist, the same is true of the lives of others. I have no authority to act as if I exercised lordship over another's life, and another has no authority to make me lord over his life and death. Hence, Christians should not request or cooperate in either assisted suicide or euthanasia.

In a chapter written more than forty years ago, which remains to this day a classic discussion of the issues, Paul Ramsey sought to articulate an ethic of "(only) caring for the dying."[4] Such an ethic, he suggested, would reject two opposite extremes: refusing to acknowledge death by continuing the struggle against it when that struggle is useless, or aiming to hasten the coming of death. Neither of these can count as *care* for one of our fellow human beings; each is a form of abandonment. We should always try to care for the dying person, but we should *only* care. To try to do more by seizing either of the extremes is always to give something other or less than care. In the next chapter we will look closely at the problem of treatment refusals, of determining when it is permissible to cease the struggle against illness and death. In this chapter we concentrate on the temptation to hasten the coming of death.

Why might we be tempted to ask for or offer euthanasia? One of the reasons has already been suggested in the discussion of suicide: our commitment to autonomy or self-determination. I am tempted to

4. See chapter three of Paul Ramsey, *The Patient as Person* (New Haven and London: Yale University Press, 1970).

believe that my life is my own to do with as I please — and tempted to believe that another's life is her own to do with as she pleases. A second reason, equally powerful and tempting, is our desire to bring relief to those who suffer greatly. The argument for euthanasia rests chiefly on these two points, taken either singly or together.

Usually in the public debates of our society these two reasons are presented as a package, as if they must be taken together. For the present, that is, advocates of euthanasia (or, as it is sometimes termed, assistance in dying) have tended to argue that it should be permitted only if the person euthanized was suffering greatly *and* (while competent) had requested such assistance. One suspects, however, that this is a purely strategic maneuver aimed at keeping the argument for the time being a relatively narrow one. Whatever our judgment of motives, however, the fact is that, simply as a matter of logic, the two prongs of the argument will gradually become independent of each other.[5]

If self-determination is truly so significant that we have a right to help in ending our life, then how can we insist that such help may rightly be offered only to those who are suffering greatly? Others who are not suffering may still find life meaningless, the game not worth the candle. They too are autonomous, and, if autonomy is as important as the argument claims it is, then their autonomous requests for euthanasia should also be honored, even if they are not suffering greatly. Similarly, if the suffering of others makes so powerful a claim upon us that we should kill them to bring it to an end, it is hard to believe that we ought to restrict such merciful relief only to those who are self-determining, who are competent to request it. Surely, fully autonomous people are not the only human beings who can suffer greatly. Thus, from both directions, from each prong of the argu-

ment, there will be pressure to expand the class of candidates for euthanasia. Those who suffer greatly but cannot request relief and those who request help even though their physical pain is not great will begin to seem more suitable candidates. That is, in fact, the logic of the argument currently being played out in our public policy disputes.

Whatever the outcome of arguments in the public sphere, of course, Christians must form their own views. If assisted suicide and euthanasia continue to become increasingly accepted, we must dissent from that attitude. For neither prong of the argument in support of euthanasia grows out of Christian conviction. The autonomy argument has already been taken up in this chapter's discussion of suicide, where we noted its defective, individualistic understanding of the human person, but that does not exhaust the argument's difficulties. For Christians, each person's life is a divine gift and trust, taken up into God's own eternal life in Jesus, to be guarded and respected in others and in oneself. Because, however, we are inclined to overemphasize our freedom and forget the limits of our finite condition, inclined to forget that life comes to us as a gift, death becomes the great reminder of those limits. In *The Death of Ivan Ilych* Tolstoy powerfully captures Ilych's surprise that he — and not just others — should come up against this limit, that his own existence should be included in the truth that all men are mortal. But try as we may to forget it, death *is* the starkest reminder of our limits. It is, therefore, a peculiar moment at which to attempt to seize ultimate control of our life and pretend that we are independent self-creators. That is simply one last way of living a lie.

