



# Physician-Assisted Suicide: What Is the Pastoral Task?

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MUCH OF THE DEBATE ABOUT PHYSICIAN-ASSISTED SUICIDE HAS CENTERED ON a question of rights. "Right-to-life" groups face off against "right-to-die" groups, particularly in states where referendums on physician-assisted suicide are being put before voters. Dr. Kevorkian continues to assist people to take their lives, insistent that his new-found patients have a right to such assistance. This rights emphasis is understandable given our societal commitment to autonomy and our history with the abortion debate. Rights are tangible; talk of rights helps us feel that we actually have our hands around an otherwise unruly subject.

What lies behind the issue of rights and physician-assisted suicide is a much more difficult reality: our unresolved questions about the definition of a good and valuable life, the place of pain and suffering among us, and the meaning of a good dying and death. It is common to suggest that interest in physician-assisted suicide exists in large part because people do not trust health care professionals to respect their treatment wishes at the end of life. I wonder if interest in physician-assisted suicide exists in part because we have not adequately engaged our people in study, reflection, dialogue, and prayer on these deep questions about life and death. As a result, when faced with debilitating, life-rending situations, they have little to fall back on but a claim to "rights."

This, then, is the primary task of pastors: to assist people to look deeply into the place of pain and suffering within meaningful living and dying. This is not an easy task. Many of us resist dwelling on or even speaking of such difficult, ambigu-

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ous realities. It is much easier simply to take a position for or against physician-assisted suicide and let it go at that. But our task is much less about being for or against physician-assisted suicide and much more about bringing the promise of the gospel to just such difficult, ambiguous human experiences.

So, we will look at physician-assisted suicide – what it is, what drives people to consider it. Then we will examine a key theological resource that brings the gospel to the heart of the issues that surround assisted suicide. While I will focus on Luther’s understanding of a theology of the cross, other theological resources such as Christian liberty, justification, and the communion of saints are important for any discussion about an issue like assisted suicide.

Two brief comments before we begin: First, while I am not unsympathetic to the claims of those who suggest that some dying is so atrocious that the normal moral restrictions against suicide or assisted suicide may not hold, I do not endorse a wholesale right to die. Support of a right to die can be a way to avoid our responsibilities with and for people who suffer and are dying. We dare not ask people to live through their dying unless we are prepared to stay with them, addressing their needs through it all. Second, the church and its leaders have often too easily promoted the inherent efficacy of all suffering. The complexity and destructive side of suffering have often been ignored. Therefore, any theological approach that encourages dwelling with suffering must do so sensitively while acknowledging that such experiences are not always readily understood.

### I. WHAT IS PHYSICIAN-ASSISTED SUICIDE?

The terms physician-assisted suicide, physician-assisted death, and assisted suicide refer to a physician’s providing the means (usually a prescription for medication) by which a patient can end her or his life. Normally, the request for such assistance comes from the patient; the physician provides the prescription along with information about what constitutes a lethal dose.<sup>1</sup> While discussions within the medical community suggest that this process occurs from time to time, physician-assisted suicide is not supported by the American Medical Association<sup>2</sup> nor is it legally sanctioned by any state other than Oregon. Even though Oregon residents passed Measure 16, “The Oregon Death With Dignity Act,” in the fall of 1994, it is currently held up in court.<sup>3</sup>

Physician-assisted suicide is normally distinguished from active euthanasia, or “mercy killing,” and passive euthanasia. Active euthanasia (“good death”) refers to a physician’s intentionally administering medication or taking other medical steps to end the life of a patient. In comparison, passive euthanasia refers

<sup>1</sup>Timothy Quill, “Death and Dignity: A Case of Individualized Decision Making,” *The New England Journal of Medicine* 324 (7 March 1991) 691-694.

<sup>2</sup>American Medical Association, “Report 59: Physician-Assisted Suicide,” *The Code of Medical Ethics Reports* 5 (July 1994).

<sup>3</sup>Measure 16 is summarized in “Conflicts of Conscience: Hospice and Assisted Suicide,” by Courtney S. Campbell, Jan Hare, and Pam Matthews, *The Hastings Center Report* 25 (May-June 1995) 39.

to the withdrawing and withholding of medical treatment which leads to the patient's death from the underlying disease process.<sup>4</sup>

## II. WHAT DRIVES PEOPLE TO ASSISTED SUICIDE?

While each person's experience is somewhat unique and distinct, there appears to be a cluster of experiences that people who consider physician-assisted suicide share in common: fear of or the experience of severe pain, loss of control, dependency, and weakness. Together these experiences are often interpreted as suffering, that is, events which threaten to diminish or destroy the person one has known oneself to be.<sup>5</sup>

Fear of unrelenting pain is not unfounded. Many of us know people who have experienced excruciating pain while dying, and know of nurses and physicians who refuse to give the levels of pain medication needed to bring comfort. These experiences are backed by studies that show that physicians know that they do not provide adequate pain relief for their patients who are dying.<sup>6</sup> Such pain is not necessary. Hospice staff are some of the best at knowing how to provide the appropriate levels of pain medication, so that a person's experience of dying is not unnecessarily pain-filled.<sup>7</sup> Guidelines exist for managing the pain that often accompanies cancer.<sup>8</sup>

Yet traditional medical staff underutilize these resources for a variety of reasons, including distrust of non-hospital based care and fears that patients will become drug addicted. As a result, some patients suffer levels of pain so severe that ending their life seems to be the only way to find relief.

While pain alone can be a primary driver toward the consideration of physician-assisted suicide, other experiences enter in as well. It ought not surprise us that loss of control, dependency, and weakness strike fear in the hearts of many and are not easy to endure. We live in a culture that steeps us in the message that only active and productive lives are valuable. There is little if any value placed on those who are dependent and weak.<sup>9</sup>

When we talk about loss of control, we are pointing to a reality as general as no longer being able to choose the course of one's life and as specific as not being able to control one's bowels. Dependency points to experiences as general as living by the mandates of a physician and as specific as not being able to lift oneself up in

<sup>4</sup>For a comprehensive summary of denominational positions on active and passive euthanasia and assisted suicide, see "Religious Ethics and Active Euthanasia in a Pluralistic Society," by Courtney S. Campbell, *Kennedy Institute of Ethics Journal* 2 (1992) 258-263.

<sup>5</sup>Daniel Callahan, *The Troubled Dream of Life* (New York: Simon and Schuster, 1993) 133.

<sup>6</sup>Jane E. Brody, "Doctors Admit Ignoring Dying Patients' Wishes," *New York Times*, 14 January 1993, A-12.

<sup>7</sup>Hospice staff suggest that 95% of patients experiencing pain while dying can have relief when they receive appropriate levels of pain medication.

<sup>8</sup>Agency for Health Care Policy and Research, *Management of Cancer Pain: Adults* (Silver Spring, MD: U.S. Department of Health and Human Services).

<sup>9</sup>Callahan, *The Troubled Dream of Life*, 141.

bed. Debilitating illness and dying strip away any illusions that we are in control, that we are independent and strong.

It is important here that we do not glamorize such a process. It is both physically and spiritually painful to begin to lose the self one has known. There is little that is glamorous about the broken down skin, weeping sores, incontinence, and lack of lucidity that are not unknown partners of dying.<sup>10</sup> To ask people to stay with their dying is to ask them to stay with these rather wretched realities.

Given these experiences and the economic pressures many feel when considering longer-term medical care, it is no surprise that physician-assisted suicide is as popular as it is. In such an environment, it is not enough for religious bodies simply to make statements for or against assisted suicide. Such statements outside a context of deliberation and struggle with resources that address the deeper questions of meaning and value are easily dismissed as irrelevant at best, callous at worst.

Yet the church is far from irrelevant on this issue. Pastors can engage laypeople in a thoughtful study of theological resources that speak to the deeper questions of the pain and suffering in life that go beyond the dominant cultural messages. These resources, when examined and incorporated into our lives, shape how we face pain and suffering.

### III. WHAT SPEAKS TO EXPERIENCES OF DYING?

When trying to make sense of and deal with the pain, loss of control, dependency, and weakness that often accompany dying, I am immediately drawn to the theology of the cross. Here is an understanding of God and God's work that speaks in a counter-cultural way to the experiences that lead many to consider ending their lives.

Martin Luther first sketched out the foundations for a theology of the cross in *The Heidelberg Disputation*. He writes, "Now it is not sufficient for anyone, and it does him no good to recognize God in his glory and majesty, unless he recognizes him in the humility and shame of the cross."<sup>11</sup> Luther wants to make two points here. First, God is not where we expect God to be. If we look to success, to power and control to assure us that God is with us, we will be left wanting. God does not remove the painful, difficult experiences of our lives. God does not take the awful experiences and turn them into pleasurable events we look forward to. God is not found in the experience of glory as we define it.