Moreover, euthanasia is not simply an extension of personal autonomy; it is not simply "nonintervention" in another person's private choice. On the contrary, because it requires the participation of at least one other person, it becomes a communal act, involving the larger society and giving its approval to an act of abandonment. If it becomes a permissible and acceptable practice, have our freedom and independence been enhanced? In one sense no doubt they have, since

we are given a new option, the option to die (with help) when we wish. But it is also true that the pressure will build to exercise this option, to be the "considerate hero" who does not stay alive too long using resources that might better be spent elsewhere. If and when euthanasia receives social approval, what looks like more freedom is likely to turn out to be less. In short, there are good reasons not to acquiesce in the autonomy argument.

Christians are, I suspect, more likely to be drawn to the argument that describes euthanasia as compassionate relief of suffering. And, to be sure, we all know the fear of suffering and the frustration of being unable to relieve it fully in those whom we love. The principle that governs Christian compassion, however, is not "minimize suffering." It is "maximize care." Were our goal only to minimize suffering, no doubt we could sometimes achieve it most effectively by eliminating *sufferers*. But then we refuse to understand suffering as a significant part of human life that can have meaning or purpose. We should not, of course, pretend that suffering in itself is a good thing, nor should we put forward claims about the benefits others can reap from their suffering. Jesus in Gethsemane — who shrinks from the suffering to come but accepts it as part of his calling and obedience — should be our model here. The suffering that comes is an evil, but the God who in Jesus has not abandoned us in that suffering can bring good from it for us as for Jesus. We are called simply to live out our personal histories — the stories of which God is author — as faithfully as we can.

Our task, therefore, is not to abandon those who suffer but to "maximize care" for them as they live out their own life's story. We ought "always to care, never to kill."[6] And it has, in fact, been precisely our deep commitment not to abandon those who suffer that has, in large measure, been a powerful motive force in the develop-

6. See "Always to Care, Never to Kill: A Declaration on Euthanasia," *First Things*,

ment of modern medicine. Our continuing task is not to eliminate sufferers but to find better ways of dealing with their suffering. If we cannot always fully relieve the suffering, we must remember that even God does not really "solve" or take away the problem of suffering; rather, God himself lives that problem and bears it. His way is steadfast love *through* suffering, and it is the mystery of God's own being and power that this truly proves to be the way to maximize care for all who suffer.

Christian physicians will have their own special reasons as physicians to refuse involvement in the practice of euthanasia. They have found in medicine what we all seek — work that can truly be understood as a calling. Knowing themselves to be whole only by the grace of God, they can seek to impart a small measure of wholeness — healing and health — to their patients. For several millennia the tradition of Western medicine has followed the Hippocratic Oath's injunction not to "give a deadly drug to anybody if asked for it, nor . . . make a suggestion to this effect." But physicians swim daily in a sea of human suffering, and they may be especially tempted, when all else has failed, to eliminate suffering by eliminating the sufferer. Christian physicians, who understand their life as response to the grace God has extended to them in their perishing condition, should, in William F. May's words, be set free "from the need to avoid ties to the perishing."[7]

It should therefore become part of their calling — at least in this time and place — to bear witness to all of us that suffering and death "are *real* but not *ultimate;* [and that] they do not speak the last word about the human condition."[8] Good physicians will know the limits of their art, and they can help us avoid the notion that there is any ultimate "technological fix" for the fundamental human problems of

7. William F. May, *The Physician's Covenant* (Philadelphia: Westminster Press,

suffering and death. This means, we should note, that for physicians as well as the rest of us there are limits to what we should do in our attempts to relieve suffering. A willingness to discern such limits as best we can — and, having discerned them, to act in accord with them — is deeply embedded in the Christian understanding of the moral life. Understanding compassion and care in this way, we seek to learn to stand with and beside those who suffer — with them as an equal, not as a lord over life and death, but determined not to abandon them as they live out their personal histories up against that limit of death which we all share. For us, therefore, the governing imperative should be not "minimize suffering," but "maximize care."