Then where is God to be found? Luther's second point is that we find God where we least expect, in the humility and shame of the cross. If we believe that Jesus is God incarnate, then we must acknowledge that it is indeed God who is crucified on the cross.<sup>12</sup> On the cross, God participates in the brokenness, despair,

<sup>10</sup>Belden Lane, "Grace and the Grotesque," *The Christian Century*, 14 November 1990, 1067.

<sup>11</sup>Martin Luther, *The Heidelberg Disputation*, in *Martin Luther's Basic Theological Writings*, ed. Timothy F. Lull (Minneapolis: Fortress, 1989) 45.

<sup>12</sup>Jürgen Moltmann, *The Crucified God* (New York: Harper and Row, 1974) chap. 6.

and death that is part of human existence. God is not the great knight who comes to save us from our human experiences. God does not deny the dreadfulness of many of our experiences. Rather, God is a humble companion who accompanies us in and through the worst of it all.

God's presence on the cross radically shifts how we understand God's glory and majesty. Success, power, strength, and control are turned on their ear. Success is found in the defeat on the cross; power in powerlessness; strength in the weakness unto death; and control in the giving up of God's self. It is a paradox, as Luther would say. The truth is this: if we want to know something of God's power and might, we must be willing to enter our own pain and suffering.

Why is this understanding of God's participation in human experience important for us? First, the theology of the cross "calls the thing what it actually is"<sup>13</sup>—it puts us in touch with who we really are. On any particular day, we may be able to fool ourselves into thinking that we are invincible, in control, strong. We march in step with the cultural message of building a fortress around ourselves with things that make for the good life. A major portion of the affront of illness and dying is that the misconceptions on which we build our lives are shown for what they are. Seeing God with us in our suffering unto death realigns our vision so that we are able to see ourselves for who we really are, broken people in need of a God who is willing to be broken for and with us.

Second, we are invited to enter our own experiences of brokenness and despair more fully. When we do so, we will find God with us. This is not a kind of theological masochism that encourages us to go looking for painful experiences so that we can know God more fully. It is a theological truth that when we enter our own life experiences more fully and more honestly, meeting our need and limitations there, we are not alone. God is with us.

Third, contrary to what we might think, believing that God is present with us in our experiences of pain and suffering, we are able to enter our experiences with hope. The source of our hope is not that God will miraculously turn our experiences inside out, so that we no longer have pain, loss, or even death, or that the pain and suffering won't really be so bad. Rather the source of our hope is that in our suffering, we find ourselves "in the company of One forsaken as (we) are. One who leads (us) ever more deeply into the night, with the promise that the day is at hand."<sup>14</sup>

Finally, we are required to think of God in radical new terms.<sup>15</sup> The God of the cross is no milquetoast God, but One who comes into the brokenness and suffering and gives us the courage to live and die with our experiences. This is no distant God. This is a God who comes close, lingers with us in our pain, and comforts us in our dying.

<sup>13</sup>Heidelberg Disputation, 44.

<sup>14</sup>Douglas John Hall, *Lighten Our Darkness* (Philadelphia: Westminster, 1976) 123.

<sup>15</sup>Lane, "Grace and the Grotesque," 1068.

#### IV. CONCLUDING THOUGHTS

The theology of the cross does not provide neat, clean answers to messy human experiences. It does what all good theological resources do, that is, invites us into a new way of thinking about ourselves and about God. I say new because even though this theological understanding was first crafted by Luther in the sixteenth century, it is so radical in its presentation of human experience and God's activity in the world that it remains something foreign to us.

It is a bit of a good-news/bad-news story. The good news is that God is with us in the most rending, difficult experiences of our lives. The bad news is that God is with us in the most rending, difficult experiences of our lives. What we want is deliverance *from*. What God gives us is participation *in*. Such a message is not for the weak of heart, yet that is exactly who we are. It is only God's presence with and for us in these dreadful moments that gives us the strength and courage to face our human predicament.

What does this mean for physician-assisted suicide? It might mean that some will not feel so alone in their pain and suffering. It might mean that some will view their life, even with its losses and dependencies, as still having value and import. Some might be able to traverse the path through dying into death with hope. In the end, however, there is no guarantee that some will still not experience their pain and suffering as so atrocious that they seek assistance in ending their lives. While this reality is distressing, as pastors it should distress us less than sending people to their death feeling unaccompanied and alone. The theology of the cross is one theological resource that affirms that even those who end their lives in the face of pain and suffering will be accompanied by a God who knows and experiences their desperation. ⊕